

Court File No.: CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicants

- and -

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

**SUPPLEMENTAL RESPONDING APPLICATION RECORD
Volume 2**

Waterloo Region Community Legal Services
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Amicus Curiae for Persons Unknown,
The Mental Health Legal Committee

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**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

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SUPPLEMENTAL RESPONDING APPLICATION RECORD

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**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

AFFIDAVIT OF SAHIL GUPTA

I, Doctor Sahil Gupta, of the City of Toronto, in the Province of Ontario, AFFIRM AND SAY:

1. The facts and opinions contained in this affidavit are based on my own clinical practice as well as reliable research in this area, where noted.

Mandate

2. Waterloo Region Community Legal Services has commissioned me to prepare an expert report in the litigation of *The Regional Municipality of Waterloo and Persons Unknown and to be Ascertained*.
3. I have been asked to provide my opinion on the following topics:
 - a. The health risks associated with living unsheltered;
 - b. Barriers patients face in accessing emergency shelter;
 - c. The health benefits to having some form of shelter;

- d. Harms associated with evictions and displacements; and
- e. Any relative advantages to living in an encampment

Expert Qualifications

4. I have worked as an emergency medicine physician since 2018, and my clinical practice has had a focus on people experiencing homelessness, marginalized peoples, and the treatment of those with substance use disorders. I have worked at three urban academic inner-city hospitals, including St. Paul's Hospital in Vancouver, B.C., Royal Alexandra Hospital in Edmonton, AB, and St. Michael's Hospital in Toronto, ON. Attached as **Exhibit "A"** to this Affidavit is a copy of my *Curriculum Vitae*.
5. I completed my residency in Edmonton, AB, and graduated as a specialist under the Royal College of Physicians and Surgeons of Canada in Emergency Medicine in 2018.
6. In June of 2018, I completed the Opioid Dependency Treatment course at Centre for Addictions and Mental Health in Toronto, ON, and began providing opioid agonist therapy to patients suffering from opioid addiction. I am a prescriber of pharmaceutical grade opioids to those living with opioid use disorder, including hydromorphone to individuals with the most severe forms of the condition.
7. I served as the medical director at the COVID Recovery Site in Toronto, ON, and I also currently work with the Addiction Recovery and Community Health team in Edmonton, AB as a locum physician. Both settings serve a large proportion of patients experiencing

homelessness. I treat structurally vulnerable patients living with substance use disorder, and develop programs and policies to provide medical care to this unique population. I have been providing health care to the unhoused and/or precariously housed for my entire practice. Additionally, my primary academic focus in emergency medicine has been around improving health equity for patients facing structural barriers from factors such as poverty and homelessness.

8. I am a member of the Canadian Association of Emergency Physicians (CAEP), which aims to keep Canadian emergency physicians informed of developments in the clinical practice and addresses political and societal changes, which affect the delivery of emergency health care.¹ I lead the CAEP Health Equity Committee, which aims to build a community of practice with individuals across Canada who are doing similar work. The themes I comment on in this affidavit relating to displacement and to unhoused people accessing emergency departments are emerging in large, medium, and small cities across the country.² Although I have not visited the encampment in Kitchener or attended the emergency department in Kitchener or Cambridge, I am confident that the impacts I observe daily are comparable.

Health Risks Associated with Unsheltered Living

9. In my professional experience, individuals experiencing homelessness present to the emergency department typically during a crisis or a period of significant destabilization. People experiencing homelessness are more likely to use the emergency departments as their first and

¹ Canadian Association of Emergency Room Physicians, “Who we are,” accessed August 14, 2025, <https://caep.ca/who-we-are/>

² Carolyn Snider, Sahil Gupta, and Catherine Varner, “Homelessness on the emergency medicine frontline: Canada’s growing crisis” *Canadian Journal of Emergency Medicine* 26, 772-774 (2024).

usually for repeat care. Common medical and psychological conditions associated with living unsheltered or rough include:

- a. Physical health issues, such as soft tissue infections, cellulitis, wounds, abscesses, and other skin conditions. Also respiratory infections including pneumonia, and injuries resulting from assaults or sexual assaults.³
- b. Cold-related injuries, including hypothermia, trench foot, frostbite, and subsequent infections, I have personally treated people who have died from hypothermia;
- c. Heat-related illnesses, including dehydration, severe sunburn and complications from inadequate access to nutrition;
- d. High risk of overdose and death, which is significantly elevated among those living unsheltered. I have personally treated people who have died from overdose while living unsheltered;
- e. Mental health crises and situational distress, including:
 - i. Exacerbation of mental health symptoms such as panic, anxiety, emotional distress, and general dysregulation;
 - ii. Severe sleep deprivation, leading to dysregulation of both body and mind;
 - iii. Increased substance use to remain awake, to dull the pain of physical ailments, or to cope with prolonged exposure to the elements; and,

³ Stephen Hwang, “Homelessness and Health”, *Canadian Medical Association Journal*, 164(2) (2001): 229-233.

- iv. Unsheltered individuals (those who “sleep rough” without a tent) are more likely to report recent victimization, when compared to people staying in emergency shelters.⁴

10. People experiencing homelessness are more likely to rely on acute care than preventive care, increasing morbidity and mortality from chronic health conditions.

11. Unsheltered women (those who “sleep rough”) are particularly at risk for negative health outcomes, including interpersonal violence. Compared with women who stay in emergency shelters, unsheltered women have three times greater odds of reporting fair or poor physical health, 12 times greater odds of poor mental health, and higher rates of non-injection drug and alcohol use, as well as an increased risk of recent sexual assault. Despite this, they are less likely to have recently utilized health services than women who stay in emergency shelters.⁵ Women experiencing homelessness face higher risk of sexual and physical assault than men experiencing homelessness.⁶

12. People experiencing homelessness (sheltered and unsheltered) are also more likely to use substances and experience substance-related harms, including fatal overdose, which accounts for up to 24% of all-cause mortality in people who are homeless in some studies.⁷ Patients experiencing homelessness admitted for substance-related conditions often have longer

⁴ Jessica Richards and Randall Kuhn, “Unsheltered Homelessness and Health: A Literature Review,” *American Journal of Preventative Medicine Focus*, 2(1) (2023): 100043.

⁵ Adeline M. Nyamathi, and Lillian Gelberg, "Sheltered Versus Nonsheltered Homeless Women," *Journal of General Internal Medicine* 15, no. 8 (2000): 565-572.

⁶ Suzanne L. Wenzel, Paul Koegel, and Lillian Gelberg, "Antecedents of Physical and Sexual Victimization Among Homeless Women: A Comparison to Homeless Men," *American Journal of Community Psychology* 28, no. 3 (2000): 367-390.

⁷ Danielle R. Fine et al., "Drug Overdose Mortality Among People Experiencing Homelessness, 2003 to 2018," *JAMA Network Open* 5, no. 1 (2022): e2142676-e2142676.

hospital stays and are more likely to leave against medical advice.⁸ Simultaneously, people who are experiencing homelessness also have challenges engaging in substance-use care: for example, becoming homeless is associated with methadone maintenance therapy discontinuation.⁹

Barriers to Accessing Emergency Shelter

13. In my daily practice, I have frequent conversations with patients about where they will stay upon discharge from the hospital. Hospitals must discharge patients once they are medically cleared, and for individuals experiencing homelessness, this often means a return to living unsheltered. Patients consistently report a range of reasons why they do not access emergency shelters, including:

- a. Overcapacity: Emergency shelters typically operate at or near 100% occupancy, making admission uncertain or impossible on a given night;
- b. Congregate and crowded settings: For some individuals, particularly those with mental health conditions, being in a crowded environment or in close proximity to others can be highly destabilizing and exacerbate mental health symptoms;
- c. Restrictive rules and requirements: Some shelters impose conditions such as curfews or prohibitions on substance use, which certain individuals cannot meet. For people with a history of trauma or mental illness, these restrictions can feel arbitrary or punitive, further reducing shelter use;

⁸ Government of Canada, "Substance-Related Poisonings and Homelessness in Canada: A Descriptive Analysis of Hospitalization Data," June 23, 2021, accessed August 14, 2025, <https://www.canada.ca/en/health-canada/services/opioids/hospitalizations-substance-related-poisonings-homelessness.html>.

⁹ Jan Klimas et al., "Factors Associated with Discontinuation of Methadone Maintenance Therapy (MMT) Among Persons Who Use Alcohol in Vancouver, Canada," *Drug and Alcohol Dependence* 186 (2018): 182-186.

- d. Unmet accommodation needs: Many shelters cannot meet specific needs, such as accessibility for people with physical disabilities, allowance for pets, or proximity to an individual's usual pharmacy, healthcare providers, or social supports; and,
- e. Past negative experiences: Some individuals have experienced violence, theft of belongings or medications, or assault while in shelter, leaving them with a sense of insecurity and reluctance to return to such environments. Emergency shelters are often described as not being a place where people feel a sense of trust or community.

14. Based on my clinical experience, patients report a variety of reasons for being evicted or service restricted from emergency shelters. Common themes include:

- a. Challenges meeting behavioural expectations: Mental illness symptoms can fluctuate, with periods of crisis and dysregulation. In congregate living settings, strict behavioural expectations may be difficult for individuals to meet, especially during periods of escalation. A person in crisis may require quiet, privacy, or reduced stimulation, but instead may be confronted with rules they cannot follow. This can result in eviction and further deterioration of their mental state.
- b. Presence of security personnel: For individuals with certain mental illnesses, such as schizophrenia or bipolar disorder involving delusions or psychosis, the presence of uniformed security can cause significant distress and escalation of symptoms.
- c. Surveillance environments: The constant surveillance present in many shelters can trigger paranoia, anxiety, and heightened distress, creating an environment that is the opposite of what is needed during a mental health crisis.

- d. Barriers related to substance use disorder: In most shelters, there is no supervised consumption space, though some do have them. This can lead to unsafe substance use practices, such as using in bathrooms or stairwells, or using alone, which increases overdose risk and can lead to eviction or service restrictions.
 - e. Punitive responses to harm reduction supplies: In some shelters, individuals are reprimanded, evicted, or restricted from services for possessing harm reduction supplies. This fosters a sense of being monitored and unsafe, further discouraging shelter use and destabilizing health.
15. These factors often lead patients experiencing homelessness to avoid emergency shelters altogether. Instead, when possible, they may choose to sleep outdoors without shelter or in an encampment setting, which they perceive as offering greater safety, stability, or autonomy than the available shelter options.

Benefits of Access to Some Form of Shelter

16. Having access to a tent or similar shelter can substantially reduce the risks that contribute to the medical conditions described above. Specifically, such shelter provides:
- a. Protection from the elements: A tent or enclosed structure offers a physical barrier against rain, snow, wind, extreme heat, and cold. By limiting direct exposure to adverse weather conditions, the risk of hypothermia, frostbite, heat exhaustion, and related complications is significantly reduced.
 - b. Privacy: Having a private space reduces exposure to potential violence, theft, or harassment, which are common risks when sleeping in public or exposed areas.

Privacy also supports dignity, autonomy, and the ability to attend to personal hygiene or medical needs without fear of intrusion.

- c. A safe and consistent place to sleep: Regular, uninterrupted sleep is essential to physical recovery, immune function, and mental health regulation. Shelter reduces the need to remain constantly alert, allowing the body and mind to rest and decreasing the likelihood of substance use for the purpose of staying awake.
- d. Stability for the storage of personal belongings: This allows individuals to keep essential items such as medications, identification documents, clothing, harm reduction supplies, food supplies and cooking and other survival items. This stability reduces the stress and health consequences associated with repeated loss of survival items, and supports continuity of medical treatment and daily living.

Harms Associated with Evictions and Displacement

17. Many patients who present to the emergency department have recently experienced some form of displacement, including evictions from emergency shelters, encampments, transitional housing, or supportive housing, or have had service restrictions placed on them. Through my conversations with these patients, consistent themes of harm emerge:

- a. Severe impact on health: Evictions and displacement often cause significant deterioration in physical and mental health. Mental health symptoms frequently escalate following displacement, and some patients experience a complete collapse of previously stable health.
- b. Disruption of relative stability: Eviction from any setting removes a place of relative stability. Displacement interrupts established access to services, healthcare, and social

supports. Patients often lose personal belongings, including essential items such as medications and survival gear, and feel as though they must start over. This loss can trigger or worsen mental illness symptoms or substance use, leading to further destabilization. This destabilization often results in patients presenting to the emergency department in crisis.

- c. Structural vulnerability: Patients experiencing displacement are often already structurally vulnerable, facing multiple systemic barriers. Displacement compounds these vulnerabilities and creates significant health challenges.
- d. Violence and secondary victimization: For patients with histories of mental illness and trauma, forced displacement may result in violence—either physical violence or “social violence,” such as the violation of rights, personal space, or dignity. This can cause anxiety, distress, and long-lasting psychological harm, often referred to as secondary victimization.¹⁰
- e. Perception of rights violations: Many patients describe mental health escalations connected to how the eviction was carried out, viewing it as a violation of their rights. This is particularly destabilizing for individuals with a history of mental illness or trauma.

MARCO Encampment Evaluation

18. I endorse the MARCO study attached as **Exhibit “B”**.¹¹

¹⁰ “Impact of Encampment Sweeps on People Experiencing Homelessness,” *National Health Care for the Homeless Council*, December, 2022, Accessed August 14, 2025, <https://nhchc.org/wp-content/uploads/2022/12/NHCHC-encampment-sweeps-issue-brief-12-22.pdf>; The Office of the Federal Housing Advocate, 2024. Upholding dignity and human rights: the Federal Housing Advocate’s review of homeless encampments – Final report. Ottawa: The Office of the Federal Housing Advocate.

¹¹ Lisa M. Boucher et al., “MARCO Brief Report: Encampment Outreach Evaluation,” *MAP Centre for Urban Health Solutions, St. Michael’s Hospital*, November, 2021, Accessed August 14, 2025, https://maphealth.ca/wp-content/uploads/Encampment-Outreach_MARCO-Nov-2021.pdf.

19. The MARCO study on Encampments surveyed 127 and interviewed 23 encampment residents in Toronto in 2021. This study is significant because it provides insight into encampment residents' health status and experiences, as reported by encampment residents themselves.

Pertinent findings include:

- a. Encampment residents described finding a community or family of people they respected and could trust in the encampment. They helped to watch over each others' possessions and helped others when they needed it. This stands in contrast to the reports that I have received from patients about the lack of community and trust in the shelter system.
- b. 60% of the people surveyed had tried to find shelter during the pandemic; only 13% were always able to find a shelter bed when needed.
- c. 75% of the people who received and accepted an offer of shelter or housing returned to the encampment, for reasons including: kicked out (29%), did not like restrictions on pets, guests, belongings (16%), location (11%), violence (11%). These results are congruent with firsthand reports that I have received from patients about the challenges with staying in the shelter system.

Relative Advantages of an Encampment

Stability in Accessing Healthcare and Follow-Up

20. Individuals living in encampments may experience greater stability in accessing healthcare and follow-up services compared with people who are unsheltered or move frequently.

- a. Emergency department follow-up: For patients discharged from the emergency department, it is often challenging to know where they will be located for follow-up

- care. We can more easily refer outreach medical teams that work in unsheltered environments to attend at certain encampment locations to follow up with patients after discharge from the emergency department, as compared to when patients are living unsheltered. Predictability of location can significantly improve continuity of care.
- b. **Scheduled appointments:** When patients have a consistent place to stay, scheduling and attending follow-up appointments becomes feasible, improving adherence to recommended care plans.
 - c. **Substance use treatment:** Many patients rely on daily-dispensed medications, such as methadone or suboxone, from pharmacies located near where they live. Stability in location facilitates reliable access to these treatments. In my clinical practice, homelessness—particularly unsheltered homelessness—creates substantial barriers for patients seeking treatment for substance use disorder. Patients report difficulties attending the same pharmacy daily for opioid agonist therapy, having medications stolen, and facing challenges in accessing in-person or virtual appointments due to frequent relocation and lack of privacy or phone access. Providing a stable place to stay, such as a tent without the risk of eviction, can mitigate some of the harms associated with transiency and improve access to treatment.
 - d. **Access to social services:** Predictable living arrangements allow individuals to maintain regular contact with case managers, housing supports, counselling, and other social services, supporting continuity and stability in their care.

Other Benefits of Encampments

21. Encampments provide several benefits for individuals experiencing homelessness, particularly for those with complex health needs:

- a. Supervised or communal substance use: Encampments where individuals use substances communally, or in the presence of supervised consumption spaces if available, can reduce the risk of overdose. Being near peers or community allows for faster response to overdoses, often without requiring hospital care. Individuals living in encampments are less likely to use substances alone compared with those living fully unsheltered, which can reduce fatal overdose risk.
- b. Basic hygiene and toileting services: Providing access to hygiene and sanitation within encampments helps reduce health risks associated with unsheltered living, such as diarrheal illnesses.¹²
- c. Autonomy and self-determination: Encampments offer a sense of control over one's life and decisions, which is critical for psychological well-being. Restrictive policies, such as those in shelters that limit substance use, can force individuals to use in unsafe ways (e.g., rushed use in bathrooms or stairwells), increasing the risk of overdose.
- d. Mitigating destabilization: Individuals residing in encampments often have higher baseline health challenges, including untreated mental health conditions and substance use disorders. Forced evictions and displacement are highly destabilizing, exacerbating panic, distress, and overall dysregulation. Encampments provide relative stability that can reduce these harms.

¹² Elizabeth Ohlsen and Kristen Angel, "Shigellosis Outbreak Among Persons Experiencing Homelessness – San Diego County, California," October-December 2021, *Epidemiology and Infection*, 152, e61, 1-7.

22. I am aware of a shelter motel in Toronto that stopped operating as a shelter motel in 2023. My understanding is that this happened because the motel operator no longer wanted to operate its premise as a shelter motel.¹³ When this facility closed, it is my understanding that 251 unhoused people were affected. I was aware of advocacy efforts at the time around this closure and it is my understanding that at least some of these residents were displaced back into homelessness.

23. I make this Affidavit in support of the Notice of Application, and for no improper purpose.

AFFIRMED BEFORE ME by videoconference)
 From the City of Toronto)
 (Location of the Deponent))
 To the City of Kitchener, in the Regional Municipality)
 of Waterloo (Location of Commissioner))
 In accordance with O Reg 431/20.)
 This 15 day of August 2025)



 A Commissioner, etc.

ASHLEY SCHUITEMA
 A Commissioner, etc.,
 Province of Ontario,
 While a Barrister and Solicitor.
 LSO # 68257G



 DR. SAHIL GUPTA

¹³ CBC News, "Toronto to close shelter hotel by end of year in move that will affect 251 unhoused people," Accessed August 14, 2025, <https://www.cbc.ca/news/canada/toronto/city-shelter-hotel-close-no-new-admissions-novotel-1.6614766>.

THIS IS **EXHIBIT “A”** REFERRED TO
IN THE AFFIDAVIT OF SAHIL GUPTA
AFFIRMED REMOTELY BEFORE ME AT THE
CITY OF TORONTO DURING A ZOOM VIDEOCONFERENCE
IN ACCORDANCE WITH O.REG. 431/20,
ADMINISTERING OATH OR DECLARATION REMOTELY
THIS 15TH DAY OF AUGUST, 2025



ASHLEY SCHUITEMA
A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 68257G

Curriculum Vitae

Sahil Gupta

A. Date Curriculum Vitae is Prepared: 2025 February

B. Biographical Information

Primary Office	St. Michael's Hospital Emergency Department 30 Bond Street Toronto, Ontario, Canada M5B 1W8
Telephone	587-987-2785
Email	sahilgup@gmail.com; sahil.gupta2@unityhealth.to

1. EDUCATION

Degrees

2009 Sep - 2013 May	MD, Medicine and Dentistry, University of Alberta, Edmonton, Alberta, Canada
2007 Sep - 2009 May	BSc, Bachelor of Medical Sciences, University of Alberta, Edmonton, Alberta, Canada

Postgraduate, Research and Specialty Training

2016 Sep - 2017 Apr	Fellowship in Global Journalism, Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada
2013 Jul - 2018 Jun	Residency, Emergency Medicine, Royal College of Physicians and Surgeons of Canada, University of Alberta, Edmonton, Alberta, Canada
2013 - 2018	Fellowship, Emergency Medicine, Royal College of Physicians and Surgeons of Canada, Canada
2010	Summer Research Fellowship, College of Physicians and Surgeons of Alberta, Alberta, Canada

Qualifications, Certifications and Licenses

2018 - present	Fellow, Emergency Medicine, Royal College of Physicians and Surgeons of Canada, Canada
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2. EMPLOYMENT

Current Appointments

2023 Nov - present	ED Advocacy Lead, Emergency Department, St. Michael's Hospital, Toronto, Ontario, Canada
2022 Nov - present	Assistant Professor, Emergency Medicine, Medicine, Faculty of Medicine, University of Toronto, Toronto, Ontario, Canada
2019 Nov - present	Trauma Team Leader, Emergency Department, St. Michael's Hospital, Toronto, Ontario, Canada
2018 Aug - present	Locum Physician, Royal Alexandra Hospital, Edmonton, Alberta, Canada
2018 Jul - present	Associate Emergency Physician, Emergency Department, St. Michael's Hospital, Toronto, Ontario, Canada
2017 Jun - present	Freelance health journalist, Canada

Previous Appointments

CLINICAL

2021 Apr - 2021 Sep	Medical Director, COVID Recovery Site, Toronto, Ontario, Canada
2020 Oct 1 - 2022 Nov	Lecturer, Emergency Medicine, Medicine, Faculty of Medicine, University of Toronto, Toronto, Ontario, Canada

HOSPITAL

2022 Jul - 2022 Sep	Locum Physician, Emergency Department, Stanton Hospital, Yellowknife, Northwest Territories, Canada
2020 Jul - 2022	Physician, COVID Recovery Site, Inner City Health Associates, Toronto, Ontario, Canada
2018 Jul - 2020 Mar	Locum Physician, Emergency Department, St Paul's Hospital, Vancouver, British Columbia, Canada
2016 Jun - 2018 Jun	Physician Extender, Intensive Care Unit, Covenant Health Services, Edmonton, Alberta, Canada
2016 Feb - 2018 Jun	Resident member, Stollery Hospital Pediatric Transport Team, Edmonton, Alberta, Canada

3. HONOURS AND CAREER AWARDS

Distinctions and Research Awards

NATIONAL

Received

2012	Leadership Innovation Fund , Canadian Medical Association (CMA), Canada. (Distinction)
2012	Research Award for Best Poster Presentation , Canadian Association of Medical Education (CAME), Canada. (Research Award).

PROVINCIAL / REGIONAL

Received

2010 - 2012	Jason Lang Scholarship for Outstanding Academic Achievement , Faculty of Medicine and Dentistry, University of Alberta, Alberta, Canada. (Distinction)
2010	Hugh and Mabel McAfee Memorial Scholarship , Faculty of Medicine and Dentistry, University of Alberta, Alberta, Canada. (Distinction)
2010	Summer Research Fellowship , College of Physicians and Surgeons of Alberta, Alberta, Canada. (Distinction)
2008 - 2009	Louise McKinney Scholarship for Exceptional Academic Achievement (top 2% in faculty) , Faculty of Medicine and Dentistry, University of Alberta, Alberta, Canada. (Distinction)

LOCAL

Received

2023	Emergency Medicine Teacher of the Year , St. Michael's Hospital, University of Toronto
2018	Terry Sosnowski Memorial Award for Emergency Medicine , Faculty of Medicine and Dentistry, University of Alberta, Alberta, Canada. (Distinction)
2017	Gordon Denchfield Thompson Scholarship Award , Faculty of Medicine and Dentistry, University of Alberta, Alberta, Canada. (Distinction)
2013	Gold Humanism Honor Society Award , University of Alberta, Alberta, Canada. (Distinction)
2013	The A W Downs Prize in Physiology , Faculty of Medicine and Dentistry, University of Alberta, Alberta, Canada. (Distinction)
2012	Irene and Jack Brown Scholarship , University of Alberta, Alberta, Canada. (Distinction)

2011	George Grover Leadership Scholarship , University of Alberta, Alberta, Canada. (Distinction)
2011	Medical Student Association Leadership Award , Faculty of Medicine and Dentistry, University of Alberta, Alberta, Canada. (Distinction)

4. PROFESSIONAL AFFILIATIONS AND ACTIVITIES

Professional Associations

2015 - present **Member**, Canadian Association of Emergency Physicians

Administrative Activities

INTERNATIONAL

Global Health in Emergency Medicine

2019 Jun - present **Member**, Health Equity Committee, Toronto, Ontario, Canada.

NATIONAL

Canadian Association of Emergency Physicians (CAEP)

2019 Feb - present **Founding Member/Lead**, Health Equity Working Group, Toronto, Ontario, Canada.

Canadian Federation of Medical Students

2011 - 2012 **Member**, Social Media Working Group, Alberta, Canada.

PROVINCIAL / REGIONAL

Government of Edmonton

2013 Jun - 2015 Dec **Consulting Member**, Greater Edmonton Health Advisory Council, Edmonton, Alberta, Canada.

2011 - 2012 **Consulting Member**, Edmonton Inner City Health Research and Education Network (EICHREN), Edmonton, Alberta, Canada.

LOCAL

St Michael's Hospital

2023 Jul - present **Member**, ED Recruitment and Hiring Committee, St. Michael's Hospital, Toronto ON

2019 Jun - present **Member**, Global Equity in EM, Health Equity Committee, Division of EM, Toronto, Ontario, Canada.

2020 Oct - 2022 May **Member**, ED Safety Committee, St. Michael's Hospital, Toronto ON

University of Alberta

2010 Oct - 2011 Apr **Executive Member**, Feedback Edmonton, Alberta, Canada.

2010 - 2011 **Member**, Task Force on Diversity in Medical School, Faculty of Medicine and Dentistry, Alberta, Canada.

2009 Sep - 2011 Apr **Chair**, Political Advocacy Committee, Faculty of Medicine and Dentistry, Alberta, Canada.

Peer Review Activities

EDITORIAL BOARDS

Deputy Editor

2020 Nov - present Healthy Debate

C. Research

1. GRANTS, CONTRACTS AND CLINICAL TRIALS

REB PROJECTS

2024 **Principal Co-Investigator.** Course based REB for M.Des. Spatial Design Course - Understanding navigation through the ED for newcomers. Jan-Apr 2024. [In-progress]

PEER-REVIEWED GRANTS

FUNDED

2020 **Co-Lead.** STI Emergency Department QI Initiative. Canadian Association of Emergency Physicians Quality Improvement and Patient Safety (QIPS). 2,500 CAD. [Grants]

D. Publications

1. PEER-REVIEWED NPUBLICATIONS

Book Chapter

1. DeWit M, **Gupta S.** "Chapter 48: Interaction of Mental Health and Criminal Laws for Patients in Police or Correctional Custody in Acute Care" in Canadian Anthology on Mental Health and the Law. LexiNexis. 2024 Sep 23. **Co-Author.**

Journal Articles

2. Snider C, **Gupta S**, Varner CE. Homelessness on the emergency medicine frontline: Canada' growing crisis. CJEM. 2024 Nov;26(11):772-774. **Co-Author.**
3. **Gupta S**, Williams K, Matile J, Milne N, Smith O, Snider C, Vaillancourt S. Trends in the role of security services in the delivery of emergency department care. CJEM. 2023 Jan 1;25(1):43-47. **Principal Author.**
4. Xie EC, Chan K, Khangura JK, Koh JJ, Orkin AM, Sheikh H, Hayman K, **Gupta S**, Kumar T, Hulme J, Mrochuk M, Dong K. CAEP position statement on improving emergency care for persons experiencing homelessness: executive summary. CJEM. 2022 Jun 1;24(4):369-375. **Coauthor or Collaborator.**
5. Mehta S, Mackinnon D, **Gupta S.** Severe acute respiratory syndrome coronavirus 2 as an atypical cause of Bell's palsy in a patient experiencing homelessness. CJEM. 2021 Jun;8:1–3. **Senior Responsible Author.**
6. **Gupta S**, Xie E, Dong K. Treating homelessness as an emergency: learning from the COVID-19 response. CJEM. 2021 Jan;23(1):8-9. **Principal Author.**
7. Cruz A, **Gupta S**, Francescutti L. The Long and the Short of the White Coat. The Medical Post. 2012 Apr 10. **Co-Principal Author.**
8. Dong KA, Vandenberghe C, Kirkland S, **Gupta S**, Cooper R, Salvalaggio G, Villa-Roel C, Newton A, Wild TC, Rowe BH. Surveying Homeless and/or Substance Using Adults that Present to the Emergency Department: Developing a Protocol to Maximize Data Capture. . Canadian Journal of Addiction Medicine. 2011;2(2):12. **Coauthor or Collaborator.**
9. Newton AS, Zou B, Hamm MP, Curran J, **Gupta S**, Dumonceaux C, Lewis M. Improving Child Protection in the Emergency Department: A Systematic Review of Professional Interventions for Health Care Providers. Academic Emerg Med. 2010 Feb;17(2):117-125. **Coauthor or Collaborator.**

2. NON-PEER-REVIEWED PUBLICATIONS

Online Resources

1. 'Nurses are not a commodity. We are human': Kari, registered nurse, Toronto. 2024 April 29. Reported piece. Available from: <https://healthydebate.ca/2024/04/topic/living-wage-registered-nurses/>
2. Khorsand S and Gupta S. "Improving Emergency Care For Individuals Experiencing Homelessness – CanadiEM " January 9, 2024. Available from: <https://canadiem.org/improving-care-for-homelessness>
3. How Toronto's homelessness crisis is deepening the health-care crisis. Toronto Star.; 2022 Oct 20. Op-Ed. Available from: <https://www.thestar.com/opinion/contributors/2022/10/20/how-torontos-homelessness-crisis-is-deepening-the-health-care-crisis.html>. **Principal Author.**
10. Granola bars, gift cards and phone chargers: The little extras nurses carry to get colleagues and patients through tough times. Healthy Debate; 2022 Jan 7. Reported Piece. Available from: <https://healthydebate.ca/2022/01/topic/the-little-extras-nurses-carry/>. **Principal Author.**
11. How hospitals are tackling COVID-19 hot spots in the GTA. TVO; 2021 Feb 26. Reported Piece. Available from: <https://www.tvo.org/article/how-hospitals-are-tackling-covid-19-hot-spots-in-the-gta>. **Principal Author.**
12. We must Test-Trace-Isolate until the vaccine arrives. Healthy Debate; 2020 Dec 14. Op-Ed. Available from: <https://healthydebate.ca/opinions/we-musttest-trace-and-isolate-until-vaccine/>. **Principal Author.**
13. Wellness Checks are Broken. Macleans.; 2020 Aug 17. Op-Ed. Available from: <https://www.macleans.ca/opinion/wellness-checks-are-broken/>. **Principal Author.**
14. Preventing homelessness must be the priority for Habitat for Humanity. Edmonton Journal.; 2020 Jul 3. Op-Ed. Available from: <https://edmontonjournal.com/opinion/columnists/opinion-preventing-homelessness-must-be-the-priority-for-habitat-for-humanity>. **Principal Author.**
15. COVID-19 and the homeless: 'A sinister harbinger of the next chapter. The Medical Post; 2020 Jun 4. Op-Ed. Available from: <https://www.canadianhealthcarenetwork.ca/physicians/discussions/covid-19-and-the-homeless-a-sinister-harbinger-of-the-next-chapter-of-the-pandemic-59215>. **Principal Author.**
16. Dr. Jaspreet Khangura, Dr. Meera Burns, Dr. Naheed Dosani, Dr. Sahil Gupta. Why communities need to move fast, get creative to protect homeless from COVID-19. CBC; 2020 Apr 2. Op-Ed. Available from: <https://www.cbc.ca/news/opinion/opinion-covid-19-homeless-1.5516075>. **Senior Responsible Author.**
17. Lessons from the COVID Response for People Experiencing Homelessness - An Acute Care Perspective. Ontario Health Association; 2020 Apr 1. Op-Ed. Available from: <https://www.oha.com/discovery/reflections-from-wave-1-vulnerable-populations-and-covid-19/in-this-issue/lessons-from-the-covid-response-for-people-experiencing-homelessness-an-acute-care-perspective>. **Principal Author.**
18. **Sahil Gupta.** How do COVID-19 assessment centres work? TVO; 2020 Apr 1. Reported Piece. Available from: <https://www.tvo.org/article/how-do-covid-19-assessment-centres-work-tvoorg-explains>. **Principal Author.**
19. **Sahil Gupta.** Distancing, isolation, quarantine, lockdown: What's the difference? TVO; 2020 Mar 17. Reported Piece. Available from: <https://www.tvo.org/article/distancing-isolation-quarantine-lockdown-whats-the-difference>. **Principal Author.**
20. Earning Prizes for Fighting an Addiction. The New York Times; 2019 Mar 12. Op-Ed. Available from: <https://www.nytimes.com/2019/03/12/opinion/earning-prizes-for-fighting-an-addiction.html>. **Principal Author.**
21. **Sahil Gupta.** Harm reduction in a region the size of Sweden. TVO; 2017 Apr 7. Reported Piece. Available from: <http://tvo.org/article/current-affairs/shared-values/harm-reduction-in-a-region-the-size-of-sweden>. **Principal Author.**
22. **Sahil Gupta.** Why are doctors overprescribing opioids for Indigenous patients? TVO; 2017 Feb 21. Reported Piece. Available from: <https://www.tvo.org/article/why-are-doctors-overprescribing-opioids-for-indigenous-patients>. **Principal Author.**

E. Presentations and Special Lectures

1. INTERNATIONAL

Invited Lectures and Presentations

- 2022 Nov 12 **Invited Speaker.** Health care journalism: A form of patient advocacy and self- preservation. Emergency Medicine Conference. Adis Abeba, Ethiopia. 'Health care journalism: A form of patient advocacy and self- preservation.' Presented at the Leadership in Emergency Medicine Conference.
- 2013 Jul 10 **Facilitator.** Human Rights in the Clinical Setting: Can it be Done? John Humphrey Center for Peace and Human Rights Global Youth Assembly.

2. NATIONAL

Invited Lectures and Presentations

- 2024 OCT 24 **Panelist.** Emergency Rooms as De Facto Shelters: Health, Housing, and Legal Interventions for Patients. GTA Region & Specialty Community Legal Clinic Conference 2024.
- 2024 Jun 11 **Panelist.** Finding a shelter bed when there is none. CAEP 2024.
- 2024 Jun 11 **Presenter.** Words That Wound: Rethinking Euphemisms in Emergency Medicine. CAEP 2024.
- 2023 May 29 **Moderator.** Workshop: CAEP Workshop – Defining Social Emergency Medicine in Canada
- 2023 May 26 **Presenter.** Workshop: Developing a Workplace Violence Strategy for your ED
- 2023 Feb **Moderator.** CAEP. Canada. CAEP National Grand Rounds - Caring for Patients Under Custody - Navigating the Criminal Justice System and the Mental Health Act.
- 2021 Jun 13 **Presenter.** Improving testing for sexually transmitted infections at St. Michael's Hospital Emergency Department in Toronto. Canadian Association of Emergency Physicians) Annual Conference. Canada. June 13 – 16, 2021 (Virtual).
- 2021 Jun 13 **Presenter.** Improving testing for sexually transmitted infections at St. Michael's Hospital Emergency Department in Toronto. Canadian Association of Emergency Physicians) Annual Conference. Canada. June 13 – 16, 2021 (Virtual).
- 2017 **Presenter.** Disrupting quality improvement: integrating design thinking in the emergency department. Canadian Association of Emergency Physicians Conference. Canada.
- 2012 **Presenter.** World Health Organization Model United Nations – Health Care Debates. Canadian Conference on Physician Leadership. Canada.
- 2012 **Presenter.** World Health Organization Model United Nations – Health Care Debates. Canadian Conference on Medical Education. Canada.

Presented Abstracts

- 2015 **Presenter.** Enhancing patient waiting room experiences in the emergency department: a collaborative design and medicine project. Canadian Association of Emergency Medicine Physicians Conference. Canada. Poster presentation.
- 2015 **Presenter.** Enhancing patient waiting room experiences in the emergency department: a collaborative design and medicine project. Canadian Association of Emergency Medicine Physicians Conference. Canada. Poster presentation.

Presented and Published Abstracts

- 2022 May 29 **Presenter.** Trends in the role of security services in the delivery of emergency department care. CAEP/ ACMU 2022. Scientific Abstracts, May 29th – June 1st, 2022. Available from: <https://link.springer.com/content/pdf/10.1007/s43678-022-00309-w.pdf?pdf=inline%20link>.

Publication Details:

S. Gupta, MD, K. Williams, BSc, MSc, J. Matile, N. Milne, PhD, O. Smith, C. Snider, MD, MPH, S. Vaillancourt, MD, MPH. Trends in the role of security services in the delivery of emergency department care. Can J Emerg Med. 2022;24(Suppl 1):S1–S100. **Principal Author**.

- 2017 **Presenter**. Addiction medicine training in Canadian emergency medicine residency programs: a needs assessment survey. CAEP/ACMU 2017. Scientific Abstracts. Available from: https://caep.ca/wp-content/uploads/2021/11/Volume_19_Abstract_May_2017.pdf.

Publication Details:

A. Olmstead, MD, J. Hann, MD, **S. Gupta**, MD, P.K. Jaggi, MSc, K. Dong, MD, MSc, D. Ha, MD, University of Alberta, Edmonton, AB. Addiction medicine training in Canadian emergency medicine residency programs: a needs assessment survey. Canadian Journal of Emergency Medicine. 2017 May;19(Suppl 1). **Coauthor or Collaborator**.

- 2016 May 29 **Presenter**. Healthcare costs among homeless and/or substance using adults presenting to the emergency department: a single centre study. CAEP/ACMU 2017. Scientific Abstracts. Available from: https://caep.ca/wp-content/uploads/2021/11/Volume_19_Abstract_May_2017.pdf.

Publication Details:

V.V. Puri, BSc, K. Dong, MD, MSc, B.H. Rowe, MD, MSc, S.W. Kirkland, MSc, C. Vandenberghe, MEd, G. Salvalaggio, MD, MSc, R. Cooper, A. Newton, PhD, C. Wild, PhD, **S. Gupta**, MD, J.K. Khangura, MD, MSc, C. Villa-Roel, MD, MSc, C. McCabe, PhD, University of Alberta, Edmonton, AB. Healthcare costs among homeless and/or substance using adults presenting to the emergency department: a single centre study. Canadian Journal of Emergency Medicine. 2017 May;19(Suppl 1). **Coauthor**.

- 2016 **Presenter**. Out of province elective restrictions: implications for Royal College Emergency Medicine training. CAEP/ACMU 2016. Scientific Abstracts. Available from: https://caep.ca/wp-content/uploads/2021/12/Volume_18_Abstract_May_2016.pdf.

Publication Details:

J.K. Khangura, MD, MSc, **S. Gupta**, MD, K. Pardhan, MD; University of Alberta, Edmonton, AB. Out of province elective restrictions: implications for Royal College Emergency Medicine training. Canadian Journal of Emergency Medicine. 2016 May;18(Suppl 1). **Co-Principal Author**.

Media Appearances

- 2020 Dec 15 **Interviewee**. COVID-19 – Need to continue to test, trace, and isolate. Broadcast Media, 640AM Radio. Canada. End date: 2020 Dec 15. Available from: <https://omny.fm/shows/am640-the-morning-show/todays-show-vaccine-hesitancy-in-ltc-test-trace-is>.
- 2019 Nov 18 **Interviewee**. Improper Use of Antibiotics. Broadcast Media, CBC Syndicated Radio. Canada. End date: 2019 Nov 18. Available from: <https://www.cbc.ca/player/play/1382681155523>.
- 2019 Jun 12 **Interviewee**. Alcohol related Hospitalizations. Broadcast Media, CBC Syndicated Radio. Canada. End date: 2019 Jun 12. Available from: <https://www.cbc.ca/player/play/1536126019980>.
- 2017 Dec 16 **Interviewee**. Summer Locums. Broadcast Media, CBC Syndicated Radio. Canada. End date: 2017 Dec 16. Available from: <http://www.soundcloud.com/user-17463674/dr-sahil-gupta-locum-physicians>.
- 2017 Jun 1 **Interviewee**. Summer Locums. Broadcast Media, CBC Syndicated Radio. Canada. End date: 2017 Jun 1. Available from: <http://www.soundcloud.com/user-17463674/dr-sahil-gupta-locum-physicians>.
- 2017 May 29 **Interviewee**. Summer Locums. Broadcast Media, CBC Syndicated Radio. Canada. End date: 2017 May 29. Available from: <https://soundcloud.com/user-17463674/dr-sahil-gupta-active-kids>.

3. PROVINCIAL / REGIONAL

Invited Lectures and Presentations

- 2012 **Facilitator**. Student Social Advocacy and Colonialism. International Week, University of Alberta. Edmonton, Alberta, Canada.

4. LOCAL

Invited Lectures and Presentations

2023 Nov 23	Presenter. Trauma Rounds. Trauma Rounds presentation of four simultaneous Tier 1 trauma activations in the ED. St. Michael's Hospital. Toronto, Ontario, Canada.
2023 Jun 14	Presenter. Trauma Rounds. Evidence based strategies to advocate for vulnerable road users St. Michael's Hospital. Toronto, Ontario, Canada.
2023 Mar 9	Presenter. Workplace Violence in the ED. St. Michael's Hospital. Toronto, Ontario, Canada.
2021 Oct 21	Invited Speaker. Solutions Journalism in Healthcare settings. Ryerson School of Journalism. Toronto, Ontario, Canada.
2020 Mar 9	Invited Speaker. Developing a health journalism beat. Ryerson School of Journalism. Toronto, Ontario, Canada.
2015 Oct 6	Presenter. Altered Level of Consciousness. Spruce Grove EMS and Fire Service. Spruce Grove, Alberta, Canada.

F. Creative Professional Activities

1. PROFESSIONAL INNOVATION AND CREATIVE EXCELLENCE

2023 Oct - 2024 Dec	Project Steering Committee, St. Michael's Hospital ED Wayfinding and Placemaking Care.
2023 May	CAEP Conference Track Chair - Society and Emergency Medicine. Led the CAEP conference track on Society and EM
2019 Nov - present	Designing Discharge after Emergency Care. (D.DEC). Project team co-lead, Co-lead on project to improve the discharge process from the ED. Working with OCAD to use a design approach to develop an understanding of challenges of ED discharge.
2020 Mar - 2021 Jul	COVID-19 Printables. Health Design Studio. Project Contributor, Worked with a multi-disciplinary team of designers and health professionals to develop editable, plain-language handouts for self-care, isolation, and testing related to COVID-illness.
2015 Mar - 2015 May	Research Assistant Interactive Research and Development. Led a team of community workers to improve TB screening in government facilities in the KwaZulu-Natal province of South Africa. Conducted usability testing for a mobile screening application used by community workers to conduct TB screening. Facilitated the start of TB screening in community settings using community lay workers.
2015 Jan - 2015 Mar	Visiting Consultant PDD Inc. Learned about human-centered design, a strategy to engage stakeholders to solve complex problems. Engaged in discussions on development of medical technology using design methodology to improve clinical and patient experiences. Contributed to the company blog as an editor.
2014 Feb - 2014 Jun	Komagata Maru Week. Co-Organizer, Organized a week of events to commemorate the 100th anniversary of the Komagata Maru Incident. Engaged conversations around race, identity, and politics in Canada today using social media, a panel discussion, a poetry slam, and a reflection blog. Facilitated screening of Continuous Journey with director Ali Kazimi at the Alberta Art Gallery.

2013 Nov - 2015 Mar	Humans in Healthcare. 2013 Nov – 2015 Mar Co-Organizer, Developed ideas to make healthcare spaces more human and engaging for patients and healthcare staff. Demonstrated contrast between the human and dehumanized elements of patient care in a hospital setting through a photo exhibit. Worked with industrial designers to imagine tools to improve waiting room experiences in the Emergency Department.
2011 Sep - 2012 May	Integrated Community Clerkship St. Therese Hospital. Promoted effective pain control by implementing a pain management program for patients on dialysis. Ensured follow-up of patients after discharge from hospital by starting a telephone follow up program Aboriginal Health Initiatives. Built relationships with Aboriginal leaders to gain insight into cultural factors affecting health. Participated in pediatric health screening programs for Aboriginal communities in North East Alberta.
2010 Oct - 2012 Aug	World Health Organization Model United Nations (WHOMUN), University of Alberta. Director, Engaged 200 students in discussion of health care in a global context by integrating WHOMUM debates as part of the first year medical curriculum. Organized two WHOMUN debates for medical students on Cardiovascular Disease and Tuberculosis.
2008 Sep - 2011 Jul	Students International Health Association (SIHA), University of Alberta. President, Conducted health promotion sessions in Tanzania (10 week community based project). Initiated a discounted bed net distribution program to help fund local initiatives to prevent malaria for a community of 6000 people. Trained as a peer health educator on topics of sexually transmitted infections and HIV/AIDS. Spearheaded development of a high school curriculum for Edmonton schools to promote dietary health and physical activity.

THIS IS **EXHIBIT “B”** REFERRED TO
IN THE AFFIDAVIT OF SAHIL GUPTA
AFFIRMED REMOTELY BEFORE ME AT THE
CITY OF TORONTO DURING A ZOOM VIDEOCONFERENCE
IN ACCORDANCE WITH O.REG. 431/20,
ADMINISTERING OATH OR DECLARATION REMOTELY
THIS 15TH DAY OF AUGUST, 2025



ASHLEY SCHUITEMA
A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 68257G

Encampment Outreach Evaluation

November 2021

About the MARCO Study

The MARCO project is evaluating how local efforts responding to the COVID-19 pandemic serve people experiencing marginalization, and how these interventions can be improved. Changes in society to control the pandemic have affected everyone, but they place a particularly heavy burden on people who are marginalized.

We evaluated programs that support many communities who may be experiencing marginalization during COVID-19, including people experiencing homelessness, people with developmental disabilities, people who use drugs, and women who are experiencing violence. The MARCO Community Committee and Steering Committee chose the programs. The programs include:

- COVID-19 Isolation and Recovery Sites (CIRS)
- Encampment Outreach
- Substance Use Service (SUS) at the COVID-19 Isolation and Recovery Site
- Toronto Developmental Service Alliance's Sector Pandemic Planning Initiative (SPPI)
- Violence Against Women (VAW) Services

About this Report

This report is a brief summary of one of the MARCO Evaluations. This report highlights the key findings of the Encampment Outreach evaluation. The final, full length report will be released in December 2021.

The views contained in this report do not necessarily express the views of any MARCO community partner, funding agencies, MAP, St. Michael's Hospital, Unity Health Toronto, the University of Toronto, or any other organization with which MARCO authors or project team members may be affiliated.

Suggested Citation

Boucher LM, Dodd Z, Young S, Shahid A, Khoee K, and Norris K (Co-lead authors), Brown M, Warsame K, Holness L, Kendall C, Mergarten D, Pariseau T, Firestone M, Bayoumi AM. MARCO Encampment Outreach Evaluation Brief Report. Toronto, Ontario: MAP Centre for Urban Health Solutions, St. Michael's Hospital. November, 2021. Available from https://maphealth.ca/wp-content/uploads/Encampment-Outreach_MARCO-Nov-2021.pdf

Acknowledgements

MARCO gratefully acknowledges funding from: the Temerty Foundation and the University of Toronto through the Toronto COVID-19 Action Initiative; the University of Toronto's Faculty of Medicine Equity, Diversity, and Inclusion fund; and the St. Michael's Hospital Foundation.

We also wish to thank all individuals who participated in this evaluation for sharing their important perspectives, as well as all members of the larger MARCO study team and other community groups that assisted our evaluation.

Land Acknowledgement

We wish to acknowledge the sacred land on which MAP and Unity Health Toronto operate. It has been a site of human activity for 15,000 years. This land is the territory of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit First Nation. The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and Confederacy of the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes. Today, the meeting place of Toronto is still the home of many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community, on this territory. We are also mindful of broken covenants and the need to strive to make right with all our relations.

Website: maphealth.ca/marco Email: marco@unityhealth.to

What we did and what we learned

What was evaluated?

Even before the COVID-19 pandemic, some people experiencing homelessness lived in encampments under bridges, in parks and ravines around Toronto. Since the pandemic started, a growing number of people have been staying in encampments, which have become more visible.

New outreach groups formed and existing agencies and organizations working with people experiencing homelessness adapted to reach out to encampment residents and provide alternatives to services that were closed or limited due to COVID-19. Outreach groups included community-based organizations, volunteer groups, and city services.

We studied encampment outreach in Toronto during the pandemic to understand how these supports met the needs of encampment residents. The questions we focused on were:

- Did supports meet people's most important needs? Which needs were left unmet?
- What outreach supports and shelter or housing options were offered to people?
- In what ways did these supports affect people's lives, both positive and negative?

Our evaluation included several steps:

1. We met with key community members and groups to plan the study.
2. We conducted 127 surveys and 23 interviews with encampment residents at six encampments in Toronto between March

and June 2021.

3. We looked for patterns from the surveys and common themes in the interviews.

We also conducted 16 interviews with encampment outreach workers and volunteers. We will share findings from these interviews in a future report.

Who did we talk to?

38% of people we surveyed identified as female, and one in four identified as 2SLGBTQ+. A large number were from racialized groups, including 26% Indigenous, 16% Black, and 11% other racialized identities. People were between 21 and 64 years of age.

The people who answered our survey listed over 30 different encampments they had stayed in during the pandemic. Many had stayed in more than one encampment, and 39% were no longer staying in an encampment at the time they were surveyed.

What were the key findings?

Encampment Living:

- The month prior to the pandemic, people stayed in many locations, including 17% in an encampment, 29% elsewhere on the street, 20% in a rented place, 16% with family or friends, and 13% in a shelter.
- Half of the people surveyed reported that they moved to an encampment for reasons related to the pandemic. People also said they moved to encampments because they

People experiencing homelessness have a firm understanding of their own needs and should be listened to. Until we collaborate with people living outside to create more permanent housing options that meet their needs, encampments will continue to exist.

were not able to find housing, did not know where else to go, knew people in encampments, felt that shelters were not safe or secure, or wanted more freedom than shelters provided. Many people moved back and forth between encampments and other spaces, like shelters, shelter hotels, and respites.

- Many people described finding a community or family in the encampments among people they respected and could trust. Residents often supported each other and worked together on daily tasks, including watching each other's personal possessions, sharing food or other items, and helping people when they needed assistance. These relationships led people to visit residents in encampments after they had moved on to other shelter or housing.

Outreach Supports:

- Overall, encampment residents greatly appreciated the support they received from community-based and volunteer outreach groups.
- 69% of encampment residents said that outreach supports met their basic survival needs, like food and drink, shelter supplies and warmth, and harm reduction supplies.
- Many encampment residents valued the ways in which community-based outreach workers and volunteers provided supports:
 - Workers and volunteers were often present in the encampments. Most residents felt they could count on

workers and volunteers when they needed them.

- Workers and volunteers were flexible and respected residents' points of view. Many residents said workers and volunteers asked for their input and adapted supports to best respond to their needs.
- Workers and volunteers provided social support through a kind and compassionate approach. This helped to meet some residents' social and mental health needs.
- Residents indicated that certain outreach workers or groups were less caring and more judgemental. Residents found this approach upsetting and not helpful. Some noted that it was harder to trust workers when they acted like security, such as recording what residents were doing or telling them what to do.
- Some residents interacted with city outreach workers when they were getting shelter offers and reported feeling rushed or forced into decisions by threat of eviction.
- The greatest unmet need that residents identified was permanent housing.
- Some residents said they got everything they needed at the encampments, but others said they did not have good access to hygiene, technology, and mental health supports.

Shelter and Housing Offers:

- 60% of people surveyed tried to find a shelter bed or shelter hotel room during the

pandemic at least once, and only 13% of them were able to find one every time. Of those who tried, 68% were told that no shelter was available.

- 55% of people were offered a shelter or housing option by city staff at least once. Of those who received offers, 77% were offered a bed in a shelter hotel and only 4% were offered permanent housing.
- 75% of people who accepted an offer of shelter or housing returned to live in an encampment. The most common reasons they left the shelter or housing were:
 - 29% were kicked out
 - 16% did not like the restrictions, such as no pets, no guests, or a limit on the belongings they could bring
 - 11% felt the shelter or housing was too far away from where they wanted to be
 - 11% were worried about violence
 - Some people reported more than one reason
- Other reasons people gave for leaving or not accepting temporary shelter options included COVID-19 outbreaks, a lack of privacy, overdose risk and friends' deaths in these settings, disrespectful treatment by staff, not having their health needs met, and being tired of waiting for permanent options.

COVID-19 Risk in Encampments:

- 80% of people surveyed had been tested for COVID-19 and 13% of them reported testing positive.
- Encampment outreach workers and volunteers provided COVID-19 supplies, such as masks and hand sanitizer, to residents. Many residents reported distancing from others, washing or sanitizing hands, wearing masks, and not sharing drinks, food, or drug use equipment.
- Many encampment residents felt their risk of

getting COVID-19 was greater in indoor living settings with many people in the same space, like shelters or respites. This is compared to encampments, where residents expressed they felt safer being outdoors.

What are the recommendations moving forward?

1. Organizations should be helped to expand or maintain their outreach services and hand out survival supplies to meet encampment residents' basic needs.
2. Encampment outreach supports should be responsive, flexible, and adapt to what encampment residents need. Supports should be offered frequently and consistently.
3. Encampment outreach and shelter or housing services should support people to build and maintain their community connections.
4. Conditions in temporary shelter settings should be improved. Encampment residents should not be pressured into leaving encampments or entering shelter or housing that does not meet their needs, especially considering the risks of getting COVID-19 or overdosing in shelter spaces.
5. The city government should put a priority on providing encampment residents and other people experiencing homelessness with permanent housing. Permanent housing should respect people's dignity and meet their needs.
6. Encampment residents should be included in decisions about encampments, shelters, and housing.

Affiliations

Bruyère Research Institute: Lisa Boucher, Claire Kendall

Canadian Mental Health Association: Terry Pariseau

South Riverdale Community Health Centre: Zoë Dodd

The Neighbourhood Group: Melanie Brown

Unity Health Toronto: Ahmed Bayoumi, Zoë Dodd, Michelle Firestone, Kris Norris, Linn Holness, Kimia Khoei, Kahiye Warsame, Samantha Young

University of Toronto: Ahmed Bayoumi, Michelle Firestone, Samantha Young

University of Ottawa: Lisa Boucher, Claire Kendall, Abeera Shahid

**THE REGIONAL MUNICIPALITY OF
WATERLOO**
Applicants

and

**PERSONS UNKNOWN AND TO BE
ASCERTAINED**
Respondents

Court File No.: CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

Proceeding commenced at KITCHENER

AFFIDAVIT OF DR. SAHIL GUPTA

WATERLOO REGION COMMUNITY LEGAL SERVICES
450 Frederick Street, Unit 101
Kitchener, Ontario N2H 2P5

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Shannon K. Down (LSO# 43894D)
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Lawyers for the Respondents

TAB 7

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

ACKNOWLEDGMENT OF EXPERT'S DUTY

1. My name is Dr. Sahil Gupta. I live at the City of Toronto, in the Province of Ontario.
2. I have been engaged by or on behalf of the Waterloo Region Community Legal Services to provide evidence in relation to the above-noted court proceeding.
3. I acknowledge that it is my duty to provide evidence in relation to this proceeding as follows:
 - (a) to provide opinion evidence that is fair, objective and non-partisan;
 - (b) to provide opinion evidence that is related only to matters that are within my area of expertise;
 - and
 - (c) to provide such additional assistance as the court may reasonably require, to determine a matter in issue.

4. I acknowledge that the duty referred to above prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.

Date: August 15, 2025

A handwritten signature in black ink, appearing to be "J. L. Smith", is written above a horizontal line.

Signature

TAB 8

Court File No. CV-25-00000750-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

AFFIDAVIT OF DR. STEPHEN GAETZ

I, Stephen Gaetz, of the City of Colborne in the Province of Ontario, AFFIRM AND SAY:

1. The facts and opinions contained in this affidavit are based on my own research and experiences as well as other reliable research in this area, where noted.

Credentials and Nature of Work

2. A copy of my Curriculum Vitae is attached hereto as **Exhibit “A”** to my affidavit.
3. I am a full Professor in the Faculty of Education at York University, in Toronto, Ontario, where I have been on the faculty since 2000. I am also President and CEO of the Canadian Observatory on Homelessness (“COH”), a research institute with a mandate to work in collaboration with partners to conduct and mobilize research to have an impact on solutions to

homelessness.¹ As President of the COH, one of my key projects is the Homeless Hub (www.homelesshub.ca), an innovative web-based research library internationally recognized as a leading example of innovation in knowledge mobilization. I also co-lead, and am Scientific Director of Making the Shift – A Youth Homelessness Social Innovation Lab (“Making the Shift”).² In 2021, the United Nations Economic Commission for Europe designated the collective body of work of the Canadian Observatory on Homelessness and A Way Home Canada the UNECE Toronto Centre of Excellence on Youth Homelessness Prevention at York University.³

4. I have had a long-standing interest in understanding homelessness – its causes, how it is experienced, and potential solutions. My interest began when I worked in the homelessness sector for seven years in the 1990s, which gave me extensive insight into the causes and conditions of homelessness, as well as institutional responses to homelessness. My expertise extends to the structure and operations of the homeless shelter system. I began to develop this expertise when I worked at the Shout Clinic (1993-1999), where I focused on youth homelessness, and at the Queen West Community Health Centre (1999), where I focused on adult and family homelessness. In both positions I regularly visited emergency shelters for youth, adults and families. Since that time, I have continued to visit emergency shelters across Canada and internationally and have developed further expertise on the characteristics and

¹ “About Us: Canadian Observatory on Homelessness,” Homeless Hub, 2021, [https://www.homelesshub.ca/about-us/about-the-coh#:~:text=The%20Canadian%20Observatory%20on%20Homelessness%20\(COH\)%20is%20a%20non%2D,with%20lived%20experience%20of%20homelessness](https://www.homelesshub.ca/about-us/about-the-coh#:~:text=The%20Canadian%20Observatory%20on%20Homelessness%20(COH)%20is%20a%20non%2D,with%20lived%20experience%20of%20homelessness).

² “What is Making the Shift: Youth Homeless Innovation Lab,” Making the Shift, accessed June 5, 2022, <https://makingtheshiftinc.ca/what-is-making-the-shift/>.

³ United Nations Economic Commission for Europe, “UNECE Establishes Toronto Centre of Excellence on Youth Homelessness Prevention at York University,” June 16, 2021, <https://unece.org/housing-and-land-management/press/unece-establishes-toronto-centre-excellence-youth-homelessness>.

operations of shelters, as well as on the perspectives of individuals and families who use them because they are without housing.

5. My program of research has been defined by my desire to “make research matter” through conducting rigorous scholarly research that contributes to our knowledge base on homelessness and is mobilized so that it has an impact on policy, practice and public opinion. In particular, I focus on research designed to move away from our current response which focuses on emergency services and supports such as shelters and day programs to a response that focuses on prevention and sustainable exits from homelessness. As an internationally recognized leader and innovator in the area of knowledge mobilization, I have pioneered efforts to bring together researchers, practitioners, policy makers and people with lived experience of homelessness to participate in a broad agenda of community-engaged scholarship and knowledge creation designed to contribute to solutions to homelessness. In 2016 I was awarded a Research Impact (Connection) award by the Social Sciences and Humanities Research Council of Canada, and in 2017 I was made a Member of the Order of Canada.

Defining homelessness

6. The Canadian definition of Homelessness is as follows:

“Homelessness describes the situation of an individual, family or community without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household’s financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be

homeless, and the experience is generally negative, unpleasant, unhealthy, unsafe, stressful and distressing.”⁴ I note that this definition of homelessness has been adopted by both Statistics Canada and Reaching Home, Canada’s Homelessness Strategy.

7. Homelessness describes a spectrum of housing and shelter circumstances, with people being without any shelter at one end, and being insecurely housed at the other. This spectrum includes:
 - a. Unsheltered, or absolutely homeless and living on the streets or in places not intended for human habitation, including encampments;
 - b. Emergency Sheltered, including those staying in overnight shelters for people who are homeless, as well as shelters for those impacted by family violence;
 - c. Provisionally Accommodated, referring to those whose accommodation is temporary or lacks security of tenure; and
 - d. At Risk of Homelessness, referring to people who are not homeless, but whose current economic and/ or housing situation is precarious or does not meet public health and safety standards.
8. For many people homelessness is not a static state but rather a fluid experience, where one’s shelter circumstances and options may shift and change quite dramatically and frequently.

⁴ Stephen Gaetz et al., “Canadian Definition of Homelessness,” *Canadian Observatory on Homelessness*, 2012, <https://homelesshub.ca/wp-content/uploads/2024/04/COH-Canadian-Definition-of-Homelessness.pdf>

9. According to the Canadian definition of homelessness, the risk factors that contribute to vulnerability to homelessness include:
- a) Housing precarity;
 - b) Precarious employment;
 - c) Sudden unemployment with few prospects and little to no financial savings or assets, or social supports to turn to for assistance;
 - d) Supported housing with supports that are about to be discontinued;
 - e) Households facing eviction, lacking the resources needed to afford other housing including social supports, or living in areas with low availability of affordable housing;
 - f) People with severe and persistent mental illness, active addictions, substance use and/or behavioural issues;
 - g) Division of household caused by situations (such as separation, divorce, conflicts between caregivers and children, or roommates moving out);
 - h) Violence / abuse (or direct fear of) in current housing situations; and
 - i) Institutional care that is inadequate or unsuited to the needs of the individual or family.

The Causes of Homelessness

10. There is no single cause that explains everyone's experience of homelessness. Pathways into and out of homelessness are neither linear nor uniform. However, individuals and families who wind up homeless share the characteristics that they are extremely vulnerable and lack adequate housing and income and the necessary supports to ensure they stay housed.
11. Nevertheless, using a social-ecological model, we can explain the causes of homelessness as the outcome of a complex and intricate interplay between structural factors, systems failures, and individual circumstances.⁵
12. Structural factors include economic, systemic, and societal issues that affect outcomes and opportunities for young people and their families.⁶ Because these factors occur at a societal level, individuals and families cannot control these factors and the impact on their lives, and people have limited ability to change them. Structural factors not only affect people experiencing homelessness, but much larger segments of the population. Key structural factors that contribute to homelessness include social and economic conditions like poverty, violence, inadequate education, underemployment, and lack of affordable housing. Other contributing factors include discrimination in the form of homophobia, transphobia, racism, and bullying. Ongoing racism and the experience of colonialism are at the core of experiences of homelessness for many Indigenous people and their families. These structural factors not only

⁵ Stephen Gaetz and Erin Dej, "A New Direction: A Framework for Homelessness Prevention," *Canadian Observatory on Homelessness Press*, 2017 https://homelesshub.ca/wp-content/uploads/2024/04/COHPreventionFramework_1.pdf

⁶ Gaetz and Dej, "A New Direction", [18](#)

contribute to housing precarity for individuals and their families but can manifest at the community level as well.

13. Systems failures refer to those situations where inadequate policy and service delivery contribute to the likelihood that someone will become homeless. Systems failures that contribute to homelessness occur when individuals and families experience:

- e. Barriers to accessing public systems (e.g., health, social services, legal supports) that they are entitled to, or where the supports they get are inadequate in protecting the person from homelessness; these barriers are unequally distributed, with some groups facing greater disadvantage than others.
- f. Failed transitions from publicly funded institutions and systems: including (for example) child welfare, hospitals, and corrections; inadequate discharge planning and support means that many individuals fall into homelessness upon leaving such systems because they lack other options.
- g. Silos and gaps both within and between government funded departments and systems, and also within non-profit sectors: the division of services, funding, and data into silos impedes collaboration and undermines the ability of communities and government to take an integrated systems approach to complex social problems; it also creates untold problems for individuals and families who struggle to get their needs met, specifically creating challenges for people to identify, access, and navigate necessary services and supports.

14. Individual and relational factors refer to the personal circumstances that place people at risk of homelessness, and may include:

- h. Personal or family crises: such as emergencies (e.g., house fire, community evacuation, sudden unemployment, eviction) or personal crises (e.g., family break-up or intimate partner violence).
- i. Housing precarity and insecurity: the Canada Mortgage and Housing Corporation defines a household as being in “core housing need” if an individual or family’s housing: “falls below at least one of the adequacy, affordability, or suitability standards and would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards)”.⁷
- j. Interpersonal and relational problems: includes ongoing family conflict, interpersonal violence and abuse, involvement with the criminal justice system, and/or mental health, addictions, and justice problems among other family members.
- k. Interpersonal violence: People experiencing interpersonal violence or abuse (or living in direct fear of violence or abuse) in their current housing situations may be at risk of homelessness.
- l. Trauma: the relationship between homelessness and trauma is bidirectional; trauma in the form of adverse experiences is both a risk factor for, and a potential outcome of, homelessness, and can lead to mental health challenges and behavioural changes that can impair decision making.

⁷ Canada Mortgage and Housing Corporation, “The National Housing Strategy Glossary of Common Terms,” 2022, <https://www.cmhc-schl.gc.ca/en/nhs/guidepage-strategy/glossary>.

Do individuals need a “staged approach” before they are ready for more permanent forms of housing?

15. Housing readiness is today a largely discredited concept that in the past informed how we support people experiencing homelessness, and in particular responding to the needs of chronically homeless persons with high acuity mental health and addictions challenges. This now outdated notion was popular well into the first decade of this century. The concept of housing readiness was based on the staircase model of responding to homelessness, typically involving emergency shelters, transitional housing, and supportive housing with permanent housing being the final step. With the staircase model individuals are required to progress through a series of stages that come with conditions such as mandatory sobriety, stabilizing one’s mental health challenges, etc. with conditions to meet, before being considered eligible for permanent housing (potentially with resources).
16. The Staircase model of addressing homelessness combined with the concept of “housing readiness” today is largely discredited and is considered discriminatory, as many people with substance abuse issues or mental health challenges can never overcome these conditions in large part because the ongoing experience of homelessness in fact can be exacerbating the very conditions they are being required to address.
17. The key factor that led providers to move away from the notion of housing readiness was the emergence of and widespread adoption of the intervention “Housing First”. This approach

was first developed by Dr. Sam Tsembaris in New York City in the 1990s, and was referred to as the Pathways Model of Housing First.⁸

18. “Housing First” is a recovery-oriented approach to homelessness that involves moving people who experience homelessness into independent and permanent housing as quickly as possible, with no preconditions, and then providing them with additional services and supports as needed. The underlying principle of Housing First is that people are more successful in moving forward with their lives if they are first housed. This is as true for homeless people and those with mental health and addiction issues as it is for anyone. Housing is not contingent upon readiness, or on ‘compliance’ (for instance, sobriety). Rather, it is a rights-based intervention rooted in the philosophy that all people deserve housing, and that adequate housing is a precondition for recovery”.⁹

19. It is clear that the emergence of Housing First directly challenged the concept of housing readiness and the staircase model of housing people experiencing homelessness.

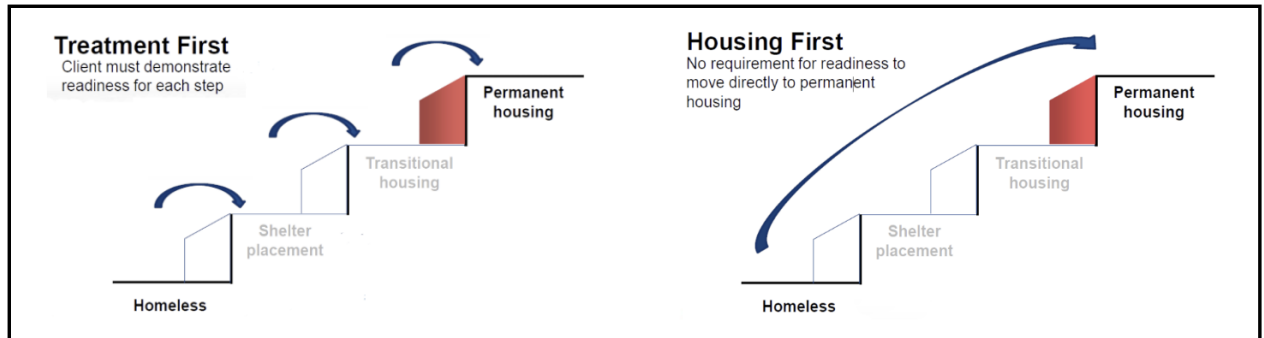
Figure 1: Comparing the Staircase Model to Housing First.

⁸ Tsembaris, Sam. (2015). *Housing First: The Pathways Model to End Homelessness for People with Mental Health and Substance Use Disorders*. Center City, MN: Hazelden Publishing.

Tsembaris, Sam, and Ronda F. Eisenberg. (2000). “Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities.” *Psychiatric Services* 51(4): 487–493.

Tsembaris, Sam, Leyla Gulcur, and Maria Nakae. (2004). “Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis.” *American Public Health Association* 94(4): 651–656.

⁹ Gaetz, Stephen; Scott, Fiona & Gulliver, Tanya (Eds.) (2013) [*Housing First in Canada – Supporting Communities to End Homelessness*](#). Toronto: Canadian Homelessness Research Network Press.



What makes Housing First so compelling is that Housing First is based on the notion that rather than expecting people who experience homelessness to make life changes before they will be supported to exit homelessness, chronically homeless individuals with acute mental health and substance use disorders should first be offered housing with no preconditions and wraparound supports to enhance their recovery and reduce the risk that they might return to homeless.

Can people with addictions, complex mental health challenges and a long history of homelessness be housed?

20. In addressing homelessness, Housing First is one of the few interventions that can be considered a best practice in the sense that the evidence for its efficacy is overwhelming.¹⁰ The largest research project carried out on Housing First was the At Home / Chez Soi project in

¹⁰ Tsemberis, S. *Housing First: The Pathways Model to End Homelessness for People with Mental Health and Substance Use Disorders*; Hazelden Publishing: Center City, MN, USA, 2015.

Latimer, E.A.; Rabouin, D.; Cao, Z.; Ly, A.; Powell, G.; Aubry, T.; Distasio, J.; Hwang, S.W.; Somers, J.M.; Stergiopoulos, V.; et al. *Costs of services for homeless people with mental illness in 5 Canadian cities: A large prospective follow-up study*. CMAJ Open 2017, 5, E576–E585. Available online: <http://cmajopen.ca/content/5/3/E576.full.pdf+html> (accessed on 7 April 2024). Kozloff, N.; Adair, C.E.; Lazgare, L.I.P.; Poremski, D.; Cheung, A.H.; Sandu, R.; Stergiopoulos, V. "Housing first" for homeless youth with mental illness. *Pediatrics* 2016, 138, e20161514. [CrossRef]

Nelson, G.; Stefancic, A.; Rae, J.; Townley, G.; Tsemberis, S.; Macnaughton, E.; Aubry, T.; Distasio, J.; Hurtubise, R.; Patterson, M.; et al. *Early implementation evaluation of a multi-site housing first intervention for homeless people with mental illness: A mixed methods approach*. Eval. Program Plan. 2014, 43, 16–26. [CrossRef]

Canada, where over 2000 participated in a Randomized Controlled Trial in 5 Canadian cities. The research evidence from the At Home-Chez Soi project and other research studies on Housing First overwhelmingly demonstrates that “Housing readiness” should not be a required attribute for a homeless person to have access to housing. In fact with the right supports, even those persons with the most complex histories and needs are able to achieve housing stability and to remain housed for more than one year. A copy of the National Final Report of the Cross-Site At Home/Chez Soi Project is attached to my affidavit as **Exhibit “B”**.

What are the pros and cons of using motel rooms for people experiencing homelessness?

21. The use of hotels and motels to house people experiencing homelessness grew in popularity in North America during the recent pandemic. In assessing pros and cons of using H&Ms as shelter for people experiencing homelessness, one has to be aware of the existence of considerable differences in building lay out, building operator (private owner vs. municipal service provider), room types and size, number of units and amenities. In addition, the kinds of supports people are able to access in this situation can also vary greatly. Finally, because the history of using H&Ms to house people experiencing homelessness does not have a long history, there is not yet an extensive research literature on the topic.
22. While motel and hotel rooms may be suitable as emergency shelter alternatives, these types of accommodations are not a substitute for stable housing. Motels and hotels are temporary and lack security of tenure. Without proper on-site services and supports, motel and hotel shelter programs may put some individuals at risk for harm including overdoses.

A Housing First approach to addressing encampments

23. The Province of Manitoba is implementing a response to encampments that respects the rights and dignity of encampment residents, and bases its approach on Housing First. Basically, the plan is to shut down encampments one at a time. In each case the encampments will only be shut down after housing has been secured for every resident. The province is investing in deeply affordable social housing units through purchasing and renovating existing apartment units. This housing will enable everyone in each encampment to be moved into housing and set up with wraparound support based on individual needs. Such needs are determined by working with people who are homeless to find out what support they need to agree to move:

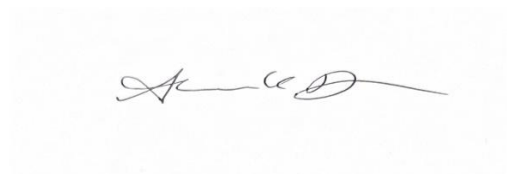
““It is engaging people ... in the actual planning of the infrastructure ... and then doing that work with the charity partners that are coming alongside us in order to develop [that] housing,” Blaikie Whitecloud said”¹¹

24. Key to making such housing an attractive option is ensuring that the needs of those individuals who experience discrimination (including racism, homophobia and transphobia) such as Indigenous people (and in particular Indigenous women) to find out what support they need in order to agree to move. This approach is superior to offering people a spot in an emergency shelter or short term housing in motels. People need housing that is safe, affordable, appropriate and permanent, and supports will assist in stabilizing their housing.

25. I make this Affidavit in response to the Notice of Application, and for no improper purpose.

¹¹ Manitoba plans to shut down homeless encampments one at a time, CBC News, January 14, 2025, attached as Exhibit ‘C’

Sworn remotely by Stephen Gaetz at the City of St. Catharines, in the Province of Ontario, before me on August 15, 2025 by videoconference call in accordance with O. Reg. 431/20, of Administering Oath or Declaration Remotely.

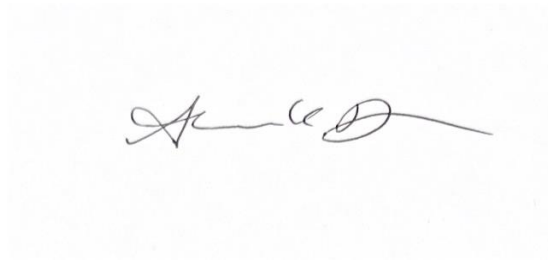


Stephen Gaetz

Commissioner for Taking Affidavits

Shannon Down, LSUC 43894D

THIS IS **EXHIBIT "A"** REFERRED TO
IN THE AFFIDAVIT OF DR. STEPHEN GAETZ
SWORN REMOTELY AT THE
CITY OF ST. CATHERINES BEFORE ME AT THE REGION OF WATERLOO
DURING A VIDEOCONFERENCE CALL
IN ACCORDANCE WITH O.REG. 431/20,
ADMINISTERING OATH OR DECLARATION REMOTELY
THIS 15TH DAY OF AUGUST, 2025

A handwritten signature in black ink, appearing to read 'Shannon Down', is centered on a light gray rectangular background.

SHANNON DOWN
A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 43894D

CURRICULUM VITAE

A) PERSONAL

1. NAME

Stephen Anthony Gaetz

Faculty of Education

York University

631 Kaneff Tower

4700 Keele St.

Toronto, ON M3J 1P3

Tel: (416) 736-2100 x20050

Email: sgaetz@edu.yorku.ca

2. CURRENT POSITION

Professor, Faculty of Education, York University

President and CEO, Canadian Observatory on Homelessness

Research Director, Making the Shift – Youth Homelessness Social Innovation Lab

Co-Director, Toronto Center of Excellence on Youth Homelessness Prevention at York University (Toronto Centre of Excellence). United Nations Economic Commission for Europe.

3. DEGREES

1990 Ph.D. Anthropology York University, Toronto
Dissertation title: *Community Action and the Provision of Youth Services in Cork, Ireland*

1985 M.A. Anthropology York University, Toronto
Dissertation title: *Youth Expression in the Eighties: A Network Analysis of Punks in Toronto*

1983 B.A. Anthropology (Honours) University of Calgary

4. EMPLOYMENT HISTORY

2014 -	<u>Professor</u> – Faculty of Education, York University
2005 - 2014	<u>Associate Professor</u> - Faculty of Education, York University
2012 - 2013	<u>Associate Dean, Research and Professional Development</u> - Faculty of Education, York University
2007 – 2011	<u>Associate Dean, Research and Professional Development</u> – Faculty of Education, York University
2000 - 2005	<u>Assistant Professor</u> - Faculty of Education, York University
2000 -	Appointment to the Faculty of Graduate Studies, York University
1999 - 2000	<u>Community Development Officer</u> - Community and Neighbourhood Services Department, City of Toronto
1999	<u>Coordinator, Homeless Initiative</u> - Queen West Community Health Centre
1993 - 1999	<u>Health Promoter</u> - Shout Clinic, Toronto, Ontario
1992 - 1993	<u>Lecturer</u> - Department of Anthropology, York University
1990 - 1992	<u>Post-Doctoral Fellow</u> - Department of Anthropology, York University

5. HONOURS AND AWARDS

2023	York University Research Award
2021	York Research Chair in Homelessness and Research Impact
2020	York University Research Leader Award
2019	York University Research Leader Award
2017	York University Research Leader Award
2016	Member of the Order of Canada
2016	Dean's Research Award – Faculty of Education
2016	York University Research Leader Award
2015	SSHRC Research Impact – Connection Award
2015	York University Research Leader Award
2013	Faculty of Education Merit Award - \$3000
2012	Faculty of Education Merit Award - \$2000
2011	Faculty of Education Merit Award - \$2000
2010	Faculty of Education Merit Award - \$2000

2009	Faculty of Education Merit Award - \$2000
2008	Faculty of Education Merit Award - \$2000
1990 - 1992	Social Sciences and Humanities Research Council of Canada Postdoctoral Fellowship
1986 - 1989	Social Sciences and Humanities Research Council of Canada Doctoral Fellowship
1986	Ontario Graduate Scholarship (declined)
1985	Ontario Graduate Scholarship

ADVISORY PANELS and COMMITTEES

2018- present	Government of Canada –Reaching Home’s Data Strategy Advisory Committee
2017-18	Government of Canada – Advisory Committee on Homelessness
2016-17	Government of Canada – Advisory Committee on Poverty Reduction Strategy
2015	Province of Ontario - Expert Advisory Panel on Homelessness
2013-14	Canadian Mental Health Association – Advisory Committee on Housing First

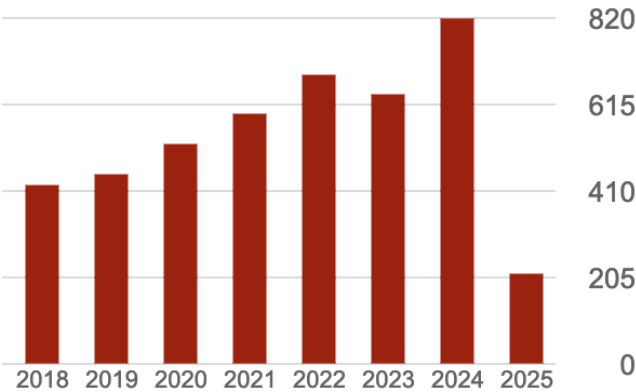
B SCHOLARLY AND PROFESSIONAL CONTRIBUTIONS

1. SUMMARY OF PUBLICATIONS AND PROFESSIONAL CONTRIBUTIONS

- Books: 1
- Edited books, special issues of journals: 5
- Articles in refereed journals: 53
- Chapters in books: 24
- Professional Reports: 45 (Peer reviewed: 13)
- Conference presentations: 220
- Keynote addresses: 38
- Invited presentations: 258
- Webinars: 18
- Book Reviews: 2
- Curriculum Materials: 7
- Other publications: 8
- Blog posts: 32

CITATIONS

	All	Since 2020
Citations	6787	3469
h-index	39	32
i10-index	73	58



May 10, 2025

2. PUBLICATIONS:

Books and Monographs

Gaetz, Stephen (1997) *Looking Out for the Lads: Community Action and Youth Provision in an Urban Irish Parish*. St. John's, Nfld.: Institute of Social and Economic Research 235 pg.

Edited books, special issues of journals:

Kidd, S., Slesnick, N., Frederick, T., Karabanow, J., Gaetz, S. (2018). *Mental Health and Addiction Interventions for Youth Experiencing Homelessness: Practical Strategies for Front-line Providers*. Toronto: Canadian Observatory on Homelessness Press.

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Articles in Refereed Journals

Gaetz, Stephen; Buchnea, Amanda; Fournier, Cathy; Dej, Erin; Schwan, Kaitlin (2024) Towards the Prevention of Youth Homelessness. *Youth* 2024, 4(4), 1694–1725. <https://doi.org/10.3390/youth4040108>

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Fournier, C., Mirza, S., Naidoo, K., Green, S., Shirt, C., Cameron, S., Stewart, S. L., & Gaetz, S. (2024). Endaayaang: the importance of “Indigenizing” housing first for youth. *AlterNative: An International Journal of Indigenous Peoples*, 0(0). <https://doi.org/10.1177/11771801241263605>

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[Gaetz, S. & Buchnea, A., \(2023\) Housing First as a Systems Approach to Ending Homelessness? Lessons Learned from the Canadian Governance Landscape and Future Directions for Systems Transformation](#). *European Journal of Homelessness*. Volume 17, Issue 2.

Gaetz, Stephen, Bonakdar, Ahmad; Ecker, John; MacDonald, Cora; Ilyniak, Sophia; Kimura, Lauren; Vijayarathnam, Aranie; Banchani, Emmanuel; Ward, Ashley (2023). Making the Shift Youth Homelessness Demonstration Projects: The Housing First for Youth (HF4Y) randomized controlled trial research protocol. *Journal of Medical Internet Research Research Protocols*, <https://www.researchprotocols.org/2023/0/e0/>

Bonakdar, A., Gaetz, S., Banchani, E., Schwan, K., Kidd, S., O'Grady, B. (2023) Child protection services and youth experiencing homelessness: Findings of the 2019 national youth homelessness survey in Canada. *Children and Youth Services Review*, Volume 153, October 2023, 107088

Kerman, N., Ecker, J., Tiderington, E., Gaetz, S., & Kidd, S. A. (2023). Workplace trauma and chronic stressor exposure among direct service providers working with people experiencing homelessness. *Journal of Mental Health*, 32, 424-433.

Nichols, N., Schwan, K., Gaetz, S. & Redman, M. (2022) Enabling evidence-led collaborative systems-change efforts: an adaptation of the Collective Impact Approach. *Community Development Journal*, Vol. 57(4), p.750-768

Kerman, N., Wang, R., Aubry, T., Distasio, J., Gaetz, S., Hwang, S. W., Latimer, E., O'Grady, B., Schwan, K., Somers, J. M., Stergiopoulos, V., & Kidd, S. A. (2022). Shelter bans among people experiencing homelessness: An exploratory study of predictors in two large Canadian datasets. *Journal of Urban Health*. 2022 Oct;99(5):842-854.

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Bezgrebelna, M.; McKenzie, K.; Wells, S.; Ravindran, A.; Kral, M.; Christensen, J.; Stergiopoulos, V.; Gaetz, S.; Kidd, S.A. (2021) Climate Change, Weather, Housing Precarity, and Homelessness: A Systematic Review of Reviews. *International Journal of*

Environmental Research and Public Health 18, 5812. <https://doi.org/10.3390/ijerph18115812>

Kerman, N., Ecker, J., Tiderington, E., Gaetz, S., & Kidd, S. A. (2021). Paid sick leave benefits among essential frontline workers serving people experiencing homelessness in Canada during the COVID-19 pandemic. *Public Health*, 195, 142-144. doi:10.1016/j.puhe.2021.04.022

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3. PRESENTATIONS and PUBLIC LECTURES

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Gaetz, Stephen; Redman, Melanie (2024) "Youth Homelessness Prevention: Where we are, what's Needed and How to Move Forward." Association of Municipalities of Ontario Meeting: Toronto, ON. Thursday, Oct. 3, 2024

Gaetz, Stephen & Redman, Melanie (2024) "The Emerging Impact of Housing First for Youth in Canada and Europe." Portavita Housing First conference. Portavita, Czechia, Thursday, June 12, 2024

Gaetz, Stephen; Redman, Melanie & Walter, Heidi (2024) "Mobilizing Social Innovation to Prevent Youth Homelessness: Housing First for Youth" Portavita Housing First conference. Portavita, Czechia, Thursday, June 11, 2024 2024

Gaetz, Stephen & Redman, Melanie (2024) "Youth Homelessness Prevention: Health, mental Health and Well-Being". Association of Municipalities in Ontario Conference. Tuesday, May 28, 2024

Gaetz, Stephen & Redman, Melanie (2024) "Making the Shift Body of Work". National Learning Community on Youth Homelessness. Calgary, AL. Friday, April 26, 2024

Gaetz, Stephen (2024). "Prioritizing the Prevention of Youth Homelessness". Centre interuniversitaire de Recherche en Economie Quantitative. Montreal, Quebec. April 26, 2024

Gaetz, Stephen (2024) child Protection and the Pathway Into Youth Homelessness." Trellis Society: Youth in & Transitioning from Foster & Group Care. Calgary, AL. Online. April 16, 2024

Gaetz, Stephen (2024) "The Emerging Impact of Housing First for Youth in Canada and Europe." Housing First Partner's Conference, Atlanta GA., Wednesday, April 11, 2024 April 11 Wednesday, February 1, 2024

Gaetz, Stephen (2024) "Making the Shift to Youth Homelessness Prevention". International Care Day, Vienna Austria Tuesday, February 13, 2024

Gaetz, Stephen (2024) "The Emerging Impact of Housing First for Youth in Canada and Europe." Housing First Netherlands Conference, Utrecht, Utrecht Netherlands, Wednesday, February 1, 2024

Gaetz, Stephen & Melanie Redman (2024) “A Shift to the Prevention of Homelessness” Hogeschool Utrecht, Utrecht Netherlands, Thursday February 2, 2024

Gaetz, S. (2024) “Housing First for Youth Interim Report on Research Results”. Housing First Peoples Conference, Atlanta GA. April 10, 2024

Gaetz, S. (2024) “A Shift to the Prevention of Homelessness”. Vienna Transitions Event. Vienna Austria, February 13, 2024 (on line)

Gaetz, S. (2023) “Housing First for Youth – Outcomes Research.” Canadian Alliance to End Homelessness. Halifax NS. November 9, 2023

Gaetz, Stephen; Redman, Melanie & Heidi Walter (2023) “Using Social Innovation to Advance Youth Homelessness Prevention”, 2023 Runaway and Homeless Youth National Grantee Training. Seattle Washington, November 29th, 2023

Sohn, Jacqueline; Gaetz, Stephen & Philippa Putlitz (2023) “BRINGING SCHOOLS ON BOARD: Upstream Kelowna’s research-informed approach to preventing youth homelessness through cross-sector collaboration”. Canadian Alliance to End Homelessness Conference, Halifax, NS November 10, 2023

Gaetz, Stephen (2023) “ Why are we here? Understanding the link between transitions from care and youth homelessness” International Transitions from Child Protection Symposium. Vancouver, October 12, 2023

Gaetz, Stephen (2023) “The emerging impact of Housing First for Youth in Canada and Europe” European Observatory on Homelessness Conference, Leuven Belgium, September 14, 2023

Gaetz, Stephen (2023) “Five Youth Homelessness Prevention Interventions”, Working Together to End Youth Homelessness - The Importance of Effective Collaboration. Dublin, Ireland, April 20, 2023

Gaetz, Stephen & Melanie Redman (2023) “Cross Systems Approaches to Addressing Youth Homelessness”, Working Together to End Youth Homelessness - The Importance of Effective Collaboration. Dublin, Ireland, April 20, 2023

Gaetz, Stephen (2023) “Housing First for Youth – Research and Emerging Results” IJOH International Conference on Homelessness. Chicago, March 20, 2023

Gaetz, Stephen (2023) “How can we address homelessness?” Design for Change. February 15, 2023

Gaetz, Stephen (2022) “Inflation Effects on Housing Affordability and Household Vulnerability” Committee on Urban Development, Housing and Land Management 83rd session, Part II, San Marino October 4, 2022

Gaetz, Stephen & Melanie Redman (2022) “Supporting Access to Affordable Housing for Women and Youth” Committee on Urban Development, Housing and Land Management 83rd session, Part II, San Marino October 3, 2022

Redman, Melanie & Stephen Gaetz (2022) "Making the Shift and International Engagement" European Observatory on Homelessness Conference, Bergamo Italy. Sept 22, 2022

Gaetz, Stephen & Melanie Redman (2022) "Housing First for Youth – Emerging Results" European Observatory on Homelessness Conference, Bergamo Italy, Sept 22, 2022

Redman, Melanie & Stephen Gaetz (2022) "State of the Movement". National Learning Community on Youth Homelessness conference. Victoria, BC. June 15, 2022

Stephen Gaetz (2022) Panel member, Roundtable on Youth Homelessness FEANTSA Annual Policy Conference, Dublin Ireland, June 2

Gaetz, Stephen & Melanie Redman (2022) "Social Innovation in Action: Addressing the needs of young people through Housing First for Youth" .” Prague, Czech Republic, May 24, 2022

Gaetz, Stephen & Melanie Redman (2022) "Understanding Housing First for Youth ." W13, Kortrijk, Belgium, May 18, 2022

Gaetz, Stephen & Melanie Redman (2022) "A Way Home and Collective Impact." A Way Home Canada & Opgroeien, Brussels, Belgium, May 16, 2022

Gaetz, Stephen & Melanie Redman (2022) "Housing First for Youth – Emerging Research Results." *Housing First Partners Conference, Seattle*. April 12, 2022

Walter, Heidi & Stephen Gaetz (2022) "Housing First for Youth – Adaptations and Lessons Learned from Canada." *Housing First Partners Conference, Seattle*. April 12, 2022

Gaetz, Stephen (2022) "Homelessness Prevention." *Quebec Homelessness Prevention Policy Collaborative Conference – The Promise of Prevention in Homelessness*. Montreal, Quebec (On Line). February 16, 2022

Gaetz, Stephen & Melanie Redman (2021) "Youth Homelessness Social Innovation Lab – UPDATES." *Upstream Conference, Australia* (On Line). November 19, 2021.

Gaetz, Stephen (2021) "Making the Shift to the Prevention of Youth Homelessness: Opportunities and Challenges for Systems Transformation." *Developing Homelessness Work*. Tampere, Finland. (On Line). November 16, 2021.

Gaetz, Stephen (2021) "Social Innovation in Driving Change." *CAEH Virtual National Conference on Ending Homelessness, Canada*. (On Line). October 26, 2021

Gaetz, Stephen & Walter, Heidi (2021) "Social Innovation in Action: Addressing the Needs of Young People through Housing First for Youth." *The Fourth International Housing First Conference: Knowledge Mobilization of Evidence-Based Housing First practices*. (On Line). October 5, 2021

Gaetz, Stephen (2021) "Housing First for Youth." *Australia. National Youth Homelessness Virtual Conference* (On Line). July 16, 2021

Gaetz, Stephen; Redman, Melanie & Walter, Heidi (2021) "Housing First for Youth –

Lessons from Making the Shift.” *Housing First Partners Conference* (On Line). April 8, 2021

Gaetz, Stephen (2021) *Research Impact and Homelessness*. Campaigning: A Case Study on Homelessness Advocacy (On Line). February 25, 2021

Gaetz, Stephen (2020) *Covid 19 and Homelessness: What are the implications for Canada?* European Observatory on Homelessness Conference (On Line). Sept 25, 2020

Gaetz, Stephen & Redman, Melanie (2020) *Preventing Youth Homelessness through Duty to Assist*. Atlantic Summer Institute on Healthy and Safe Communities (On Line). August 14, 2020

Gaetz, Stephen (2020) *Covid 19-Lessons from Canada*. More Direct Futures Housing Network (On Line). May 14, 2020

Gaetz, Stephen & Redman, Melanie (2020) *Making the Shift – Youth Homelessness Social Innovation Lab*. CRISIS UK Homelessness Prevention Conference. March 10, 2020

Gaetz, Stephen (2020) “YAP – Youth Assessment and Prioritization Tool” Cardiff, Wales: *Preventing Youth Homelessness 2020*. March 9, 2020.

Gaetz, Stephen (2020) “THIS is Housing First for Youth” Cardiff, Wales: *Preventing Youth Homelessness 2020*. March 9, 2020.

Gaetz, Stephen; Kidd, Sean; Malenfant, Jane; Aboud, Cecile & David French (2019) *Without a Home – The National Youth Homelessness Survey - 2019*. Edmonton: National Conference on Ending Homelessness (CAEH). November 5, 2019

Gaetz, Stephen & Redman, Melanie (2019) *Designing the Adaptation of a Duty to Assist in Canada*. Edmonton: National Conference on Ending Homelessness (CAEH). November 4, 2019

Gaetz, Stephen; Redman, Melanie & Sheryl Green (2019) *Making the Shift – A Youth Homelessness Social Innovation Lab*. Edmonton: National Conference on Ending Homelessness (CAEH). November 4, 2019

Gaetz, Stephen (2019) *Implementing Housing First for Youth..* Melbourne Australia. Victorian Homelessness Conference. October 15, 2019

Redman, Melanie & Stephen Gaetz (2019) *Designing the Adaptation of a Duty to Assist in Canada*. European Observatory on Homelessness Research Conference. Helsinborg, Sweden. September 20, 2019

Gaetz, Stephen & Redman, Melanie (2019) *Ending Youth Homelessness*. The Voices of People with Lived Experience. Charlottown, PEI: Atlantic Summer Institute Supportive Environments for Child and Youth Mental Health: Our Shared Responsibility! August 20, 2019

Redman, Melanie & Gaetz, Stephen, (2019) *A Way Home*. Hinkley Island, England: Under One Roof: Homeless Link Annual Conference. July 3, 2019

Gaetz, Stephen (2019) *The Canadian Definition of Youth Homelessness*. Porto, Spain: FEANTSA Policy Conference. May 29, 2019

Gaetz, Stephen & Redman, Melanie (2019) *Ending Youth Homelessness*. Oshawa, ON: Durham Region Homelessness Prevention Conference, March 19, 2019

Gaetz, Stephen (2018) *Realizing the Right of Youth to Housing* Hamilton, Ontario: Canadian Alliance to End Homelessness Conference. November 7, 2018

Gaetz, Stephen (2018) *A Duty to Assist – How we can end youth homelessness in Canada* Hamilton, Ontario: Canadian Alliance to End Homelessness Conference. November 7, 2018

Gaetz, Stephen (2018) *Making Research Matter! The Canadian Observatory on Homelessness*. Hamilton, Ontario: Canadian Alliance to End Homelessness Conference. November 6, 2018

Gaetz, Stephen, Redman, Melanie & Schwan, Kaitlin (2018) *The Roadmap for the Prevention of Youth Homelessness* Hamilton, Ontario: Canadian Alliance to End Homelessness Conference. November 5, 2018

Redman, Melanie & Stephen Gaetz (2018) *Ending Youth Homelessness: Can we do it?* Orillia Ontario: Conference on Youth Homelessness. October 2, 2018

Gaetz, Stephen & Redman, Melanie (2018) *Making the Shift – A Youth Homelessness Social Innovation Lab*. Budapest, Hungary: European Observatory on Homelessness, International Conference on Homelessness. Sept 23, 2018

Redman, Melanie & Stephen Gaetz (2018) *A Way Home: Updates from Canada*. Edinburgh Scotland: National Conference on Ending Youth Homelessness. Sept 18, 2018

Gaetz, Stephen & Redman, Melanie (2018) *A Way Home: Transforming Systems for Change*. Antwerp, Belgium: Launch of A Way Home Europe. Sept 17, 2018

Gaetz, Stephen (2018) *Defining Homelessness*. Sao Paulo Brazil: Housing First conference. August 29, 2018

Gaetz, Stephen (2018) *Housing First and Housing First for Youth*. Sao Paulo Brazil: Housing First conference. August 29, 2018

Gaetz, Stephen & Redman, Melanie (2018) *What the Future Looks Like? A Roadmap for the Prevention of Youth Homelessness*. Happy Valley – Goose Bay, Nfld & Labrador: Social Innovation Summit. June 6, 2018

Redman, Melanie & Gaetz, Stephen (2018) *What the Future Looks Like? A Roadmap for the Prevention of Youth Homelessness*. Windsor: Ontario Municipal Social Services Association. May 27, 2018

Gaetz, Stephen & Redman, Melanie (2018) *Transforming Systems for Change: Lessons from Canada*. New York: National Symposium on Solutions to End Youth Homelessness. April 30, 2018

Redman, Melanie & Stephen Gaetz (2018) *Implementing Housing First for Youth – Key Challenges*. New York: National Symposium on Solutions to End Youth Homelessness. April 30, 2018

Gaetz, Stephen & Redman, Melanie (2018) “THIS is Housing First for Youth”. Denver: Housing First Partners Conference. April 10, 2018

Gaetz, Stephen & Dej, Erin (2017) “Homelessness Prevention – From Framework to Action”. Winnipeg, Manitoba. Canadian Alliance to End Homelessness Conference, October 26, 2017

Gaetz, Stephen & Schwan, Kaitlin (2017) “Preventing Youth Homelessness- 10 things we can do”. Winnipeg, Manitoba. Canadian Alliance to End Homelessness Conference, October 25, 2017

Gaetz, Stephen (2017) “THIS is Housing First for Youth”. Winnipeg, Manitoba. Canadian Alliance to End Homelessness Conference, October 25, 2017

Gaetz, Stephen (2017) “Understanding Youth Homelessness in Canada – The first national survey”. Barcelona, Catalonia. European Observatory on Homelessness Conference, September 22, 2017

Gaetz, Stephen (2017) “Understanding Youth Homelessness in Canada – The first national survey”. Barcelona, Catalonia. European Observatory on Homelessness Conference, September 22, 2017

Redman, Melanie & Gaetz, Stephen (2017) “Making the Shift – Preventing and Ending Youth Homelessness in Canada”. Barcelona, Catalonia. European Observatory on Homelessness Conference, September 22, 2017

Gaetz, Stephen (2017) “Homelessness Prevention and Housing First for Youth”. CHRA Congress Halifax, ON. May 4, 2017

Gaetz, Stephen (2016) “Housing First for Youth”. *New Directions – National Conference on Homelessness*. Edinburgh Scotland. November 10, 2016

Gaetz, Stephen (2016) “Knowledge Mobilization and Design Thinking”. Tackling Homelessness: Developing and Sharing Best Practice. Bristol, UK. November 8, 2016

Gaetz, Stephen (2016) “Homelessness Prevention 101”. *Canadian Alliance to End Homelessness conference*. London, Ontario. November 3, 2016

Gaetz, Stephen (2016) “The State of Homelessness in Canada 2016”. *Canadian Alliance to End Homelessness conference*. London, Ontario. November 3, 2016

Gaetz, Stephen (2016) “Canadian Definition of Youth Homelessness”. *Canadian Alliance to End Homelessness conference*. London, Ontario. November 2, 2016

Gaetz, Stephen; Bill O’Grady & Sean Kidd (2016) “Without a Home: Results of the National Youth Homelessness Survey”. *Canadian Alliance to End Homelessness conference*. London, Ontario. November 2, 2016

Redman, Melanie & Gaetz, Stephen (2016) A Way Home – Ending youth homelessness in Canada. OMSSA Service Managers conference. Toronto, Canada. October 27, 2016

Gaetz, Stephen (2016) “Criminalizing Homelessness in Canada: The Impact on Homeless Youth”. *International Community Corrections Association*. Toronto, ON. October 4, 2016

Gaetz, Stephen (2016) “Transitioning to Housing First – Key Challenges for Service Providers” European Observatory on Homelessness Research Conference. Copenhagen, Denmark. September 23, 2016

Gaetz, Stephen (2016) “Rural Homelessness and Housing First for Youth”. *Rural Sociological Society Conference*. Toronto, ON. August 8, 2016

Gaetz, Stephen (2016) “Housing First for Youth – Challenges in Going to Scale” *National Alliance to End Homelessness Conference*. July 26, 2016

Redman, Melanie & Gaetz, Stephen (2016) “A Way Home”. *FEANTSA Policy Conference*. Brussels Belgium. June 10, 2016

Gaetz, Stephen & Redman, Melanie (2016) “Housing First for Youth in Europe – A Human Rights Approach” *Rock Trust – Ending Youth Homelessness National Conference*. Edinburgh Scotland. June 6, 2016

Gaetz, Stephen (2016) “Moving from Crisis to Prevention – Reimagining our Response to Youth Homelessness” *Rock Trust – Ending Youth Homelessness National Conference*. Edinburgh Scotland. June 6, 2016

Redman, Melanie & Gaetz, Stephen (2016) “Coming Together to End Youth Homelessness – A Way Home”. *Rock Trust – Ending Youth Homelessness National Conference*. Edinburgh Scotland. June 7, 2016

Gaetz, Stephen (2016) “Adolescence, Homelessness and Stigma” *A4YC Conference*, Edmonton AB. May 17, 2016

Gaetz, Stephen (2016) “Tackling ‘Wicked Problems’ through Collective Impact”. *Housing Affordability and Market Based Solutions Conference*. University of Calgary, Calgary AB. February 10, 2016

Gaetz, Stephen (2016) “The Housing System – Can we address affordability?”. *Housing Affordability and Market Based Solutions Conference*. University of Calgary, Calgary AB. February 10, 2016

Gaetz, Stephen (2016) Housing First for Youth – The challenges of going to scale” *National Alliance to End Homelessness Conference on Family and Youth homelessness*. Oakland, CA. Feb 19, 2016

Gaetz, Stephen (2016) “Oh Canada! Lessons on Housing First from the Canadian Response to Homelessness” *Second Annual Convening on Unaccompanied Homeless Women*. Los Angeles CA. January 21, 2016

Gaetz, Stephen (2016) “Young, Female and Homeless” *Second Annual Convening on*

Unaccompanied Homeless Women. Los Angeles CA. January 21, 2016

Redman, Melanie & Gaetz, Stephen (2015) "A Way Home" *The American Round Table to Abolish Homelessness*. Boston, MA. November 6, 2015

Gaetz, Stephen (2015) "Issues and Challenges in Going to Scale" *The American Round Table to Abolish Homelessness*. Boston, MA. November 6, 2015

Gaetz, Stephen (2015) "Panel: Exploring effective systems responses to homelessness - systems, planning and coordination" *CAEH 2015 – National Conference on Ending Homelessness*. Montreal, Que. October 19, 2015

Gaetz, Stephen (2015) "A Framework for Systems Integration" *CAEH 2015 – National Conference on Ending Homelessness*. Montreal, Que. October 19, 2015

Gaetz, Stephen (2015) "Screening for Housing First" *CAEH 2015 – National Conference on Ending Homelessness*. Montreal, Que. October 19, 2015

Gaetz, Stephen (2015) "A Framework for Preventing Youth Homelessness" *CAEH 2015 – National Conference on Ending Homelessness*. Montreal, Que. November 2, 2015

Redman, Melanie & Gaetz, Stephen (2015) "A Way Home" *CAEH 2015 – National Conference on Ending Homelessness*. Montreal, Que. November 2, 2015

Gaetz, Stephen (2015) "A Framework for Homelessness Prevention" *Toronto Homelessness Research Symposium*. Toronto, ON. October 19, 2015

Gaetz, Stephen (2015) "Youth Homelessness in Toronto." *Toronto Homelessness Research Symposium*. Toronto, ON. October 19, 2015

Gaetz, Stephen (2015) "Making Research Matter" *Toronto Homelessness Research Symposium*. Toronto, ON. October 19, 2015

Gaetz, Stephen (2015) "Homeless Veterans in Canada: An Emerging Issue." *European Observatory on Homelessness Research Conference*. Dublin, Ireland. September 25, 2015

Gaetz, Stephen (2015) "Criminalizing Homelessness in Canada: What happens when we use policing as a strategic response to youth homelessness?." *International Academy of Law and Mental Health Congress*. Vienna, Austria. July 17, 2015

Gaetz, Stephen (2015) "Oh Canada! Lessons on Housing First from the Canadian Response to Homelessness." *Housing First Day conference*, Utrecht NL. July 6th, 2015

Gaetz, Stephen (2015) "A Framework for Housing First for Youth." *Housing First Day conference*, Utrecht NL. July 6th, 2015

Redman, Melanie & Gaetz, Stephen (2015) "Building Links for the Prevention of Youth Homelessness." *FEANTSA Conference*. Paris, June 20th, 2015

Gaetz, Stephen & Redman, Melanie (2015) "Youth Homelessness in Canada: Does Challenging Measures that Criminalize Youth Homelessness Work?," *Housing Rights Watch Conference*. Paris, June 18th, 2015

Gaetz, Stephen (2015) "Panel presentation – The Criminalization of Youth Homelessness." *The Legal Needs of Street Youth conference*. London, UK June 17, 2015

Gaetz, Stephen (2015) "Solving Youth Homelessness – Lessons from Canada" Homelessness in a Global Landscape Conference – Institute of Global Homelessness, Chicago, IL., June 2st, 2015

Gaetz, Stephen (2015) "Understanding and measuring homelessness in Canada" Homelessness in a Global Landscape Conference – Institute of Global Homelessness, Chicago, IL., June 1st, 2015

Gaetz, Stephen (2015) "Canadian Point-in-Time Count – Implementation Toolkit" *Government of Canada – Homelessness Partnering Strategy – HPS PiT Count Workshop*. Winnipeg, MN May 1, 2015

Gaetz, Stephen (2015) "From Child Protection to Youth Homelessness: Can we turn off the taps?" *Canadian Housing and Renewal Association National Conference on Housing and Homelessness*. Winnipeg, MN April 30th, 2015

Gaetz, Stephen (2015) "Canadian Point-in-Time Count – Implementation Toolkit" *Government of Canada – Homelessness Partnering Strategy – HPS PiT Count Working Group*. Ottawa, ON April 9, 2015

Gaetz, Stephen (2015) "Solving Youth Homelessness. Lessons from Canada" *Ending Family and Youth Homelessness*. National Alliance to End Homelessness. San Diego, CA. February 19, 2015

Gaetz, Stephen (2014) "Canadian Point-in-Time Count Methodology and Toolkit" National Conference on Ending Homelessness. Vancouver, BC. November 5, 2014.

Gaetz, Stephen (2014) "Can we think about a Housing First strategy for Youth?" National Conference on Ending Homelessness. Vancouver, BC. November 4, 2014.

Gaetz, Stephen (2014) "Thinking about an End to Youth Homelessness" National Conference on Ending Homelessness. Vancouver, BC. November 3, 2014.

Gaetz, Stephen (2014) "Housing First for Youth" National Conference on Ending Homelessness. Vancouver, BC. November 3, 2014.

Gaetz, Stephen (2014) "Young, Female and Homeless" One in Four Convening on Unaccompanied Homeless Women. Harvard, Oct. 24, 2014.

Gaetz, Stephen (2014) "Can Housing First work for youth?". 8th National Conference on Homelessness. Brisbane Australia, September 12, 2014

Gaetz, Stephen (2014) "Preventing Youth Homelessness - What do we know? What should we do?" 8th National Conference on Homelessness. Brisbane Australia, September 11, 2014

Gaetz, Stephen (2014) "Oh Canada! Housing first and the evolution of the Canadian response to Homelessness". 8th National Conference on Homelessness. Brisbane Australia, September 11, 2014

Gaetz, Stephen (2014) "A Framework for Housing First for Youth". *National Alliance to End Homelessness conference*. Washington, DC. July 29, 2014.

Gaetz, Stephen (2014) "Why youth homelessness is different than adult homelessness". *National Alliance to End Homelessness conference*. Washington, DC. July 29, 2014.

Gaetz, Stephen (2014) "Thinking about . . . Youth Homelessness" *Western Next Practices Colloquy*. Lost Angeles, June 18, 2014

Gaetz, Stephen (2014) "A Safe and Decent Place to Live: Understanding youth homelessness in urban and rural areas of Canada". *Youth Housing and Homelessness Conference*. Ottawa, June 23, 2013

Gaetz, Stephen (2014) "Preventing Youth Homelessness" *FEANTSA Youth Homelessness Study Session*. Budapest, Hungary. March 4, 2014.

Gaetz, Stephen (2014) "Research Impact! How research can contribute to ending homelessness." *Housing First Conference*, Kelowna BC. February 27, 2014.

Gaetz, Stephen (2014) "Housing Options for Youth". National Alliance to End Homelessness, Ending Family and Youth Homelessness Conference. New Orleans, LA. Feb 17, 2014.

Gaetz, Stephen. (2014) "Rethinking Our Response to Youth Homelessness" *Ending Youth Homelessness in Red Deer conference*. Red Deer Alberta. January 29, 2014.

Gaetz, Stephen (2013) "Towards a Prevention Framework for Homeless Youth". *FEANTSA Conference on Youth Homelessness*. Prague, Czech Republic. November 9, 2013

Gaetz, Stephen (2013) "Making Research Matter! How Research Can Contribute to Ending Homelessness." *Homelessness Partnering Strategy – National Workshop on Housing First*. Ottawa, ON, November 1, 2013

Gaetz, Stephen (2013) "Research Matters: The Canadian Homelessness Research Network." *National Conference on Ending Homelessness*. Ottawa: October 28th, 2013

Gaetz, Stephen (2013) "The State of Homelessness in Canada, 2013." *National Conference on Ending Homelessness*. Ottawa: October 28th, 2013

Gaetz, Stephen (2013) "A Framework for Preventing Youth Homelessness", *Next Practices*. Boston, USA. October 25th, 2013

Gaetz, Stephen (2013) "Knowledge Mobilization as Design", *York Symposium on the Scholarship of Engagement*. York University, Toronto Canada. October 2, 2013

Gaetz, Stephen (2013) "Adaptation and Implementation Challenges for Housing First", *Housing First. What's Second?* FEANTSA European Research Conference - Berlin, Germany, September 20th, 2013

Gaetz, Stephen (2013) "Family Matters – Youth Homelessness and Family Reconnection". National Alliance to End Homelessness Conference. Washington, DC., July 20th, 2013

Gaetz, Stephen (2013) "Rethinking Models of Prevention, Accommodation and Support for Homeless Youth" *International Homelessness Research Conference*, Philadelphia, Pennsylvania, June 3, 2013

Gaetz, Stephen (2013) "The Real Cost of Homelessness" *Canadian Economics Association conference*, Montreal, May 30, 2013

Gaetz, Stephen (2013) "The Bottom Three Feet of the City: Youth Homelessness and Geographies of Exclusion". *Canadian Anthropology Society meetings*. Victoria, May 10, 2013

Gaetz, Stephen (2013) "Research Impact! Using Research to Support the Work of CABS". *Canadian Housing and Renewal Association – Community Advisory Body Meeting*. Ottawa, May 6, 2013

Gaetz, Stephen (2013) "Reimagining our Response to Youth Homelessness?" *Social Planning Council of Hamilton, Community Meeting*. Hamilton April 24, 2013

Gaetz, Stephen (2013) "The Real Cost of Homelessness" *Northern Housing Conference*, Whitehorse, Yukon. March 25, 2013

Gaetz, Stephen (2013) "A Framework for Preventing Youth Homelessness" *Ending Family and Youth Homelessness*, National Alliance to End Homelessness. Seattle WA, Feb 21, 2013

Gaetz, Stephen (2012) "Supporting Transitions to Adulthood: The Foyer". *Ontario Non-Profit Housing Association Conference*. Toronto. November 17, 2012.

Gaetz, Stephen (2012) "Making Research Matter – Creating impact for Housing and Homelessness Research". *Ontario Non-Profit Housing Association Conference*. Toronto. November 17, 2012.

Gaetz, Stephen (2012) "Homelessness, Social Exclusion and the Risk of Tuberculosis Infection". *Tuberculosis in Canada: Detection, Intervention and Compliance*. Centre for Disease Modelling. Ottawa: November 15, 2012

Gaetz, Stephen (2012) "Stopping the Problem Before it Starts. A Prevention Response to Youth Homelessness" *Pushing the Limits conference*. United Way of Calgary and Area. October 18, 2012

Gaetz, Stephen (2012) "The Possibilities of Connection: Linking schools, community organizations and families in addressing youth homelessness in Australia and the UK" *Pushing the Limits conference*. United Way of Calgary and Area. October 17, 2012

Gaetz, Stephen (2012) "Supporting Transitions to Independence. The Foyer." Woods Homes Provincial Youth Shelter Symposium. Calgary, September 20th, 2012

Gaetz, Stephen (2012). "Do we need a big bridge to cover a small gap since we're all on campus or do we need a small bridge to cover a large gap between research and practice?" *Knowledge Mobilization Forum*, Ottawa. June 17, 2012

Gaetz, Stephen (2012). "Responding to H1N1 in the Context of Homelessness in Canada". *Pan-inFORM – Indigenous Populations Health Protection – IPHP*. York University, May 7, 2012

Gaetz, Stephen (2012). "Thinking about Program Evaluation in the Homelessness Sector", *Homelessness Community Advisory Board Meeting*, St. John's, Nfld. May 4, 2012

Gaetz, Stephen (2012). "Towards a Canadian Definition of Homelessness" *Homelessness Community Advisory Board Meeting*, St. John's, Nfld. May 4, 2012

Gaetz, Stephen (2012). "Reimagining our Response to Youth Homelessness" *Canadian Housing Renewal Association*. St. John's Nfld., May 3, 2012.

Gaetz, Stephen & MacKinnon, Martha (2012) "Educating the Homeless Student. Pedagogical and Legal Issues." *Canadian Association for the Practical Study of Law in Education*. Ottawa, April 30, 2012

Gaetz, Stephen (2012). "Ending Homelessness – The role of data, evidence and knowledge mobilization" *Seven Cities on Housing and Homelessness – Leadership Summit*. Calgary, Alberta. April 16, 2012

Gaetz, Stephen (2012). "Knowledge Transfer and Networking Between Communities of Practice" *Espace public et sans domicile fixe: La Recherche S'Expose*. St. Etienne, France. March 7, 2012

Gaetz, Stephen (2012). "Making the Case for Housing First: What can Research Offer?" *Espace public et sans domicile fixe: La Recherche S'Expose*. St. Etienne, France. March 7, 2012

Gaetz, Stephen (2012). "The Housing Crisis and Homelessness: The Canadian Homeless Hub and Lessons For Ireland" *New Housing Poverties in Contemporary Ireland*. Cork, Ireland. March 2, 2012

Gaetz, Stephen (2011). "Reimagining our Response to Youth Homelessness: A Canadian and Global Perspective". *CMHC – National Housing Research Committee Meeting*. Ottawa, Nov. 8, 2011

Gaetz, Stephen (2011). (Chair and Session Organizer) "New Directions in Research on Youth Homelessness in Canada" *CMHC – National Housing Research Committee Meeting*. Ottawa, Nov. 8, 2011

Gaetz, Stephen (2011). "Reimagining our Response to Youth Homelessness in Canada". *ONPHA Conference*, Niagara Falls, ON. October 30, 2011

Gaetz, Stephen & O'Grady, Bill (2011). "Can I See Your ID? Policing and the Criminalization of Youth Homelessness in Canada". *Without a Home – Current Issues in Homelessness*. York University, Toronto, October 6, 2011.

- Gaetz, Stephen (2011). "Responding to H1N1 in the Context of Homelessness in Canada". *Health Systems Research on H1N1 – Knowledge Exchange Workshop (CIHR)*. Ottawa. September 20, 2011
- O'Grady, Bill & Gaetz, Stephen (2011). "Being Served and Protected: Un-housed youth's experiences with the Toronto Police Service". *American Bar Association Meetings*. Toronto, August 5, 2011
- Gaetz, Stephen (2011) "Mobilizing Homelessness Research" *2011 Ontario Education Research Symposium*. Toronto. January 27, 2011
- Gaetz, Stephen (2010). "Research and Policy". *The Road Home Conference on Homelessness*. Edmonton, Alberta. November 17
- Gaetz, Stephen (2010). "Youth, Housing and Homelessness". *The Road Home Conference on Homelessness*. Edmonton, Alberta. November 16
- Gaetz, Stephen (2010). "TEDx Presentation - Making Research Matter: Mobilizing Homelessness Research". Ctrl+Alt+Delete TEDx York U. November 4
- Gaetz, Stephen (2010). Closing Plenary: "The Engaged Researcher" *l'itinérance. Défis théoriques et méthodologiques. Rethinking Homelessness. Theoretical and Methodological Challenges*. UQAM, Montreal, October 29
- Gaetz, Stephen; Waegemakers-Schiff, Jeanette & Schiff, Rebecca (2010). "Pandemic preparedness for homeless persons in various Canadian cities". *l'itinérance. Défis théoriques et méthodologiques. Rethinking Homelessness. Theoretical and Methodological Challenges*. UQAM, Montreal, October 27
- Gaetz, Stephen (2010). "Making Research Matter – Mobilizing Research to Help End Homelessness" *Calgary Homeless Foundation Research Conference*. Calgary, October 10, 2010
- Gaetz, Stephen (2010). "Safe Streets, livable streets, whose streets? The law and order response to youth homelessness in Canada" *The Joe Doherty Seminar. The Changing Urban Frontier and Youth Homelessness* St. Andrews, Scotland. Feb. 10, 2010
- Gaetz, Stephen (2009). "A Safe and Decent Place to Live". *Practice and Policy Innovations: Incorporating Socially Marginalized People in Housing and Communities*. Bellagio, Italy. November 5, 2009
- Gaetz, Stephen (2009) The Canadian Response to Homelessness – Expensive but is it effective?" *Tax Expenditures and Public Policy in Comparative Perspective Conference*. Toronto, ON. September 10, 2009
- Gaetz, Stephen (2009). "Creating Agents of Change: Bringing Homelessness into the Classroom". BC Teachers Federation Leadership Conference,. Vancouver, BC, August 2009

Gaetz, Stephen (2009). *Mobilizing Homelessness Research in Canada*. Growing Home: Housing and Homelessness in Canada. Calgary, February 2009

Gaetz, Stephen (2009). *Canadian Homelessness Research Network: Making Research Matter*. Growing Home: Housing and Homelessness in Canada. Calgary, February 2009

Gaetz, Stephen & Bill O'Grady (2008). *Youth Homelessness and Incarceration*. Raising the Roof - Partners Solving Youth Homelessness. Toronto, Nov. 2008

Gaetz, Stephen (2007). *The Homeless Hub: Canadian Homelessness Research Clearinghouse Project*. Ontario Municipal Social Services Association Annual Meeting. Toronto, Canada October, 2007

Gaetz, Stephen & O'Grady, Bill (2007). *Health among Toronto Street Youth: An Analysis of Immigrant & Non-Immigrant Youth*. ISA Research Committee on Family Studies Health in Families, Healthy Families: Gendered Explorations, Toronto, Canada

Gaetz, Stephen (2006). *Homelessness in Canada*. International Homelessness Seminar held in London, UK

Gaetz, Stephen (2006). *Developing a Clearinghouse of Homelessness Research in Canada*. Workshop: International Comparative Perspectives on Homelessness. 11th International Metropolis Conference. Lisbon, Portugal (October)

Gaetz, Stephen (2005). *Making Research Matter: The Emergence of Research as a Factor in Solving the Homelessness Crisis in Canada*. Breaking New Ground: Innovation in the Public Sector, International Conference, Cork Ireland (September, 2005).

Gaetz, Stephen & O'Grady, Bill (2005). *Diversity and Making Money: Race, Gender and the Economy of Young Homeless Workers in Toronto*. Canadian Conference on Homelessness. Toronto (May)

Naomi Dachner, Valerie Tarasuk, Jinguang Li, Stephen Gaetz & Blake Poland (2005). *Food Insecurity and Nutritional Vulnerability Among Homeless Youth in Toronto*. Canadian Conference on Homelessness. Toronto (May)

Naomi Dachner, Valerie Tarasuk, Stephen Gaetz & Blake Poland (2005). *An Examination of Community Efforts to Help Meet the Food Needs of Homeless People in Toronto*. Canadian Conference on Homelessness. Toronto (May)

Gaetz, Stephen (2004). *An Urban Other: Street Youth and Criminal Victimization in Toronto*. Association of Canadian Studies in Ireland. Cork, Ireland (April).

Gaetz, Stephen (2003). *Street Justice: Alternative Education and Social Inclusion*. Expanding Paradigms: What is Education Anyway?, Graduate Student Conference, York University. Toronto, Ontario.

Gaetz, Stephen & O'Grady, Bill (2002). *Street Youth and Gendered Work*. The Congress of Social Sciences and Humanities conference. Toronto, Ontario.

Gaetz, Stephen (2001). *Starting a Professional Development School*. International Conference on School Effectiveness and Improvement Annual Meeting. Toronto, Ontario.

Gaetz, Stephen & O'Grady, Bill (1999). *"Making a buck" - Income Generating Strategies of Street Youth in Toronto*. American Society of Criminology Annual Meeting. Toronto, Ontario.

Gaetz, Stephen (1999). *Developing Dental Services within a Community Health Centre Context*. Association of Ontario Health Centres Annual Meeting. London, Ontario.

Gaetz, Stephen (1998). *Street Youth and Sexuality*. Guelph Conference and Training Institute on Sexuality. Guelph, Ontario.

Gaetz, Stephen (1996). *Community Development and Lesbian, Gay and Bisexual Youth*. Other Young Lives II Conference. Toronto, Ontario.

Gaetz, Stephen & Travers, Anna (1996). *Are Street Youth a Community? Challenging Notions of Community Development*. Association of Ontario Community Health Centres Conference. Toronto, Ontario.

Gaetz, Stephen (1993). *Planning Community-based Youth Services in Cork, Ireland*. Canadian Association of Anthropology and Sociology. Toronto, Ontario.

Gaetz, Stephen (1991). *Turning Rebellion into Money: an Analysis of the Commodification of Punk Culture*. Critical Anthropology conference. Toronto Ontario.

Gaetz, Stephen (1986). *The Economy of Punks in Toronto*. Canadian Anthropological Association Meetings. Toronto, Ontario.

Gaetz, Stephen (1985). *Punks in Toronto*. North East Anthropology Association Meetings. Buffalo, N.Y.

Keynote Addresses

Gaetz, Stephen & Malenfant, Jane (2025) Fireside Chat: Foundations of Youth Homelessness Prevention (Plenary Session) International Conference on the Prevention of Youth Homelessness. Toronto, ON. February 24, 2025

Stephen Gaetz (2022) "Housing First in Canada" *Namerind Conference on Homelessness*, Regina Sk. Sept 13, 2022

Redman, Melanie & Stephen Gaetz (2022) "Prioritizing the Prevention of Youth Homelessness" *Namerind Conference on Homelessness*, Regina Sk. Sept 13, 2022

Redman, Melanie & Stephen Gaetz (2022) “A Way Home and Collective Impact.” W13, Kortrijk, Belgium, June 17, 2022

Gaetz, Stephen (2021) “Impact of Homelessness and Extreme Poverty on Involvement with the Criminal Justice System.” *Annual Justice and Treatment Partnership Conference, Toronto (On Line) – December 7, 2021*. (Keynote Address)

Gaetz, Stephen & Redman, Melanie (2021) “Towards the Transformation of Our Response to Youth Homelessness”. Australia – National Youth Homelessness Virtual Conference. June 15, 2021. (Keynote Address)

Gaetz, Stephen & Redman, Melanie (2020) “Making the Shift – A Youth Homelessness Social Innovation Lab and the Duty to Assist”. London, UK: *Homelessness Prevention Conference / CRISIS*. March 20, 2020. (Keynote Address)

Redman, Melanie & Stephen Gaetz (2020) “Making the Shift – A Youth Homelessness Social Innovation Lab”. Cardiff, Wales: *Preventing Youth Homelessness 2020*. March 9, 2020. (Keynote Address)

Gaetz, Stephen & Redman, Melanie (2019) “A Roadmap for the Prevention of Youth Homelessness”. Sydney, Australia: *NSW Homelessness, AGM*. October 21, 2019. (Keynote Address)

Gaetz, Stephen (2019) “Lessons from Canada: Progress, Challenges, Next Steps”. Melbourne Australia: *Victorian Homelessness Conference*. October 14, 2019. (Keynote Address)

Redman, Melanie & Stephen Gaetz (2019) “Creating Research Impact: Making the Shift, A Youth Homeless Social Innovation Lab”. Toronto, York University: *Faculty of Education Launch*. Sept. 4, 2019. (Keynote Address)

Gaetz, Stephen (2018) “Can We End Youth Homelessness in Canada?”. Toronto, ON: *The Jackman Lecture: York University*. December 4, 2018. (Keynote Address)

Gaetz, Stephen & Redman, Melanie (2018) “A Way Home: Transforming Systems for Change”. Antwerp, Belgium: *Launch of A Way Home Europe*. Sept 17, 2018. (Keynote Address)

Redman, Melanie & Stephen Gaetz (2018) “What the Future Looks Like? A Roadmap for the Prevention of Youth Homelessness”. New York: *Point Source Symposium on Solutions to Youth Homelessness*. Thursday, February 22, 2018. (Keynote Address)

Gaetz, Stephen & Redman, Melanie (2018) “What the Future Looks Like? A Roadmap for the Prevention of Youth Homelessness”. Ottawa: *Coming Up Together Conference on Youth Homelessness*. Thursday, February 22, 2018. (Keynote Address)

Redman, Melanie & Stephen Gaetz (2018) “What the Future Looks Like? A Roadmap for the Prevention of Youth Homelessness”. Toronto: *Homelessness Partnering Strategy / Government of Ontario Homelessness Conference*. January 23, 2018. (Keynote Address)

Gaetz, Stephen (2017) "Preventing and Ending Homelessness" Toronto, Ontario: *ICFHT AGM*. Monday, October 23, 2017. (Keynote Address)

Gaetz, Stephen (2017) "The *SHIFT* to end homelessness". Edmonton, Alberta: *Douglas R.W. Wilson lecture* Thursday, October 19, 2017. (Keynote Address)

Gaetz, Stephen (2015) "A Way Home" *OMSSA Conference on Homelessness Prevention, Toronto, ON*. November 25, 2015. (Keynote Address)

Gaetz, Stephen (2015) "Preventing Youth Homelessness through School-Based Initiatives." *Graduate Student Conference in Education*, York University, Toronto, ON, November 19, 2015. (Keynote Address)

Gaetz, Stephen (2015) "Knowledge Mobilization and Design Thinking: Towards Enhancing the Impact of Homelessness Research". *The North American HIV/AIDS Housing Summit VII*. Washington DC., September 15. (Keynote Address)

Gaetz, Stephen (2015) "Oh Canada! What we have learned, Where we are going ..." *Launch of Edmonton Plan to Prevent, Reduce and End Youth Homelessness*. Edmonton, AB., June 10th, 2015. (Keynote Address)

Gaetz, Stephen (2015) "10 things I've learned about Youth Homelessness" *Youth Services Access and Design Forum – Homeward Trust*. Edmonton, AB., June 10th, 2015. (Keynote Address)

Gaetz, Stephen (2015) "Oh Canada! Lessons on Housing First from the Canadian Response to Homelessness" *Housing First: The Solution to Rough Sleeping? Pathway, Focus Ireland, City of Dublin*. Dublin, Ireland., June 26th, 2015. (Keynote Address)

Gaetz, Stephen (2015) "Understanding Youth Homelessness in Canada" *Re-Imagining Youth Homelessness in Ottawa*. Calgary Homeless Foundation Research Symposium, Calgary, AB. April 22nd, 2015. (Keynote Address)

Gaetz, Stephen (2014) "Understanding Youth Homelessness in Canada" *Re-Imagining Youth Homelessness in Ottawa*. Youth Services Bureau, Ottawa. November 17th, 2014

Gaetz, Stephen (2014) "Thinking About Youth Homelessness" *Attacking Rural Homelessness in Lanark County*. Perth, Ontario. October 20, 2014. (Keynote Address)

Gaetz, Stephen (2014) "Oh Canada! Housing first and the evolution of the Canadian response to Homelessness". *8th National Conference on Homelessness*. Brisbane Australia, September 11, 2014. (Keynote Address)

Gaetz, Stephen (2014) Keynote Inaugural lecture of the Star Institute. Li Ka Shing Knowledge Institute, Toronto. On. September 30, 2014. (Keynote Address)

Gaetz, Stephen (2013) "Homelessness in Canada", *International Homelessness Research Conference*, Philadelphia, Pennsylvania, June 3, 2013. (Keynote Address)

Gaetz, Stephen (2013) "Research Impact! How Research Can Contribute to Ending Homelessness". *Southern Alberta Research Symposium*. City of Lethbridge, May 20, 2013

Gaetz, Stephen (2012) “Research Impact! How Research Can Contribute to Ending Homelessness”. (Keynote Address) *Calgary Research Symposium*. Calgary Homeless Foundation. November 29, 2012

Gaetz, Stephen (2012) “What if every child had a caring adult in their life?” (Keynote Address) *Pushing the Limits conference*. United Way of Calgary and Area. October 17, 2012 (Keynote Address)

Gaetz, Stephen (2012) “What Works and For Whom? Developing a Framework for Promising Practices”. (Keynote Address) *Workshop on Homelessness: Sharing Promising Practices*. Homelessness Partnering Strategy. October 11, 2012. (Keynote Address)

Gaetz, Stephen (2012) “Can We Reimagine our Response to Youth Homelessness?” *Woods Homes Provincial Youth Shelter Symposium*. Calgary, September 20th, 2012. (Keynote Address)

Gaetz, Stephen (2012). “Family Matters: Rethinking the role of family in our response to youth homelessness”. Keynote panel. Graduate Students Conference in Education 2012: *Education in a Changing World*. York University. April 27, 2012. (Keynote Address)

Gaetz, Stephen (2010). “The Engaged Researcher: Making Research Matter” (Keynote Address) *Calgary Homeless Foundation Research Symposium*, August, 2010. (Keynote Address)

Gaetz, Stephen (2008). *Making Research Matter: Mobilizing Homelessness Research to End Homelessness*. Calgary Homeless foundation Research Symposium. Calgary, Canada. August, 2008. (Keynote Address)

Invited Public Lectures

Gaetz, Stephen & Melanie Redman (2025) “Mobilizing Social Innovation to Prevent Youth Homelessness (CHAI)”. Ministry of Housing, Communities and Local Government. May 5, 2025

Gaetz, Stephen & Melanie Redman (2025) “Mobilizing Social Innovation to Prevent Youth Homelessness (CHAI)”. Royal Foundation, London UK. May 2, 2025

Gaetz, Stephen (2025) “Planning, Implementing and Sustaining Large-scale Long-term Research Programs” Faculty of Education, York University, Toronto, ON (On-line) April 7, 2025

Gaetz, Stephen (2025) “Enhancing Family and Natural Supports” National Youth Justice Network. (On Line) April 7, 2025

Gaetz, Stephen & Walter, Heidi. (2025) “Building an Integrated Youth Homelessness Prevention System (IYHP) Toronto: Toronto Sector Working Group. March 28, 2025

Gaetz, Stephen & Melanie Redman (2025) "Chronic Homelessness Artificial Intelligence (CHAI)". Government of Canada, Infrastructure Canada and Reaching Home. February 6, 2025

Gaetz, Stephen & Allyson Marsolais (2025) "Building local capacity to prevent youth homelessness". Government of Canada, Infrastructure Canada and Reaching Home. February 5, 2025

Gaetz, Stephen; Bonakdar, Ahmad; MacDonald, Cora & Pa Sallah Drammeh (2025) "The Evidence for Housing First for Youth." Prevention Matters Webinar. Canadian Observatory on Homelessness. Toronto, ON. Wednesday January 29, 2025 Jan

Gaetz, Stephen & Melanie Redman (2024) "A Shift to the Prevention of Homelessness" ARCH – Action Research on Chronic Homelessness, Reaching Home, Government of Canada. Jan 22, 2024

Gaetz, Stephen & Redman, Melanie (2024) "Youth Homelessness Prevention: Health, mental Health and Well-Being". Office of the Associate Minister of Mental Health and Addictions, Minister Tibollo. Province of Ontario. Toronto, ON Tuesday, December 6th, 2024

Gaetz, Stephen (2024) "Making Prevention a Core Element of our Response to Homelessness." Hosted by the National Collaborating Centre for Infectious Disease. On Line. Wednesday, October 9th, 2024

Gaetz, Stephen (2024) "Defining the Prevention of Youth Homelessness". Washington State Department of Commerce. On Line. Tuesday, September 24th, 2024

Gaetz, Stephen & Redman, Melanie (2024). "Homelessness Prevention 101". Reaching Home, Infrastructure Canada On Line. Tuesday, April 16, 2024

Gaetz, Stephen (2024) "Defining Youth Homelessness Prevention". Prevention Matters webinar series, Canadian Observatory on Homelessness Webinar series, Toronto ON., Monday, April 15, 2024

Gaetz, Stephen (2024) "Youth Homelessness Prevention Awards". A Way Home Canada. On Line. March 24, 2024

Gaetz, Stephen & Melanie Redman (2024) "A Shift to the Prevention of Homelessness" ARCH – Action Research on Chronic Homelessness, Reaching Home, Government of Canada. Jan 22, 2024

Gaetz, Stephen & Melanie Redman (2023) "Youth Homelessness and Child Protection", Provincial and Territorial Directors of Child Protection (on line) – December 14, 2023

Gaetz, Stephen (2023) "Making Research Matter: Mobilizing Homelessness Research to have an impact on policy". Faculty of Education Public Lecture Series, York University, Toronto. November 23, 2023

Gaetz, Stephen & Melanie Redman (2023) "A Shift to the Prevention of Youth Homelessness", Federal, Provincial and Territorial Table meeting (on line) – November 27,

2023

Gaetz, Stephen & Melanie Redman (2023) "Making the Shift – Youth Homelessness Social Innovation Lab" Denmark-Canada Exchange. Copenhagen, Denmark May 26, 2003

Gaetz, Stephen & Melanie Redman (2023) "Making the Shift – Youth Homelessness Social Innovation Lab" Denmark-Canada Exchange. Copenhagen, Denmark May 26, 2003

Gaetz, Stephen (2023) "Making the Shift – Youth Homelessness Social Innovation Lab" Preventi Alliantie, Prevention Masterclass, Netherlands, May 23, 2023

Gaetz, Stephen & Melanie Redman (2023) "Making the Shift – Transforming Responses to Youth Homelessness in Canada" Centre for Homelessness Impact, London UK, May 16, 2023

Gaetz, Stephen & Melanie Redman (2023) "Making the Shift – Youth Homelessness Social Innovation Lab" Newcastle City Council, Newcastle, UK May 2, 2023

Gaetz, Stephen (2023) "Housing First in Canada – From At Home-Chez Soi to the Development of Housing First for Youth", Cork, Ireland, April 21, 2023

Gaetz, Stephen (2023) "Housing First for Youth and Making the Shift", Cork, Ireland, April 20, 2023

Gaetz, Stephen & Melanie Redman (2023) "Making the Shift – Preventing Youth Homelessness", Cardiff, Wales April 6, 2023

Gaetz, Stephen & Melanie Redman (2023) "Youth Homelessness, Health, Mental Health and Well-Being". Government of Ontario, Ministry of Health March 16, 2023

Gaetz, Stephen & Melanie Redman (2023) "Addressing Homelessness in Canada" City of Toronto, Shelter, Support and Housing Administration. March 8, 2023

Gaetz, Stephen & Melanie Redman (2023) "Can we end Youth Homelessness?" Government of Canada, Minister Marci Ien. February 22, 2023

Gaetz, Stephen & Melanie Redman (2022) "Defining the Prevention of Homelessness" Government of Canada, Reaching Home, Infrastructure Canada. Ottawa. Dec 2, 2022

Gaetz, Stephen (2022) Considerations for implementing a *Duty to Assist* in the Canadian context. Government of Canada webinar, October 20, 2022

Gaetz, Stephen & Melanie Redman (2022) "Supporting the Shift to Youth Homelessness Prevention" AWHC and HDCF Canada and the United States, Youth Homelessness Funders Learning Exchange. Toronto. October 12-13, 2022

Gaetz, Stephen & Melanie Redman (2022) "Making the Shift Research Update – Connecting and Learning" AWHC and HDCF Canada and the United States, Youth Homelessness Funders Learning Exchange. Toronto. October 12-13, 2022

Gaetz, Stephen (2022) "Considerations for Implementing Duty to Assist in Canada" Understanding Duty to Assist Event, Government of Canada, Reaching Home,

Infrastructure Canada. Ottawa. October 20, 2022

Gaetz, Stephen & Melanie Redman (2022) "Supporting the Shift to the Prevention of Homelessness" Government of Canada, Reaching Home, Infrastructure Canada. Ottawa. August 17, 2022

Gaetz, Stephen (2022) "Can we end youth homelessness in Canada? " *Office of the President Salon*, York University. February 3, 2022

Gaetz, Stephen (2021) "UN Sustainable Development Goals: Poverty and Homelessness." *SDG Action Networking Series*, Government of Canada SDG Unit (ESDC). January 27, 2022,

Gaetz, Stephen (2021) "Building Large Scale Grants". *Vice President of Research and Innovation Event*, York University. December 2, 2021.

Gaetz, Stephen (2021) "PREVENTING Youth Homelessness ... Why do it? " *Choices for Youth AGM*, St. John's Nfld. Oct 2, 2021

Gaetz, Stephen (2021) "Knowledge Mobilization and Youth Homelessness Prevention." *LivEx Group Meeting*, York University, Toronto (OnLine). September 3, 2021

Gaetz, Stephen (2021) "What IS Youth Homelessness Prevention?" *Innovation York*, York University, Toronto (OnLine). July 7, 2021

Gaetz, Stephen and Redman, Melanie (2021) "Launch of the Toronto Charter Centre on Youth Homelessness Prevention". *York University, Toronto and the United Nations Economic Commission for Europe* (OnLine). June 16, 2021

Gaetz, Stephen and Redman, Melanie (2021) "Making the Shift – Youth Homelessness Social Innovation Lab." *Province of Ontario, Ministry of Housing*, Toronto (OnLine). Tuesday, June 7, 2021

Gaetz, Stephen (2021) *Understanding Research Impact*. Making the Shift Board of Directors, Toronto (OnLine). March 24, 2021

Gaetz, Stephen (2020) *Building Winning Large Scale Grants*. Research Commons Workshop, York University, Toronto (OnLine). December 99, 2020

Gaetz, Stephen (2020) *Covid 19 and Youth Homelessness*. Faculty of Education, York University, Toronto (OnLine). September 19, 2020

Gaetz, Stephen (2020) *Why do research on youth homelessness prevention?*. LivEx Group, York University, Toronto (OnLine). September 19, 2020

Gaetz, Stephen & Redman, Melanie (2020) *Making the Shift, A Youth Homeless Social Innovation Lab. Problematic substance use, Housing and Homelessness*. Ottawa: Health Canada – Elicit Substance and Cannabis Unit. February 6, 2020

Redman, Melanie & Stephen Gaetz (2020) *Making the Shift, A Youth Homeless Social Innovation Lab. Networks of Centres of Excellence*. Ottawa: Health Canada. January 17, 2020

Gaetz, Stephen & Anika Mifsud (2019) *Migration and Homelessness in the Greater Toronto Area*. Toronto: United Way of Greater Toronto. December 9, 2019

Gaetz, Stephen & Redman, Melanie (2019) *Creating Research Impact: Making the Shift, A Youth Homeless Social Innovation Lab*. Toronto: Graduate Program in the Faculty of Education. November 13, 2019

Redman, Melanie & Stephen Gaetz (2019) *Designing the Adaptation of a Duty to Assist in Canada*. Toronto Canada: A Way Home Funders' Table. October 24, 2019

Gaetz, Stephen (2019) *Lessons from Canada: Progress, Challenges, Next Steps*. Melbourne, Australia: Salvation Army, October 17, 2019

Gaetz, Stephen & Redman, Melanie (2019) *Getting Organized through Collective Impact*. Melbourne, Australia: Salvation Army, October 17, 2019

Redman, Melanie & Stephen Gaetz (2019) *Roadmap for the Prevention of Youth Homelessness*. Melbourne, Australia: Salvation Army, October 17, 2019

Gaetz, Stephen & Redman, Melanie (2019) *Upstream: Taking Social Innovation Abroad*. Geelong Australia: Upstream Colloquium. October 16, 2019

Redman, Melanie & Stephen Gaetz (2019) *Creating Research Impact: Making the Shift, A Youth Homelessness Social Innovation Lab*. Toronto, Ontario: Meeting with Anna Bailao, Deputy Mayor, City of Toronto. October 7, 2019

Gaetz, Stephen (2019) *Homelessness in Canada: What We Know, What We Can Do*. Toronto, Ontario: SHAD Lecture, York University. July 16, 2019

Gaetz, Stephen & Redman, Melanie (2019) *The Roadmap for the Prevention of Youth Homelessness*. Dublin, Ireland: Focus Ireland. June 26, 2019

Redman, Melanie & Stephen Gaetz (2019) *Understanding Youth Homelessness*. Dublin, Ireland: Trinity College Lecture. June 25, 2019

Gaetz, Stephen (2019) *Understanding Youth Homelessness*. Toronto, Ontario: Bridgeable. May 21, 2019

Gaetz, Stephen & Redman, Melanie (2019) *A Duty to Assist – How We Can End Youth Homelessness*. Toronto, ON: A Way Home Advisory Committee. May 16, 2019

Gaetz, Stephen (2019) *A Duty to Assist – How We Can End Youth Homelessness*. Toronto, ON: National Learning Community on Youth Homelessness Meeting. May 13, 2019

Gaetz, Stephen (2019) *Making the Shift – A Youth Homelessness Social Innovation Lab*. Toronto, ON: National Learning Community on Youth Homelessness Meeting. May 13, 2019

Redman, Melanie & Stephen Gaetz (2019) *A Duty to Assist – How We Can End Youth Homelessness*. Hamilton, ON: Street Youth Planning Collaborative. May 1, 2019

Gaetz, Stephen (2019) *What the Future Looks Like – Preventing and Ending Youth*

Homelessness in Canada. Toronto, Ontario: Academy of Lifelong Learning Lecture: University of Toronto February 6, 2019

Gaetz, Stephen & Redman, Melanie (2019) *The Development of Highly Qualified Personnel*. Geneva, Switzerland: United Nations Economic Commission of Europe. February 19, 2019

Redman, Melanie & Stephen Gaetz (2019) *Making the Shift – Towards a UN Charter Centre on Homelessness*. Geneva, Switzerland: United Nations Economic Commission of Europe. February 19, 2019

Gaetz, Stephen & Redman, Melanie (2019) *Canadian Observatory on Homelessness*. Geneva, Switzerland: United Nations Economic Commission of Europe. February 19, 2019

Gaetz, Stephen (2019) *Making the Shift – A Youth Homelessness Social Innovation Lab*. Toronto, Ontario: Social Innovation Seminar, Trillium Foundation. February 6, 2019

Redman, Melanie & Stephen Gaetz (2018) *Making the Shift – A Youth Homelessness Social Innovation Lab*. Ottawa, Ontario: Conference Board of Canada. December 6, 2018

Gaetz, Stephen (2018) *A Duty to Assist – How We Can End Youth Homelessness*. Toronto, ON: Youth Homelessness Funders Table. October 31, 2018

Gaetz, Stephen & Redman, Melanie (2018) *Making the Shift: Youth Homelessness Social Innovation Lab*. Ottawa, Ontario: Government of Canada, Employment and Social Development Canada. October 16, 2018

Redman, Melanie & Stephen Gaetz (2018) "LGBTQ2S Youth and Youth Homelessness". Dublin, Ireland: Focus Ireland meeting. June 16, 2018

Gaetz, Stephen & Redman, Melanie (2018) "The relationship between involvement in Child Welfare and Youth Homelessness". Toronto: Ontario Association of Childrens' Aid Societies. March 7, 2018

Turner, Alina & Gaetz, Stephen (2018) "Building Regina's Plan to Prevent and End Homelessness". Regina: Systems Planning Meeting. February 15, 2018

Gaetz, Stephen (2018) "The Legal and Justice Issues of Youth who Experience Homelessness". Vancouver: American Bar Association Meeting on the Legal Needs of Street Youth. February 1, 2018

Gaetz, Stephen (2018) "A Way Home Canada". Kelowna: Launch of A Way Home Kelowna. January 18, 2018

Gaetz, Stephen (2018) "Housing First for Youth". Kelowna: Launch of A Way Home Kelowna. January 18, 2018

Gaetz, Stephen (2018) "Preventing youth homelessness – Five things we can do". Kelowna: Launch of A Way Home Kelowna. January 18, 2018

Gaetz, Stephen & Redman, Melanie (2017) "THIS is Housing First for Youth" St. John's,

- Nfld: Choices for Youth Meeting of NL Working Group on Youth Homelessness.
December 8, 2017
- Redman, Melanie & Gaetz, Stephen (2017) "Making the Shift – Preventing and Ending Homelessness in Canada" Toronto: Province of Ontario Poverty Reduction Strategy.
August 18, 2017
- Gaetz, Stephen (2017) "Partnerships" Toronto: NCE Planning Day August 15, 2017
- Gaetz, Stephen (2017) "Clusters and Themes" Toronto: NCE Planning Day August 14, 2017
- Gaetz, Stephen (2017) "Making the Shift Overview" Toronto: NCE Planning Day August 14, 2017
- Redman, Melanie & Gaetz, Stephen (2017) "Making the Shift – Preventing and Ending Homelessness in Canada" Toronto: Making the Shift Kick-Off. August 14, 2017
- Gaetz, Stephen (2017) "A Framework for Housing First for Youth" Toronto: Making the Shift Training Day. August 13, 2017
- Gaetz, Stephen & Redman, Melanie (2017) "Making the Shift" Toronto: Trillium Foundation. July 19, 2017
- Gaetz, Stephen & Vasko, Stephanie (2017) "Knowledge Mobilization and Design Thinking" Toronto: REALIZE. July 10, 2017
- Redman, Melanie & Gaetz, Stephen (2017) "A Way Home and Collective Impact" Toronto: Trillium Foundation. July 10, 2017
- Gaetz, Stephen & Redman, Melanie (2017) "Making the Shift – Preventing and Ending Youth Homelessness in Canada" Dublin: Trinity College. June 27, 2017
- Redman, Melanie & Gaetz, Stephen (2017) "Making the Shift – Can we make homelessness prevention a priority?" Dublin: Trinity College. June 27, 2017
- Gaetz, Stephen & Redman, Melanie (2017) "Housing First for Youth" Utrecht, Netherlands June 22, 2017
- Gaetz, Stephen (2017) "Understanding Youth Homelessness" Budapest, Hungary: FEANTSA Youth Homelessness Study Group. June 12, 2017
- Gaetz, Stephen (2017) "Housing First for Youth" Budapest, Hungary: FEANTSA Youth Homelessness Study Group. June 13, 2017
- Gaetz, Stephen & Redman, Melanie (2017) "Coming Together to End Youth Homelessness in Peterborough" Peterborough, Ontario. May 22, 2017
- Gaetz, Stephen (2017) "Without a Home – The National Youth Homelessness Survey" Toronto, Ontario: National Learning Community on Youth Homelessness. May 10, 2017
- Gaetz, Stephen & Redman, Melanie (2017) "Making the Shift Launch – Strategy Session" Toronto: Catherine Donnelly Foundation. April 21, 2017

- Gaetz, Stephen (2017) "Addressing Youth Homelessness in Canada" Toronto: Covenant House AGM. April 19, 2017
- Gaetz, Stephen & Redman, Melanie (2017) "Youth Homelessness Social Innovation Lab" Ottawa: Homelessness Partnering Strategy. April 18, 2017
- Redman, Melanie & Gaetz, Stephen (2017) "A Way Home Advisory Committee Meeting" Toronto: Catherine Donnelly Foundation. April 6, 2017
- Gaetz, Stephen & Redman, Melanie (2017) "Coming Together to End Youth Homelessness in Elgin County" Elgin County. April 3, 2017
- Redman, Melanie & Gaetz, Stephen (2017) "Reimagining our Response to Youth Homelessness" Toronto: *Ontario Ministry of Housing*. March 25, 2017
- Gaetz, Stephen & Redman, Melanie (2017) "The Canadian Observatory on Homelessness and A Way Home - " Toronto: *Danish Study Tour*. February 16, 2017
- Gaetz, Stephen (2017) "Knowledge Mobilization and Design Thinking" Toronto: *Divided City / United City*. February 14, 2017
- Gaetz, Stephen & Czech, Wally (2017) "Professional Knowledge Transfer: Housing First for Youth". London, ON. January 22, 2017
- Gaetz, Stephen (2017) "Housing First for Youth: Employment Training Program Design Sprint". London, ON. January 18, 2017
- Redman, Melanie & Gaetz, Stephen (2016) "Implementing New Community Planning Tools on Youth Homelessness". Homelessness Partnering Strategy/ Ontario Ministry of Housing Conference Toronto, ON. January 11, 2017
- Gaetz, Stephen & Redman, Melanie (2016) "A Way Home". Home Depot Canada Foundation, Board Meeting. Toronto, ON. December 13, 2016
- Redman, Melanie & Gaetz, Stephen (2016) "Coming Together to End Youth Homelessness in Elgin County". St. Thomas, ON. November 30, 2016
- Gaetz, Stephen & Redman, Melanie (2016) "Coming Together to End Youth Homelessness in Renfrew County". Arnprior, ON. November 23, 2016
- Gaetz, Stephen (2016) "Homelessness in Canada: Understanding the National Context". Raising the Roof AGM. Toronto, ON. November 24, 2016
- Gaetz, Stephen (2016) "Homelessness Prevention 101". *Leo Burnett*. Toronto, Canada. October 31, 2016
- Gaetz, Stephen; Tim Richter and Erin Dej (2016) State of Homelessness in Canada release. Ottawa Ontario
- Redman, Melanie & Gaetz, Stephen (2016) "Coming Together to End Youth Homelessness in Washington State". Seattle WA. October 12, 2016
- Gaetz, Stephen & Redman, Melanie (2016) "Coming Together to End Youth Homelessness

in Winnipeg". Winnipeg, MN. October 11, 2016

Redman, Melanie & Gaetz, Stephen (2016) "Coming Together to End Youth Homelessness in LANARK County". *A Way Home Lanark County*. Perth, ON. October 7, 2016

Gaetz, Stephen & Redman, Melanie (2016) "A Way Home". *Catherine Donnelly Foundation – Funders Table*. September 16, 2016

Gaetz, Stephen (2016) "Responding to Youth Homelessness – What We Should Know, What We Should Do". Young Street Mission Board Meeting. Toronto, ON. September 27, 2016

Redman, Melanie & Gaetz, Stephen (2016) "Reimagining our response to youth homelessness" Focus Ireland. Dublin, Ireland June 27

Gaetz, Stephen & Redman, Melanie (2016) "Housing First for Youth in Europe – A Human Rights Approach" Rock Trust. Edinburgh, Scotland. June 6, 2016

Redman, Melanie & Gaetz, Stephen (2016) "A Way Home". *Catherine Donnelly Foundation – Funders Table*. May 4, 2016

Gaetz, Stephen. (2016) "Knowledge Mobilization and Design Thinking." National Learning Community on Youth Homelessness meeting. May 25, 2016

Redman, Melanie & Gaetz, Stephen (2016) "A Way Home". *Downtown Women's Centre*. Los Angeles, CA. April 7, 2016

Gaetz, Stephen (2016) "Knowledge Mobilization and Design Thinking – Making homelessness research matter!" Graduate Seminar. April 5, 2016

Gaetz, Stephen (2016) "Knowledge Mobilization and Design Thinking – Making homelessness research matter!" OISE CEPP Seminar. March 30, 2016

Gaetz, Stephen & Redman, Melanie (2016) "A Way Home". *FEANTSA Youth*. Budapest Hungary. March 14, 2016

Redman, Melanie & Gaetz, Stephen (2016) "Advocacy, Change and Coalition Building". *FEANTSA Youth*. Budapest Hungary. March 14, 2016

Gaetz, Stephen & Redman, Melanie (2016) "Building your coalition through Collective Impact". *FEANTSA Youth*. Budapest Hungary. March 13, 2016

Gaetz, Stephen (2016) A Framework for Homelessness Prevention. FEANTSA. Brussels, Belgium. March 3, 2016

Gaetz, Stephen. (2016) "Knowledge Mobilization and Design Thinking – How to make homelessness research *matter!*." *Rosa Bruno-Jofre Symposium in Education*. Toronto, Ontario, February 25, 2016

Gaetz, Stephen. (2016) "Knowledge Mobilization and Design Thinking – Towards Enhancing the Impact of Research on Policy and Practice." York University, January 20, 2016

Redman, Melanie & Gaetz, Stephen (2016) *A Way Home*. Mental Health Commission Housing First Regional Training meeting Ottawa, ON. December 7, 2015

Gaetz, Stephen (2015) "The Big Picture: Mobilizing PiT Count Results." *HPS Point in Time Count Workshop*. Toronto ON, November 25, 2015

Gaetz, Stephen (2015) "Towards a National Research Agenda." *National Learning Community on Youth Homelessness Conference*, St. John's, NL. November 24, 2015

Gaetz, Stephen (2015) "A Framework for Preventing Youth Homelessness." *National Learning Community on Youth Homelessness Conference*, St. John's, NL. November 24, 2015

Gaetz, Stephen & Redman, Melanie (2015) "A Way Home." *National Learning Community on Youth Homelessness Conference*, St. John's, NL. November 23, 2015

Gaetz, Stephen (2015) "The Big Picture: Mobilizing PiT Count Results." *HPS Point in Time Count Workshop*. Vancouver, BC. November 18, 2015

Redman, Melanie & Gaetz, Stephen (2015) "A Way Home – Supporting Community and Government Planning" *Funders Together meeting*. Toronto, ON September 29th, 2015

Gaetz, Stephen & Redman, Melanie (2015) "From Child Protection to Youth Homelessness: Can we turn off the taps?" *Meeting of Provincial and Territorial Advocates for Youth*. St. John's Nfld. September 13, 2015

Gaetz, Stephen (2015) "Housing Options for Youth." *Yonge Street Mission*. September 9, 2015

Gaetz, Stephen (2015) "Research in Canada: The Canadian Observatory on Homelessness." *Impuls, Netherlands Centre for Social Care Research, Radboud University Medical Centre*, Utrecht NL. July 6th, 2015

Gaetz, Stephen & Redman, Melanie (2015) "A prevention-Based Approach to Youth Homelessness" *Trinity College, Dublin*. Dublin, Ireland. June 25th, 2015

Redman, Melanie & Gaetz, Stephen (2015) "Reimagining our Response to Youth Homelessness" *Trinity College, Dublin; Focus Ireland*. Dublin, Ireland. June 24th, 2015

Gaetz, Stephen & Redman, Melanie (2015) "Reimagining our Response to Youth Homelessness" *Raikes Foundation / Campion Foundation meeting*. Seattle WA., June 4th, 2015

Redman, Melanie & Gaetz, Stephen (2015) "A Way Home – Supporting Community and Government Planning" *Raikes Foundation / Campion Foundation meeting*. Seattle WA., June 4th, 2015

Gaetz, Stephen & Redman, Melanie (2015) "Addressing Homelessness through Community Planning" *Yellowknife Community Forum*. Yellowknife NWT., May 14th, 2015

Gaetz, Stephen (2015) "Reimagining our Response to Youth Homelessness" *Catherine*

Donnelly Foundation Meeting. Toronto, ON., May 28th, 2015

Gaetz, Stephen (2015) "Reimagining our Response to Youth Homelessness" *Funders Together Meeting*. Boston, MA. May 6th, 2015

Gaetz, Stephen (2015) "Preventing Youth Homelessness through school-based initiatives" *Working Upstream - Preventing Youth Homelessness through School-Linked Services*. Canadian Observatory on Homelessness Toronto, ON. April 24th, 2015

Gaetz, Stephen (2015) "Oh Canada! Understanding homelessness and the Canadian response" *Toronto Public Library*. Toronto, ON. April 21st, 2015

Gaetz, Stephen (2015) "10 things I've learned about Youth Homelessness" Samuel W. Shaw School. Calgary, AB. April 17th, 2015

Gaetz, Stephen (2015) "Canadian Definition of Homelessness" Ontario Advisory Panel on Homelessness. Toronto, ON. March 15, 2015

Gaetz, Stephen (2015) "Canadian Point-In-Time Count – Methodology and Toolkit" Hamilton Aboriginal Homelessness Symposium. Toronto, ON. March 27, 2015

Gaetz, Stephen (2015) "Canadian Point-In-Time Count – Methodology and Toolkit" COH / Homeless Hub. Toronto, ON. March 24, 2015

Gaetz, Stephen (2015) "Canadian Definition of Homelessness" Ontario Advisory Panel on Homelessness. Toronto, ON. March 15, 2015

Gaetz Stephen (2015) "Taking a Human Rights Approach to Youth Homelessness". *FEANTSA Youth Homelessness Network Meetings*. Strasbourg, France. March 10, 2015

Gaetz, Stephen (2015) "Ending Youth Homelessness" Ministry of Municipal Affairs and Housing, Province of Ontario. Toronto, ON. March 4, 2015.

Gaetz, Stephen (2015) "Understanding Constellations of Activity" Mobilizing Local Capacity meeting. Toronto, ON. March 3, 2015.

Gaetz, Stephen, Pollett, Sheldon (2015) "Coalition to End Youth Homelessness: Coalition Structure" Mobilizing Local Capacity meeting. Toronto, ON. March 3, 2015.

Gaetz, Stephen, Pollett, Sheldon (2015) "The Vision: Coalition to End Youth Homelessness:" Mobilizing Local Capacity meeting. Toronto, ON. March 3, 2015.

Gaetz, Stephen. (2015) "Homelessness in Canada. What do we know, what can we do?" *Toronto Public Library*. Toronto, ON, February 26, 2015.

Gaetz, Stephen (2015) "Oh Canada! Understanding homelessness and the Canadian response." Toronto Public Health. Toronto, ON. February 25, 2015.

Gaetz, Stephen (2015) "*Knowledge Mobilization and Design Thinking: Towards enhancing the impact of research on policy and practice*". Graduate program in Education, February 4th, 2015

Gaetz, Stephen (2015) *Towards an IGH Web Presence*", Institute of Global Homelessness

meeting. London, UK. January 27, 2015

Gaetz, Stephen (2015) *"Oh Canada! Lessons from the Canadian Response to Homelessness"*, University College Cork, City of Cork, Cork Ireland. January 20, 2015

Gaetz, Stephen (2015) *"Canadian Point in Time Counts – Methodology and Toolkit"*, Ottawa Alliance to End Homelessness. Ottawa, ON. January 12, 2015

Gaetz, Stephen (2014) *"The State of Homelessness in Canada 2014"*, City of Toronto Affordable Housing Office. Toronto, ON. December 3rd, 2014

Gaetz, Stephen (2014) *"Canadian Observatory on Homelessness – Research Agenda"*, Newfoundland Housing and Homelessness Network. St. John's, Nfld. December 5th, 2014

Gaetz, Stephen (2014) *"Towards a Strategy to End Youth Homelessness"*, Newfoundland Housing and Homelessness Network. St. John's, Nfld. December 4th, 2014

Gaetz, Stephen (2014) *"Youth Homelessness – What do we know? What do we need to do?"*, Newfoundland Housing and Homelessness Network. St. John's, Nfld. December 3rd, 2014

Gaetz, Stephen (2014) *"Acuity Assessment and Housing First for communities"*, Newfoundland Housing and Homelessness Network. St. John's, Nfld. December 3rd, 2014

Gaetz, Stephen (2014) *"Canadian Point in Time Counts: Methodology and Toolkit"*, Newfoundland Housing and Homelessness Network. St. John's, Nfld. December 3rd, 2014

Gaetz, Stephen (2014) *"Leaving Home: Youth Homelessness in York Region"*, United Way York Region. Aurora, ON November 27th, 2014

Gaetz, Stephen (2014) *"Housing First in Canada – Is it the solution?"*, ACTO National Housing Day Symposium. Toronto, ON. November 20th, 2014

Gaetz, Stephen (2014) *"A Research agenda for Ending Youth Homelessness"*, National Learning Community on Youth Homelessness Meeting. Montreal, Quebec. November 20, 2014.

Gaetz, Stephen (2014) *"An End to Youth Homelessness"*, Re-Imagining Youth Homelessness in Ottawa. Youth Services Bureau, Ottawa. November 17th, 2014

Gaetz, Stephen (2014) *"A Prevention Framework for Youth Homelessness"*, Re-Imagining Youth Homelessness in Ottawa. Youth Services Bureau, Ottawa. November 17th, 2014

Gaetz, Stephen (2014) *"Preventing Youth Homelessness"*, Attacking Rural Homelessness in Lanark County. Perth, Ontario. October 20, 2014

Gaetz, Stephen (2014) *"The Real Cost of Homelessness"*, Victoria Chamber of Commerce. Victoria, BC. October 16, 2014

Gaetz, Stephen (2014) *"Coming of Age – Addressing Youth Homelessness"*, Vancouver Foundation Community Meeting. Vancouver, BC. October 15, 2014

Gaetz, Stephen (2014) "Housing First, What's Next?" *Community Legal Clinic of York Region*. October 1, 2014.

Gaetz, Stephen (2014) "Housing First in Canada" *RENT – Training day on Housing First*. September 22, 2014.

Gaetz, Stephen (2014) "The Kids Aren't Alright: Understanding Youth Homelessness in Winnipeg" *Winnipeg Chamber of Commerce*. Winnipeg, Mn., September 4, 2014

Gaetz, Stephen (2014) "Making A Difference – The role of financial institutions" *Assiniboine Credit Union community meeting*. Winnipeg, Mn., September 4, 2014

Gaetz, Stephen (2014) "A Safe and Decent Place to Live - Care, respect and dignity in responding to the needs of homeless youth" *RAY community meeting*. Winnipeg, Mn., September 3, 2014

Gaetz, Stephen (2014) "Youth Homelessness 101: What are the causes and conditions?" *RAY community meeting*. Winnipeg, Mn., September 3, 2014

Gaetz, Stephen (2014) "Getting Ready for Housing First". *Community meeting*, Fredericton, New Brunswick, June 25, 2014

Gaetz, Stephen (2014) "Understanding Housing First". *Community meeting*, Fredericton, New Brunswick, June 25, 2014

Gaetz, Stephen (2014) "A Safe and Decent Place to Live: Care, respect and dignity in responding to the needs of homeless youth." *Harris Centre*, St. John's Newfoundland. June 16, 2014

Gaetz, Stephen (2014) "Trends in Homelessness in Canada" *Community meeting*, St. John's Newfoundland.

Gaetz, Stephen (2014) Host: Cafe Scientifique "Ending Homelessness Through Housing First: Lessons Learned from the Toronto Site of the At Home/Chez Soi Project" *MHCC At Home/Chez Soi - Toronto Site* Centre for Social Innovation. Tuesday, April 29th, 2014

Gaetz, Stephen (2014) "State of Homelessness in Canada." *York Region Human Services Planning Board meeting*. April 15, 2014

Gaetz, Stephen (2014) Host: Panel of key participants. *Mental Health Commission of Canada, official launch of the final report on the At Home/Chez Soi project*. Ottawa: April 8, 2014

Gaetz, Stephen (2014) Panel participant: *The Aging Homeless: Best Practices for End of Life Care* Panel Discussion. Li Ka Shing Knowledge Institute St. Michael's Hospital, Toronto. March 25, 2014

Gaetz, Stephen (2013) "The Role of Research in Addressing Homelessness". *Ministry of Municipal Affairs and Housing*, Toronto, ON. November 28, 2013.

Gaetz, Stephen (2013) "Reimagining Our Response to Youth Homelessness" *Covenant House*, Toronto, ON, October 27, 2013

Gaetz, Stephen (2013) "Youth Homelessness in York Region. United Way of York Region. Markham, ON. October 25, 2013

Gaetz, Stephen (2013) "Making Research Matter! How Research Can Contribute to Ending Homelessness", *Aboriginal Homelessness Research Network meeting*, Calgary, AL, October 18, 2013

Gaetz, Stephen (2013) "Canadian Homelessness Research Network: Sustaining Complex Partnerships" *SSHRC Partnership Grant Start-up Meeting*, Montreal, Que, October 16, 2013

Gaetz, Stephen (2013) "Making Research Matter! How Research Can Contribute to Ending Homelessness." *Homelessness Partnering Strategy – National Workshop on Housing First*. Ottawa, ON, October 4, 2013

Gaetz, Stephen (2013) "The State of Homelessness in Canada". *Municipality of Kitchener-Waterloo*. Waterloo, ON., Oct. 3, 2013

Gaetz, Stephen (2013) "Ending youth Homelessness – Approaches, Successes and Challenges". *Homeward Trust Community Meeting*, Edmonton. September 6, 2013

Gaetz, Stephen (2013) "The Victimization of Homeless Youth: Crime, Violence and Policing". *Ontario Ministry of Municipal Affairs*. Toronto. February 7, 2013

Gaetz, Stephen (2013) "The Real Cost of Homelessness", *Community Forum*, Uxbridge Ontario. February 6, 2013

Gaetz, Stephen (2013) "Supporting Transitions to Adulthood: The Foyer". *City Seminar*, York University. January 11, 2013

Gaetz, Stephen (2012) "Reimagining Or Response to Youth Homelessness". *United Way, York Region*. Markham. November 26, 2012

Gaetz, Stephen (2012) "The Real Cost of Homelessness: Can We Save Money and Do the Right Thing?" *Canadian Forum on Civil Justice*. November 22, 2012

Gaetz, Stephen (2012) "The Real Cost of Homelessness: Can We Save Money and Do the Right Thing?" *Peel Region*. November 9, 2012

Gaetz, Stephen (2012) "The Canadian Homelessness Research Network". *City of Toronto, Community and Recreation Committee*, September 19th, 2012

Gaetz, Stephen (2012) "What is the meaning of Social Profiling?" *Abused, Neglected, Arrested: Impact of social profiling of people who are homeless*. Hosted by the Wellesley Institute and the Sanctuary. Toronto, September 6, 2012

Gaetz, Stephen; O'Grady, Bill & Buccieri, Kristy (2012). "Can I See Your ID? Policing and the Criminalization of Youth Homelessness in Canada". Office of the Independent Police Review Director (Staff). Toronto, July 12, 2012.

Gaetz, Stephen; O'Grady, Bill & Buccieri, Kristy (2012). "Can I See Your ID? Policing and the Criminalization of Youth Homelessness in Canada". Office of the Independent Police Review Director (Board of Directors). Toronto, June 25, 2012.

Gaetz, Stephen (2012). "Making Research Matter: the Canadian Homelessness Research Network" *Graduate Program in Education Winter Colloquium: Engaged Scholarship – Research Impact on Solutions to Homelessness*. York University, Toronto. Thursday, March 29, 2012

Gaetz, Stephen (2012). "Thinking about knowledge mobilization and engaged research. Lessons from the Canadian Homelessness Research Network" *EDU / LAPS / YorkU Libraries, Research Support Series "Knowledge co-creation and knowledge mobilization"* York University, Toronto, ON. March 20, 2012

Gaetz, Stephen (2012). "Research on Youth Homelessness and Policing". *Hot Spot Youth and Policing Roundtable Meeting*. Toronto, ON. February 27, 2012

Gaetz, Stephen (2011) "Mobilizing Homelessness Research" Toronto: 4th Annual CHRN National Advisory Body meeting. October 8, 2011

Gaetz, Stephen (2011) "Reimagining our Response to Youth Homelessness: A Canadian and Global Perspective". *Greater Victoria Coalition to End Homelessness*. Victoria, BC. July 6, 2011

Gaetz, Stephen & Michaela Hynie (2011) "Understanding Program Evaluation for the Homelessness Sector". Toronto: City of Toronto. May 26, 2011

Gaetz, Stephen (2011) "Family Matters! Homeless youth and Eva's Initiatives "Family Reconnect" Program". Toronto: Eva's Initiatives. April 10, 2011

Gaetz, Stephen (2010) "Homelessness Partnering Secretariat and the Canadian Homelessness Research Network Meeting" Homelessness PAertnering Secretariat, Ottawa, January 18, 2011

Gaetz, Stephen & Bill O'Grady (2010) "Surviving Crime and Violence – Street Youth and Victimization in Toronto" Justice for Children and Youth meeting. Toronto October 23, 2010

Gaetz, Stephen (2010) "Poverty Reduction, Homelessness and Affordable Housing" Province of Ontario Lunch and LearnToronto, June 28, 2010

Gaetz, Stephen (2010) "Responding to Homelessness – Distributed Leadership as a solution?" City of Toronto, Toronto, June 25, 2010

Gaetz, Stephen & Bill O'Grady (2010) "Surviving Crime and Violence" Community town hall. Toronto. June 17, 2010

- Gaetz, Stephen (2009) "Thinking about Poverty, Pandemics and Homelessness" Departmental Research Seminar, Department of Anthropology, York University, Toronto, October 15, 2009
- Gaetz, Stephen (2008). *Ending Homelessness: Innovation and Research*. SHIFT: Sharing Homelessness Innovation for Toronto. City of Toronto. October 15, 2008
- Gaetz, Stephen (2007). *The Homeless Hub – Mobilizing Research on Homelessness*. CMHC National Housing Research Committee. Ottawa, Ontario. October
- Gaetz, Stephen (2007). *Homeless Youth*. KM in the AM - Knowledge Mobilization Breakfast. Markham, Ontario. September
- Gaetz, Stephen (2005). *Working with Homeless Youth*. Children and Youth “At Risk” Conference, York University.
- Gaetz, Stephen (2003). *Street youth, Children’s Services and Access to Protection*. Helping Children Who Live in Toxic Situations - Conference sponsored by the American Orthopsychiatric Association and the Sparrow Lake Alliance. Toronto, Ontario. October
- Gaetz, Stephen (2003). *Street Justice: Working with Youth who are Homeless*. Building on successes: An agency forum on homelessness - Conference sponsored by the City of Toronto and HRDC Canada. Toronto, Ontario. February
- Gaetz, Stephen (2003). *Building Bridges: Street Youth and the Police*. Common Cause: Youth Safety in the City - Conference sponsored by the City of Toronto. Toronto, Ontario. January
- Gaetz, Stephen (2002). *Youth Leadership: Including Street youth in the Development of Health Promotion Materials*. Westview Project 10th Anniversary Conference. Toronto, Ontario. September
- Gaetz, Stephen (1999). *Planning and Developing Dental Services for Marginalized Populations*. Rexdale Community Health Centre. Toronto, Ontario. September
- Gaetz, Stephen (1999). *Working with Street Youth in Toronto*. Eva’s Place Annual General Membership Meeting. Toronto, Ontario. May
- Gaetz, Stephen (1998). *Developing a Strategy for Street Youth Employment*. Planning in Health Promotion and Population Health Workshop on the Social Services System. University of Toronto.
- Gaetz, Stephen (1998). *Thinking about Street Youth and Health Care*. Faculty of Medicine, University of Toronto. April
- Gaetz, Stephen (1998). *Working with Street Youth*. Faculty of Social Work, University of Toronto. May
- Gaetz, Stephen (1997). *Health Issues of Street Involved Youth*. Canadian Mental Health Association. Toronto, Ontario.

- Gaetz, Stephen (1997). *Health Issues of Street Involved Youth*. Hospital for Sick Children. Toronto, Ontario.
- Gaetz, Stephen (1996). *Planning a Dental Service for Street Youth*. Central Toronto Dental Hygienist's Society. Toronto, Ontario. November
- Gaetz, Stephen (1996). *Planning a Dental Service for Street Youth*. Newmarket: York Region Dental Hygienist Society. Newmarket, Ontario.
- Gaetz, Stephen (1996). *Developing Health Promotion Materials with Street Youth*. Planning in Health Promotion and Population Health Workshop, University of Toronto. Toronto, Ontario.
- Gaetz, Stephen (1996). *Planning a Dental Service for Street Youth*. Faculty of Dentistry Student's Association. University of Toronto.
- Gaetz, Stephen (1995). *Planning a Dental Service for Street Youth*. Durham Dental Hygiene Component Society. Oshawa, Ontario.
- Gaetz, Stephen (1995). *Planning a Dental Service for Street Youth*. Halton Peel Dental Hygienist's Society. Mississauga, Ontario.
- Gaetz, Stephen (1995). *Planning a Dental Service for Street Youth*. Halton-Peel Dental Nurses and Assistants Association. Mississauga, Ontario.
- Gaetz, Stephen (1995). *Oral Health of Street Youth*. Toronto Academy of Dentistry (central). Toronto, Ontario.
- Gaetz, Stephen (1995). *Planning a Dental Service for Street Youth*. Toronto North Dental Hygienist's Society. Toronto, Ontario.
- Gaetz, Stephen (1995). *Planning a Dental Service for Street Youth*. Central Toronto Dental Hygienist's Society. Toronto, Ontario.
- Gaetz, Stephen (1995). *Providing Health Services for Street Youth*. Hospital for Sick Children. Toronto, Ontario.
- Gaetz, Stephen (1995). *The Oral Health Needs of Street Youth*. Ontario Dental Association. Toronto, Ontario.
- Gaetz, Stephen (1994). *Working with Street Youth*. Series of 6 workshops presented to Metro Toronto Police, 52 Division. Toronto, Ontario.
- Gaetz, Stephen (1994). *Outreach to Straight Male Youth*. Paper presented at the "Get Down to it; Conference on Youth Health Issues", City of Toronto, Department of Public Health. Toronto, Ontario.
- Gaetz, Stephen (1994). *Street Youth and Health Care*. East York Department of Public Health. Toronto, Ontario.
- Gaetz, Stephen (1992). *Reaching Males through Family Planning Clinics*. East York Department of Public Health. East York, Ontario.

Webinars

- Gaetz, S., Redman, M. (2020). *The Role of Research in Youth Homelessness and Prevention: Presentation to the LivEx Network*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/418446312>
- Redman, M., Gaetz, S., Baab, C. H., Huys, J., Vandergrift, K. (2018). *Putting UN General Comments 21 on Children in Street Situations to Work for Canadian Children and Youth!* Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/320579465>
- Gaetz, S., Redman, M., Schwan, K., & French, D. (2018). *The Roadmap for the Prevention of Youth Homelessness*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://www.youtube.com/watch?v=7uKcpIMBygl>
- Gaetz, S., Turner, A., Elliott, D., & Reilly, J. (2018). *Homeless-Serving System Governance and the HPS Renewal*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/298453641>
- Gaetz, S., Redman, M., & Ali, N. (2018). *Without a Home - 2nd National Survey on Youth Homelessness*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/269522436>
- Redman, M., Gaetz, S., Turner, A. (2018). *Systems Planning 101 Webinar - Building Systems Capacity*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/269525431>
- Gaetz, S., Redman, M. (2018). *THIS is Housing First for Youth: A Program Model Guide Webinar*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/269529941>
- Gaetz, S., Redman, M., Buchnea, A. (2018). *Getting Ready: Without a Home 2019 Guide for Participating Agencies*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/306444255>
- Gaetz, S., Redman, M. (2017). *A New Direction: A Framework for Homelessness Prevention Webinar*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/218991959>
- Gaetz, S., Redman, M. (2017). *Introducing new protections services for 16-17 year old youth in Ontario: Impacts and opportunities for youth service providers*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/269533266>
- Gaetz, S., Redman, M. (2017). *Collective Impact and Youth Homelessness Community Planning*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://youtu.be/MMnggSezNmY>

- Gaetz, S., O'Grady, B., Kidd, S., & Schwan, K. (2016). *Without a Home: The National Youth Homelessness Survey Webinar (Nov 18)*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/269522436>
- Redman, M., Gaetz, S. (2016). *Launch of a Proposal for Federal Reinvestment in Youth Homelessness (April 13)*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/162783375>
- Gaetz, S., Pollett, S., McMillan, L. (2015). *A Way Home: A New Coalition to Prevent, Reduce and End Youth Homelessness*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/143613851>
- Gaetz, S., Jackson, N., Czech, W., & Turner A. (2015). *Using Point-in-Time Counts to Measure Progress Towards Ending Homelessness Webinar*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/124415829>
- Gaetz, S., Coffey, M., MacKenzie, D. (2015). *Working Upstream: Preventing Youth Homelessness Through School-Linked Service Models – Part 1*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/130210235>
- Gaetz, S., Coffey, M., MacKenzie, D. (2015). *Working Upstream: Preventing Youth Homelessness Through School-Linked Service Models – Part 2*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/130438273>
- Gaetz, S., MacDonald, J., McKittrick, M., Morton, E. (2014). *Webinar: Coming of Age: Reimagining the Response to Youth Homelessness in Canada*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/89446604>
- Gaetz, S. (2014). *Webinar: A Safe and Decent Place to Live: Towards a Housing First Framework for Youth*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/92675319>
- Gaetz, S., Doberstein, C., Belanger, Y., MacDonald J., Bellot, C. (2014). *Launch of the Canadian Observatory on Homelessness*. Toronto, ON: Canadian Observatory on Homelessness Press.
- Abramovich, A., Tarasuk, V., Dachner, N., & Gaetz, S. (2013). *Book Launch: Youth Homelessness in Canada*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/65264084>
- Gaetz, S. (2011). *Can I see your ID? Policing and the criminalization of youth homelessness in Toronto*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://vimeo.com/31793667>

Book Reviews

Gaetz, Stephen (2013) Kristina E. Givson (2011) "Street Kids – Homeless Youth, Outreach and the Policing of New York's Streets." *European Journal of Homelessness* , Volume 7, No.

2, December 2013: 439-443

Gaetz, Stephen (2011) MaryEllen Hombs "Modern Homelessness". European Journal of Homelessness: Volume 5, Issue 2 (December 2011): 241-243

Curriculum Materials

Gaetz, Stephen (2009). "Homelessness Curriculum for Teachers and Students".
<http://homelesshub.ca/Education/>

I directed the development of this resource centre for educators and students interested in exploring the issue of homelessness through a variety of subject areas. Assisted teachers in preparing the following curriculum units: "An Integrated Unit for Elementary School; Exploring Homelessness through the Artist's Hands; Integrating Homelessness Issues into Family / Social Studies; Integrating Homelessness Into Civics Classes; The Study of Homelessness in English and Media Class; Understanding Homelessness Through Drama.

In addition, I also authored supporting resources for teachers and students on the following topics:

- What is Homelessness?
- Who are Homeless People?
- Who are Street Youth?
- Why do Young People Become Homeless?
- Why do Street Youth Panhandle?
- Do Homeless Youth Get Enough to Eat?
- Attitudes about Homelessness

Blog posts

Gaetz, S., Redman, M. (2019). *Announcing the Launch of Making the Shift!* Toronto, ON: Canadian Observatory on Homelessness Press.
<https://www.homelesshub.ca/blog/announcing-launch-making-shift>

Gaetz, S., Redman, M. (2019). *What's the Future of Homelessness Prevention? Adapting the Welsh "Duty to Assist" for Canada.* Toronto, ON: Canadian Observatory on Homelessness Press. <https://www.homelesshub.ca/blog/whats-future-homelessness-prevention-adapting-welsh-duty-assist-canada>

Gaetz, S., Redman, M. (2019). *Reflections on Reaching Home, the Government of Canada's New Homelessness Strategy.* Toronto, ON: Canadian Observatory on Homelessness Press. homelesshub.ca/blog/reflections-reaching-home-government-canada's-new-homelessness-strategy

French, D., Gaetz, S., & Redman, M. (2019). *Youth continue to be outnumbered! Our response to the Federal Government's National Point-in-Time Count.* Toronto, ON:

Canadian Observatory on Homelessness Press. <https://www.homelesshub.ca/blog/youth-continue-be-outnumbered-our-response-federal-government%E2%80%99s-national-point-time-count>

Gaetz, S., Redman, M. (2019). *The Making the Shift Lab in Action: 6 Months In*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://www.homelesshub.ca/blog/making-shift-lab-action-6-months>

Ferguson, C., Gaetz, S., & Redman, M. (2019). *Experiments in Paradigm Shifting: How Service Design Can Inform the Duty to Assist Policy*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://www.homelesshub.ca/blog/experiments-paradigm-shifting-how-service-design-can-inform-duty-assist-policy>

Gaetz, S. (2018). *It's time for a change: Report of the Advisory Committee on Homelessness*. Toronto, ON: Canadian Observatory on Homelessness Press. <https://www.homelesshub.ca/blog/it%E2%80%99s-time-change-report-advisory-committee-homelessness-0>

Gaetz, S., Redman, M. (2018). *Announcing the Launch of Making the Shift!* Toronto, ON: Canadian Observatory on Homelessness Press. <https://www.homelesshub.ca/blog/announcing-launch-making-shift>

Gaetz, S., Redman, M. (2017). *Towards a Canadian Youth Homelessness Data Dashboard*. Toronto, ON: Canadian Observatory on Homelessness Press. <http://homelesshub.ca/blog/towards-canadian-youth-homelessness-data-dashboard>

Gaetz, S., Redman, M. (2017). *Announcing the Launch of Making the Shift!* Toronto, ON: Canadian Observatory on Homelessness Press. <http://homelesshub.ca/blog/announcing-launch-making-shift>

Dej, E., Gaetz, S. (2017). *Looking Forward: Shifting Towards Homelessness Prevention*. Toronto, ON: Canadian Observatory on Homelessness Press. <http://homelesshub.ca/blog/looking-forward-shifting-towards-homelessness-prevention>

Gaetz, S. (2016). *Let's Talk Housing & Prevention*. Toronto, ON: Canadian Observatory on Homelessness Press. <http://homelesshub.ca/blog/lets-talk-housing-prevention>

Gaetz, S., Redman, M. (2016). *Towards an Ontario Strategy to End Youth Homelessness*. Toronto, ON: Canadian Observatory on Homelessness Press. <http://homelesshub.ca/blog/towards-ontario-strategy-end-youth-homelessness>

Gaetz, S. (2016). *OF COURSE, we need a separate definition for youth homelessness*. Toronto, ON: Canadian Observatory on Homelessness Press. <http://homelesshub.ca/blog/course-we-need-separate-definition-youth-homelessness>

Gaetz, S., Redman, M. (2016). *Opportunity Knocks: A Proposal for Federal Investment to Prevent and End Youth Homelessness*. Toronto, ON: Canadian Observatory on Homelessness Press. <http://homelesshub.ca/blog/opportunity-knocks-proposal-federal-investment-prevent-and-end-youth-homelessness>

- Gaetz, S. (2016). *Why is the harm reduction model so important?* Toronto, ON: Canadian Observatory on Homelessness Press. <http://homelesshub.ca/blog/why-harm-reduction-model-so-important>
- Gaetz, S. (2015). *What is homelessness?* Toronto, ON: Canadian Observatory on Homelessness Press. <http://homelesshub.ca/blog/what-homelessness>
- Gaetz, S. (2015). *Launch: Community Workspace on Homelessness*. Toronto, ON: Canadian Observatory on Homelessness Press. <http://homelesshub.ca/blog/launch-community-workspace-homelessness>
- Gaetz, S. (2015). *Let's do things differently! 'A Way Home' and the promise of ending youth homelessness*. Toronto, ON: Canadian Observatory on Homelessness Press. <http://homelesshub.ca/blog/lets-do-things-differently-%E2%80%98-way-home%E2%80%99-and-promise-ending-youth-homelessness>
- Gaetz, Stephen (2014) [Ask the Hub - Are governments supportive of the harm reduction approach?](#) Toronto: Homeless Hub
- Gaetz, Stephen (2014) [Solutions: Prevention](#) Toronto: Homeless Hub
- Gaetz, Stephen (2014) [Ask the Hub - Does Housing First “Leave Youth Behind”?](#) Toronto: Homeless Hub
- Gaetz, Stephen (2014) [Housing First CAN work for young people, but let's make sure we get it right](#) Toronto: Homeless Hub
- Gaetz, Stephen (2014) [Solutions: Transitional Housing](#) Toronto: Homeless Hub
- Gaetz, Stephen (2014) [Solutions: Discharge Planning for Hospitals and Mental Health Facilities](#) Toronto: Homeless Hub
- Gaetz, Stephen (2014) [Solutions: Coordinated Assessment](#) Toronto: Homeless Hub
- Gaetz, Stephen (2014) [Solutions: Outreach](#) Toronto: Homeless Hub
- Gaetz, Stephen (2014) [Solutions: Transitions from Child Protection](#) Toronto: Homeless Hub
- Gaetz, Stephen (2014) [Ask the Hub - Can We End Youth Homelessness?](#) Toronto: Homeless Hub
- Gaetz, Stephen (2014) [Solutions: Youth Homelessness](#) Toronto: Homeless Hub
- Gaetz, Stephen (2014) [Ask the Hub - What's new on the Homeless Hub?](#) Toronto: Homeless Hub
- Gaetz, Stephen (2014) [Solutions: Discharge Planning – Health and Mental Health](#) Toronto: Homeless Hub
- Gaetz, Stephen (2014) [Solutions: Harm Reduction](#) Toronto: Homeless Hub
- Gaetz, Stephen (2014) [Solutions: Retooling Emergency Services](#) Toronto: Homeless Hub

- Gaetz, Stephen (2014) Solutions: Addressing Legal and Justice Issues Toronto: Homeless Hub
- Gaetz, Stephen (2013) The Debate is Over! Housing First Works! Toronto: Homeless Hub
- Gaetz, Stephen (2013) Addressing Youth Homelessness: Research Points the Way Toronto: Homeless Hub
- Gaetz, Stephen (2013) Things Need to Change Toronto: Homeless Hub
- Gaetz, Stephen (2012) Creating Research Impact - How We Make Homelessness Research Matter Toronto: Homeless Hub
- Gaetz, Stephen (2012) Foyers give young people a safe and decent place to live, learn and grow Toronto: Homeless Hub
- Gaetz, Stephen (2012) Youth Homelessness and Labour Market Integration Toronto: Homeless Hub
- Gaetz, Stephen (2012) Canada now has a shared definition of homelessness – but, do we even need one? Toronto: Homeless Hub
- Gaetz, Stephen (2012) New Canadian Alliance to End Homelessness will make an impact! Toronto: Homeless Hub
- Gaetz, Stephen (2011) The rich get richer and the homeless get fined Toronto: Homeless Hub
- Gaetz, Stephen (2011) Solving youth homelessness in Canada Toronto: Homeless Hub
- Gaetz, Stephen (2011) Feed the homeless at own risk... Toronto: Homeless Hub
- Gaetz, Stephen (2011) Can housing first work if there isn't enough affordable housing? Toronto: Homeless Hub
- Gaetz, Stephen (2010) Jail is not a solution for our homelessness problem Toronto: Homeless Hub
- Gaetz, Stephen (2010) Does the right to protection from crime and violence apply to all youth ... even homeless youth? Toronto: Homeless Hub
- Gaetz, Stephen (2010) Should we give money to panhandlers? Toronto: Homeless Hub
- Gaetz, Stephen (2010) The beginnings of a Leadership Academy Toronto: Homeless Hub

5. PROFESSIONAL SERVICES

Conference Organizing Committee

- 2013 *International Homelessness Research Conference*, Philadelphia, June 3, 2013
- 2010 *Repenser l'itinérance. Défis théoriques et méthodologiques. Rethinking*

Homelessness. Theoretical and Methodological Challenges. (Organizing Committee) UQAM, Montreal, October 27-30

2004-05 *Canadian Conference on Homelessness: Stories, Research, Solutions* (Chair) York University, 2005.

1995 *Other Young Lives Conference on Lesbian, Gay and Bisexual Youth*, Toronto, February, 1995.

1994 *Get Down to it! Conference on Youth Health Issues*, City of Toronto, Department of Public Health, November, 1994.

Editorial Board:

2006 Guest Editor: Special Issue on Homelessness - *Canadian Review of Social Policy*, 2006, No. 58

2008-09 Editorial Board – Finding Home book project (David Hulchanski, PI)

6. PUBLIC APPEARANCES

Press (newspaper, television and radio) selected*

- 2015 “Unstoppable real estate market displaces Beatrice House shelter”. Denise Balkissoon. *The Globe and Mail*. June 19, 2015
- 2015 “Five years of Hamilton police ACTION team: How is it working?” Nicole O’Reilly, *Hamilton Spectator*. May 26, 2015
- 2015 “Counting the homeless: What’s the point of Point-in-Time?” Mark Rendell, *EDGE*, May 21, 2015
- 2015 “Homeless killings, assaults highlight the perils of life on the streets”. John Hembrey, *CBC News*. May 5, 2015
- 2015 “A national housing strategy: Without one Calgary suffers”. James Wilt. *Rabble.ca* April 30, 2015
- 2015 “Street people susceptible to violent crime” Kathleen Saylor. *Winnipeg Free Press*. April 28, 2015
- 2015 “From burnings to beatings, homeless people face violence on the streets”. Michael Tutton. *CTV News*. April 26, 2015
- 2015 “Toronto legal clinic helps homeless fight unpayable ‘nuisance’ tickets” Toronto legal clinic helps homeless fight unpayable ‘nuisance’ tickets” Laurie Montsebratten, *Toronto Star*, Mar 9, 2015

- 2015 "Homelessness – Hardly home free" Debora Van Brenk. London Free Press. February 9th, 2015
- 2015 "Toronto experts advise Ontario on how to end homelessness" Laurie Montsebratten, *Toronto Star*, February 9, 2015
- 2015 "Toronto seized under 11th extreme cold alert this winter." Daily Times. Jan 31, 2015
- 2015 "Suburban homelessness is a problem often neglected in Toronto" , Markus Gee, *The Globe and Mail*, Jan 14, 2015
- 2015 "Hamilton activists push Liberals to scrap panhandling laws", Teviah Moro, *Hamilton Spectator*, Jan 6, 2015
- 2014 "Safe Streets Act should be repealed" *CBC Toronto*. December 15, 2014
- 2014 "Panhandling tickets saddle Toronto's homeless with debt: York professor" *Metro* (Toronto). December 15, 2014
- 2014 "Michael Bryant urges repeal of law that 'criminalizes homelessness'" *Toronto Star*. Toronto, ON., December 15, 2014
- 2014 "Repeal 'Rotten' Safe Streets Act, says former Ontario Attorney General" *Canadian Press*. Toronto. December 15, 2014
- 2014 "Expert optimistic N.L. can reduce youth homelessness" *The Telegram*. St. John's, Nfld. December 4, 2014
- 2014 "Momentum building for youth homelessness plan in York Region" *Yonge Street*. Toronto, December 3, 2014
- 2014 "'Housing First' the focus as homelessness experts meet in Ottawa (with video)." *Ottawa Citizen*, Ottawa ON. November 17, 2014
- 2014 "What would it cost to dramatically reduce homelessness? About \$46 per Canadian a year". *Ottawa Citizen*, Ottawa ON. October 29, 2014
- 2014 "Tory's focus on housing welcomed by national homelessness advocate". *York Guardian*, Toronto ON. October 30, 2014
- 2014 "\$46 more per Canadian per year can vastly cut homelessness, new report says", *Toronto Star*, October 29th, 2014
- 2014 "Tory's focus on housing welcomed by national homelessness advocate". *York Guardian*, Toronto ON. October 30, 2014
- 2014 "Homelessness groups want each Canadian to contribute Tory's focus on housing welcomed by national homelessness advocate". *York Guardian*, Toronto ON. October 30, 2014
- 2014 "Report tackles homelessness crisis", *Calgary Herald*, Oct. 29, 2014

- 2014 "Solving homelessness could cost you just \$46", Winnipeg Sun, Oct. 30, 2014
- 2014 "Study: Helping homeless won't break bank" Chronicle Herald, Oct. 30, 2014
- 2014 "Add \$46 a year per Canadian to housing budget, cut homelessness: report", Hamilton Spectator, Oct. 30, 2014
- 2014 "'\$106 A YEAR' ; Homelessness groups ask Canadians for help" Edmonton Sun, Oct. 30, 2014
- 2014 "Tory's focus on housing welcomed by national homelessness advocate" York Guardian, Oct. 30, 2014
- 2014 "Is \$46 per Canadian too much to spend?" Daily News Nanaimo, Oct. 30, 2014
- 2014 "Range of homelessness solutions needed" Times Colonist Oct. 30, 2014
- 2014 "Extra \$46 per Canadian could help homeless: study" Cape Breton Post, Oct. 30, 2014
- 2014 "Add \$46 a year per Canadian to housing budget, cut homelessness: report " St. John's Telegram, Oct. 30, 2014
- 2014 "Use surplus to aid affordable housing, report says", Guelph Mercury, Oct. 30, 2014
- 2014 "Groups want \$106 per Canadian to fight homelessness" The Sault Star; Pembroke Observer; The Owen Sound Sun Times; Niagara Falls Review; Northbay Nugget, Belleville intelligencer; Brockville Recorder and Times; Simcoe Reformer; Welland Tribute; Woodstock Sentinel Review; Stratford Beacon; Sudbury Star; Orilla Packet and Times Oct. 30, 2014
- 2014 "Study: Extra \$46 per Canadian could Reduce Homelessness" Blackburn News, Oct. 29, 2014
- 2014 "Extra \$46 per Canadian could help homeless: study " Caledon Enterprise, Oct. 29, 2014
- 2014 "Homelessness Report Out Today " BT Vancouver , Oct. 29, 2014
- 2014 "Groups want each Canadian to pay \$106 a year to reduce homelessness", Canoe, Oct. 29, 2014
- 2014 "Thunder Bay homeless shelters operating beyond capacity " CBC Thunder Bay, Oct. 29, 2014
- 2014 "Canadian homelessness: \$46 a person would help, report says" CBC, Oct. 29,
- 2014 "Add \$46 a year per Canadian to housing budget, cut homelessness: report" City News, Oct. 29, 2014
- 2014 "Report calls for increased investment in affordable housing", CTV, N.D.
- 2014 "Add \$46 a year for each Canadian to housing budget, cut homelessness: report",

- CTV Winnipeg, Oct. 29, 2014
- 2014 "Extra \$46 per Canadian could help homeless: study", Durham Region, Oct. 29, 2014
- 2014 "Add \$46 a year per Canadian to housing budget, cut homelessness: report", Edmonton Journal, Oct. 29, 2014
- 2014 "York research group releases report on homelessness in Canada", Excalibur, Nov. 12, 2014
- 2014 "Tackling homelessness is everyone's business" *Winnipeg Free Press*. Winnipeg, MN September 5, 2014
- 2014 "Homelessness is our problem too" *Winnipeg Free Press*. Winnipeg, MN September 30, 2014
- 2014 "Poverty Reduction Reboot" The Agenda. TVOntario, Sept 22, 2014
- 2014 "St. John's youth homelessness above national average" The Telegram. St. John's, Nfld, June 17, 2014
- 2014 "Helping Hidden Lives" The Agenda. TVOntario, Sept 22, 2014
- 2014 "'Housing First' approach may put homeless youth last, report warns" CTV news, April 21, 2014
- 2014 "Canada failing homeless youth, report charges" *Toronto Star*. Toronto, ON March 3, 2014
- 2013 "Canada's Homeless" CBC The National. June 19, 2013
- 2013 "Homelessness in Canada" CTV National. June 19, 2013
- 2013 "Canada Homelessness Study: 30,000 on the streets, in shelters on a given night" *Toronto Star*. June 20, 2013
- 2013 "Homelessness Affects 200,000 in Canada" Canadian Press story, in newspapers across the country. June 19, 2013
- 2013 "National report on homelessness says Alberta leads the fight" *Calgary Herald* June 19, 2013
- 2013 "Canada's Homeless" CBC Radio (four times, different communities) June 19, 2013
- 2013 "New Study 'Shatters Myths' of Homelessness in Toronto" *Metro Toronto*, January 10, 2013. Interviewer, Jessica Smith
- 2012 "Responding to youth homelessness" Radio Canada (television and radio). Montreal. November 15, 2012. Interviewer, Julie-Anne Lamoureux
- 2012 News1130 Radio, Vancouver. October 12, 2012. Interviewer, Renee Bernard.

- 2012 "Cities leading fight against homelessness may surprise you" News1130 Radio Newsletter, Vancouver. October 12, 2012. Interviewer, Renee Bernard.
- 2012 "Policing Toronto's Panhandlers". Toronto Sun. October 7, 2012. Writer, Simon Kent
- 2012 "Homelessness, Defined" Novae Res Urbis, October 5, 2012. Interviewer, Jake Tobin Garrett
- 2012 XFM News, Antigonish NS. October 3, 2012: Interviewer, Brittany Cavanagh
- 2012 "New Canadian research on costs of homelessness" The American Round Table to Abolish Homelessness. October 4, 2012. Issue XX
- 2012 CBC Yellowknife. October 3. Interviewer: Mark Winkler
- 2012 "The Current" – CBC News. September 28, 2012.
- 2012 Media Mornings, Vancouver's Co-op Radio 100.5 FM. September 27, 2012. Interviewer, Jane Bouey
- 2012 CBC News, Vancouver. September 27, 2012. Interviewer, Robert Zimmerman
- 2012 People First Radio, CHHLY, Nanaimo. September 27, 2012. Interviewer, Kevin Midbo
- 2012 CFAX 1070AM Interview Request, Victoria. September 25, 2012. Interviewer, Sonia Lowe
- 2012 "Housing homeless cheaper, more effective than status quo: study" Globe and Mail. September 24, 2012. Heather Scofield, Canadian Press/Globe and Mail
- 2012 "BC could learn from Alberta how to save on costs of homelessness: expert" Metro Vancouver. September 24, 2012. Interviewer: Kate Webb
- 2012 Regina Leader-Post. September 24, 2012. Interviewer: David Fraser
- 2012 AM 800 CKLW, Windsor. September 24, 2012. Interviewer, Rusty Thomson
- 2012 The Todd Veinotte Show. (Rogers Cable, Atlantic Canada) September 14, 2012. Reporter: Todd Veinotte
- 2012 As it Happens, (CBC) Toronto, September 14, 2012., Anchor Laura DiBatista
- 2012 "Critics say new definition of 'homeless' too broad, includes those only 'at risk'." National Post (front page). September 12, 2012. Writer, Tristin Hopper
- 2012 CBC Morning News, Whitehorse. May, 23, 2012
- 2011 "Conservatives quietly fund massive homeless housing pilot project – At Home/Chez Soi" Canadian Press. December 26, 2012. Writer, Heather Scofield.
- 2011 "Report says homeless youth are unfair police targets. Canadian Press / CTV

- News. November 10, 2011. Writer, Heather Scoffield.
- 2011 “Is the homeless veteran problem set to explode?” The Canadian Press, Nov. 7, 2011. Writer: Heather Scoffield
- 2011 “Time on the streets not easy for the uninitiated” Toronto Sun. August 20, 2011. Writer, Terry Davidson
- 2011 “Poll calls for tougher panhandling laws” Canoe News. September 14, 2011. Writer: Jenny Yuen
- 2010 Metro Morning, Toronto, September 27, 2010, Anchor/Reporters: Matt Gallaway
- 2005 Canada Now (local) (CBLT-TV), Toronto, 20 May 2005, 06:32PM, Anchor/Reporters: Diana Swain, Christina Birak.
- 2005 MORNING NORTH (HR1) (CBCS-FM), SUDBURY, 18 May 2005, 06:32AM, Anchor/Reporters: MARKUS SCHWABE, RUTH REID.
- 2005 Metro Morning, Toronto, 18 May 2005, Anchor/Reporters: Andy Barrie, Martina Fitzgerald
- 2005 London News (CBCL-FM), 18 May 2005, Anchor/Reporters: Carrie McKee, Jean Carter
- 2005 Ottawa Morning (CBO-FM), Ottawa, 25 May 2005, 06:21AM, anchor/Reporters: Anthony Germain
- 1999 Guest on Metro Morning (CBC Radio). Topic: “Street Youth and Making Money”.
- 1999 Guest on TVO Studio 2. Topic: “Safe Streets Act”.
- 1998 Guest on TVO. Parent Connection. Topic: “Squeegee Kids”.
- 1995 Guest on Metro Morning (CBC Radio). Topic: “Street Youth and Oral Health”.
- * Selected – stop collecting this information in 2015

7. FUNDING

Summary:

Funding received as Principal Investigator – Large Scale projects: **\$25,000,800**

Funding received as Principal Investigator **\$46,461,458**

Research funding received as Co-Investigator or Partner: **\$6,599,836**

Program Evaluation Contracts: **\$1,049,791**

Total: \$54,111,085

Research Grants – Large Scale (Principal Investigator)

2022 *The Canadian Observatory on Homelessness (COH) – Mobilizing Partnerships to Prevent and End Homelessness*

SSHRC Partnership Grant

Stephen Gaetz (Principal Investigator)

Amount: \$2,499,457

2018 *Making the Shift – A Youth Homelessness Solutions Impact Accelerator*

Research Tricouncil - Networks of Centres of Excellence Program – Government of Canada

Stephen Gaetz (Co-lead applicant); Redman, Melanie, A Way Home Canada (Co-lead applicant)

Amount: \$17,901,337

#900-2018-202

2013 *The Canadian Observatory on Homelessness: Creating Policy Impact*

SSHRC Partnership Grant

Stephen Gaetz (Principal Investigator)

Amount: \$2,502,967

#895-2012-1012

2008 *Canadian Homelessness Research Network.*

SSHRC Strategic Knowledge Cluster Program

Stephen Gaetz (Principal Investigator)

Amount: \$2,097,039

#857-2007-0015

Research Grants – Demonstration Projects (In partnership with A Way Home Canada (fundholder))

2025 *Strengthening Families & Natural Supports to Increase Education & Employment Outcomes for Youth*

	Youth Employment and Skills Strategy / Employment and Social Development Canada February 3, 2025 - March 28, 2026 Amount: \$3,750,000	
2024	<i>Building Local Capacity to Prevent Youth Homelessness</i> Reaching Home – Canada’s Homelessness Strategy Infrastructure Canada May 27, 2024 – March 31, 2026 Amount: \$841,765	
2022	<i>Supporting the Mental Health of Those Most Affected by COVID-19 – Mobilizing Promotion, Prevention and Evaluation Across Multiple Delivery Points</i> Public Health Agency of Canada Sept. 22, 2022 – March 31,	
2024		Amount
	\$4,124,988	
2021	<i>Making the Shift Demonstration Lab (MTS Dems): Final Phase</i> Youth Employment and Skills Strategy / Employment and Social Development Canada Oct. 21, 2021 – April 26, 2024 Amount: \$4,527,448	
2021	<i>Preventing Youth Homelessness through Youth Reconnect</i> Porticus Foundation Sept. 21, 2021 – Aug 31,	
2024		Amount
	\$150,000	
2017	<i>Making the Shift: Reimagining the Response to Youth Homelessness Through Social Innovation</i> Youth Employment and Skills Strategy / Employment and Social Development April 12, 2017 – June 30, 2021 Amount: \$14,865,000	
Research Grants – (Principal Investigator)		
2019	<i>Migration of People Experiencing Homelessness in Greater Toronto</i> United Way of Greater Toronto Stephen Gaetz (Principal Investigator) Amount: \$30,000	

- 2019 *Indigenizing Coordinated Access in Hamilton*
Hamilton Indigenous Community Advisory Body
Stephen Gaetz (Principal Investigator)
Amount: \$61,432
- 2017 *Defining an End to Homelessness*
Homelessness Partnering Strategy, Employment and Social Development,
Government of Canada
Stephen Gaetz (Principal Investigator)
Amount: \$431,211
- 2017 *Point in Time Count toolkit and technical support*
Homelessness Partnering Strategy, Employment and Social Development,
Government of Canada
Stephen Gaetz (Principal Investigator)
Amount: \$126,149
- 2017 *Youth Homelessness Prevention Framework Consultation*
Home Depot of Canada Foundation
Stephen Gaetz (Principal Investigator)
Amount: \$61,732
- 2016 *National Youth Homelessness Survey*
Home Depot of Canada Foundation
Stephen Gaetz (Principal Investigator)
Amount: \$81,000
- 2016 *Housing First for Youth and Employment – Design Charet*
Home Depot of Canada Foundation
Stephen Gaetz (Principal Investigator)
Amount: \$18,500
- 2015 *Toolkits for Youth Homelessness Employment and Housing Programs*
Home Depot of Canada Foundation
Stephen Gaetz (Principal Investigator)
Amount: \$35,000
- 2015 *Social Sciences and Humanities Research Council (SSHRC) Impact Award – Connection.*
Social Sciences and Humanities Research Council of Canada
Stephen Gaetz (Principal Investigator)
Amount: \$50,000

#780-2016-0009

2015 *Point-in-Time Homeless Count Training and Support for Designated Communities of the Homelessness Partnering Strategy*
Community Development and Homelessness Partnering Directorate, Government of Canada
Stephen Gaetz (Principal Investigator)
Amount: \$367,576

2014 *Understanding Youth Homelessness: A youth focused Point-in-Time methodology and toolkit*
Laidlaw Foundation
Stephen Gaetz (Principal Investigator)
Amount: \$20,000

2014 *Inspiring Local Communities: Toolkits for developing innovative models of housing and support for homeless youth*
The Home Depot Canada Foundation
Stephen Gaetz (Principal Investigator)
Amount: \$35,000

2013 *York Symposium on Engaged Scholarship*
SSHRC Connections Grant
Stephen Gaetz (Principal Investigator)
Amount: \$31,187

2013 *Housing First Promising Practices Case Studies*
HRDC Homelessness Partnering Strategy
Stephen Gaetz (Principal Investigator)
Amount: \$60,000

2012 *Canadian Observatory on Homelessness*
SSHRC Partnership Grant - Letter of Intent
Stephen Gaetz (Principal Investigator)
Amount: \$20,000

2012 *Knowledge Mobilization for housing and economic vulnerability*
SSHRC Public Outreach Grant
Stephen Gaetz (Principal Investigator)
Amount: \$141,798
#604-2011-0016

- 2012 *Developing a Foyer: A Horizontal Pilot Project*
HRDC Homelessness Partnering Strategy
Stephen Gaetz (Principal Investigator)
Amount: \$29,640
- 2011 *Youth Homelessness e-book project*
HRDC Homelessness Partnering Strategy
Stephen Gaetz (Principal Investigator)
Amount: \$35,132
- 2011 *Promising Practices in the Homelessness Sector*
HRDC Homelessness Partnering Strategy
Stephen Gaetz (Principal Investigator) Michaela Hynie, Bernie Pauly, Daphne Winland, Jeannette Waegemakers-Schiff (co-investigators)
Amount: \$84,920
- 2010 *Building Program Evaluation Capacity in the Homelessness Sector*
HRDC Homelessness Partnering Strategy
Stephen Gaetz (Principal Investigator)
Amount: \$79,465
- 2010 *Responding to H1N1 in the Context of Homelessness in Canada*
Canadian Institutes of Health Research
Catalyst Grant: Pandemic Preparedness
Stephen Gaetz (Principal Investigator)
Amount: \$100,000
- 2009 *Understanding Pandemic Preparedness in the Context of the Canadian Homelessness Crisis*
Canadian Institutes of Health Research
Catalyst Grant: Pandemic Preparedness
Stephen Gaetz (Principal Investigator)
Amount: \$100,000
- 2009 *Ending Homelessness: "What works and for whom?" A Knowledge Mobilization Partnership*
Collaborative Faculty Incentive Grant
York University / University of Victoria
Stephen Gaetz, Bernie Pauly (Principal Investigators)
Amount: \$30,000
- 2008 *The Homeless Hub: A Knowledge Mobilization Project*
Homelessness Partnering Strategy

Human Resources & Social Development Canada
 Stephen Gaetz (Principal Investigator)
 Amount: \$90,420

- 2007 *Canadian Homelessness Knowledge Impact Initiative.*
 Housing and Homelessness Branch
 Human Resources & Social Development Canada
 Stephen Gaetz (Principal Investigator)
 Amount: \$145,371
- 2006 *Attending to social vulnerabilities in tuberculosis transmission: A synergistic model of qualitative and quantitative methods.*
 SSHRC Research Initiative Grant
 Stephen Gaetz (Principal Investigator)
 Amount: \$40,000
- 2004 *Canadian Conference on Homelessness:*
 - National Homelessness Initiative (HRSD): \$225,000
 - Canada Mortgage and Housing Corporation: \$49,000
 - National Homelessness Initiative - Ontario Directorate: \$45,923
 - Ontario Ontario Mental Health Foundation: \$25,000
 - City of Toronto: \$15,000
 - Wellesley Central Health Corporation: \$15,000
 Total amount: \$375,923
- 2004 *A Pilot Study of Local Responses to the Food and Nutrition Needs of Homeless Youth.*
 Canadian Institutes of Health Research:
 Stephen Gaetz, Blake Poland (co-investigators); Valerie Tarasuk, (principal investigator).
 Amount: \$98,294
- 2004 *Literature Review of Research on Homelessness in Canada.*
 York Incentive Grant:
 Stephen Gaetz (Principal Investigator).
 Amount: \$5000

Research Grants -

Research Grants (CO-investigator, Co-Applicant)

- 2022 *2SLGBTQ+ Poverty in Canada: Improving Livelihood and Social Wellbeing*
 SSHRC Partnership Grant
 Stephen Gaetz (Co-Applicant); Nick Mule, Principal Investigator, York University

Amount: \$2,500,000.

- 2021 *Making the Shift – Youth Homelessness Demonstration Lab* (extension)
Social Development Partnership Program, Government of Canada
Stephen Gaetz (Co-Principal Investigator); Redman, Melanie, A Way Home Canada
(Co-Principal Investigator)
Amount: \$3,700,000
- 2021 *Designing Canada's long-term affordable housing approach*
SSHRC Partnership Development Grant
Stephen Gaetz (Co-Applicant); Abe Oudshoorn, Western University (Principal
Investigator)
Amount: \$199,114
- 2021 *Beyond Agency: How does Knowledge Mobilization Advance Social Innovation in
Communities?*
SSHRC Insight Development Grant
Stephen Gaetz (Co-Applicant); Jacqueline Sohn, York University (Principal
Investigator)
Amount: \$50,000
- 2020 *Enhanced Surveillance for Chronic Disease Program (ESCDP) "Homelessness Counts"*
Public Health Agency of Canada - The Enhanced Surveillance for Chronic Disease
Stephen Gaetz (Co-Applicant); Cheryl Forchuk, Western University (Principal
Investigator)
Amount: \$995,281
- 2020 *Making the Shift – Youth Homelessness Demonstration Lab* (extension)
Social Development Partnership Program, Government of Canada
Stephen Gaetz (Co-Principal Investigator); Redman, Melanie, A Way Home Canada
(Co-Principal Investigator)
Amount: \$3,800,000
- 2019 *Making the Shift – Youth Homelessness Demonstration Lab* (extension)
Social Development Partnership Program, Government of Canada
Stephen Gaetz (Co-Principal Investigator); Redman, Melanie, A Way Home Canada
(Co-Principal Investigator)
Amount: \$2,900,000
- 2019 *Interventions research in homelessness, housing, and health*
Foundation Grant – CIHR

- Stephen Gaetz (Partner); Stephen Hwang, University of Toronto (Principal Investigator)
Amount: \$3,972,033
- 2019 *Homelessness; Housing First; Social Service System Coordination*
SSHRC Partnership Development Grant
Stephen Gaetz (Partner); John Graham, UBC - Okanagan (Principal Investigator)
Amount: \$192,900
- 2019 *Working upstream to prevent and end youth homelessness: mapping existing policies and practices to build better educational responses in Canada*
SSHRC Partnership Development Grant
Stephen Gaetz (Partner); Jacqueline Kennelly, Carleton University (Principal Investigator)
Amount: \$199,550
- 2017 *Making the Shift – Youth Homelessness Social Innovation Lab*
Social Development Partnership Program, Government of Canada
Stephen Gaetz (Co-Principal Investigator); Redman, Melanie, A Way Home Canada (Co-Principal Investigator)
Amount: \$7, 908, 405
- 2016 *Computer simulation modeling to address homelessness*
Social Sciences and Humanities Research Council of Canada
Stephen Gaetz (Co-Investigator); Eric Latimer (McGill: Principal Investigator)
Amount: \$196,043
- 2016 *Enhancing the Influence of Engaged Scholarship*
Social Sciences and Humanities Research Council of Canada
Stephen Gaetz (Co-Investigator); Naomi Nichols (McGill: Principal Investigator)
Amount: \$69,933
- 2013 *Transforming Treatment Services and Housing for People with Mental Illness in Canada: A Systems Approach to Integrated Knowledge Translation*
CIHR – Partnerships for Health Systems Improvement
Stephen Gaetz (Co Investigator); Nelson, G., Stergiopolous, V., Goering, P. (Principal Investigators)
Amount: \$194,970
- 2012 *Navigating the Road to Reintegration*

SSHRC Partnership Development Grant
 Stephen Gaetz (Co-Investigator); Bill O'Grady (Principle Investigator)
 Amount: \$198,960

- 2009 *The provision of charitable food assistance in Canada: forging a more adequate response*
 Canadian Institutes of Health Research
 Stephen Gaetz, (co-investigator); Valerie Tarasuk, (principal investigator). Blake Poland, A. Hamelin, Alex Ostry, K. Raine, P.L. Williams
 Amount: \$ 314,521
- 2005 *Institutional Discharge and Homelessness: A Look at Canadian Corrections in the Public and Private Spheres*
 National Homelessness Initiative National Research Program
 Homelessness and Justice Domain
 Stephen Gaetz, Bill O'Grady (Principle Investigators).
 Amount: \$136,276
- 2003 *A Study of Community Responses to the Food and Nutrition Needs of Homeless People in Southeast Toronto.*
 Wellesley Central Urban Health Grant Initiative:
 Stephen Gaetz, Blake Poland (co-investigators); Valerie Tarasuk, (principal investigator)
 Amount: \$50,000
- 2003 *Developing a Virtual Clearinghouse of Research on Homelessness.*
 Wellesley Central Urban Health Grant Initiative:
 Stephen Gaetz, Alice Broughton (Sherbourne Health Centre), Wengari Murkuri (Street Health).
 Amount: \$15,000
- 2002 *Food: Nutritional Vulnerability and Social Exclusion among Homeless Youth.* Canadian Institutes of Health Research:
 Stephen Gaetz, Blake Poland (co-investigators); Valerie Tarasuk, (PI).
 Amount: \$227,758
- 1999 *Community Economic Development and Street Involved Youth*
 Homeless Initiative Fund - City of Toronto / HRDC.:
 Stephen Gaetz (Principal Investigator).
 Amount: \$24,000

Program Evaluation Contracts 2016-19

Note that these contracts are with the Canadian Observatory on Homelessness and though in many cases I am listed as Principal Investigator, I may have had limited involvement with the projects.

2019	Penny Lane Evaluation. (Boys and Girls Clubs of Calgary)	\$20,340
2019	Program Review of Eva's Family Reconnect & Evaluation of YOUTh BelongProject (Eva's)	176,000
2019	ICM Evaluation (Homes First)	\$10,666
2019	Development of Survey and Outcome Measuring (Red Door Shelter)	\$10,412
2019	Evaluation of Supportive Training, Social Enterprise (Choice for Youth)	\$40,000
2019	Evaluation of YES Transitional Housing (Peterborough)	\$25,000
2018	Evaluation of LGBTQ Transitional Housing (EGALE)	\$80,875
2018	Host Homes evaluation (Raising the Roof)	\$49,998
2018	Bridging the Gap – Host Homes Evaluation (Raising the Roof)	\$50,000
2018	Evaluation of Youth Services Host Home Program (One Roof Hamilton)	\$105,321
2018	Evaluation of A Way Home Toronto (Covenant House)	\$35,500
2018	Family Homelessness (City of Toronto)	\$38,375
2018	Evaluation of Low Barrier Services (City of Toronto)	\$49,575
2017	EPIC Evaluation (City of Toronto)	\$57,533
2017	Outcomes Framework (Eva's Initiatives)	\$20,540
2017	Evaluation of Grants Program (HDCF)	\$19,057
2017	Evaluation of Hire Up (Impakt)	\$57,300
2017	CMHA TCM Evaluation (Ottawa Mission)	\$42,345
2016	Region of Peel	\$90,430
2016	St. John's	\$28,274
2016	Training and Technical Assistance Evaluation (Canadian Alliance to End Homelessness)	\$42,250

TOTAL REVENUE: \$1,049,791

Contract Research

2011 Towards a Canadian Definition of Homelessness

HRDC Homelessness Partnering Initiative
Stephen Gaetz (Principal Investigator).
Amount: \$8,000

2011 Plans to End Youth Homelessness in Canada - A Review of the Literature
Eva's Initiatives and Virgin Unite
Stephen Gaetz (Principal Investigator).
Amount: \$7,500

2001 *Street Involved Youth and Access to Justice.*
Justice for Children and Youth Foundation:
Stephen Gaetz (Principal Investigator).
Amount: \$30,000

1995 *Research on youth values in Toronto.*
Cultural Analysis Group, N.Y, N.Y.
Daphne Winland, Stephen Gaetz (Principal Investigators)
Amount: \$2400

1991 *Effectiveness of Refugee Sponsorship Programmes.*
Employment and Immigration Canada
Daphne Winland, Stephen Gaetz (Principal Investigators)
Amount: \$5000

Travel/Development Grants

2004 Conference travel support: *Faculty of Education*, ORS (York University): \$1,700.00.
Conference paper presentation "*An Urban Other: Street Youth and Criminal
Victimization in Toronto.*" Association of Canadian Studies in Ireland, Cork, Ireland

2002 Faculty of Education Minor Research and Development Grant: \$2500.00.
Stephen Gaetz and Don Diplo (principal investigators). *TL Kennedy Research Project.*

2001 Faculty of Arts International Working Group - International Pilot Projects.\$6000.00.
Stephen Gaetz and Penny Van Esterik (principal investigators). *Others in our Midst:
Cross-Cultural Practices of Communicating about Cultural Differences.*

2001 SSHRC Small Research Grant: \$2500.00.
Broken Promises The Educational Experiences of Homeless Youth in Toronto.

C. TEACHING

1. UNDERGRADUATE PROGRAMME

Courses Taught

2018	ED/EDFE 1101 3.0 Adolescent Development and Health. Course Director (Fall session)
2017	ED/EDFE 1101 3.0 Adolescent Development and Health. Course Director (Fall session)
2016	ED/EDFE 1101 3.0 Adolescent Development and Health. Course Director (Fall session)
2015	ED/EDFE 1101 3.0 Adolescent Development and Health. Course Director (Fall session)
2014	EDUC 3310 3.0 Adolescent Development and Health.
2012	EDUC 3310 3.0 The Adolescent and the Teacher.
2001-2006	EDUC 3310 3.0 The Adolescent and the Teacher (TL Kennedy site).
2001-2006	EDUC 3310 3.0 The Adolescent and the Teacher (Keele site).
2002	EDUC 3310 3.0 The Adolescent and the Teacher (Durham site).
2001-2003	ED/CMYR2400 3.0 Communication and the Education Process (TL Kennedy site).
2001-2003	ED/CMYR2400 3.0 Communication and the Education Process (Keele site).
1996 (winter)	ANTH 4210.03F Other Young Lives: Anthropology and Youth Cultures. York University.
1993-1994	ANTH 2010B.06 Anthropology of Youth Culture. York University.
1992 (fall)	ANTH 2000A.03 Anthropology of Youth Culture. York University.

2. GRADUATE PROGRAMME

2024	EDUC 5935 30. Understanding Youth Homelessness - <i>Its causes and conditions, and what we can do about it.</i> Course Director (Summer session)
2024	EDUC 5935 30. Understanding Youth Homelessness - <i>Its causes and conditions, and what we can do about it.</i> Course Director (Winter session)

2021	EDUC 5935 30. Understanding Youth Homelessness - <i>Its causes and conditions, and what we can do about it.</i> Course Director (Summer session)
2020	EDUC 5935 30. Understanding Youth Homelessness - <i>Its causes and conditions, and what we can do about it.</i> Course Director (Summer session)
2019	EDUC 5935 30. Understanding Youth Homelessness - <i>Its causes and conditions, and what we can do about it.</i> Course Director (Summer session)
2019	EDUC 5930 3.0 Engaged Scholarship: Bridging the gap between academia, policy and practice through <i>Knowledge Mobilization.</i> Course Director (Winter session)
2018	EDUC 5930 3.0 Engaged Scholarship: Bridging the gap between academia, policy and practice through <i>Knowledge Mobilization.</i> Course Director (Winter session)
2017	EDUC 5935 3.0. Understanding Youth Homelessness - <i>Its causes and conditions, and what we can do about it.</i> Course Director (Summer session)
2016	EDUC 5930 3.0 Engaged Scholarship: Bridging the gap between academia, policy and practice through <i>Knowledge Mobilization.</i> Course Director (Winter session)
2016	EDUC 5935 3.0 Understanding Youth Homelessness - <i>Its causes and conditions, and what we can do about it.</i> Course Director (Summer session)
2014	EDUC 5930 3.0 Engaged Scholarship: Bridging the gap between academia, policy and practice through <i>Knowledge Mobilization.</i>
2011 - 14	EDUC 5435 3.0 Studies of Adolescence and Cultural Experience
2006	EDUC 5435 3.0 Studies of Adolescence and Cultural Experience
2001-2006	EDUC 5430 3.0 Social Deviance, Resistance and Schooling.
2001	EDUC 5120 6.0 Theory and Research in Language, Culture and Teaching.

1. POST-DOCTORAL FELLOWS

Hart Walker (2021 – 2023)

Karen Naidoo (2021 – 2023)

Emmanuel Banchani (2021 – 2023)

Ahmad Bonakdar (2021 – 2022)

Jackie Sohn (2019- 2021)

Meryl Burato (2018 – 2021)

Anika Mifsud (2018 – 2020)

Rachel Caplan (2018 – 2020)

Erin Dej (2016-2018)

Kaitlin Schwan (2017 – 2020)

Naomi Nichols (2014-2015)

4. GRADUATE SUPERVISION

Doctoral Programme Supervision and Committees

Supervision (Current)

Michael Kenney (2014-21) Faculty of Education

Committee Membership (Current)

Minda Wood – U of O – John Sylvestre

Amy Couperthwaite – York

Supervision (Completed)

Sabina Mirza (2012-21) *Exploring Schooling and Educational Attainment Through the Experiences of Homeless Youth*. Faculty of Education, York University

Amanda Noble (2012-2018) *Housing First and 'Ending' Youth Homelessness in the Neoliberal Era: A Case Study of the Infinity Project & Calgary's 10-Year Plan to End Homelessness*. Faculty of Education, York University.

Maria Lucia DiPlacito (2010-2015) *Campus Mental Health: Implications For Instructors Supporting Students*. Faculty of Education, York University.

Kristy Buccieri (2007-2012) *Caught Somewhere Between Public and Private: How Patriarchy, Heteronormativity and Neoliberalism Collude to Keep Homeless Youth In and Out of Place*. Faculty of Education, York University.

Committee Membership (Completed)

Amy Couperthwait (2023) *The Epidemiology of Pediatric Ambulance Transport in Ontario, Canada*. Supervisor: Allison McPherson

Jason Webb (2021) *Working for Citizenship in the Liminal Space - Social Reproduction in the Emergency Family Shelter System* Supervisor: Amber Gazso, Sociology, York University

Dustin Graham (2020) *Reclaiming student voices on school-based, mental health impacts: youth reflections, lived experiences and recommendations for transforming Ontario secondary schools*. Supervisor: Chloe Brushwood-Rose. Faculty of Education, York University.

Kathleen Worton (2018) *Knowledge mobilization for complex community interventions: Examining how peer learning strategies influence local implementation of Housing First*. Supervisor: Geoffrey Nelson. Department of Community Psychology. Wilfred Laurier University. Waterloo Ontario

Rebecca Houwer (2017) *Enacting justice-focused sustainabilities through community-engaged learning and action in postsecondary education: The NOISE for Social Change Project*. Supervisor: Steve Alsop, Faculty of Education

Lauren Joly (2017) *Understanding Romantic Relationships and Resilience Among Street-Involved Youth: A Quantitative and Qualitative Exploration*. Supervisor: Jennifer Connolly Clinical-Developmental Psychology, York University

Megan Sandhu (2016) *University-Community Partnerships: An Action-Humanities Approach to Addressing Homelessness*. Supervisor: Markus Reisenleitner. Faculty of Liberal Arts and Professional Studies. York University.

Kaitlin Schwan (2016) *Why Don't We Do Something? The Societal Problematization of "Homelessness" and the Relationship between Discursive Framing and Social Change*. Supervisor, David Hulchanski. Department of Social Work, University of Toronto.

Carrie Anne Marshall (2015) *Occupation, Homelessness, and the Transition to Becoming Housed in Chronically Homeless Persons in a Small Urban Context*. Supervisor: Rosemary Lysaght, Queens University

Michelle Wyndham-West (2014) *Is it worth the shot? Ontario women's negotiations of risk, gender and the Human Papillomavirus (HPV) Vaccine*. Supervisor: Naomi Adelson, Department of Anthropology, York University

Lisa Romano-Dwyer (2012) *"And I can get anyone into Hamlet." Using Humanities-Based Approaches After Expulsion for School Violence: A Hermeneutical Transformation of Safe Schools*. Supervisor: Alison Griffith. Faculty of Education.

Gregory Knoll (2012) *Stages of Change Training for Youth Outreach Workers: Bridging Research, Theory and Practice*. Graduate program in Psychology, York University

Naomi Nichols (2011) *All My Life I've Slipped Through the Cracks" The Social Coordination of "Youth Work"*. Faculty of Education, York University

Christopher Smith (2008). *A User's Guide to the City: "Juice Bars", 'Liquid Handcuffs' and*

the Disorder of Drugs. Communications Studies, York University

Bronwyn Low (2001). *Spoken Word: Exploring the Language and Poetics of Hip Hop Popular.* Faculty of Education, York University.

Dean's Representative

Margaret Jean Mitchell (2002). *Roads, Restlessness and Relationships: An Urban Settlement in Post-Colonial Vanuatu.* Department of Anthropology, York University.

Internal / External Examiner

Lauren Joly (2018) *Understanding Romantic Relationships and Resilience Among Street-Involved Youth: A Quantitative and Qualitative Exploration.* Graduate Program in Clinical Psychology. Supervisor: Jennifer Connolly

Geoff Sorge (2011) *Cognitive Abilities and Rational Thinking Variables as Predictors of Antisocial/Risky Behaviour.* Faculty of Health, York University.

Jim Steiben (2010) *Neurophysiological Mechanisms of Emotional Regulation for Subtypes of Externalizing Children.* Department of Psychology, York University

Anna Ning (1999). *Embodying the Myth of Healthiness: Conformity, Resistance and Complicity in Narratives of Addiction and Recovery.* Department of Anthropology, York University.

External Examiner

Darren Stonehouse (2021) *The Neoliberal Representation of Homelessness and its Alignment with Material Conditions and Lived Experiences in Victoria, Australia.* La Trobe University, Melbourne, Australia.

Jennifer Bell (2019) Solina Richter, Sarah Stahlke, Department of Nursing, University of Alberta

Heather M. Patterson. (2016) *Attachment Styles, Psychological Functioning, and Resilience Factors among Street-involved Youth: Describing Youth who Access Community Agency Support.* Department of Psychology. Memorial University of Newfoundland

Michelle Wyndham-West (2015) Sarah Benbow (2015) *Mothers Experiencing Homelessness: Social Exclusion, Resistance, and Health.* Nursing, Western University. December, 2015

Erin Dej (2015) *Seeking Inclusion in the 'Land of Broken Toys': Negotiating Mental Health*

Managerialism Among Homeless Men and Women. Department of Criminology,
Université d'Ottawa - University of Ottawa

Lorcan Patrick Byrne (2014) *Between Respectability and Disgrace: Schismogenesis & the Regeneration of Inequality, Stigma and Social Exclusion in Limerick*. University College Limerick, Ireland

Felicia Garcia (2013). *Coping and Suicide Amongst 'the Lads': Expectations of masculinity in post-traditional Ireland*. Department of Anthropology. University of Maynooth, Ireland

Abe Oudshoorn (2011) *Client-Provider Relationships in a Community Health Clinic for People Experiencing Homelessness: A Critical Ethnography*. Department of Nursing, University of Western Ontario

Dennis Staunton (2008). *The Occupational Benefits of Getting a University Degree Later in Life as a Mature Student*. Department of Applied Social Studies. University College Cork, Ireland

Masters Programme Supervision and Committees

Supervision (Current)

Sarah O'Connor – Public Policy

Committee Membership (Current)

Arnel Borrás – Health

Supervision (Completed)

Cody Samuelson (2021) *From Reaction to Action: The Kelowna Journey Home Systems Approach*. Development Studies, York University.

Rayna Slobodian (2019) *Rich and Poor Divide: How Portrayals of the Poor and Poverty in News Media Perpetuate Stigma and Inequality*. Faculty of Education, York University.

Bahen, Julia (2016) *Ending the Cycle: Incarceration, Reintegration, and Discharge Planning*. Faculty of Environmental Studies, York University

Isaac Coplan (2014) *Youth Homelessness in Ontario – Knowledge Mobilization, Systems Integration and Social Media to #EndYouthHomelessness*. Faculty of Environmental Studies, York University

Marylou DiPlacito (2009) (M.Ed. Thesis) *A Parent's Journey, An Adolescent's Hardships: The Impacts of Parental Illness on Schooling*. Completed, November, 2009. Faculty of

Education, York University

Jodi Barrett (2009). *Vital Links: Connecting Homeless Families with Education*. (M.Ed. Thesis). Completed, September, 2009. Faculty of Education, York University

Fatima Hussein (2008). *The Economic and Social Consequences of Mental Illness with Homelessness as a Demographic Index*. (MA, Thesis). Completed, September, 2008. Critical Disabilities Studies, York University.

Patricia Baird (2007) *The Need for a Harm Reduction Approach to Substance Use in Ontario Schools. Why the Message, 'Just Say No' to Drugs is Ineffective for Youth*. (M.Ed., MRP). Completed, April, 2007. Faculty of Education.

Tally Wolf (2007) *Starred Students at Teva* (M.Ed. Thesis). Completed, March 2007. Faculty of Education.

Ellen Walton (2007) *Sambos, Mandingos, and Gangstas in Toronto's Education System: Exploring Social Relations and the Impact of Identity and Black Masculinity in Schools*. (M.Ed., MRP). Completed, January, 2007. Faculty of Education.

Sharon McCleave (2006) *The Provision of Dental Care for Homeless Youth: Exploring an Educational Model of Service Learning for Dental Students*. (M.Ed. Thesis). Completed, December 2006. Faculty of Education.

Shelly Mediratta (2006) *Identity Abandonment: Trying to make sense of myself and the need for an anti-bias curriculum in Ontario A conceptualization of identity*. (M.Ed. Major Research Paper). Completed, September 2006. Faculty of Education.

Gemma Bose (2006) *Navigating the Educational System for Racial Minority Students and Racial Minority Teachers* (M.Ed. Major Research Paper). Completed, September 2006. Faculty of Education.

Chantal Tremblay (2006) *Leaving High School: On Becoming More Resilient to Verbal Abuse After the Adolescent Years*. (M.Ed: Major Research Paper). Completed, July 2006. Faculty of Education.

Jennifer Gee (2005) *Bigger isn't always better: Ideal school size and the Ontario Government's educational funding formula*. (M.Ed. Major Research Paper). Completed, October 2005. Faculty of Education.

Bitu Sarabi-Khosravi (2005) *Resistance and second language learning: reflections on possible 'resistant' acts in second language classrooms*. (M.Ed. Major Research Paper). Completed, September 2005. Faculty of Education.

Anne Pohl (2004) (co-supervisor with Celia Haig-Brown) *Opening Respectful Encounters with Inner City, At-Risk Youth in Toronto's Schooling Institutions*. (Thesis). Completed, September, 2004. Faculty of Education.

Maria Melessanakis (2004) *Paradise Envisioned is Seldom a Paradise Realized: The Perspectives of Teacher Candidates on the Impact of Professional Development Schools - A Literature Review and Canadian Case Study*. (Thesis). Completed, May, 2004. Faculty of Education.

Nancy Carvalho (2004). *The Over Representation of Young People with Learning Disabilities in Youth Detention Centres*. (Major Research Paper) Faculty of Education.

Brian Weinstock (2003). *Rethinking Mortadella: Progressing Toward a Critical Multicultural Pedagogy*. (Major Research Paper). Faculty of Education.

Committee Membership (Completed)

Veronica Lockyer (2021) *The Violence of Not Being Heard - Rural and Urban Youth, Differing and Similar Oppressive Obstacles*. Completed: December 2021. Supervisor: Theresa Holmes. Department of Anthropology, York University.

Meagan La Plante (2017) *Rapid Rehousing Practice at a Shelter for Homeless Youth*. Supervisor: Girah Bhatt, Royal Rhodes University, Victoria BC

Kathryn Hardill (2016) *That Look That Makes You Not Really Want to Be There: Health Care Experiences of People Who Use Illicit Opioids in Small Urban and Rural Communities - A Critical Social Theory Analysis*. Faculty of Health (Nursing) York University

Mary Choy (2014) *Re-Conceptualizing "Contributing": Homelessness and Unpaid Labour in a Neo-liberal Climate* Completed: November, 2015. Supervisor: Amber Gaszo, Sociology, York University

Tracey Methven (2012) *A Hub School – The Heart of a Community Conceived For and With Stakeholders of Keelesdale-Eglinton West*. (MRP). Completed, September 2012. Supervisor, Don Dippo, Education

Darlene Mooney (2012) *Crown Wards Leaving Care: A Stakeholders' Discussion of their Readiness*. (Thesis). Completed, January 2012. Supervisor, Naomi Norquay, Education

Lauren Joly (2011) *Evaluating Outreach Programs for Street Involved Youth: A Quantitative and Qualitative Review of the Research*. (Thesis) Completed, July, 2011. Supervisor, Jennifer Connolly, Psychology

Sabina Mirza (2010) *South Asian Celebrations in Adolescent and Children's Literature*. (Major Research Paper). Completed, July 2010. Supervisor, Karen Krasny

Suba Jeyaratnam (2010) *A Critical Analysis of the Relationships between Homelessness and Disability among Immigrant Women in Toronto Community Agencies and Shelters*. (Major Research Paper). Completed, July 2010. Supervisor, Nancy Halifax, Critical Disabilities Studies.

Jennifer J. Logan (2010) *"There's no place like home": A Snapshot of the Settlement*

Experiences of Newcomer Tibetan Women in Parkdale, Toronto. Completed, June 2010. Supervisor, Valerie Preston, Geography.

Tina E. Wilson (2009) *In Their Own Best Interests? Textually Mapping Governmentality in the Lives of Young People Without Stable Housing in Canada.* University of Toronto.

Adrienne Chambon (Suervisor) Faculty of Social Work, University of Toronto.

Rasulan A. Hoppie (2009) *Moving on up? Black Families' Pursuit of the Suburban Dream and Implications for their Children.* Completed, December 2009. Supervisor, Carl James, Faculty of Education

Yimin Du (2009) *Global Stability of TB Models: Heterogeneous Populations and Resistance.* Completed, December 2009. Supervisor, Jianhong Wu. Graduate Program in Mathematics, York University.

Ilona Abramovich (2008) *Young, Queer and Homeless in Toronto: Where is the Support?* Completed, August 2008. Supervisor, Nancy Halifax. Graduate Program in Critical Disabilities Studies, York University.

Amy Brandon (2007) *The Mis-/Under-Representation of Youth in Canadian Federal Policy and Policy Development.* Completed: February, 2007. Supervisor, Don Dippo, Faculty of Education

Jeewan Chanicka (2006) *The Jihad In Me: A Reflective Journey on the Role of Islamic Epistemology as a Guiding Framework for Student Engagement and Teacher Resistance in a Post September 11th World.* Completed: December, 2006. Supervisor: Carl James, Faculty of Education

Ramon San Vicente (2006) *Old School, New Rules: Redefining Black Males, Hip Hop Culture and Public Schooling.* (Thesis) Completed: December, 2006. Supervisor: Joy Manette, Faculty of Education

Sandra Mayberry (2006) *Constructing and Managing Behaviour in Ontario Schools: An Institutional Ethnographic Study.* (Thesis) Completed: April, 2006. Supervisor: Alison Griffith, Faculty of Education

Maureen Chard (2006) *Constructing and Managing Behaviour in Ontario Schools: An Institutional Ethnographic Study.* (Thesis) Completed: April, 2006. Supervisor: Alison Griffith, Faculty of Education

Katherine Miles (2006) *The Significance of Social Integration Strategies for ESL Students in Mainstream Classrooms.* (MRP). Completed: May 15, 2006. Supervisor: Connie Mayer. Faculty of Education.

Pamela Dogra (2006) *The Way I See It: Stories of Learning and Teaching.* (MRP) Completed: May, 2006. Supervisor: Isabel Killoran. Faculty of Education

Mike Malcolm (2006) *Toronto Schools and the Creation of the Deviant School Profile and*

Identity: the implications of the social construction of the deviant identity on student success. (MRP) Completed: April, 2006. Supervisor: Carl James. Faculty of Education

Lisa Varghese (2006) *Finding a "Home": thinking Through the Issues and Complexities of South Asian Adolescent Conduct in Today's Greater Toronto Area* (Thesis) Completed: April, 2006. Supervisor: Carl James. Faculty of Education

Thomas Douglas (2005). *Finding the One (in ten): Early Identification of Teacher Candidates With Maximal Social Justice Education Praxis Potential.* (Thesis) Completed: April, 2005. Supervisor: Patrick Solomon. Faculty of Education

Robert W. Young (2005). *"You Can't Make Me" Punishment and Pedagogy in the Prison Classroom.* (Thesis) Completed: May, 2005. Supervisor: Susan Dion. Faculty of Education

Susan Clarke (2005). *Interpreting the Reggio Emilia approach: Implications for reducing violence and aggression in early childhood.* (Thesis) Completed, February, 2005. Supervisor: Carol Anne Wien. Faculty of Education

James Rhee (2004). *Relationships and Reflection - Two Keys of Teacher Response to Student Behaviour.* (Thesis) Completed, September 2004. Supervisor: Isabel Killoran. Faculty of Education.

Claudia Johnson (2004). *What's Power and Authority Got To Do With It? Making Meaning From Students' Understanding of Student-Teacher Relationships.* (Thesis) Supervisor: Susan Dion. Faculty of Education.

Marisa Panaroni & Sally Rivers (2004). *Transforming novel studies through anti-bias instruction.* (Major Research Paper) Completed, September 2004. Supervisor: Isabel Killoran. Faculty of Education.

Nazreen Motiar (2003). *Use them or lose them: The state of elementary school librarians.* (Major Research Paper) Completed, September 2003. Supervisor: Isabel Killoran. Faculty of Education.

Dean's Representative

Loriann Hottot (2002). *Complexity and Contradiction in the Construction of Femininity.* (Thesis). Supervisor, Alison Griffith. Faculty of Education.

Internal / External Examiner

Kathy Hardill (2016) *"That Look That Makes You Not Really Want to Be There": Health Care Experiences of People Who Use Illicit Opioids In Small Urban and Rural Communities – A Critical Social Theory Analysis.* Faculty of Health (Nursing) York University

Julia Riddell (2014) *The Development of Self in Relationships: Youth's Narratives of*

Change Through a Residential, Wilderness and Family Therapy Intervention. Masters of Arts (Psychology), York University. November, 2014

Bertie Friedlander (2006) Successful Aging - An Analysis of People and Places Dedicated to Learning Programs for Seniors. Masters of Arts (Anthropology) April, 2006

Clifford Agburu (2005) The Dilemma of Alcohol Addiction: A Disability Without Disability Benefits in Ontario. Masters of Arts (Critical Disability Studies), York University.

Andrew Taylor (2005). *Negotiating Harm Reduction: Risk, Bodies and Youth Substance Users*. Masters of Arts (Anthropology), York University.

Caroline McIssac (2003). *Romantic Dissolution and Depressive Problems in Adolescence: A Developmental Analysis*. Masters of Arts (Psychology), York University.

External Examiner

Meagan E. La Plante (2017) Rapid Rehousing Practice at a Shelter for Homeless Youth. Master of Art in Leadership. Royal Rhodes University. Supervisor: Gira Bhatt

Kim Stanford (2002). *The Right (to) Pleasure: A Participatory Foucaultian Exploration of Youth Drug Users' Experience with Harm Reduction*. Masters of Public Health Sciences, Public Health Sciences, University of Toronto.

5. RESEARCH TRAINING through RESEARCH ASSISTANTSHIPS PhD (26); MA (53); Undergraduate (14)

Doctoral Research Assistantships (31)

Masters Research Assistantships (89)

Undergraduate Research Assistantships (63)

Other (non-student research assistantships) (95)

TOTAL (278)

Doctoral Research Assistantships (Selected)

Afsaneh Bohouli (2013/14)

Christyne Hebert (2013/14)

Kandirra Wilson (2012/13)

Carey Doberstein (2012/13)

Caryl Patrick (2011/12)

Cheryl Athersych (2011/12)

Sabina Mirza (2011/12, 2012/13)

Julia Sinclair-Palm (2011/12, 2012/13)

Jennifer King (2010/11)	Amanda Noble (2011/12, 2012/13, 2013)
Naomi Nichols (2010/11, 2011/12)	Andrew Grimo (2010/11)
Claire Major (2008/09, 2011/12)	Karen Kugelmass (2010/11)
Kristy Buccieri (2008/09, 2009/10, 2010/11, 2011/12, 2012/13)	
Jaime Yard (2008/09)	

Masters Research Assistantships (Selected)

Ryan Walters (2013/14)	Isaac Coplan (2013/14)
Fleurie Hunter (2013, 2013/14))	Kami Chisholm (2013/14)
Nick Spohr (2012/13)	Jason Bertkin (2012/13)
Meezan Elgen (2012/13)	Sanya Vukas (2012/13)
Nicki Pariser (2012/13)	Andrew Nolan (2012/13)
Mary Choy (2011/12)	Michael Gonzales (2012/13, 2013/14)
Stefania Jakovlevski (2011/12)	Allison Leslie Fischer (2011/12)
Amanda Dunn (2010/11, 2011/12)	Jenna Maley (2010/11)
Pulak Bakshi (2010/11, 2011/12)	Kirk Hatcher (2010/11)
Jessica Whelan (2010/11, 2011/12)	Tara Patton (2010/11)
Christopher Ho (2009/10, 2010/11, 2011/12)	Delaney Downer (2009/10, 2010/11)
Sabina Mirza (2008/09, 2009/10, 2010/11)	Janice Fennell (2009/10)
Jesse Newell (2008/09, 2009/10, 2010/11)	Diwei Wang (2008/09, 2009/10, 2010/11)
Fizza Haider (2008/09, 2009/10)	Magdalene Garda (2008/09, 2009/10)
Vivian Kwouw (2008/09)	Sran Gurgeet (2009/10)
Maya Shapiro (2008/09)	Spy Denhomme-Welch (2008/09)
Susan Appotive (2007/08)	Shari Grayson (2007/08)

Undergraduate Research Assistantships (Selected)

Alexander Moldovan (2013/14)	Alicia Campney (2013/14)
Ashley Abbasi (2013/14)	Jesse Donaldson (2013)
Oxana Roudenko (2012)	Monique MacLeod (2012)

Sebastien Wan (2012)

Gerald Wan (2011, 2012)

Matthew Aaron (2003, 2004, 2005)

Jesse Thistle (2012)

Esther Townsend (2011)

D) SERVICE

1. UNIVERSITY SERVICE:

Administrative Roles

2012-2013	Associate Dean, Research and Professional Development – Faculty of Education (six months)
2007-2011	Associate Dean, Research and Professional Development – Faculty of Education (four years) (Note: I have not included committees I sat on in my role as Associate Dean (2007-2011))

Committee Membership

2009-2013	York Centre for Education and Community (Executive Committee and External Advisory Committee)
2008-2013	York Homelessness Research Network
2011-2013	York Institute for Health Research (Executive Committee)
2010-2011	Lifelong Learning, Partnerships & Outreach
2010-2011	York Mental Health Strategy Working Group
2010-2011	York University, Dispute Resolution Committee
2009-2011	GRIP committee
2003-2011	International Advisory Group - RPD – Faculty of Education
2003-2006	Visiting Scholars - Graduate Programme (Chairperson) – Faculty of Education
2003-2004	Awards Committee - Graduate Programme (Chairperson) – Faculty of Education
2003-2011	Coordination and Planning – Faculty of Education
2002-2003	Visiting Scholars - Graduate Programme
2001-2002	Awards Committee - Graduate Programme
2001-2002	Ethics Review Committee – Faculty of Education
2000-2001	Admissions Committee - Graduate Programme – Faculty of Education
2000-2001	Tenure and Promotions Committee – Faculty of Education

Program Development

- 2008 York Centre for Education and Community – ORU Proposal (successful)
- 2003-2005 Children at Risk Symposium programme development.
- 2003-2007 Harm Reduction certificate programme development.
- 2003-2004 Community-Based Research seminar series programme development.
- 2003-2005 Canadian Conference on Homelessness.

2. COMMUNITY SERVICE:

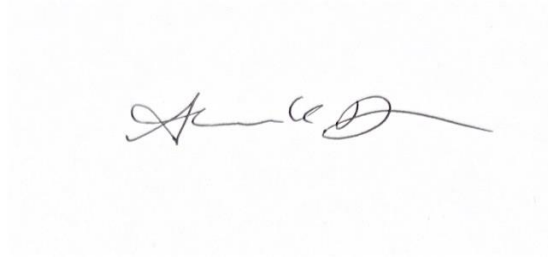
Board of Directors - Community Organizations

- 2014 – 2016 *Raising the Roof*, President
- 2010 - 2019 *York Region Human Services Planning Board*
- 2012 – 2018 *Canadian Alliance to End Homelessness*. Board of Directors (Secretary, and Founding Member)
- 2007 - Present *Raising the Roof*. Board of Directors
- 2007 - Present *Canadian Housing Renewal Association*. Policy Advisory Committee
- 2003 - 2007 *Central Toronto Community Health Centres*. President of Board of Directors.
- 2002 - 2007 *Central Toronto Community Health Centres*. Board Member.

Community Planning Committees

- 2015-16 Province of Ontario *Provincial Expert Panel on Homelessness*
- 2002 – 2004 *City of Toronto Mayor's Community Safety Awards Committee*.
- 1999 *SWYM Consortium*. - Squeegee Initiative.
- 1998 *Toronto Community and Social Planning Council*. - Squeegee initiative.
- 1997 – 1998 *Shout Clinic / SETO*
- 1997 – 1998 Wellesley / St. Michaels Hospital Ambulatory Care Needs Assessment.
- 1994 *SETO*. Homeless Emergency Access project.
- 1987-1988 *Togher Community Association*. Cork, Ireland (1987-88).

THIS IS **EXHIBIT "B"** REFERRED TO
IN THE AFFIDAVIT OF DR. STEPHEN GAETZ
SWORN REMOTELY AT THE
CITY OF ST. CATHERINES BEFORE ME AT THE REGION OF WATERLOO
DURING A VIDEOCONFERENCE CALL
IN ACCORDANCE WITH O.REG. 431/20,
ADMINISTERING OATH OR DECLARATION REMOTELY
THIS 15TH DAY OF AUGUST, 2025

A handwritten signature in black ink, appearing to read 'Shannon Down', is centered within a light gray rectangular box.

SHANNON DOWN
A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 43894D



NATIONAL FINAL REPORT

Cross-Site At Home/Chez Soi Project



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

NATIONAL AT HOME/CHEZ SOI FINAL REPORT

This report was prepared by a small team led by Paula Goering, which included Scott Veldhuizen, Aimee Watson, Carol Adair, Brianna Kopp, Eric Latimer, Tim Aubry, Geoff Nelson, Eric MacNaughton, David Streiner, Daniel Rabouin, Angela Ly, and Guido Powell. We also thank Jayne Barker (2008-11), Cameron Keller (2011-12), and Catharine Hume (2012-present), Mental Health Commission of Canada At Home/Chez Soi National Project Leads, as well as the National Research Team, the five site research teams, the Site Co-ordinators, the numerous service and housing providers, and people with lived experience who have contributed to this project and the research. We would, most especially, like to acknowledge the contributions of At Home/Chez Soi participants, whose willingness to share their lives, experiences, and stories with us were central and essential to the project.

Production of this document is made possible through a financial contribution from Health Canada. The views represented herein solely represent the views of the Mental Health Commission of Canada.

CITATION INFORMATION

Suggested citation: Paula Goering, Scott Veldhuizen, Aimee Watson, Carol Adair, Brianna Kopp, Eric Latimer, Geoff Nelson, Eric MacNaughton, David Streiner & Tim Aubry (2014). National At Home/Chez Soi Final Report. Calgary, AB: Mental Health Commission of Canada.

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AT HOME/CHEZ SOI FINAL REPORT CROSS-SITE

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MAIN MESSAGES

FROM THE CROSS-SITE AT HOME/CHEZ SOI PROJECT

After successfully engaging and following more than 2,000 participants for two years, the results for At Home/Chez Soi, the world's largest trial of Housing First (HF) in five Canadian cities, can now be reported.

1

Housing First can be effectively implemented in Canadian cities of different size and different ethnoracial and cultural composition. HF provides immediate access to permanent housing with community-based supports. The HF program participants in this study were provided with an apartment of their own, a rent supplement, and one of two types of support services: those with high needs received Assertive Community Treatment (ACT) and those with moderate needs received Intensive Case Management (ICM). HF programs were operated in a manner that was consistent with the HF model standards, but were tailored to best fit the local contexts in the five cities.

2

Housing First rapidly ends homelessness. Across all cities, HF participants obtained housing and retained their housing at a much higher rate than the treatment as usual (TAU) group. In the last six months of the study, 62 per cent of HF participants were housed all of the time, 22 per cent some of the time, and 16 per cent none of the time; whereas 31 per cent of TAU participants were housed all of the time, 23 per cent some of the time, and 46 per cent none of the time. Findings were similar for ACT and ICM participants. Among participants who were housed, housing quality was usually better and more consistent in HF residences than TAU residences. We now know more about the small group for whom stable housing was not achieved by HF, and about some additions or adaptations that may work better for them.

3

Housing First is a sound investment. On average the HF intervention cost \$22,257 per person per year for ACT participants and \$14,177 per person per year for ICM participants. Over the two-year period after participants entered the study, every \$10 invested in HF services resulted in an average savings of \$9.60 for high needs/ACT participants and \$3.42 for moderate needs/ICM participants. Significant cost savings were realized for the 10 per cent of participants who had the highest costs at study entry. For this group, the intervention cost was \$19,582 per person per year on average. Over the two-year period following study entry, every \$10 invested in HF services resulted in an average savings of \$21.72.

4

It is Housing First, it is not housing only. Most participants were actively engaged in support and treatment services through to the end of follow-up. The general shift away from crisis and institutional services to community-based services that was seen at 12 months continued for the duration of the study. Many individuals with previously unmet needs were able to access appropriate and needed services during the study.

5

Having a place to live with supports can lead to other positive outcomes above and beyond those provided by existing services. Quality of life and community functioning improved for HF and TAU participants, and improvements in these broader outcomes were significantly greater in HF, in both service types. Symptom-related outcomes, including substance use problems and mental health symptoms, improved similarly for both HF and TAU. However, since most existing services were not linked to housing, there was much lower effectiveness in ending homelessness for TAU participants.

6

There are many ways in which Housing First can change lives. While the HF groups, on average, improved more and described fewer negative experiences than the TAU groups, there was great variety in the changes that occurred. Understanding the reasons for differences of this kind will help to tailor future approaches.

7

Getting Housing First right is essential to optimizing outcomes. Housing stability, quality of life, and community functioning outcomes were all more positive for programs that operated most closely to HF standards. This finding indicates that investing in training and technical support can pay off in improved outcomes. Other important implications for policy are discussed in this report. In addition, lessons learned have now been incorporated into a toolkit to guide the planning and implementation of effective Housing First programs in Canada.

EXECUTIVE SUMMARY

FROM THE CROSS-SITE AT HOME/CHEZ SOI PROJECT

Homelessness is a serious public policy concern. Each year, up to 200,000 people are homeless in Canada – at an estimated cost of seven billion dollars.

In Canada, our current response relies heavily upon shelters for emergency housing and emergency and crisis services for health care. Typically, individuals who are homeless must first participate in treatment and attain a period of sobriety before they are offered housing. This is a costly and ineffective way of responding to the problem. Alternatively, Housing First (HF) is an evidence-based intervention model, originating in New York City (Pathways to Housing), that involves the immediate provision of permanent housing and wrap-around supports to individuals who are homeless and living with serious mental illness, rather than traditional “treatment then housing” approaches. HF has been shown to improve residential stability and other outcomes. Given the difference in social policy and health care delivery between the U.S. and Canada, it is vital that evidence about homelessness interventions be grounded in the Canadian context.

In 2008, the federal government invested \$110 million for a five-year research demonstration project aimed at generating knowledge about effective approaches for people experiencing serious mental illness and homelessness in Canada. In response, the Mental Health Commission of Canada (MHCC) and groups of stakeholders in five cities (Vancouver, Winnipeg, Toronto, Montréal, and Moncton) implemented a pragmatic, randomized controlled field trial of HF. The project, called At Home/Chez Soi, was designed to help identify what works, at what cost, for whom, and in which environments. It compared HF with

existing approaches in each city. The examination of quality of life, community functioning, recovery, employment, and related outcomes was unprecedented, as was the inclusion of two types of support services for individuals with high needs (Assertive Community Treatment, or ACT) and moderate needs (Intensive Case Management, or ICM). The study also used a standardized model of HF, conducted assessments of program fidelity to document the quality of program implementation, introduced quality assurance processes, and provided extensive training, technical assistance, and support.

A randomized trial design was used in the project because it could evaluate the effects of HF in groups that were virtually identical except for the intervention itself, thus giving the strongest evidence for policy. The study also included a qualitative research component to complement and better inform the quantitative results (mixed methods design). Data collection began in October 2009 and ended in June 2013. 2,148 individuals were enrolled for two years of follow-up and of those, 1,158 received the HF intervention. Follow-up rates at 24 months were between 77 and 89 per cent, which are excellent for a vulnerable and highly transient population.

This document reports on the main findings of the study for the full two years of follow-up. It builds on the At Home/Chez Soi Interim Report (September 2012), which presented the preliminary one-year results. Reports containing greater detail about local findings and implications for local practice and policy are also available for each of the five cities.

Program Implementation

The study demonstrated that HF can be implemented successfully in different Canadian contexts, using both ACT and ICM models for the service component. It also demonstrated that HF can be effectively adapted according to local needs, including rural and smaller city settings such as Moncton and communities with diverse mixes of people (e.g., Aboriginal or immigrant populations) like Winnipeg or Toronto.

Study Participants

Most At Home/Chez Soi study participants were recruited from shelters or the streets. The typical participant was a male in his early 40s, but there was a wide diversity of demographic characteristics. Women (32 per cent), Aboriginal people (22 per cent), and other ethnic groups (25 per cent) were well-represented. The typical total time participants experienced homelessness in their lifetimes was nearly five years. Participants were found to have had multiple challenges in their lives that contributed to their disadvantaged status. For example, 56 per cent did not complete high school, and almost everyone was living in extreme poverty at study entry. All had one or more serious mental illness, in keeping with the eligibility criteria of the study, and more than 90 per cent had at least one chronic physical health problem. Using qualitative interviews with a representative sample and quantitative measures, we have documented the early origins of homelessness in the life histories of participants, which very often included early childhood trauma and leaving home to escape abuse.

Housing Outcomes

HF was found to have a large and significant impact on housing stability. A substantial majority of participants maintained stable housing during the study period, indicating that the attention paid to client choice and service team support quickly resulted in securing desirable and affordable housing. In the

last six months of the study, 62 per cent of HF participants were housed all of the time, 22 per cent some of the time, and 16 per cent none of the time; whereas 31 per cent of treatment as usual (TAU) participants were housed all of the time, 23 per cent some of the time, and 46 per cent none of the time. These significant gains in obtaining and retaining housing held for participants in both the ACT and ICM versions of HF. Over the course of the study, TAU participants spent significantly more time in temporary housing, shelters, and on the street than HF participants. The most dramatic effects were found in the first year, where the HF program “jumpstarts” getting housed. Many HF participants spoke of the importance of “having their own place” and described their housing as a safe and secure “base” from which to move forward with their lives. One noted, *“The security is a really big thing. I can just let go and I have no problem just lying down for 12 hours and I don’t have to move or be on guard.”* (Vancouver participant)

Clients with Additional or Other Needs

HF worked well for clients with diverse ethnocultural backgrounds and circumstances. We now know more about the small group (about 13 per cent) for whom HF as currently delivered did not result in stable housing in the first year. This group tended to have longer histories of homelessness, lower educational levels, more connection to street-based social networks, more serious mental health conditions, and some indication of greater cognitive impairment. Alternative approaches to addressing the unique needs of these clients were tried in some cities. Recommendations on these approaches will be available in the Housing First implementation toolkit.

Housing quality

Our field research teams systematically measured housing quality using standard ratings in a random sample of 205 HF and

229 TAU residences. The HF residences (unit and building combined) were found across sites to be of significantly greater quality and of much more consistent quality than those that TAU participants were able to get on their own or using other housing programs and services. There were moderate site differences in these findings.

Costs and Service Use

One of the advantages of stable housing for a group who have high levels of chronic mental and physical illness is the possibility of shifting their care from institutions to the community. Community services including visits from the HF service providers and phone contacts increased as intended and, particularly for the high needs group, inpatient and crisis-type service use fell. Most of the service use changes reflect appropriate shifts from crisis services to community services, but for some participants, involvement in the program likely resulted in the identification of unmet needs for more acute or rehabilitative levels of care in the short term. These shifts in service use create cost savings and cost offsets that can be taken into account when making decisions about where to target future programs and how to avoid future cost pressures.

For the 10 per cent of participants with the highest service use costs at the start of the study, HF cost \$19,582 per person per year on average. Receipt of HF services resulted in average reductions of \$42,536 in the cost of services compared to usual care participants. Thus every \$10 invested in HF services resulted in an average savings of \$21.72. The main cost offsets were psychiatric hospital stays, general hospital stays (medical units), home and office visits with community-based providers, jail/prison incarcerations, police contacts, emergency room visits, and stays in crisis housing settings and in single room accommodations with support services. For this group, two costs increased: hospitalization in psychiatric units in general hospitals and stays in psychiatric rehabilitation residential programs.

Quality of Life, Functioning, Mental Health, and Substance Use Outcomes

Living in shelters and on the streets requires that enormous energy be put into basic survival. The circumstances are not conducive to participating in treatment and managing health issues. On average, participants had been homeless in their lifetime for just less than five years when they enrolled in the study, and many had a history of poverty and disadvantage reaching back to early childhood. For some, the road to recovery after housing can be rapid, but for most it is more gradual and setbacks are to be expected. In general, the study documented clear and immediate improvements, followed by more modest continuing ones for the remainder of the study period. Some outcomes, including mental health and substance use problems, improved by a similar amount in both HF and TAU. These improvements may be due to services that can be accessed by both groups, or may represent natural improvement after a period of acute homelessness. However,

gains in participant-reported quality of life and observer-rated community functioning were significantly greater in HF (for both ACT and ICM) than in TAU. These differences were relatively modest, but still represent meaningful improvement in outcomes for HF compared to existing services, and indicate that HF can impact broader outcomes. One Toronto participant described their experience as: *"I am really proud of myself, with a lot of help I was...able to...not really get back to where I used to be, but in a better place."* (Toronto participant)

While the HF groups on average improved more on the major outcomes, the individual responses in both HF (ICM and ACT) and TAU over time were enormously diverse. Across all sites in the qualitative interviews, 61 per cent of the HF participants described a positive life course since the study began, 31 per cent reported a mixed life course, and eight per cent reported a negative life course. In contrast, only 28 per cent of

TAU reported a positive life course, 36 per cent reported a mixed life course, and 36 per cent reported a negative life course. The study generated and consolidated rich information about different sub-populations, diverse responses, and how to successfully adapt the approach.

Housing stability, quality of life, and community functioning outcomes were all more positive for programs that operated most closely to HF standards, including the provision of rent subsidies. HF model standards were measured on 38 items in five domains for 12 programs at two time points in the study (early implementation and one year later). Overall there was strong fidelity to HF standards (with all items rated above 3 on a 4-point scale), and this improved over time (71 per cent in round one and 78 per cent in round two). This indicates that supporting all components of the HF model and investing in training and technical support can pay off in improved outcomes.

"I am really proud of myself, with a lot of help I was... able to...not really get back to where I used to be, but in a better place." (Toronto participant)

CHAPTER 1

INTRODUCTION

After successfully engaging and following more than 2,000 participants in five Canadian cities for two years, the results for the At Home/Chez Soi project, the world's largest trial of Housing First (HF), can now be reported.



This Final Report documents the main findings of the study, funded by Health Canada and implemented by the Mental Health Commission of Canada (MHCC), for the full two years of follow-up. Its key questions include the following:

- **Can HF be implemented in Canada, and can it respond to local and regional contexts and the unique needs of different sub-populations?**
- **What are the characteristics of individuals who participated in the At Home/Chez Soi study?**
- **How has HF affected participants' ability to get housing and stay stably housed, and what are participants' experiences with housing?**
- **What is the impact of HF on health, social, and justice/legal system service use and costs? Does continued investment in HF, as one innovative solution to chronic homelessness, make sense from social and economic perspectives?**
- **How has HF affected participants' quality of life, community functioning, and mental and physical health?**

This report builds on the Interim Report (September 2012), which presented the preliminary results after one year of follow-up. Final Reports are also available for each of the five cities that contain greater detail about local findings and implications for local practice and policy.

Across Canada, up to 200,000 people are homeless annually.

The Policy Issue

Homelessness is a serious public policy concern in Canada and elsewhere. Across Canada, up to 200,000 people are homeless annually¹. Homelessness has a significant impact on individuals, families, and communities in Canada. It takes a toll on people's physical health, mental health, and quality of life. It can significantly reduce a person's life expectancy² and can exacerbate existing mental health problems. It also negatively affects a person's chances to engage in employment and positive family and social relations, and impacts the ability of communities to benefit from the full participation of all citizens. In contrast, access to safe, affordable, secure housing has been shown to improve people's health and wellbeing and reduce stress³.

Homelessness is often the result of a mix of structural factors, and service and system failures, as well as social and individual factors (e.g., a lack of affordable housing and suitable support services, mental health and addictions issues, poverty, stigma and discrimination, violence and trauma).⁴ In addition, certain populations experiencing homelessness (e.g., families, women, seniors, youth, new immigrants, Aboriginal people⁵) have unique needs requiring tailored solutions. Those with mental health issues, who are among all of these populations, are particularly vulnerable to housing instability and homelessness, and can become trapped in a cycle of poverty and poor health. It has been projected that up to 67 per cent of people who were homeless reported having a mental health issue in their lifetime,⁶ which can increase the complexity and duration of their homelessness, resulting in many becoming chronically homeless.⁷

HF

Housing First

=



+



Housing First supports people who are homeless and living with mental illness by combining the immediate provision of permanent housing with wrap-around supports.

Housing First principles:

- 1 Immediate access to housing with no housing readiness conditions
- 2 Consumer choice and self-determination
- 3 Recovery orientation
- 4 Individualized and person-driven supports
- 5 Social and community integration

Housing First

While there are examples of programs across Canada that are helping to end homelessness and improve access to affordable housing, generally, our current response to homelessness relies heavily upon shelters for emergency housing and acute care services, such as emergency room visits, for health care. This is a costly and ineffective way of responding to the issue. In Canada, it is estimated that homelessness costs seven billion dollars each year in health care, justice and social service use.⁸ Housing First (HF) is one of the effective approaches that is being implemented in Canada. It is an evidence-based intervention, originating in New York City (Pathways to Housing), that involves the immediate provision of permanent housing and wrap-around supports to individuals who are experiencing homelessness and living with serious mental illness. The HF approach is grounded in principles of immediate access to housing with no housing readiness conditions, consumer choice and self-determination, recovery orientation (including harm reduction), individualized and person-driven supports, and social and community integration.⁹

Housing First is becoming well-known internationally and it has been implemented in some Canadian cities with positive outcomes; for example, Toronto's Streets to Homes program is a well-established Canadian program based on the HF approach. However, most of the evidence to date on HF has been based on programs in large American cities. Given the differences in health care and social policies between the U.S. and Canada, it is vital that evidence about the HF approach be grounded in the Canadian context. As a result, in 2008, the federal government invested \$110 million for At Home/Chez Soi, a five-year research demonstration project to help understand the potential of HF in Canadian communities.

Drawing from the Canadian-based evidence produced by At Home/Chez Soi to date, the federal government announced, in its 2013 budget, an investment of \$600 million over five years (beginning in 2014) through the Homelessness Partnering Strategy. This investment will support communities to reduce homelessness and facilitate the implementation of the Housing First approach across Canada.

“We have the mental health commission showing us that intensive work with these people helps keep them housed and on track,” the mayor said. “We have a successful model here, and we’re going to keep pressing the government on more investment in this approach.”

Source: Vancouver Sun Gregor Robertson makes mental health Vancouver's new priority. Read more: <http://bit.ly/1jAovg5>

CHAPTER 2

STUDY BACKGROUND AND IMPLEMENTATION OF THE HOUSING FIRST INTERVENTION IN THE **FIVE CITIES**



In this chapter, we describe how the study was implemented, including adaptation of the model to local contexts and the processes used to ensure service quality. The chapter addresses the question: **Can HF be implemented in Canada, and can it respond to local and regional contexts and the unique needs of different sub-populations?**

At Home/Chez Soi Background

To learn more about how to address homelessness for Canadians living with serious mental health issues and the potential of Housing First (HF) in particular, the federal government invested \$110 million in 2008 for a five-year research demonstration project. In response, the Mental Health Commission of Canada (MHCC) and stakeholders in five cities (Vancouver, Winnipeg, Toronto, Montréal and Moncton) implemented a pragmatic randomized controlled field trial of HF (see Appendix A for study design details). The project, called At Home/ Chez Soi, was designed to help identify what works, at what cost, for whom, and in which environments. It compared HF with existing services in each city. The inclusion of two levels of intensity of support services for individuals with high needs (Assertive Community Treatment or ACT) and moderate needs (Intensive Case Management or ICM) was unprecedented. The study also used a standardized model of HF; extensive training, technical assistance, and support was provided; assessments of program fidelity to document the degree of program implementation were conducted; and quality assurance processes were instituted. In addition to the overall study questions, research teams in each of the five cities investigated additional questions of local interest and importance.

The Research Process

In order to provide the strongest evidence for policy decision-making, At Home/Chez Soi used a randomized controlled trial design. This is an optimal research design for measuring the impacts of an intervention, with all other things that could affect outcomes being equal. In the study we collected quantitative data (in the form of numbers and scales) and also extensive qualitative data (in the form of text and stories) to complement and inform the quantitative results. Interviews were conducted with participants at entry to the study and every three months for up to two years.

In addition, information was collected from the programs and from national and provincial administrative data sources for health and justice service use. Results in this report are mostly based on housing stability, service use and costs, community functioning, and quality of life, over the two years of the study as reported by participants and observed by the research team. More detailed and extensive findings are being reported in scientific publications, and further findings, especially those from administrative data sources, will be reported in subsequent publications.

The Intervention -

Housing First and Treatment as Usual

More than 2,000 eligible participants were first grouped into high needs and moderate needs categories, based on mental health and service use history, and then randomized into the applicable ACT or ICM HF intervention group or the associated treatment as usual group (TAU). In addition, each site was offered the opportunity to develop a locally adapted HF intervention (often called the “Third Arm Intervention”), which resulted in some unique team and program structures in each city.

Participants in the intervention group received housing and services based on the HF model, which provides immediate access to permanent housing. Housing was provided through rent subsidies, with participants paying up to 30 per cent of their income towards their rent. Participants had a choice around the housing and supports they needed, with a requirement that participants meet with a member of their support team at least once a week. The majority of the housing was provided through private market rental units, although, where available, participants were also offered a choice of supportive and/or social housing. Individualized, recovery-oriented supportive

services were provided according to two levels of need by ACT (high need) and ICM teams (moderate need).

- The ACT programs were provided by multi-disciplinary teams that included a psychiatrist, nurse, and peer specialist among others. The ACT teams had a staff to participant ratio of 1:10. The ACT teams met daily, and staff was available seven days per week with crisis coverage around the clock.¹⁰
- The ICM programs were provided by teams of case managers who worked with individuals and brokered health and other related services as needed. The staff to participant ratio was initially 1:20 but was later changed to 1:16 because the needs of the moderate needs group were greater than expected. ICM teams held case conferences at least monthly and services were provided seven days a week, 12 hours per day¹¹.

By comparison, the treatment as usual group had access to the existing housing and support services in their communities. In some cities, this included a range of options, with other supportive housing programs and treatment resources available, while in other cities there were fewer options.

Implementing At Home/Chez Soi – Overview of the Five Cities

Lessons from Implementation

In addition to researching the outcomes achieved through HF, we were also interested in documenting and understanding how HF was implemented across the project sites to learn about how it could be adapted within a Canadian context to meet unique local needs. A series of qualitative reports have been released which explore the key lessons from the conception, planning and implementation of the project.¹² The following key elements were identified as being important to implementation of HF locally and nationally:

- having a strong mix of partners and stakeholders engaged in the project;
- understanding the value of having champions and leadership come from unexpected places;
- navigating the complexity of cross-ministerial and cross-departmental government collaboration;
- ensuring there is clarity of purpose and deliverables along with a clear definition of HF and fidelity standards;
- valuing the importance of training and technical assistance.

Understanding Local Variations

At Home/Chez Soi demonstrated that HF can be implemented in Canada and successfully adapted to local contexts. Each of the five At Home/Chez Soi sites operated within a unique local context that influenced both the experience of the TAU group as well as the way the HF intervention was implemented. The following section describes some of these variations in the local contexts.

- **Population Characteristics** – Moncton is the smallest of the five sites, and included a rural pilot study to improve understanding of rural homelessness. Montréal is a larger city that has a diverse population and has a strong history of supporting social housing as its preferred model. Toronto is the largest of the five sites and has the highest population of people who identify as being from an ethnoracial community.¹³ Vancouver is the next largest site and it is characterized by its concentration of people experiencing homelessness in the Downtown East Side community, where serious drug use is highly prevalent. Winnipeg is a moderate-sized city that has a large Aboriginal population, a group that is over-represented within Canada's homeless population.
- **Housing Contexts** – Each site is characterized by varying levels of access to affordable housing, but all sites have many people living in core housing need (defined as housing that is not adequate, suitable or affordable¹⁴). As well, most sites have low vacancy rates and relatively high rental costs that are eroding the affordability of available rental housing (see Appendix B for related details). Most sites also have long waiting lists for access to social housing or other housing options.
- **Service Contexts** – Sites also varied in the levels and types of services and supports available. Moncton had the lowest number of community mental health services available and no ACT teams. In Montréal, Winnipeg, and Vancouver, access to ACT or ICM services was limited; however, there were other shelter, housing, and mental health services available. Of all the sites, Toronto had the greatest availability of mental health services, but even those existing services are considered insufficient to meet the range of service needs in the city.¹⁵

Assessment of Fidelity to the HF Model

The At Home/Chez Soi service teams were offered training and technical assistance to ensure that services were “true” to the program model (also called fidelity) and that core standards were common across all programs. Local adaptations to the program model were also encouraged to meet local needs. All sites received two fidelity visits (at the end of the first year and another near the end of the second year) that reviewed both adherence to the HF model and local adaptations (see Appendix C for details). Although there is some debate on this,¹⁶ adaptations to local context are possible and desirable and can occur without compromising the essential principles or functions of the intervention.¹⁷ This fits with our experience in the At Home/Chez Soi study.

The Pathways HF Fidelity Scale was used to assess program fidelity.¹⁸ Two versions of the Pathways HF Fidelity Scale were developed — one for ACT and one for ICM (provided in Appendix C). Each scale measured 38 items across five domains — housing choice and structure, separation of housing and services, service philosophy, service array, and program structure — all of which are key elements of HF.

Fidelity and Site Program Variations

Overall, At Home/Chez Soi achieved a high level of fidelity to the HF model. There was good consistency of program structure and commitment to core principles. Teams were successful in balancing their local context and needs and aligning those with the HF model. Program variations, i.e., third-arm interventions in each site, are outlined below. Individual site reports are also available on the MHCC's website and provide greater detail about local findings and policy implications.



Vancouver

One hundred participants were provided HF through a congregate site model at the Bosman

Hotel, which is operated by the Portland Hotel Society. Participants had their own room and washroom, and access to individualized on-site health, mental health, and addictions services, including clinical care (nursing care, medication support), social support (groups, programming), and case management. Staff was available 24 hours a day, seven days a week and two meals were provided daily. Findings for those who received the congregate living “third arm” in Vancouver (at the Bosman) are excluded from this report because the program model differed in important ways from the main intervention. Findings for the congregate intervention are outlined in the Vancouver Final Report.



Toronto

The site-specific intervention targeted the needs of people from racialized groups who were

experiencing homelessness and mental illness, and was informed by Anti-Racism/Anti-Oppression (AR/AO) principles. The organization Across Boundaries delivered the program that assisted immigrants and people from racialized groups with housing and clinical supports. In addition, the HF fidelity scale was supplemented with measures of AR/AO principles.



Moncton

Because of smaller numbers, the Moncton site's HF program used an ACT team only. Moncton

also studied the impact of a rural ACT team, which provided housing, services and support for 24 people living in rural southeastern New Brunswick. Prior to joining the program, participants lived either in Special Care Homes, with their families, in rooming houses, or were homeless. The rural arm of the ACT team operated with a participant to staff ratio of approximately 8:1, a common standard for rural ACT services. The rural study findings employed a different study design and those findings are reported separately in the Moncton Final Report.

One goal of the At Home/Chez Soi project was to understand if the HF approach could be implemented in Canadian communities and if adaptations to local contexts were possible. Implementation and fidelity research in the study demonstrated clearly that both are possible. The context and implementation findings noted here provide a foundation for understanding participant outcomes, which are discussed in the following chapters.



Winnipeg

The Aboriginal Health and Wellness Centre offered the Ni-Apin Program as the site-specific intervention.

It was an ICM-based model and included a day program. Ni-Apin delivered HF based on the Medicine Wheel philosophy and Indigenous Framework. Elders were part of the service team and were accessible for individual meetings and for sharing and teachings circles.



Montréal

Some interested participants in Montréal were offered access to the Individualized

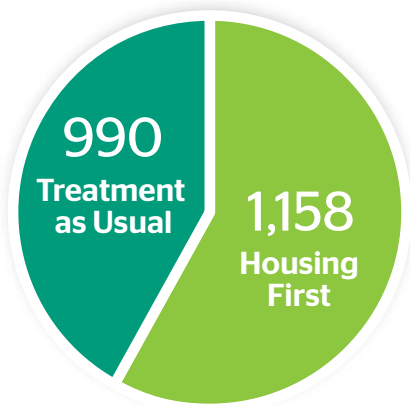
Placement and Support (IPS) model to help them find and maintain competitive employment. Participants were provided with personalized employment supports (e.g., assistance writing résumés, introductions to potential employers, and preparing for job interviews). IPS staff also worked directly with employers to find appropriate job opportunities and to educate them on how to support their new employees.

CHAPTER 3

STUDY PARTICIPANTS

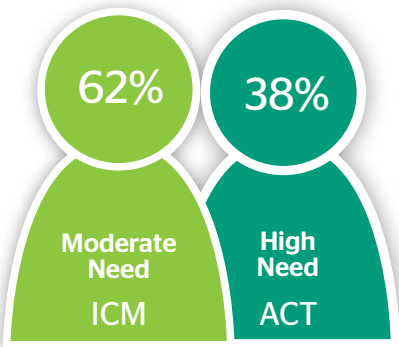
This chapter provides detail for the question: **What are the characteristics of individuals who participated in the At Home/Chez Soi study?**

The Sample



All 2,148 participants were divided into one of two categories.

2,148 individuals were enrolled in the study across all five sites and, of those, 1,158 received the HF intervention and 990 were randomized to TAU. Follow-up rates at 24 months were between 77 and 89 per cent (up to 91 per cent in one site), which are excellent for a vulnerable and often transient population (see Appendix D for a definition of the eligibility criteria,



Levels were determined by the variety of needs of the participants.

and follow-up details). Sixty-two per cent of participants met the definition for moderate needs and 38 per cent for high needs, and, as such, were eligible for ICM or ACT respectively. All findings in this report (unless otherwise noted) are based on these 2,148 participants. In addition, qualitative data were collected for a subsample of participants (219 at baseline and 197 at 18 months), that represented the larger sample.

In the next sections, the sample is described for demographic, homelessness history, health, and social circumstances. Tables that include more detailed information are provided in Appendix E.

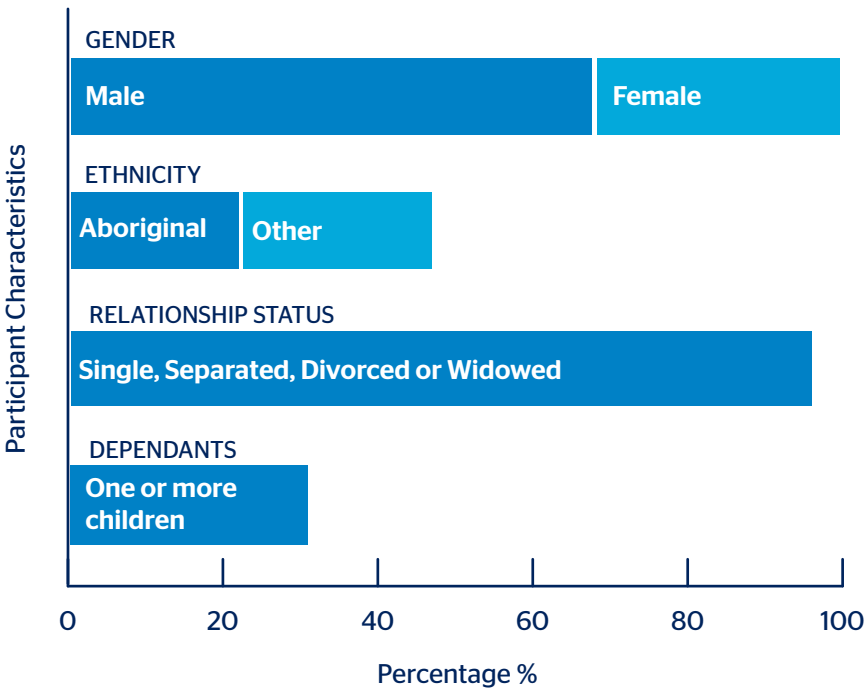
Demographic Characteristics

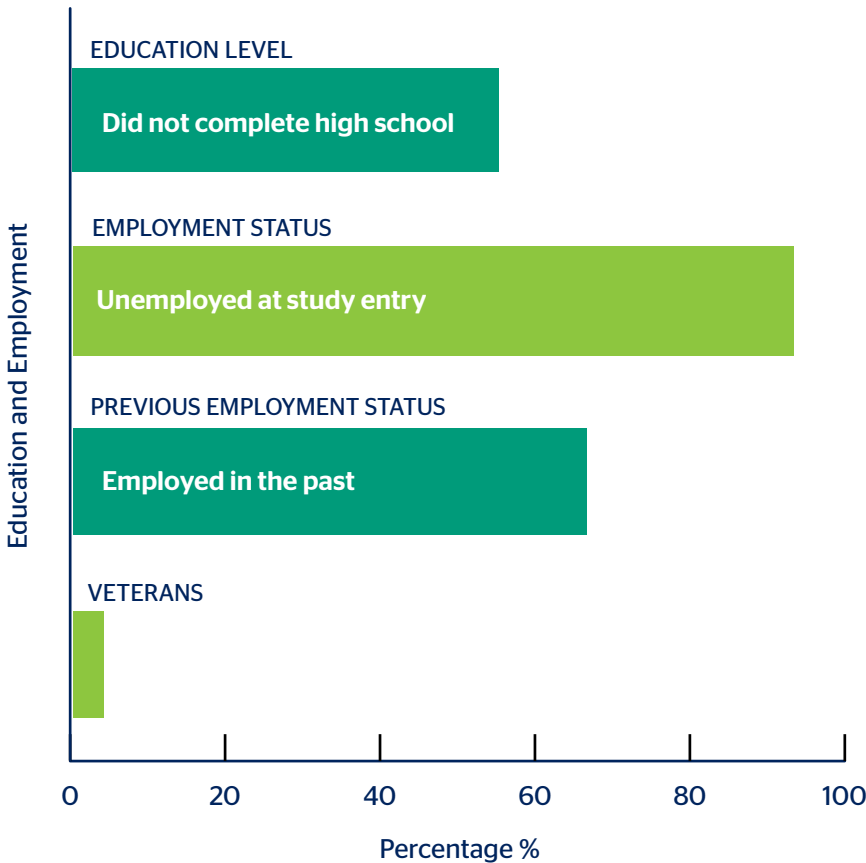
The “typical” participant was a male in his early 40s, but there was enormous diversity in demographic characteristics across the sample. 67 per cent of participants were male, 32 per cent were

AVERAGE LIFETIME HOMELESSNESS

4.8 YEARS

female, and one per cent identified as “other.” Twenty-two per cent of participants identified as being Aboriginal and 25 per cent identified as being from another ethnic group. Participants in the high needs (HN) group tended to be younger, with 39 per cent of participants aged 34 or younger compared to 29 per cent of participants aged 34 or younger in the moderate needs (MN) group. Almost all participants (96 per cent) were single, separated, divorced or widowed. Many





were parents, with 31 per cent reporting having one or more children, though few of these children were living with the participant at the time of study entry.

The findings underscored the fact that participants had and were facing multiple challenges in their lives that contributed to their marginalized status. For example, 55 per cent did not complete high school, and nearly all were living in extreme poverty. The HN group had a greater percentage of participants who did not complete

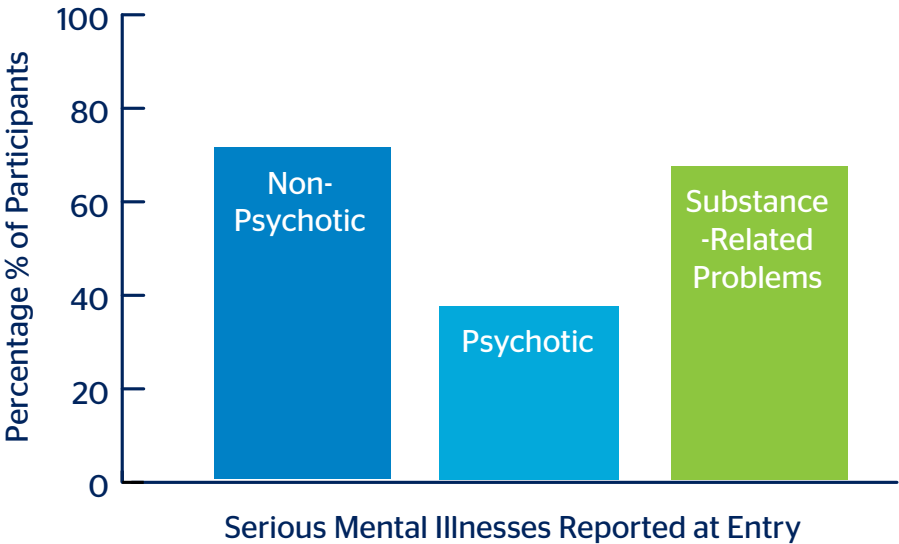
high school (59 per cent). The average income reported for the month prior to study entry was less than \$685 per month, and 15 per cent of participants reported an income of less than \$300 per month. While 93 per cent were unemployed at the time of study entry, more than 66 per cent had worked steadily in the past. A small but important proportion (four per cent) of participants were veterans, having reported wartime service for Canada or an allied country.

Homelessness History

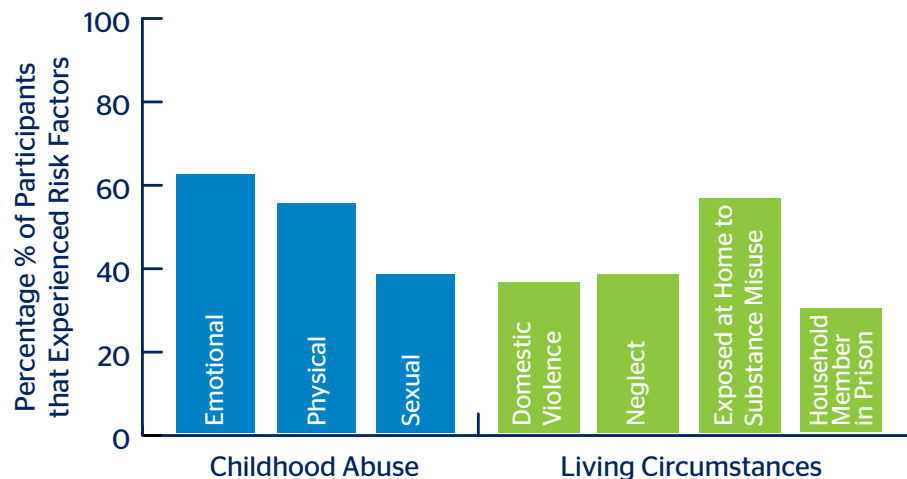
Most study participants were recruited from shelters or the streets, with 82 per cent absolutely homeless and 18 per cent in precarious living situations (refer to Appendix D for definitions of "absolute" and "precarious" homelessness). Many reported histories of ongoing homelessness. The average total time homeless over participants' lifetimes was slightly less than five years. The typical age of first homelessness was 31, but more than 40 per cent reported having their first episode of homelessness before the age of 25. In general, those who were in the HN group were homeless earlier and at a younger age, had a longer average period of homelessness, and had a greater total lifetime homelessness than those who were in the MN group.

Past-Current: Personal, Health, and Social Circumstances

All participants had one or more serious mental illness, in keeping with the eligibility criteria of the study. At entry, participants reported symptoms consistent with the presence of the following mental illnesses: 34 per cent had a psychotic disorder, 71 per cent had a non-psychotic disorder, and 67 per cent reported substance-related problems. A substantial proportion (46 per cent) had more than one non-substance-related mental illness and a majority (73 per cent) had more than one mental illness including a substance-related illness (any of alcohol or drug dependence or use). Also in line with the definition of high versus moderate needs, psychotic



On average, participants reported 4-5 of these adverse childhood experiences, which are risk factors associated with mental illnesses and homelessness.



disorders were more common in HN than MN (52 per cent versus 22 per cent). Moreover, those in HN also reported more substance-related illnesses (73 per cent versus 62 per cent).

Risk factors associated with mental illness and homelessness are reflected in the life histories, recent experiences, and current circumstances of participants. For example, about 62 per cent, 55 per cent, and 38 per cent reported being emotionally, physically or sexually abused in childhood, respectively. Thirty-eight per cent reported "often or very often" not having enough to eat, having to wear dirty clothes, and not being protected. Substantial proportions of participants also reported experiencing domestic violence in the household (36 per cent), living with someone who had substance use problems (57 per cent) or having a household member in jail or prison (31 per cent). On average, participants reported between four and five of these adverse childhood experiences.

Nearly 40 per cent of participants reported having learning problems in school. This percentage was higher in those in the HN group (45 per cent versus 39 per cent in MN). Sixty-six per cent had a history of one

or more traumatic head injuries involving unconsciousness. More than 90 per cent of participants reported at least one chronic physical health problem. Common serious physical health conditions included asthma (24 per cent), hepatitis C (20 per cent), chronic bronchitis/emphysema (18 per cent), epilepsy/seizures (10 per cent), diabetes (nine per cent), and heart disease (seven per cent). Thirty-seven per cent of participants had two or more annual hospital admissions for a mental illness in one or more of the five years before study enrolment. These figures were higher in the HN group compared to the MN group (54 per cent and 24 per cent, respectively).

Over one-third (36 per cent) reported involvement with the criminal justice system in the six months prior to the study, having been arrested, incarcerated or served probation one or more times. The HN group reported more involvement with the justice system than the MN group (43 per cent versus 30 per cent). With respect to the type of legal system involvement, 24 per cent of participants reported being detained or moved along by police, 22 per cent reported being held by police for less than 24 hours, 27 per cent reported being arrested, 30 per cent reported having

had a court appearance, and 11 per cent reported participation in a justice service program in the prior six months. Many participants also experienced victimization in the six months prior to study entry: 32 per cent reported being robbed or threatened to be robbed, 43 per cent reported being threatened with physical assault, and 37 per cent reported being physically assaulted.

While all participants had some degree of disability, nine per cent had high levels, 45 per cent had moderate disability, and 46 per cent had lower levels of disability according to our standard observer-rated community functioning scale (the Multnomah Community Ability Scale – see Appendix A for more information). Participants in the HN group had lower average scores on this scale (54 versus 65), which was expected given that the cut-off score for determining need level was 62. Participants also often lacked basic social support – around half reported having no one to confide in. General distress levels were also high, with 36 per cent reporting symptoms consistent with moderate to high suicide risk. *(Note that there were standard referral processes that were followed in the study if a participant was deemed at risk of suicide.)*

As intended, the At Home/Chez Soi study enrolled a group of the most vulnerable Canadians – all with serious mental health and/or substance-related issues and relatively long-standing homelessness histories. Substantial proportions of the participants had suffered early life trauma and victimization, had hidden cognitive and learning disabilities, and, though a minority, a large group had recent involvement with the justice system. Even so, many have worked steadily in the past, formed families, or served their country in the military.

In the next chapter, we will report on the impact that HF had on our participants with respect to housing.

CHAPTER 4

HOUSING OUTCOMES

The primary objective of HF is to assist a person in finding and staying in permanent housing, and as such, ending chronic homelessness for that person. In this chapter, we report on and discuss the housing outcomes for At Home/Chez Soi participants, and thereby address the primary research question: **How has HF affected participants' ability to get housing and stay stably housed, and what are participants' experiences with housing?**

Over the course of the At Home/Chez Soi study, more than 200 service providers were involved, over 260 landlords and property management companies recruited, and over 1,200 housing units located. This intensive effort had enormous direct impact on the housing circumstances of participants. 1,158 individuals randomly allocated to the HF group received housing and comprehensive supports. The 990 participants who were randomized to TAU had access to the range of treatment and housing services available in their communities. At the time of randomization, those who were randomized to TAU were routinely and actively offered information by study research teams about existing services. The housing (and other) differences reported herein do not represent outcomes of a new service versus no service; instead, they represent the value-added benefit of the HF approach against an array of existing services that participants could access or might be offered.

Housing Stability Outcomes

In terms of housing stability, HF was found to be unequivocally more effective than existing programs accessed by TAU participants for finding housing and staying housed. We examined stable housing (two years after enrolment) in two ways. First, we looked at the last six months of the study, and measured the proportions of people who spent every night in stable housing, who spent at least some of this time in stable housing (See Appendix D), and who were never housed over this period. The results are shown in Figure 1.

As shown, across all cities and both HN and MN groups, in the last six months of the study, 62 per cent of HF participants were housed all of the time, 22 per cent some of the time, and 16 per cent none of the time; whereas 31 per cent of TAU participants were housed all of the time, 23 per cent some of the time, and 46 per cent none of the time. Findings were similar for HN and MN participants. For the HN group, 60 per cent of participants were housed all of the time compared to 29 per cent of TAU; for the MN group, 64 per cent of HF participants were housed all of the time compared to 32 per cent of the TAU group.

The second way we examined housing outcomes was the average percentage of days spent in stable housing for individuals in each group for each three-month period of follow-up. As shown in Figure 2, across all sites and in both HN and MN groups the differences were marked. Over the two years of the study, participants in HF spent an average of 73 per cent of their time in stable housing compared with 32 per cent in TAU. In scientific terms, these differences are considered to be

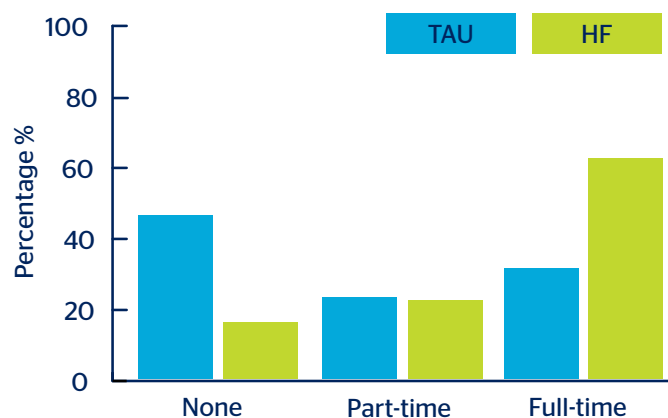


Figure 1. Percentages of participants housed for various periods of time: last six months of the study

highly significant; that is, they are large differences between groups with virtually no likelihood of being due to chance. Specifically, since the study used a randomized design and all other characteristics that could result in stable housing were equivalent between groups except the intervention, the finding can be reasonably and confidently attributed to the intervention.

Patterns were very similar in both treatment groups. In ACT, the average time stably housed was 72 per cent in HF and 33 per cent in TAU. In ICM, it was 72 per cent in HF and 30 per cent in TAU. Housing outcomes were also very similar for

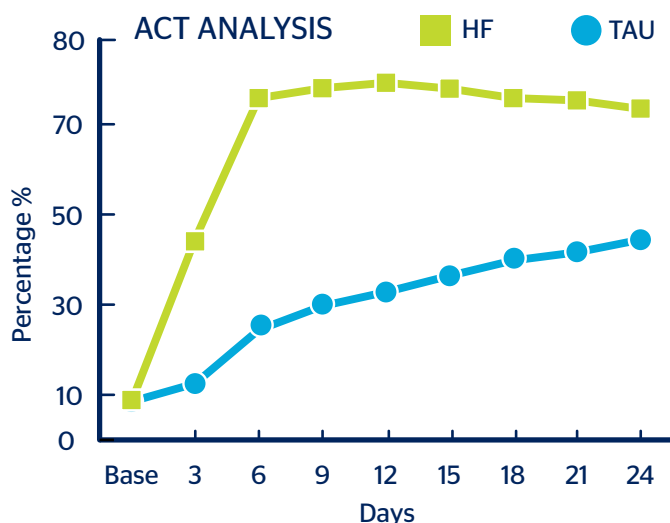


Figure 2. Per cent of follow-up days spent in stable housing by study group over 24 months over three-month periods.

all sites, but there were some minor differences that can be explained in terms of the differences in site samples, housing stock, rental vacancy rates, core housing need (i.e., per cent of housing falling below acceptable standards of adequacy, affordability or suitability) and the degree to which programs were “true” to the model – that is, the quality/fidelity of program delivery. These details are presented in site reports.

The per cent of days housed graph (Figure 2) also illustrates the impact of HF on the dynamic of becoming housed over time. The focus on immediate housing with no preconditions seemed to “jumpstart” housing stability. The most dramatic changes in the HF group occurred in the first six months. While more days spent stably housed are seen over time in the TAU group, these rates did not come close to the HF housing stability rates.

We also examined housing outcomes using qualitative interviews with a subsample of participants from both the HN and MN groups and from all sites. These participants were broadly similar to the wider sample, but had somewhat higher levels of substance use problems and higher incomes at baseline. Their improvement

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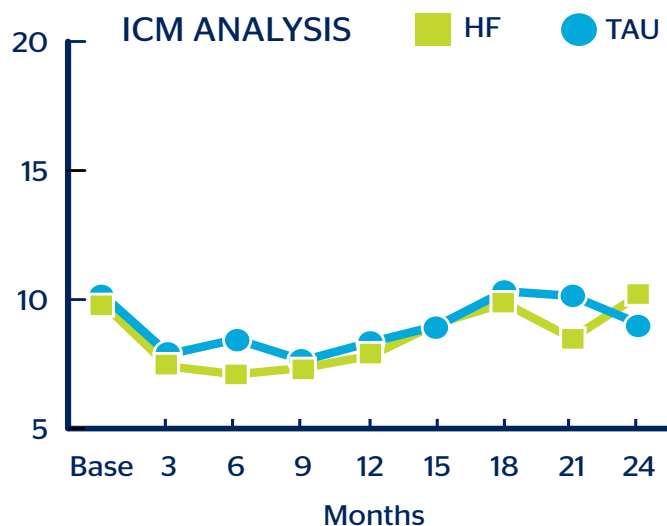
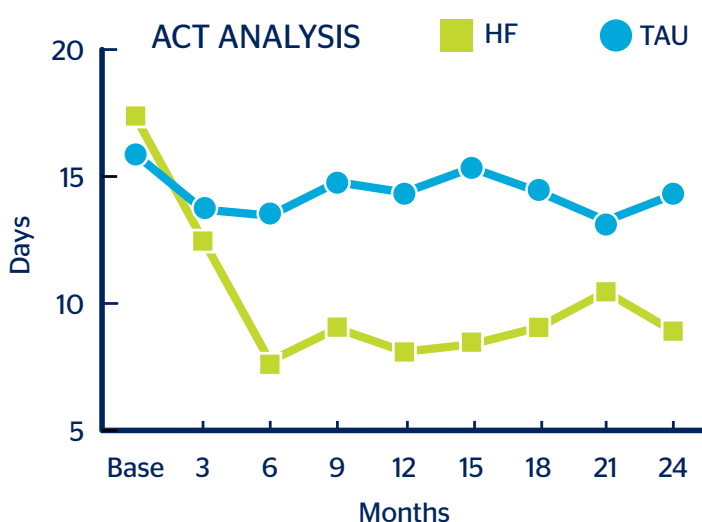
in housing over the course of the study was similar to the full sample, and the group spoke to the impact housing has had in their lives. Many in the HF group spoke of the importance of “having their own place” and described their housing as a safe and secure “base” from which to move forward with their lives. One noted, “*The security is a really big thing. I can just let go and I have no problem just lying down for 12 hours and I don’t have to move or be on guard.*” (Vancouver participant). According to participants, a prominent reason for their housing stability was that housing catalyzed hope that they could “get back on track,” which provided them with the motivation to “do what it takes” to keep their housing and get their lives back. In other words, housing itself was intrinsically motivating to participants, since it inspired people to behave in a way that would maintain their tenancies, and allow them to reclaim their lives. Housed participants from the HF group reported more choice over where they lived, including the choice to live in a place where they felt safe, and in some cases away from previous problematic social circles. Finally, housed participants in the HF group often expressed a feeling of stability and permanence. In contrast, TAU participants who were able to obtain housing often reported less choice over where they lived, and a lesser sense of safety.

Differences in Types of Shelter

While stable housing was the most important outcome we examined, we also looked at patterns in various types of shelter used over time and by study group. Over the course of the study, people in TAU spent about 33 per cent of their time in temporary housing, 16 per cent in emergency shelters, 11 per cent in institutions, and eight per cent living on the street. Participants in HF spent less time in each of these settings: 12 per cent in temporary housing, six per cent in shelters, nine per cent in institutions, and three per cent on the street.

Use of various types of shelter is where the picture for HN and MN participants begins to vary in ways that are consistent with their pre-study service use and levels of need. For example, we see both more use and more of a contrast between intervention and TAU groups in time spent in institutions (including hospitals, prisons,

Figure 3. Days in institutions by study group and type of program.



jails, and addiction treatment facilities) within the HN participants served by ACT and somewhat greater prior use and contrast for MN participants served by ICM with shelter days. These service use differences by program have implications for the economic analyses, as we will see later in Chapter 6.

Housing Quality

The physical quality of participants' housing was measured systematically using a rating scale developed and standardized for the study. Ratings were made by two trained members of field research teams in a random sample of 205 HF and 229 TAU residences that were of a type that could be occupied on a long-term basis. The housing quality scores for HF residences (unit and building combined) were found to be of greater quality and much more consistent quality for those housed for at least two months on average across sites (which held for four of five sites). Additional detail is provided in site reports. Good housing quality (that is, residing in a good neighbourhood, where there was a good "fit") was also found to be a contributor to housing stability in the qualitative analysis.

Participants with Additional or Other Needs

In general, despite the fact that participants had diverse ethnocultural and demographic backgrounds and different circumstances, HF participants were able to achieve housing stability. For example, HF worked about equally well among men and women, and was particularly effective among older participants; younger participants were slightly less likely to remain in stable housing. Moreover, those with substance use problems at baseline maintained stable housing to a similar degree as the overall sample.

However, even though the majority of HF participants became stably housed, housing stability was not achieved for a small group (13 per cent). This group was found to have longer lifetime histories of homelessness, to be less likely to have completed high school, to report a stronger sense of belonging to their street social

...those with substance use problems at baseline maintained stable housing to a similar degree as the overall sample.

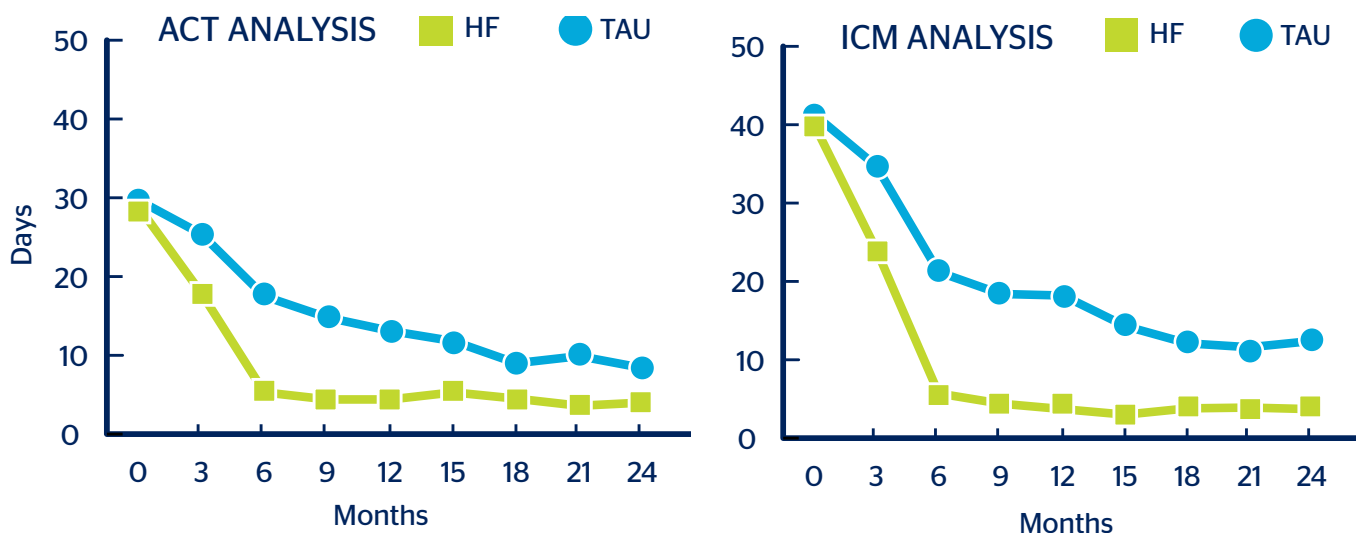
network/better quality of life while homeless, and to present with more serious mental health conditions.

In particular, participants who did not achieve housing stability in the first year reported having been homeless for 8.75 years over their lifetime compared to 5.70 years for those participants achieving housing stability. Almost two-thirds (66 per cent) of participants in the non-stable housing group had not completed high school compared to 55 per cent of participants who achieved stable housing in the first year.

Individuals identified in the unstable housing group also indicated knowing more people and having more contact with them, as well as reporting higher levels of satisfaction with their circumstances than individuals achieving stable housing in the first year. A possible explanation for these differences is that individuals in the unstable housing group had more difficulty detaching themselves from their social networks, which were made up of other individuals who are homeless or unstably housed.

As well, individuals in the unstable housing group were more likely to be assessed as having a psychotic disorder (45 per cent) and less likely to be assessed as having a panic disorder (24 per cent) or post-traumatic stress disorder (31 per cent). This is compared to individuals in the stable housing group who were assessed with a psychotic disorder (35 per cent), panic disorder (15 per cent), or post-traumatic disorder (20 per cent). However, this group was similar to those who achieved stable housing in many other ways. Notably, there were no differences in terms of gender, ethnic origin, diagnosis of depression, substance use, arrests, contact or detention by police, or

Figure 4. Days in emergency shelters by study group and type of program.



community functioning. This underscores the importance of considering need on an individual basis and the complexity of trying to predict the subgroup of individuals who will encounter continued housing instability while receiving HF services.

Some alternative approaches to addressing the unique housing needs of these participants were piloted during the course of the study. For example, in Moncton, peer-staffed congregate housing was found to be necessary for some of those who had additional needs and were not doing well in independent apartments despite several relocations. Another approach in

Winnipeg involved the use of transitional apartments on one floor of a secure residential apartment building for those who had to learn how to prevent unwanted guests from intruding and creating difficulties with neighbours and for the tenant. This confirms that further adaptations of the model are warranted and feasible. The adaptations of the HF approach in Winnipeg and Moncton showed this responsiveness to need while still maintaining a high level of the fidelity to the main domains of the HF model (e.g., housing choice and structure, separation of housing and clinical services). More detail is provided in site reports.

HF in its classic format is not a panacea – a small number of individuals' mental health and medical needs, and/or level of functioning are such that they are best served in living arrangements where a more intense level of support and more structure can be provided.



Over 260 landlords and property management companies were involved.

Landlord Engagement

The HF approach is unique among housing interventions in that units are sought from, in most cases, private sector landlords. Feasibility and effectiveness of the model depends on the ability to engage landlords and respond to their concerns. Over the course of the study, over 260 landlords and property management companies participated in the study, which is quite remarkable given the vacancy rates and the flexibility landlords generally have in terms of tenant choice. Only a minority opted to leave the program. Qualitative data about their experiences was collected from 57 landlords. We found that across sites, these landlords relayed positive relationships with the At Home/ Chez Soi housing and clinical teams, as well as positive relationships with tenants. In Moncton, landlords stated that program tenants were, in many instances, as good as or better than other tenants. Landlords in Vancouver had positive experiences with the “fit” of tenants in their buildings, and landlords in Winnipeg talked about having good relationships with the housing team despite considerable tenancy challenges. The takeover of apartments by former acquaintances, who then engaged in drug and alcohol related activities that were disruptive for the tenant and neighbours and damaged the property, is an example of a tenancy challenge that support staff and landlords had to manage. Much was learned about how to work in partnership with landlords and these learnings are outlined in the forthcoming Housing First Toolkit.

In summary, the At Home/Chez Soi study has demonstrated substantially improved housing stability for participants across all five cities and in both program types, compared to those receiving existing housing and mental health services. The quality of housing was similar or better than that of individuals in the TAU group that found housing. More is now known about the small proportion of intervention participants for whom housing stability did not ensue, and several adaptations to address their needs were explored. The majority of recruited landlords stayed involved with the programs, and while there were housing challenges, their experiences on the whole seemed to be positive.

CHAPTER 5

SERVICE USE AND COST OUTCOMES

One of the advantages of stable housing for a group who have high levels of chronic mental and physical illness is the possibility of shifting their care from institutions and crisis-related services to more appropriate planned visits and regular follow-up with community-based services. In this chapter, we examine the research questions: **What is the impact of HF on health, social, and justice/legal system service use and costs? Does continued investment in HF, as one innovative solution to chronic homelessness, make sense from social and economic perspectives?**

At each interview, HF and TAU participants were asked standard questions about all the types of health, social, and justice services they had accessed in the previous time period. Since these findings are not the main outcomes of the study and have not been formally tested statistically, and self-report information might be inaccurate due to imperfect recall, the findings reported in this chapter are a first round. They will be complemented by additional analyses currently underway to examine the service use differences in greater detail, including the use of administrative data received directly from health and justice service providers in each province.

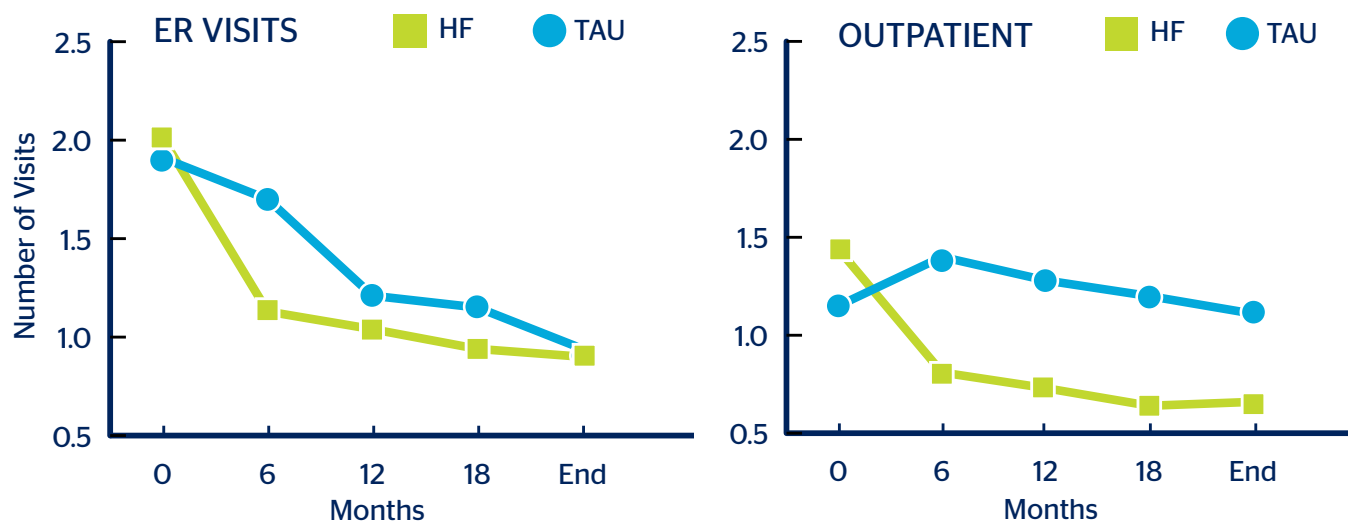
Health Service Use

In Chapter 4, we noted substantial reductions in overnight stays in shelters and institutions (hospitals, prisons, jails, and addiction treatment facilities). We also found some encouraging patterns in

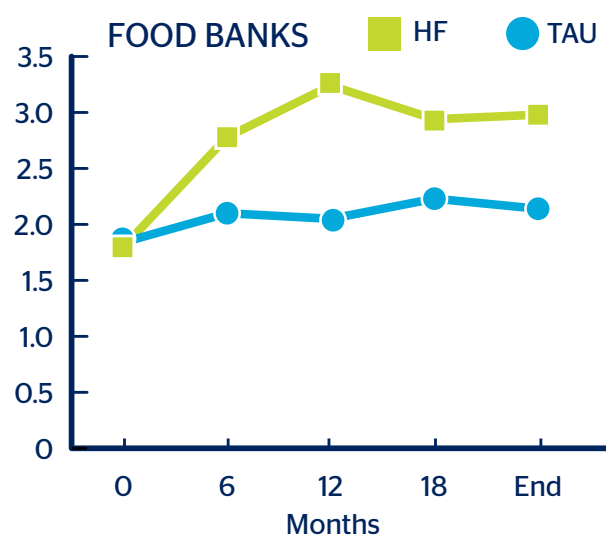
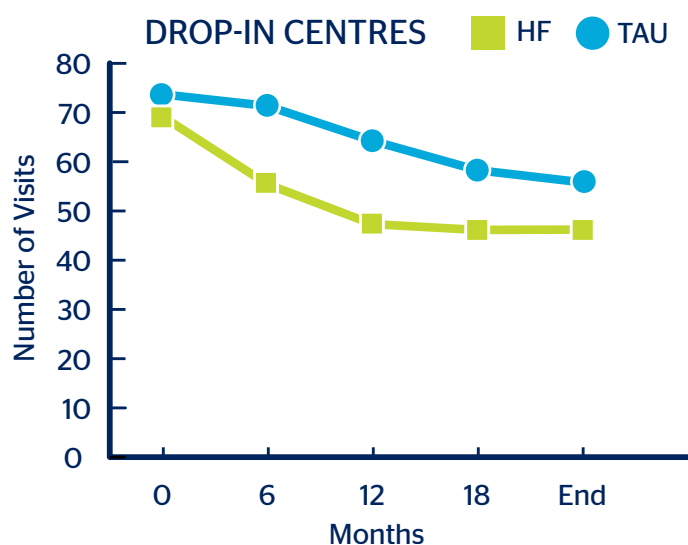
the types of health and social services used, which are illustrated for both need groups in the following four graphs. Both HF and TAU groups reported declines in emergency room (ER) visits (Figure 5) with lower levels among HF participants over the course of the study. This difference was mostly attributable to the MN group in relation to TAU. HF participants also had lower levels of visits to hospitals for outpatient care (these included day hospital visits but not visits for laboratory or diagnostic tests) shown in Figure 6. Differences in outpatient visits were very large for HN participants and moderate for MN participants.

Lower use of drop-in centres for meals and other services needed by participants was also noted for the HF group (Figure 7); however, the use of food banks appeared to be higher for both HN and MN participants (Figure 8). This is not surprising, given that many food banks require a fixed address in order to provide a hamper. Also, housed individuals were able to store food and

Figures 5 and 6. Shifts away from ER services and outpatient visits.



Figures 7 and 8. Differences in drop-in centre and food bank use



prepare meals. Across sites, many HF participants found that having stable housing (and, for many, associated financial stability) was paramount to improving their eating patterns, since they could finally purchase and store food and supplies for themselves.

Given that community-based service delivery by providers (e.g. in-person visits and phone calls) was an intentional and essential part of the intervention, we expected to find greater frequencies of these events in the HF group relative to TAU, and that is what was found. The details of these service patterns are not provided here, but they are included in the comprehensive economic analysis in the next section.

In this chapter, the findings presented are based on self-reported health service use. Because self reports and administrative records do not always paint the same picture, we have made initial comparisons between HF and TAU groups regarding the similarity of information collected from these two sources for three sites (Winnipeg, Montréal and Vancouver).^{*} In these analyses, we examined days in hospital, emergency room visits, and ambulance trips.

Although the number of events reported by participants was often lower or higher than the number of events in administrative records, there do not appear to be any important differences between the HF and TAU groups in these reporting differences over the study period and across these three sites. This means that we can have confidence that the comparisons between groups in the self-report data are reasonably valid. More analysis on health service use outcomes based on administrative data is in progress and will be reported separately in 2014.

Justice Service Use

Over the complete follow-up period, contact with the justice system was common for both the HF and TAU groups. During this period, the majority (89 per cent) had at least one interaction with police officers, which could involve help-seeking, information requests or criminal activity. Around one third of participants were actually arrested during the study timeframe. Both HF and TAU groups reported substantial declines in their contacts with justice services (police, security services, courts, and other justice services), with no significant difference between the groups. When reasons for arrests were investigated, however, HF participants reported fewer arrests for public nuisance offences and drug-related offences over time, whereas TAU participants reported no such decline. This is consistent with the increase in residential stability for HF participants, who might then be less likely to be arrested for engaging in activities meeting basic needs, such as sleeping in public spaces or washing in public bathrooms.

There are several possible reasons for the small effect of HF on study participants regarding justice contacts. First, justice-involved individuals with mental illness are not a homogeneous group. In fact, there are distinct subgroups. HF, as implemented, did not specifically target criminal justice involvement; there may be benefit in further adaptations to suit the specific needs of legally involved participants. Second, criminal justice involvement is complex and a proportion of service events (e.g., court appearances) may be attributable to criminal behaviour that occurred several months or even years before the study began. For example, we noted that some participants were arrested because of warrants for offences that occurred in the past. A two-year follow-up period might not be sufficient to show

^{*}Members of the validation analysis committee are acknowledged for this work, and can be contacted for further details. They are Mark Smith, Carol Adair, Brianna Kopp, Laurence Katz, Daniel Rabouin, Julian Somers, Akim Moniruzzaman, Angela Ly, Guido Powell, and Jimmy Bourque.

the downstream effects of housing stability on justice system involvement. Finally, data thus far is limited to self-report; a team of study investigators is currently in the process of accessing and analyzing administrative data from courts, police services, corrections, and forensic services across the country, and more definitive findings will be provided subsequently.

Cost Analysis

As noted earlier in this report, the HF intervention had important effects on the types of services that participants used: fewer nights in shelters, fewer ER visits, greater use of food banks, etc. By housing participants, HF obviously has a direct impact on emergency shelter use. HF also has indirect effects on the use of other services. Being housed, with their own kitchen, yet with low incomes, HF participants would be expected to make greater use of food banks. A person who is more stable and better cared for is less likely to need to go to an ER, but regular contact with a consistent clinical team may also lead to appropriate receipt of health care, for example, which might not happen if they were still homeless. In addition, the HF clinical teams may help participants access welfare or disability benefits. Being housed and benefiting from the regular, holistic care that HF teams offer may also ultimately result in HF participants increasing their participation in the labour force, reducing their need for public support.

At the same time, the HF intervention itself is costly: \$22,257 per person per year on average for HN/ACT participants and \$14,177 per person per year for MN/ICM participants. These costs include salaries of all front-line staff and their supervisors, additional program expenses such as travel, rent, utilities, etc., and rent supplements. The intervention for HN participants is more costly because, while an ICM team, as implemented in At Home/Chez Soi, includes one case manager for at least every 16 participants, the ACT team includes one service provider for every 10 participants.

It is then natural to ask how overall costs, including those of the intervention, as well as those of resources such as shelters, change when a person starts to receive HF services. To address this question, we took into account, in a comprehensive way, the costs of the HF intervention, as well as those of other social, health and

Thus, every \$10 invested in HF services resulted in an average reduction in costs of other services of \$9.60 for HN participants and \$3.42 for MN participants.

justice services, such as shelters, drop-in centres, physician visits, and police arrests, welfare and disability income, and any offsetting employment income.

As illustrated in Figures 9 and 10, by comparing the costs of services incurred by HF participants with TAU participants over the two-year period following participant study entry, and by taking into account differences in costs that existed between the groups at baseline, we estimate that receipt of HF services for HN participants resulted in average reductions of \$21,375 in the cost of other services being used by this group. For MN participants receiving HF services, we found an average reduction of \$4,849 in the cost of other services being used. Thus, every \$10 invested in HF services resulted in an average reduction in costs of other services of \$9.60 for HN participants and \$3.42 for MN participants.

TAU participants also experienced reductions in costs after study entry. This is similar to the findings for housing stability (Chapter 4), community functioning and quality of life (Chapter 6). Participants were recruited to the study at a time when most were in crisis; and, most TAU participants also accessed services, so a natural reduction in severity of circumstances is to be expected.

While costs went down for both groups, the reduction in the costs of services other than the intervention itself was greater for the HF groups. Total costs avoided arise from a combination of decreased costs for some types of service use (cost offsets), and, to a much smaller extent, increased costs for others. These offsets, along with one significant increase, are illustrated in Figures 11 and 12. For HN participants, the greatest cost offset is an estimated reduction

Figure 9. Annualized average costs per person for HN participants, by experimental group, baseline vs experimental study period.

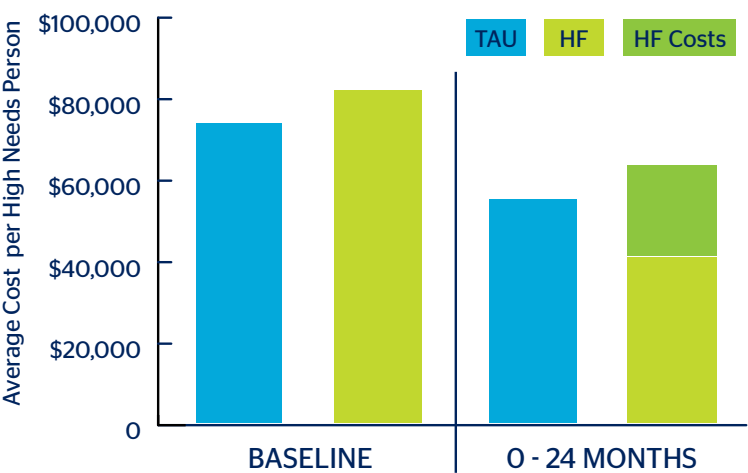
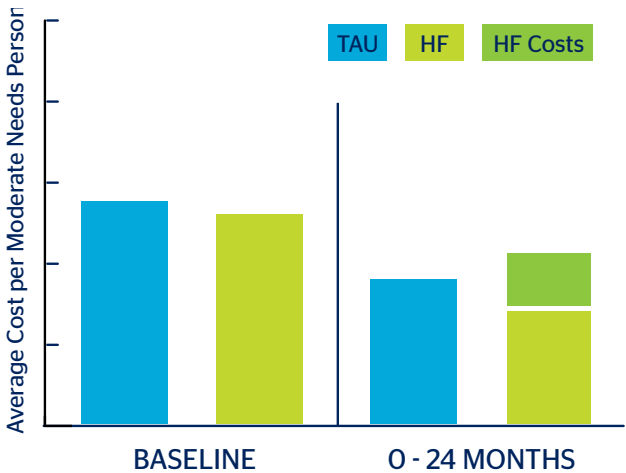


Figure 10. Annualized average costs per person for MN participants, by experimental group, baseline vs experimental study period.



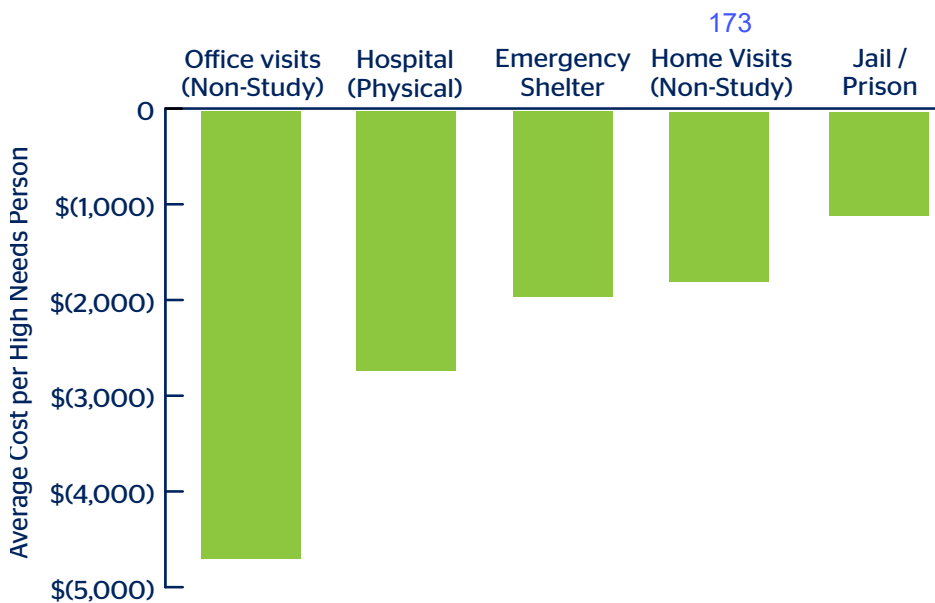


Figure 11. Annualized average cost offsets per person for HN participants.

of about \$4,700 in the costs of non-study office visits (not including hospital outpatient clinics but including visits to doctors in their own office, and visits to community clinics). The costs of the HF intervention, have thus partially replaced the costs of such services that participants normally receive. For MN participants receiving HF, in contrast, this type of cost increases, on average, by slightly more than \$1,000 per participant per year. Because ICM teams do not include any medical personnel, this result suggests that case managers on ICM teams facilitated access to such services. In fact, this is consistent with the role of case managers who provide ICM and assist individuals with access to needed services.

As shown, cost offsets are much greater for HN participants, even considering the cost of the intervention. This pattern was consistent across the sites (more detail is available in site reports). We attribute this finding to greater opportunities for changing costly service use patterns in HN participants, given their higher service use levels at study entry.

This finding suggests that, if services were focused on participants who cost the most at baseline, the cost offsets would be even greater, and might even exceed the cost of the intervention. We identified the 10 per cent of participants who cost the most at baseline (i.e., in the year prior to entering the study). It is important to note that 67

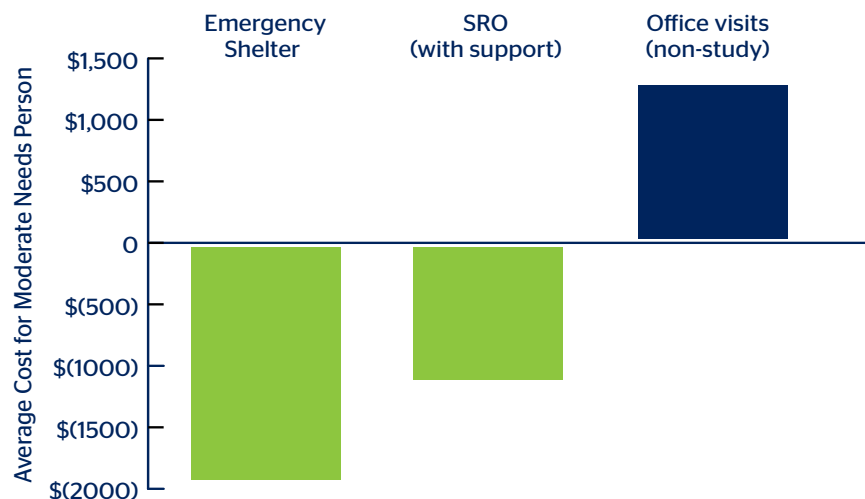
per cent of this high service use group was made up of HN participants and 33 per cent was MN. This group was similar to the full sample in many ways – 55 per cent were between 35 and 54 years old, 65 per cent were male, 47 per cent had less than a high school education, and their income and prior employment status are similar, yet a smaller proportion of this group is Aboriginal. In terms of homelessness history, they were more likely to be absolutely homeless at study enrolment but did not have as long a period of homelessness as the rest of the sample. They were more likely to have

a psychotic disorder, and a history of more hospitalizations, but lower suicide risk. When they were recruited, these participants had been incurring costs on average at a rate of about \$225,000 per year per person. In this top 10 per cent, both HF and TAU groups experienced a very large reduction in costs during study follow-up, but the reduction was clearly greater for the HF group. In fact, the reduction is more than twice as great as the cost of the intervention itself: for this group of participants, every \$10 invested in an HF intervention resulted in \$21.72 in avoided costs.

The total costs offset for this group, along with one significant increase, are illustrated in Figure 14. The most significant cost offset is psychiatric hospitalizations: the HF intervention is able to prevent subsequent psychiatric hospitalizations to a much greater extent than usual services. This is not surprising, as many studies have shown that ACT teams, in particular, are consistently effective at reducing both numbers of admissions and length of stay for people who tend to spend a considerable amount of time in psychiatric wards.¹⁹ At the same time, this high cost group tended to have more stays in psychiatric residential facilities.

Overall, from a cost perspective, HF services have substituted for other services, notably hospitalizations, emergency shelters, jail/prison, and home or office visits to different providers. On average, the intervention comes close to paying for itself among

Figure 12. Annualized average cost offsets and increases per person for MN participants.



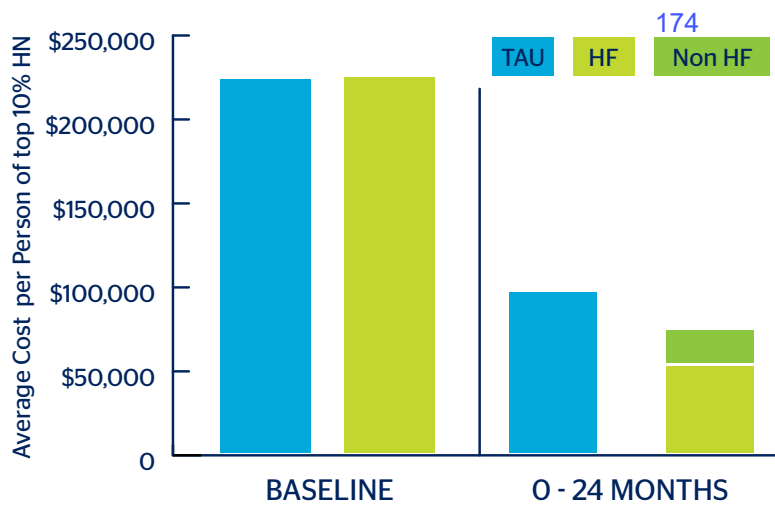


Figure 13. Comparison of TAU group and HF group cost offsets on annualized average costs per person for 10 per cent of participants with highest costs at baseline.

HN participants, but the cost offsets are more modest for MN participants. That the intervention does not more than pay for itself, on average, should not be surprising as people were recruited to the study on the basis of need, not on the basis of how costly they were. As a result, some of the people recruited were highly marginalized and were not accessing shelters and other services at study entry. The analysis of the effects of the intervention for the most costly 10 per cent of participants at baseline indicates that targeting HF services at high

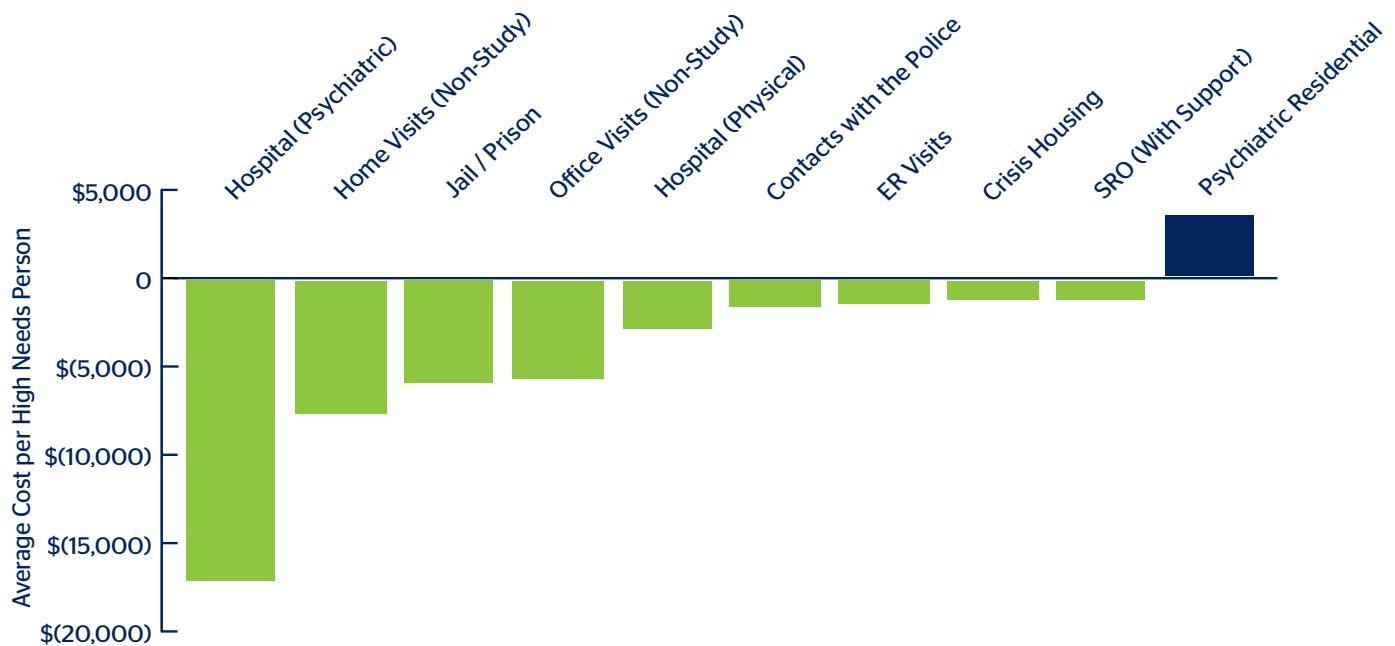
cost users could easily pay for itself, but would miss meeting the needs of these other vulnerable participants.

It should be noted that “paying for itself” in this context does not mean that a government that paid for HF services would see a corresponding reduction in its expenditures on other services. There are at least three reasons for this. First, if HF prevents an individual from being hospitalized, for example, the hospital bed that this person does not occupy will almost inevitably, be filled by another

patient, and the hospital may see no difference in its expenditures. Nonetheless, a costly resource has been freed, which benefits another patient; the gap between available supply and demand has been decreased slightly. Second, we estimated unit costs taking into account not only the portion of costs borne by governments, but also those covered by private donations and even some volunteering, particularly for homeless shelters. Thus, the reduction in use of shelters may partly benefit government funders, and partly private donors and volunteers. Third, while the great majority of the avoided costs benefit provincial governments (often different ministries, such as justice and health, within a provincial government), some benefit municipal governments and the federal government (e.g., federal penitentiaries). Even so, real cost reductions in some types of service use, such as shelters, are probably achievable and allow for reallocation if HF is part of a comprehensive homelessness strategy.

Finally, the duration of our study was only two years. We do not know whether a longer follow-up period would have increased or decreased the magnitude of cost offsets, for a given group of participants. However, some of our results suggest that the cost offsets would increase over time. Detailed analysis of

Figure 14. Annualized average cost offsets and increases per person for the 10 per cent of participants with highest costs at baseline.



the qualitative interviews in particular indicates that the lives of participants receiving HF services were, for the most part, improving. As their lives become more ordered, many may need less intensive clinical supports. Some may become able to re-integrate into the labour force and, as such, not only no longer need welfare or disability benefits, but also contribute to the economy through their work. Their physical and mental health may stabilize. Longer-term follow-up of the participants would provide valuable information in terms

of costs as well as of other outcomes, and each site is currently undertaking a four-year follow-up with results to be reported in peer reviewed publications.

In summary, using information reported by participants, we found some very substantial differences in patterns of some types of service use. The overall picture is that the HF intervention (for both need groups) produces more appropriate community-based service use and better responsiveness to the needs of participants, all of whom were experiencing homelessness and living with

mental illness, most had chronic physical health conditions, a substantial proportion had substance-related problems, and many had underlying cognitive and learning disabilities at the beginning of the study. These service use changes translated into some very promising patterns of cost shifts, with most cost offsets seen for higher need participants and a subgroup with the highest service use costs at study entry.

CHAPTER 6

SOCIAL AND HEALTH OUTCOMES

At the time of enrolment into the study, the average At Home/Chez Soi participant had experienced homelessness for a total of about five years, and most had an even longer history of social and physical disadvantage – often reaching back to early childhood. Street and shelter life is harsh, and most activities of daily living are centred on basic survival: finding food, shelter, and places to rest; avoiding harassment and victimization; and, for some, seeking and using substances as a way to cope. These circumstances are not conducive to participating in treatment for mental health or addictions issues, or to managing physical health problems. For some, improvement after becoming stably housed can be rapid. For most, however, recovery is gradual, and often halting. In this chapter, we report findings for the research question: **How has HF affected participants' quality of life, community functioning, and mental and physical health?**

Quality of Life and Community Functioning

To measure quality of life, we used the Quality of Life Index (QOLI 20), which is based on participant self-report. To measure community functioning, we used the Multnomah Community Ability Scale (MCAS), which is based on observation by a research assistant (more details of the methods for this chapter can be found in Appendix A).

Based on these scales, improvements in community functioning and quality of life were somewhat greater in HF than in TAU for the total cross-site group. The study documented immediate increases in both, followed by more gradual continuing improvements (as shown in Figures 15 and 16). TAU participants also improved, but did not achieve the levels of functioning or

quality of life that the HF group did. While encouraging, these differences are not as large as the differences in housing stability, but they were examined using statistical tests and can be considered due to the intervention and not a chance occurrence.

The largest treatment effect on functioning was on the "behaviour" scale of the MCAS, which includes items on cooperation with treatment providers (including medication compliance), substance use, and impulse control. Participants' ability and willingness to interact with others, as measured by the "social skills" scale, also improved more in the HF group. The intervention also seemed to improve life skills like money management, independence, and acceptance of illness (the "adaptation"

subscale), but only in the ICM group.

For this subscale, we saw no difference between TAU and HF among the people receiving ACT. There was also no evidence that the intervention improved interviewer-rated mental or physical health items on the MCAS; there were improvements in this area, but they were the same in HF and TAU. Men tended to have more improvement on the MCAS compared to women, but the MCAS scores for women in both TAU and HF were very similar, resulting in little treatment effect. We also found that participants in their 40s and 50s had a bit more improvement in MCAS scores than younger participants.

The intervention improved participants' reported quality of life. The biggest

Figure 15. Differences between HF and TAU in Community Functioning over the Study Period.

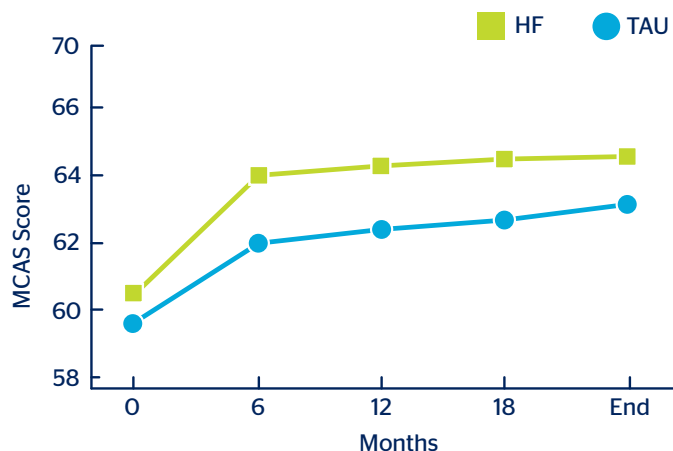
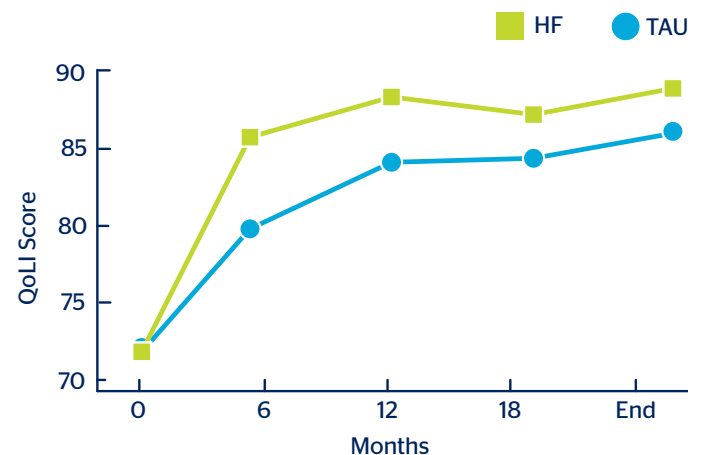


Figure 16. Differences between HF and TAU in Quality of Life over the Study Period.



change was, unsurprisingly, in the “living” subscale, which asks about satisfaction with their homes and neighbourhoods. We also saw smaller group differences in perceived safety and in satisfaction with finances, which may also be directly related to the provision of housing. There were fewer signs that the intervention improved participants’ satisfaction with their social lives or relationships with family; as elsewhere, these things did improve, but they improved by about the same amount in HF and TAU. In general, the effects of the intervention were slightly larger among the MN group than the HN group. This was especially true for the items on leisure activities and perceived safety. Some variation in quality of life and community functioning outcomes is seen for specific programs in specific sites and is further elaborated in the site reports. We did not find differences in quality of life by sex or age.

In summary, although generally both HF and TAU groups improved in these measures, the HF groups improved more and more quickly than TAU groups on measures of quality of life (by the participants’ own reports) and community functioning (by observer’s ratings).

The qualitative research allowed participants to tell us, in their own words, what was happening in the same areas measured by the scales. In general, this qualitative information showed that the quality of participants’ daily lives changed from being survival-oriented to being “more secure,” “peaceful,” and “less stuck,” which enabled them to move forward in their lives. At baseline, participants tended to describe their daily lives using phrases such as “killing time” and “shuffling around.” After becoming housed, they talked about more meaningful activities (e.g., “establishing a nice routine” and “doing things that matter”). As one Toronto participant stated: *“I am really proud of myself, with a lot of help I was...able to...not really get back to where I used to be, but in a better place.”*

After becoming housed, they talked about more meaningful activities (e.g., “establishing a nice routine” and “doing things that matter”)

Getting people into housing represents an important success, however, and we were able to show that it does produce real improvements in community functioning and quality of life. We hope that sustained improvements in mental health and substance use will follow.

Health and Substance-Related Outcomes

We saw improvements in participants’ mental health and substance-related problems (based on the Colorado Symptom Index [CSI] for mental health and the Global Assessment of Individual Needs Substance Problem Scale [GAIN SPS] [see Appendix A]), but these changes were similar among participants in all groups. The intervention itself did not seem to hasten improvements in these areas over the two years of the study. On the other hand, placing people in housing with no readiness requirements did not put them at higher risk and their outcomes were as good as those of the usual care system.

There are several possible reasons we did not find greater improvements in these areas. From other research, we know that many of these illnesses can be lifelong. Recovery from these illnesses often involves improvement in symptoms, but it also requires learning to manage those symptoms in healthy ways. This allows people, ultimately, to reclaim important social roles (neighbour, family member, friend, coworker). Housing and services provide the minimum prerequisite for this kind of recovery, but they do not guarantee that it will immediately follow. For many people, it is a very long process. For most participants, symptoms were uncontrolled for many years; two years of housing (less, in most cases, as it took time to locate apartments and move

people in) and contact with care providers may simply have begun the process. Getting people into housing represents an important success, however, and we were able to show that it does produce real improvements in community functioning and quality of life. We hope that sustained improvements in mental health and substance use will follow.

For most outcomes, we also saw improvements in the TAU group. This was expected. Before they entered the study, many participants had better and worse periods — times when they were absolutely homeless and in desperate circumstances, and others when they had somewhere to stay and were able to function reasonably well. Most participants were recruited to the study in one of their crisis periods. As a result, we expected to see improvements, on average, simply because many people would naturally move from the current emergency to a somewhat better state. Statisticians call this “regression to the mean,” and it is one of the reasons why it was important to conduct a randomized controlled trial: if we randomly decide who gets Housing First, and compare those people to a group who don’t, then we can be fairly sure that any differences that emerge between the two groups are due to the intervention we provided. If we had no one to compare the HF participants to, we would probably end up overestimating the program’s effectiveness.

Measures of physical health remained about the same in both groups over the course of the study. While access to physical health care may have been improved by housing and contact with service teams, it was generally not provided directly, and many participants were already regular users of emergency rooms or other services. Many also

HF participants were more than twice as likely to have a positive life course over time, compared with TAU participants. Moreover, TAU participants were more than four times as likely to show a negative life course over time.

had chronic health problems, like lung conditions, hepatitis C, arthritis and diabetes, which cannot be rapidly cured and, in some cases, can only be managed with difficulty. With these chronic illnesses, observing steady state, rather than further declines, is good news.

How Life Courses Differed Between Groups

The information gathered in the qualitative interviews was analyzed by classifying participants' stories into one of three life courses: positive, negative or mixed/neutral (shown in Figure 17). To ensure that these findings were reliable, classifications were done by two raters for each participant; agreement was found to be very good. This integrated picture of social and health outcomes illustrates effects that more closely match the housing outcomes. HF participants were more than twice as likely to have a positive life course over time, compared with TAU participants. Moreover, TAU participants were more than four times as likely to show a negative life course over time.

Participants' comments suggest that becoming housed spurs hope for recovery of both personal and social

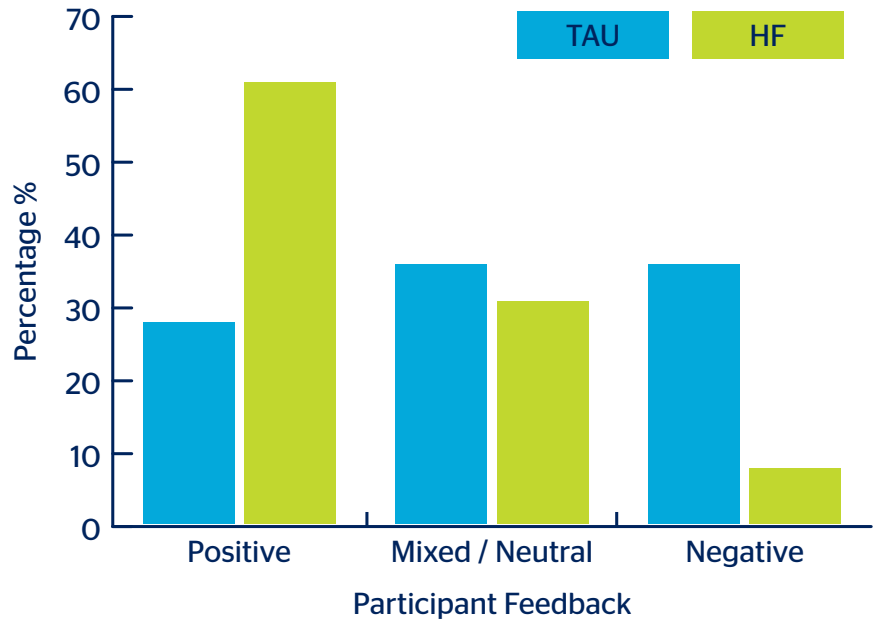


Figure 17. Differences between HF and TAU in life courses.

aspects of identity, as well as motivation for some to “do what it takes” to reclaim those aspects of their lives, including beginning to “focus on (them)selves” and their mental health. It is also important to underscore that these findings reflect group averages. The individual responses in both HF (ICM and ACT) and TAU over time were enormously diverse.

Factors Related to Positive Life Courses

Stable housing was an important factor associated with individuals who had positive life courses. The acquisition of stable housing gave participants both hope and confidence, and provided opportunity for participants to take on new social roles. A second factor was *positive social contacts*, which was multifaceted and varied across sites. In Toronto, participants who had positive or improving relationships with family tended towards positive life courses; the same was true in Winnipeg of Aboriginal participants who connected with their cultural traditions and supportive communities. Across sites, it was the support garnered from positive *social contacts* that was key to understanding how this factor contributed to positive life courses. Supportive social contacts were associated with *reduced substance use*. It is difficult to ascertain the direction of the relationship between these factors – whether decreased substance

Participants' comments suggest that becoming housed spurs hope for recovery of both personal and social aspects of identity, as well as motivation for some to “do what it takes” to reclaim those aspects of their lives, including beginning to “focus on (them)selves” and their mental health.

Housing stability, quality of life and community functioning outcomes were all more positive for programs that operated most closely to the following HF principles:

- 1 Immediate access to housing with no housing readiness conditions
- 2 Consumer choice and self-determination
- 3 Recovery orientation
- 4 Individualized and person-driven supports
- 5 Social and community integration

use was caused by or resulted from changes in social contacts. It was clear, however, that *reductions in substance use* were associated with positive life courses. Finally, *new social roles* were an important factor in positive life courses across sites. In Vancouver, Toronto, and Moncton, many participants changed their daily activities to include things like volunteering, coaching softball, working, attending school or becoming peer support workers. These activities gave participants opportunities to take on new social roles that expressed a positive social identity.

Factors Related to Negative Life Courses

Precarious housing – losing housing; living in shelters, housing of poor quality or unstable housing; or negative experiences with housing – was associated across sites with negative life courses. It should be noted that *precarious housing* might represent uneven implementation of the model in sites where the housing stock is of more variable quality (e.g., Winnipeg). Housing is central to the Housing First

model and recovery, so it is unsurprising that precarious housing is a crucial factor associated with negative trajectories. *Negative social contacts and isolation* were also associated with negative trajectories. While negative social contacts affected both housed and unhoused participants, isolation was typically – although not exclusively – associated with housed participants. In both instances, participants lacked the supportive social contacts that are important in helping to make difficult life changes. *Increased or continued heavy substance use* was associated with negative trajectories and likely associated with individuals remaining involved in social groups who use substances. Finally, *hopelessness* was an important factor associated with negative trajectories. Hopelessness was presented across sites as the pervasive belief that things would not improve for the individual. Hopelessness was associated with both histories of social marginalization as well as perceived failures and disappointments of participants in the face of life challenges. One common example scenario that preceded hopelessness was losing housing. One participant in Vancouver who faced an eviction presented her circumstances in the following terms: *"I'm an addict – I screwed up. I was clean for eight months and then I relapsed... Maybe I'm not good enough to have an apartment. I'm thinking that now."*

Factors Related to Mixed or Neutral Life Courses

Mixed trajectories were associated with substance use as well as *perceived failures and disappointments*. In this trajectory, participants made uneven progress with a split of roughly equal positive and negative gains. Similar to negative trajectories, participants with mixed experiences showed sustained *substance use* and setbacks due to relapse. *Perceived failures and disappointments* is the most salient factor associated with mixed trajectories. Similar to hopelessness for those individuals with negative trajectories, participants with mixed trajectories often made attempts to make life changes but had difficulty following through when faced with setbacks. The subsequent cycle of hope and disappointment was emblematic of mixed trajectories. One salient example of a mixed trajectory

was a participant from Vancouver who attempted to return to school and resume contact with family. Both pursuits did not go well, leaving the participant feeling depressed and hopeless and subsequently self-isolating.

The Relationship between Program Fidelity and Key Study Outcomes

We examined whether participants in programs with higher fidelity had better outcomes. Housing stability, quality of life, and community functioning outcomes were all more positive for programs that operated most closely to HF standards. We also found that participants who enrolled later in the study did somewhat better, and this may be related to the increase in program fidelity over time. These findings indicate that supporting all components of the HF model and investing in training and technical support can pay off in improved outcomes. They also suggest that somewhat better overall outcomes may be achievable for long-running programs; in our study, fidelity improved as new programs worked out problems and gained experience, and better fidelity predicted better outcomes. This finding also helps to validate the HF approach. That is, if the intervention was not effective, better fidelity to it would not improve outcomes.

In summary, the findings for health and social outcomes indicate that participants in both groups improved after a period of acute homelessness or crisis. Like the housing outcomes, we know that most of the TAU participants also had access to and received a range of treatment interventions in each city, many of which had positive impact. While it appears to be the case that HF had a similar impact in mental health and substance use problems, the findings on quality of life and community functioning indicate that HF can produce *additional improvements in broader life domains* that hold promise for more positive outcomes and recovery over the longer term.

CHAPTER 7

IMPLICATIONS FOR PRACTICE AND POLICY

At Home/Chez Soi offers an evidence base to inform effective HF policy and program development for people experiencing homelessness and mental health and/or substance use issues.

The knowledge generated through this study is now available and data will continue to be analyzed and shared to support the implementation of evidence-informed HF programs. There is growing momentum across the country as governments and communities are considering how to implement HF programs, adapt it to their local contexts and use it to enhance their existing programs and services. A number of communities have already implemented HF programs and can continue to expand and strengthen them. In an important policy shift towards HF, the federal government renewed funding for the Homelessness Partnering Strategy with a focus on HF, which will allow for further development of HF in Canada. The At Home/Chez Soi findings add to this growing Canadian HF expertise by providing strong research evidence and experience in implementation to help guide HF policy and program development.

KEY FINDINGS

- 1** **Housing First can be effectively implemented in Canadian cities of different size and different ethnoracial and cultural composition.** Across all the five cities, HF programs were operated in a manner that was consistent with the HF model standards, but were tailored to best fit the local contexts. The HF approach was successfully adapted to serve Aboriginal, immigrant, and other ethnoracial groups in a culturally sensitive manner. (Chapter 2)
- 2** **Housing First rapidly ends homelessness.** Across all cities, HF participants in At Home/Chez Soi rapidly obtained housing and retained their housing at a much higher rate than the treatment as usual (TAU) group. (Chapter 4)
- 3** **Housing First is a sound investment.** The economic analysis found some cost savings and cost offsets. (Chapter 5)
- 4** **It is Housing First, but not Housing Only.** The support and treatment services offered by the HF programs contributed to appropriate shifts away from many types of crisis, acute, and institutional services towards more consistent community and outreach-based services. This shift supports and encourages more appropriate use of health and shelter services. (Chapter 5)
- 5** **Having a place to live and the right supports can lead to other positive outcomes above and beyond those provided by existing services.** HF participants also demonstrated somewhat better quality of life and community functioning outcomes than those receiving existing housing and health services in each city. (Chapter 6)
- 6** **There are many ways in which Housing First can change lives.** The HF groups, on average, improved more and described fewer negative experiences than TAU (Chapter 6). Understanding the reasons for differences of this kind will help to tailor future approaches, including understanding the small group for whom HF did not result in stable housing. (Chapter 4)
- 7** **Getting Housing First right is essential to optimizing outcomes.** Housing stability, quality of life, and community functioning outcomes were all more positive for programs that operated most closely to Pathways HF standards. (Chapter 6)

POLICY IMPLICATIONS

1 **Housing First is an effective, pragmatic, and humane intervention to address homelessness.**

There are few interventions or strategies designed to address homelessness that can truly be described as best practices; Housing First is one of them. A solid research base provides evidence for the effectiveness of the approach. At Home/Chez Soi successfully implemented HF in five cities in Canada and demonstrated that HF has the ability to end homelessness for people who are chronically homeless and living with serious mental health, addiction, and other complex issues.

2 **Housing First improves access to community services and can contribute to cost containment.**

The findings from At Home/Chez Soi indicate that there are measurable cost offsets associated with HF. In the area of health care, HF contributes to cost containment as it improves access to needed health services and contributes to a shift from institutions and crisis-related services to more appropriate and planned visits and regular follow-up with community-based services. HF, therefore, helps to ensure more appropriate use of hospital and community health care resources.

Actual cost savings are more likely to be achieved in shelter expenditures with the expansion of the Housing First model within a larger strategy to end homelessness, leading to decreases in chronic homelessness and potentially less need for shelter beds. Given the pressures that growing community populations with high unmet needs place upon acute and inpatient health services, it is difficult for beds to be closed and dollars to be shifted to other sectors. In smaller locations where there is a critical mass of HF capacity, the closure of shelter beds may be realized more quickly. In larger urban areas, it may be more reasonable to talk about cost avoidance rather than

cost savings. Reductions in the use of resources by people who are homeless can alleviate existing pressures on the respective shelter and health services. These findings are particularly of note in light of the finding that only 15 per cent of people who are homeless are chronically or episodically homeless (the rest are transitionally homeless) yet take up over half of homelessness resources such as emergency shelter beds and day programs.²⁰

3 **To achieve the best outcomes, HF programs should demonstrate high fidelity to the core aspects of the model, even for programs that have been adapted to different settings.**

With the increasing interest and uptake of HF, there is a risk that HF may be defined in different ways and that the core principles may be ignored or only partially implemented.²¹ HF has been defined as having the following core elements: immediate access to housing with no housing readiness requirements, consumer choice and self-determination, recovery orientation (including harm reduction), individualized and client-driven supports, and social and community integration).²² At Home/Chez Soi demonstrated that adherence to the core HF principles, with room for adaptation, was an element of program success. A key element of fidelity is the capacity to deliver strong, evidence-based services and supports. At Home/Chez Soi found that housing stability, quality of life, and community functioning outcomes were all more positive for programs that operated most closely to HF standards. Understanding the core elements of HF is an important element of program development and implementation, and investing in ongoing training and technical support and program evaluation/quality assessment can pay off in improved outcomes.

4 **To effectively implement Housing First, partnership and collaboration across government, communities and service sectors is required.**

The qualitative findings from At Home/Chez Soi help us understand some of the key ingredients needed to successfully implement HF in Canada. One of the vital lessons is that while At Home/Chez Soi has demonstrated that Canadian communities can successfully implement HF programs, to fully address the complexity of chronic homelessness in our communities, strong leadership and partnerships across departments, sectors, government and communities is needed to build bridges across fragmented systems and programs. At Home/Chez Soi has examples of the kind of cross-sector collaboration that helped participants navigate across these systems.

5 **Housing First may need to be adapted to meet the needs of specific sub-populations.**

We need to better understand the potential benefits and challenges of implementing Housing First with other populations who are at risk of homelessness (e.g., families, women, seniors, youth, or those experiencing short-term homelessness). The basic principles of Housing First show promise for application to these other groups, but variations in the model may be warranted, such as adjusting the composition of the service and support teams to meet the needs of the population served. It will be beneficial to better understand who benefits from Housing First and who does not, and if variations to the model are needed for other groups. Further work is required to determine the best approaches to respond to homelessness among the approximately 13% of people who are not successful with traditional Housing First interventions.

6 Policies and funding that address the lack of affordable housing (including HF and rent supplements) across the nation is needed to end homelessness in Canada.

At Home/Chez Soi was implemented successfully in each of the five sites, using a rent supplement approach. Participants were largely able to choose the neighbourhood and type of housing they wanted, as At Home/Chez Soi was grounded in the HF principle of choice and self-determination as the foundation of recovery. HF operates on the assumption that people know their own needs best, including where they want to live and the kinds of services they would like to access. Our findings in At Home/Chez Soi are consistent with the evidence that housing choice improves housing stability and quality of life and that, given a choice, many would choose to live in independent permanent housing over congregate/social housing models.²³ This suggests that the development of a full range of housing and support options that include rent supplements would allow people to direct their own opportunities and find a place to call home that best suits their needs. However, communities across Canada, including the five At Home/Chez Soi Sites, are facing a lack of access to affordable housing generally and, in particular, a lack of access to good quality, affordable, independent units for people experiencing mental illness and homelessness. For the expansion of HF across Canada to be successful and to be able to end homelessness in our communities, access to good quality, affordable housing needs to be improved across the country.

WHAT'S NEXT?

To support communities interested in implementing Housing First, the lessons learned from At Home/Chez Soi and other Canadian HF programs have now been incorporated into a toolkit to guide the planning and implementation of effective Housing First programs in Canada; this toolkit will be available in the Spring 2014. The Mental Health Commission of Canada is also working with partners to develop and offer training and technical assistance to a number of communities interested in implementing Housing First.

In the future, the MHCC website will be a central mechanism for the dissemination of At Home/Chez Soi reports and articles. We are also actively engaged with other homelessness and mental health forums to share knowledge. The Final Report provides a high-level view of a multi-faceted project and more detailed analysis will continue to be done for scientific papers (e.g., two-year outcomes for the Assertive Community Treatment and Intensive Case Management service delivery models will be submitted for publication shortly). Local Site Reports are also available and report on the unique characteristics and program outcomes in their settings.

CONCLUSION

At Home/Chez Soi demonstrated that implementing HF in Canada is possible and that there are benefits for the people who receive HF as well as for the service system and the community. The many service and housing providers who worked on At Home/Chez Soi developed new skills and increased the capacity in their communities for the delivery of recovery-oriented services. Out of necessity, the project brought together community providers, stakeholders and governments from across sectors to work together around a complex issue – providing HF for people with serious mental health issues who are experiencing homelessness. While some questions remain regarding HF, it has well demonstrated its potential and At Home/Chez Soi has and will continue to contribute to the growing Housing First expertise in Canada and internationally.

“Now that my kids are in my life and [the At Home service team] brought me into the program and helped me out, I’m very grateful for whoever came up with this idea of (at) home, helping homeless people and I’m hoping and praying that they find other ways to keep things going like this, cause there is a lot of people still hurting right and...I still see them out there...and struggling.”

(Winnipeg Participant)

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APPENDIX A

OVERVIEW OF STUDY DESIGN AND METHODS

Study Design

The At Home/Chez Soi study design is a randomized controlled pragmatic field trial.¹ Randomized means that participants were put into the Housing First (HF) intervention and treatment as usual (TAU) groups by chance. A computer program was used to assign participants to the study groups at random, with no influence by the study investigators, service providers, sponsors or anyone else. By *controlled* we mean that a “control” or comparison group that does not receive the intervention is used to make sure that any changes observed are due to the intervention and not some other influence. The term *pragmatic* means that the study involved individuals that would ordinarily present for a HF service in practice and that the services they and the TAU group received may vary as they would in real world circumstances. Finally, by *field trial* we mean that the intervention occurred in the same settings that the services might later be implemented if found to be effective. The study was also, by design, “multi-site” – that is, it was conducted in multiple sites – with four larger urban settings and one smaller urban/rural setting so that more could be learned about how HF programs fit or can be adapted to local contexts.

Why a randomized controlled trial?

Although there were a range of options for study designs, a randomized controlled trial was chosen because it is the best design for showing that participant changes are due to the intervention. This is because randomizing makes the two groups virtually equal on anything other than the intervention that could produce the outcomes. As such, a randomized controlled trial provides the strongest evidence for decision making.

How were data collected and how many participants completed data collection?

Data collection included interviews with participants at baseline and every three months for up to two years of follow-up, plus information from the programs (such as the number of service visits), and from national and provincial administrative data sources for health and justice service use before and after the beginning of the study. The first participant was enrolled in October 2009 and the last interview ended in June 2013. All participants were screened and grouped into high and moderate need groups (see Appendix D for definitions) before being randomized to HF and TAU groups. Participants were given honoraria (around \$20 – 30) at each interview to encourage continued participation. Data were entered using laptops in the field to a highly secure national database approved by Research Ethics Boards at all sites. Data collection included both quantitative (information based on numbers) and qualitative (information based on text and stories) approaches. Qualitative methods complement the quantitative findings and enhance their interpretation. For the qualitative component, a sample of participants were interviewed in depth at the beginning of the study and at the 18-month point. One hundred and ninety-seven participants from both HF and TAU groups, roughly every 10th participant, were interviewed at both points. This sample was demographically similar in almost all respects with the overall

quantitative sample, except for having a slightly higher income at baseline in the qualitative subsample; the demographic characteristics of TAU and HF groups were also equivalent.

2,148 individuals were enrolled and, of those, 1,158 received the HF intervention. Follow-up rates, defined as all those who completed at least one interview instrument at their final interview were between 77 and 89 per cent and as high as 91 per cent in one site, which are excellent for a vulnerable and often transient population (see Table A1 for details). These figures include those lost to follow-up for all reasons including the 85 participants known to have died during the study period. An analysis is currently underway using national mortality statistics to get complete information on the number of deaths and the causes of death.

What type of information was collected?

A comprehensive range of information was collected in the study at all sites including demographic information (such as age, sex and education), homelessness and service use history (e.g., emergency room visits, hospital admissions, jail stays, court

Table A1 – Follow-up Rates by Program

NATIONAL	COMPLETED FINAL INTERVIEW?		
	NO	YES	%
TAU in ACT analysis	112	369	77%
HF in ACT analysis	58	411	88%
TAU in ICM analysis	115	394	77%
HF in ICM analysis	73	616	89%
All TAU	227	763	77%
All HF	131	1027	89%
Study Total	358	1790	83%

appearances), adverse childhood experiences, mental and physical health status (including chronic illnesses and history of brain injury), work and income-related information, and extensive service cost information. The study is also the first to include a measure of Recovery and an observer-rated housing quality measure, to document in detail the role of peer support and fidelity to the program model, respectively (see Appendix C).

The primary outcomes measured at all sites were **housing stability**, **community functioning**, and **quality of life**. Key secondary outcomes were **mental illness** and **substance use problems**. These five variables are described in greater detail below. Interested readers are referred to the study protocol at the first reference below for greater detail on the full range of measures, and to the site reports for more information on additional site-specific data.

Housing (RTLFB) – information on the types and locations of stays (including any type of shelter or crisis housing, temporary or longer-term residences and street locations) for every day during the study period were collected every three months using the Residential Time-Line Follow-Back (RTLFB) instrument.² This involves the use of a calendar to systematically guide the participant in recalling all the locations and types of housing that he or she has resided in during the prior period. The RTLFB was developed for and has been validated in HF programs and clients. It was modified slightly to reflect the Canadian context.

Community Functioning (MCAS) – to assess community functioning, we used the Multnomah Community Ability Scale (MCAS),³ a 17-item scale that covers mental and physical health, ability to cope with illness, social skills, and problem behaviours. The MCAS was developed and validated for individuals with long-term mental health issues and related disability. It produces a total score that has total scores ranging from 17 to 85. Score ranges

that represent specific categories of functioning/disability and the proportions of our study participants who fell into each are outlined in Table A2.

While the other main instruments consist of questions answered by participants, the MCAS is completed by the interviewer, based on information collected through interviews, observed behaviour and current life circumstances. This approach was taken to ensure that outcomes reflected both participants' perspectives and objective ratings by study research staff.

Quality of Life – We measured participants' feelings about their quality of life with the Quality of Life Index (QOLI-20),⁴ which asks about satisfaction with family relationships, social relationships, finances, leisure, living situation, and safety. This instrument was developed and validated with individuals with long-term mental health issues.

Mental Illness Symptoms – We assessed symptoms of mental illness using the Colorado Symptom Index (CSI),⁵ a scale developed and validated for people experiencing homelessness. The CSI asks how often in the past month the participant experienced problems like depression, anxiety, strange behaviour, and poor concentration.

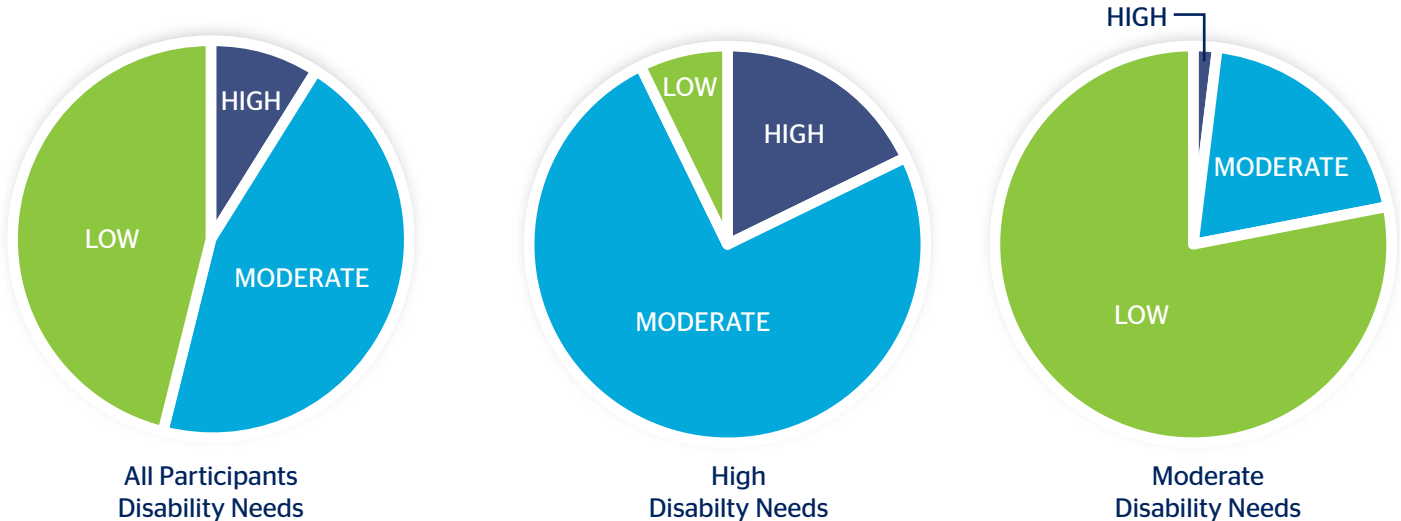
Substance Use Problems – To measure substance use problems, we used the short version of the Global Assessment of Individual Needs Substance Problems Scale (GAIN SPS).⁶ The GAIN SPS asks people how recently they experienced problems like withdrawal, spending a lot of time finding or using substances, or getting into trouble because they were intoxicated.

Analysis Methods for Primary Outcomes

The following analytic methods were used for the purposes of this report for housing stability, quality of life, and community functioning.

Table A2. Categories of Disability on the MCAS and Percentages Overall and by Study Need Level

DISABILITY LEVEL	ALL	HN	MN
High (Score less than 47)	9%	18%	2%
Moderate (Score of 48-62)	45%	75%	20%
Low (Score of 63-85)	46%	7%	78%



To analyze housing stability, quality of life, and community functioning outcomes, we used mixed effects modeling. Mixed effects models make it possible to measure the associations between outcomes and predictor variables while taking into account the non-independence of observations. (In this case, non-independence is present because there are multiple interviews for each participant. Less importantly, participants were also grouped into treatment arms and cities.)

In each model, the main predictor of interest was group membership: whether a participant had been randomized to HF or TAU. In national-level models, we also controlled statistically for age, sex and the variables that played a role in determining the group assignment: city, aboriginal status, ethnoracial status and need level. We treated time as a categorical variable, essentially estimating group differences and treatment effects at every time point. To test group differences, we interacted the time and group variables, which produces estimates of group differences at each time point.

To measure the overall effect of the intervention, we considered (1) the group difference at the end of the study (after taking any baseline differences into account); and (2) the average difference across all interviews conducted after baseline. The first measure reflects the treatment effect at the last time point available for each person. The second reflects the overall benefit, if any, realized over the entire course of the two-year study. Because we performed an interim analysis with a p value of 0.01, we set the significance threshold at 0.04 in the final report.

Analysis Methods for Costing

The economic analyses were conducted from the point of view of society. Service use and residential questionnaires enabled us to assess quantities of a wide range of services used, as well as of income from various sources. We estimated unit costs (e.g., the average cost of an emergency room visit, of a police arrest, of a night in a shelter) city-by-city using the best available data. Nearly

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400 distinct unit costs were estimated. In many cases, service providers were contacted to obtain their financial and activity reports and to help interpret them. When a program's expenditures included contributions by private donors as well as government sources, we included the value of private contributions as this represents the full cost of service delivery from the point of view of society. Welfare and disability payments were included as they represent costs that society must incur in order to enable individuals who are homeless to participate in and benefit from Housing First programs and other existing housing programs.⁷ Income from employment was subtracted from overall costs as this represents the value of a contribution to society by the individual. Estimates of capital costs were included in all services. All costs were expressed in fiscal year 2010 – 2011 Canadian dollars. Due to the two-year follow-up period, we did not apply discounting.

Analysis Methods for Clients with Additional or Other Needs

A focused analysis was also undertaken on individuals in the HF group for whom housing stability was not achieved (13 per cent). This group was made up of HF participants who were housed less than 50 per cent of the time during the last nine-month period of the first year and not housed 100 per cent of the time in the last three months of the first year. Time in institutions such as jail or hospital was removed from total days for the calculation. Only HF participants who had at least six months of housing history data in the last nine months of the first year or had not been in jail or hospital for 66 per cent of the last nine months of the first year were considered in these analyses. Differences on demographic characteristics, clinical characteristics, quality of life, community integration, and community functioning at baseline and cognitive functioning at six months between those individuals failing to achieve housing stability and individuals who were considered stably housed in the first year of the study were examined. Findings of statistically significant between-group differences on these variables are reported.

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APPENDIX B

HOUSING-RELATED STATISTICS FOR AT HOME/CHEZ SOI SITES

STATISTIC	MONCTON	MONTREAL	TORONTO	WINNIPEG	VANCOUVER
Vacancy rate (%) (mid-study- Spring 2011) ¹	4.1	2.5	1.6	.7	2.8
% homes in core housing need 2009 ²	9*	13.1	17.8	9.5	20.5
Average rent for a one-bedroom apartment (mid-study - Spring 2011) ¹	\$583	\$626	\$969	\$657	\$934

¹ Rental Market Statistics, Canada Mortgage and Housing Corporation, Spring 2012 (reporting on April 2011 values)
http://www.cmhc-schl.gc.ca/odpub/esub/64725/64725_2012_B01.pdf?fr=1388695801870

² Core housing need means housing does not meet one or more of the adequacy, suitability, and affordability standards (30 per cent before-tax income to pay median rent incl. utilities); figures from Canadian Housing Observer, Canada Mortgage and Housing Corporation, 2012. <http://www.cmhc-schl.gc.ca/odpub/pdf/67708.pdf>

* only available for NB as a whole

APPENDIX C

FIDELITY ASSESSMENT METHODS AND SCALE

An important component of study methods was the measurement of how “true” the programs were to the principles and practice of Housing First (also called fidelity). These fidelity assessments were conducted with all the At Home/Chez Soi ACT and ICM teams in the five sites by a team made up of clinicians, researchers, housing experts, and a consumer representative. In site visits conducted near the end of the first year of the study and again one year later, the team reviewed data from multiple sources including interviews with staff, observation of program meetings, chart reviews, and consumer focus groups. A Housing First fidelity scale with versions for ACT and ICM program types was developed for the study, and used to rate programs on 38 items (listed below), including, for example, working effectively with hospital staff for people admitted as inpatients, using a harm-reduction approach to substance use, and allowing participants to help choose their housing. Each ACT and ICM team received a report about the assessment findings, including recommendations for improvement on standards where full implementation was not achieved.

Overall, there was good fidelity to the Housing First model: 71 per cent of items in the first round, and 78 per cent in the second, were rated 3 or 4 on a 4-point scale (the meaning of these ratings varies by item, but this corresponds generally to a “good” level of performance).

FIDELITY ITEM	ACT FIDELITY SCALE	ICM FIDELITY SCALE
HOUSING CHOICE & STRUCTURE		
1. Housing Choice. Program participants choose the location and other features of their housing.	X	X
2. Housing Availability. Extent to which program helps participants move quickly into units of their choosing.	X	X
3. Permanent Housing Tenure. Extent to which housing tenure is assumed to be permanent with no actual or expected time limits, other than those defined under a standard lease or occupancy agreement.	X	X
4. Affordable Housing. Extent to which participants pay a reasonable amount of their income for housing costs.	X	X
5. Integrated Housing. Extent to which program participants live in scatter-site private market housing which is otherwise available to people without psychiatric or other disabilities.	X	X
6. Privacy. Extent to which program participants are expected to share living spaces, such as bathroom, kitchen or dining room with other tenants.	X	X
SEPARATION OF HOUSING AND SERVICES		
7. No Housing Readiness. Extent to which program participants are not required to demonstrate housing readiness to gain access to housing units.	X	X
8. No Program Contingencies of Tenancy. Extent to which continued tenancy is not linked in any way with adherence to clinical, treatment, or service provisions.	X	X
9. Standard Tenant Agreement. Extent to which program participants have legal rights to the unit with no special provisions added to the lease or occupancy agreement.	X	X
10. Commitment to Re-House. Extent to which the program offers participants who have lost their housing access to a new housing unit.	X	X
11. Services Continue Through Housing Loss. Extent to which program participants continue receiving services even if they lose housing.	X	X
12. Off-site, Mobile Services. Extent to which social and clinical service providers are not located at participant's residences and are mobile.	X	X

FIDELITY ITEM	ACT FIDELITY SCALE	ICM FIDELITY SCALE
SERVICE PHILOSOPHY		
13. Service choice. Extent to which program participants choose the type, sequence, and intensity of services on an ongoing basis.	X	X
14. No requirements for participation in psychiatric treatment. Extent to which program participants with psychiatric disabilities are not required to take medication or participate in psychiatric treatment.	X	X
15. No requirements for participation in substance use treatment. Extent to which participants with substance use disorders are not required to participate in treatment.	X	X
16. Harm Reduction Approach. Extent to which program utilizes a harm reduction approach to substance use.	X	X
17. Motivational Interviewing. Extent to which program staff use motivational interviewing in all aspects of interaction with program.	X	X
18. Assertive Engagement. Program uses an array of techniques to engage consumers who are difficult to engage, including (1) motivational interventions to engage consumers in a more collaborative manner, and (2) therapeutic limit-setting interventions where necessary, with a focus on instilling autonomy as quickly as possible. In addition to applying this range of interventions, (3) the program has a thoughtful process for identifying the need for assertive engagement, measuring the effectiveness of these techniques, and modifying approach where necessary.	X	X
19. Absence of Coercion. Extent to which the program does not engage in coercive activities towards participants.	X	X
20. Person-Centered Planning. Program conducts person-centered planning, including: (1) development of formative treatment plan ideas based on discussions driven by the participant's goals and preferences, (2) conducting regularly scheduled treatment planning meetings, (3) actual practices reflect strengths and resources identified in the assessment.	X	X
21. Interventions Target a Broad Range of Life Goals. The program systematically delivers specific interventions to address a range of life areas (e.g., physical health, employment, education, housing satisfaction, social support, spirituality, recreation & leisure, etc.).	X	X
22. Participant Self-Determination and Independence. Program increases participants' independence and self-determination by giving them choices and honoring day-to-day choices as much as possible (i.e., there is a recognition of the varying needs and functioning levels of participants, but level of oversight and care is commensurate with need, in light of the goal of enhancing self-determination).	X	X
SERVICE ARRAY		
23. Housing Support. Extent to which program offers services to help participants maintain housing, such as offering assistance with neighborhood orientation, landlord relations, budgeting and shopping.	X	X
24. Psychiatric Services. Psychiatric services are directly provided by the program.	X	Program successfully links participants who need psychiatric support with a psychiatrist in the community.
25. Integrated, Stage-Wise Substance Use Treatment. Integrated, stage-wise substance use treatment is directly provided by the program. Core services include: (1) systematic and integrated screening and assessment; interventions tailored to those in (2) early stages of change readiness (e.g., outreach, motivational interviewing) and (3) later stages of change readiness (e.g., CBT, relapse-prevention).	X	Program successfully links participants who need substance use treatment with such treatment community.
26. Supported Employment Services. Extent to which supported employment services are provided directly by the program. Core services include: (1) engagement and vocational assessment; (2) rapid job search and placement based on participants' preferences (including going back to school, classes); & (3) job coaching & follow-along supports (including supports in academic settings).	X	Supported employment services are provided directly or brokered by the program.

FIDELITY ITEM	ACT FIDELITY SCALE	ICM FIDELITY SCALE
27. Nursing Services. Extent to which nursing services are provided directly by the program. Core services include: (1) managing participants' medication, administering & documents medication treatment; (2) screening consumers for medical problems/side effects; (3) communicating & coordinating services with other medical providers; (4) engaging in health promotion, prevention, & education activities (i.e., assess for risky behaviors & attempt behavior change).	X	Nursing/Medical care. Program successfully links participants who need medical care with a physician or clinic in the community.
28. Social Integration. Extent to which services supporting social integration are provided directly by the program. (1) Facilitating access to and helping participants develop valued social roles and networks within and outside the program, (2) helping participants develop social competencies to successfully negotiate social relationships, (3) enhancing citizenship and participation in social and political venues.	X	X
29. 24-Hour Coverage. Extent to which program responds to psychiatric or other crises 24-hours a day.	X	X
30. Involved in Inpatient Treatment. Program is involved in inpatient treatment admissions and works with inpatient staff to ensure proper discharge.	X	X
PROGRAM		
31. Priority Enrollment for Individuals with Obstacles to Housing Stability. Extent to which program prioritizes enrollment for individuals who experience multiple obstacles to housing stability.	X	X
32. Contact with Participants. Extent to which program has a minimal threshold of non-treatment related contact with participants.	X	X
33. Low Participant/Staff Ratio. Extent to which program consistently maintains a low participant/staff ratio, excluding the psychiatrist & administrative support.	X	X
34. Team Approach. Extent to which program staff function as a multidisciplinary team; clinicians know and work with all program participants.	X	N/A
35. Frequent Meetings. Extent to which program staff meet frequently to plan and review services for each program participant.	X	
36. Daily Meeting (Quality): The program uses its daily organizational program meeting to: (1) Conduct a brief, but clinically-relevant review of all participants & contacts in the past 24 hours AND (2) record status of all participants. Program develops a daily staff schedule based on: (3) Weekly Consumer Schedules; (4) emerging needs, AND (5) need for proactive contacts to prevent future crises; (6) Staff are held accountable for follow-through.	X	Weekly Meeting (Quality): The program uses its weekly organizational program meeting to: (1) Conduct a high level overview of each participant, where they are at and next steps (2) a detailed review of participants who are not doing well in meeting their goals (3) review of one success from the past week and (4) program updates and (5) discuss health and safety issues and strategies.
37. Peer Specialist on Staff. The program has at least 1.0 FTE staff member who meets local standards for certification as a peer specialist. If peer certification is unavailable locally, minimal qualifications include the following: (1) self-identifies as an individual with a serious mental illness who is currently or formerly a recipient of mental health services; (2) is in the process of his/her own recovery; and (3) has successfully completed training in wellness and recovery interventions. Peer specialist has full professional status on the team.	X	Peer Specialist on Staff. The program has at least 1.0 FTE staff member who meets local standards for certification as a peer specialist.
38. Participant Representation in Program. Extent to which participants are represented in program operations and have input into policy.		

APPENDIX D

KEY DEFINITIONS

Eligibility

Inclusion Criteria:

- Legal adult status (aged 18 or older/19 in British Columbia)
- Housing status as absolutely homeless or precariously housed*
- The presence of a serious mental disorder[^] with or without a co-existing substance use disorder, determined by DSM-IV¹ criteria on the Mini International Neuropsychiatric Interview (MINI)² at the time of study entry

Exclusion Criteria:

- Currently a client of another ACT or ICM program
- No legal status as a Canadian citizen, landed immigrant, refugee or refugee claimant
- Those who are relatively homeless*

Need Level

High need must have:

A score on the Multnomah Community Ability Scale (MCAS) of 62 or lower (functioning indicator) AND a Mini International Neuropsychiatric Interview (MINI) diagnosis of current psychotic disorder or bipolar disorder (MINI disorders 18, 21 or 22 on the Eligibility Screening Questionnaire) or an observation of psychotic disorder on the screener (at least two of Q 6e10 in Section DI) on the Eligibility Screening Questionnaire (diagnostic indicator) AND one of:

- YES (or don't know or declined) to item 20 on Demographics, Service & Housing History questionnaire; that is, two or more hospitalizations for mental illness in any one year of the last five (service use indicator) OR Comorbid substance use (any of MINI disorders 23, 24, 25 or 26 on the Eligibility Screening Questionnaire) (substance use indicator) OR recent arrest or incarceration.
- YES (or don't know or declined) to item 22 on Demographics, Service & Housing History questionnaire (legal involvement indicator).

Moderate need

- All others who have met eligibility criteria but do not meet the criteria above.

Absolutely Homeless / Precariously Housed*

Absolute homelessness

Homelessness refers to those who lack a regular, fixed, physical shelter. This (conservative) definition is known as absolute homelessness, according to the United Nations, and includes those who are living rough in a public or private place not ordinarily used as regular sleeping accommodation for a human being (e.g., outside, on the streets, in parks or on the beach, in doorways, in parked vehicles, squats, or parking garages), as well as those whose primary night-time residence is supervised public or private emergency accommodation (e.g., shelter, hostel).ⁱⁱⁱ Specifically, being homeless is defined as currently having no fixed place to stay for more than seven nights and little likelihood of obtaining accommodation in the upcoming month or being discharged from an institution, prison, jail or hospital with no fixed address.

Precariously housed

This refers to people whose primary residence is a Single Room Occupancy (SRO), rooming house or hotel/motel. In addition, precariously housed individuals in the past year have had two or more episodes of being absolutely homeless, as defined above, in order to meet the criteria for inclusion.

Relatively homeless

This includes people whose regular housing fails to meet basic standards, such as: (1) living in overcrowded or hazardous conditions; (2) those at risk of homelessness, such as people who reside informally/non-permanently with friends or relatives (e.g., doubling-up, couch surfing); (3) those in transition (e.g., women, youth fleeing to transition houses/shelters from domestic abuse); (4) those who are temporarily without a dwelling (e.g., home lost for a relatively short period of time due to disasters such as a fire, or a change in economic or personal situation, such as marital separation or job loss; and, (5) those living in long-term institutions.

ⁱⁱⁱ The UN definition of homelessness originally included individuals in transition using transition homes and hostels. The present project modified the definition to exclude this subgroup.

^{iv} Definition adopted from Tolomiczenko, G. and Goering, P.3

Serious mental disorders[^]

Serious mental disorders are defined by diagnosis, duration, and disability using observations from referring sources, indicators of functional impairment, history of recent psychiatric treatment, and current presence of eligible diagnosis as identified by the Mini International Neuropsychiatric Interview (major depressive, manic or hypomanic episode, post-traumatic stress disorder, mood disorder with psychotic features, psychotic disorder).

Stable Housing

Stable housing was defined as living in one's own room, apartment, or house, or with family, with an expected duration of residence greater than or equal to six months and/or tenancy rights.

REFERENCES FOR APPENDIX D

¹ American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington, DC.

² Sheehan, D.V., Lecrubier, Y., Harnett-Sheehan, K., Amorim, P., Janavs, J., Weiler, E., Hergueta, T., Baker, R., Dunbar, G. The Mini International Neuropsychiatric Interview (MINI): The development and validation of a structured diagnostic psychiatric interview. *Journal of Clinical Psychiatry*, 1998; 59(suppl 20):22-33.

³ Gender differences in legal involvement among homeless shelter users. *Int J of Law and Psychiatry* 2001;24:583e93. There are gender differences in legal involvement among homeless shelter users.

APPENDIX E

DETAILS OF THE SAMPLE:

Demographic Characteristics, Homeless History, Past and Current Personal, Health, and Social Circumstances

Table 1 – Participant Demographic Characteristics*

	TOTAL SAMPLE N =2148 %	ACT ANALYSIS N =950 %	ICM ANALYSIS N =1198 %
AGE GROUPS			
34 or younger	33	39	29
35-54	57	54	59
55 or older	10	7	12
GENDER			
Male	67	68	66
Female	32	31	33
Other	1	1	1
COUNTRY OF BIRTH			
Canada	81	85	78
Other	19	15	22
Ethnic status^			
Aboriginal	22	19	24
Other ethnocultural	25	21	28
Marital status			
Single, never married	70	73	68
Married or common-law	4	4	4
Other	26	23	28
Parent status			
Any children	31	30	32
Education			
Less than high school	55	59	52
High school	19	19	18
Any post-secondary	26	22	30
Prior military service (for Canada or an ally)	4	4	4
Prior month income less than \$300	24	24	25
Prior employment (worked continuously at least one year in the past)	66	62	69
Currently unemployed	93	94	92

* all information was reported by participants except where noted

^ many values will not reflect proportions in the general homeless population due to deliberate oversampling of some groups in some sites

Table 2 – Homelessness History*

	TOTAL SAMPLE N =2148 %	ACT ANALYSIS N =950 %	ICM ANALYSIS N =1198 %
HOMELESS STATUS AT ENROLMENT			
Absolutely homeless**	82	79	84
Precariously housed	18	21	16
FIRST TIME HOMELESS			
The year prior to the study	23	19	26
2008 or earlier	77	81	74
LONGEST PERIOD OF HOMELESSNESS IN MONTHS (lowest and highest rounded to next month)	31 (0-384)	34 (1-384)	29 (0-360)
TOTAL TIME HOMELESS IN LIFETIME IN MONTHS (lowest and highest rounded to nearest month)	58 (0-720)	62 (0-460)	55 (0-720)
AGE FIRST HOMELESS (lowest and highest rounded to nearest month)	31 (1-70)	28 (1-69)	37 (4-70)

* all information was reported by participants except where noted

** See <http://bmjopen.bmj.com/content/1/2/e000323.full> or Appendix D for definitions of absolutely homeless and precariously housed

Table 3 – Past and Current Personal, Health, and Social Circumstances*

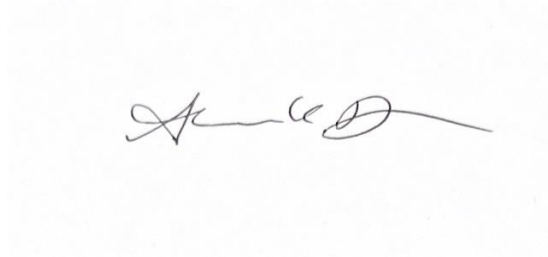
	TOTAL SAMPLE N =2148 %	ACT ANALYSIS N =950 %	ICM ANALYSIS N =1198 %
NEED LEVEL (DETERMINED BY STUDY SCREENING)			
High need	38	87	0
Moderate need	62	13	100
ADVERSE CHILDHOOD EXPERIENCES (ACE)			
Mean score (out of a possible 10)	4.6	4.5	4.7
COGNITIVE IMPAIRMENT			
Got extra help with learning in school	41	45	39
Has a learning problem or disability	34	37	32
DIAGNOSIS AT ENROLMENT			
Psychotic disorder	34	52	22
Non-psychotic disorder	71	60	79
Substance-related problems	67	73	62
SUICIDE RISK AT ENROLMENT			
Moderate or high	36	36	36
COMMUNITY FUNCTIONING AT ENROLMENT (rated by interviewers)			
Average MCAS score%	60	54	65
(lowest and highest scores)	(33 - 80)	(33 - 80)	(37 - 79)
HOSPITALIZED FOR A MENTAL ILLNESS [§] (for more than 6 months at any time in the past 5 years)	6	12	2
HOSPITALIZED FOR A MENTAL ILLNESS [§] (2 or more times in any one year in the past 5 years)	37	54	24
SERIOUS PHYSICAL HEALTH CONDITIONS			
Asthma	24	24	25
Chronic bronchitis/emphysema	18	18	18
Hepatitis C	20	22	19
Hepatitis B	3	2	3
HIV/AIDS	4	3	4
Epilepsy/seizures	10	14	7
Heart disease	7	7	7
Diabetes	9	11	8
Cancer	3	3	2
TRAUMATIC BRAIN/HEAD INJURY			
Knocked unconscious one or more times	66	67	66
JUSTICE SYSTEM INVOLVEMENT (arrested > once, incarcerated or served probation in prior 6 months)	36	43	30

* all information was reported by participants except where noted

% Multnomah Community Ability Scale – reported by interviewers based on observations, interview responses and collateral information – higher scores indicate better functioning; a score of 62 and below represents moderate to high disability or moderate to poor functioning; items include daily living independence, money management, coping with illness, and social effectiveness

& self-report of psychotic disorders and related hospitalizations are likely to be underestimates due to the nature of the illness

THIS IS **EXHIBIT "C"** REFERRED TO
IN THE AFFIDAVIT OF DR. STEPHEN GAETZ
SWORN REMOTELY AT THE
CITY OF ST. CATHERINES BEFORE ME AT THE REGION OF WATERLOO
DURING A VIDEOCONFERENCE CALL
IN ACCORDANCE WITH O.REG. 431/20,
ADMINISTERING OATH OR DECLARATION REMOTELY
THIS 15TH DAY OF AUGUST, 2025

A handwritten signature in black ink, appearing to read 'Shannon Down', is centered on a light gray rectangular background.

SHANNON DOWN
A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 43894D

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Manitoba

Manitoba plans to shut down homeless encampments one at a time, finding housing for each person

'This plan is starting from a perspective of compassion,' says Tessa Blaikie Whitecloud, who will steer work

[Darren Bernhardt](#) · CBC News · Posted: Jan 14, 2025 12:33 PM EST | Last Updated: January 14



An encampment is seen on the banks of the Red River in Winnipeg's Point Douglas area last month. (Jaison Empson/CBC)

Premier Wab Kinew has released a long-awaited plan — involving municipal and Indigenous governments and non-profit organizations — to end Manitoba's chronic homelessness issue by methodically decommissioning encampments and moving people into housing.

"Today's the day where we commit to a turning point. We're going to work together and ensure that everybody has a place to call home and, importantly, that you have the addictions and mental health services to succeed in living with a roof over your head," Kinew said at Tuesday's announcement at the Granite Curling Club, across from the legislative building.

Homeless encampments have existed for several years in the trees between the club and the Assiniboine River.

"This is a rich country, and yet, for far too long, people have been left behind. They've been left behind without housing, they've been left behind without mental health services. They've been left behind without a path to stay alive," Kinew said.

The province will spend \$20 million on the effort over the next two years, he said — money that is on top of other housing and mental health money laid out in the budget.

- [Manitoba will start moving people from encampments into housing in 2025, balance budget by 2027: Kinew](#)
- [Man living in encampment welcomes Manitoba's homelessness plan, but says breaking cycles will be challenging](#)

He spoke of his own addictions issues in the past and being given a second chance.

"I have a deep abiding faith in the people of this province that ... you can make good on a second chance, too," he said.

The new plan, called [Your Way Home](#), outlines a strategy, like a ladder, that moves people up to independence. The bottom rung is basic shelter, while the top is the private rental market, with various levels of supported housing in between.

1 camp at a time

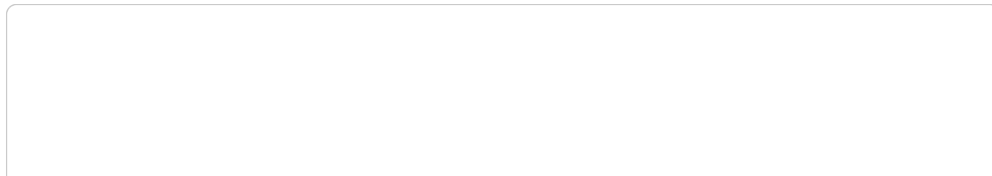
Beginning in February, the province and the City of Winnipeg will move people from one encampment at a time into housing.

After a site is selected, a 30-day transition period will be used to get everyone into housing and set up with wraparound support, including flexible funding for people who are experiencing incidental homelessness.

Encampments will only be decommissioned once move-in-ready housing is secured for every person.

The sites will then be cleared by cleanup teams and monitored by foot patrols to ensure they remain clear and the areas can be used safely by the public.

The province is in the process of purchasing and renovating apartment buildings that will add 300 new social units with support services, said Housing, Addictions and Homelessness Minister Bernadette Smith.



The locations of those new units will be released in weeks to come, she said.



Tessa Blaikie Whitecloud, left, Premier Wab Kinew and Housing, Addictions and Homelessness Minister Bernadette Smith take questions from media following the announcement of their homeless strategy on Tuesday. (Warren Kay/CBC)

The province will also free up additional housing spaces for people in encampments by convincing some existing Manitoba Housing tenants to move out. Individuals "who are best positioned to succeed" in the private rental market will be provided with rent supports so they can afford their new accommodations, according to the strategy.

The plan will be quarterbacked by Tessa Blaikie Whitecloud, who has [worked in the homeless-serving sector since 2013](#) as executive director for 1JustCity and, for the last three years, as CEO of Siloam Mission.

Staff were notified on Monday that she is leaving Siloam at the end of the month to join the provincial government. Her new title is premier's senior adviser on ending chronic homelessness.

- ['There's no hope at the encampments' advocate says as they try to help house residents before winter](#)

Through Blaikie Whitecloud, the province will lead and co-ordinate the plan, working to streamline the efforts of other stakeholders, Kinew said.

Asked how they intend to help those who refuse to leave an encampment, Blaikie Whitecloud said the key is to "make that supportive housing the most attractive option."

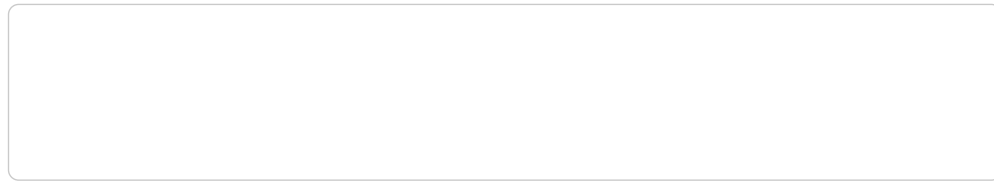
- [Houston model shows Manitoba delegation the value of collaboration in tackling homelessness](#)
- ['More encampments than there have ever been,' Winnipeg homeless outreach worker says](#)

You do that by working with people who are homeless to find out what support they need to agree to move, she said.

"It is engaging people ... in the actual planning of the infrastructure ... and then doing that work with the charity partners that are coming alongside us in order to develop [that] housing," Blaikie Whitecloud said.

"It is ensuring that folks have 2SLGBTQ housing if that's where they need to be to feel safe, or Indigenous women's only housing, if that's where they need to be to feel safe, [and] access to detox and support services for treatment as soon as they're ready."

It could also mean moving an entire encampment into housing together, so they don't lose that sense of street family, she said.



"This plan is starting from a perspective of compassion, building up what people say that they need to move into housing."

WATCH | Province unveils plan to end chronic homelessness:



Manitoba begins plan to move people from encampments to homes

► 7 months ago

Manitoba's government unveiled its strategy Tuesday for ending chronic homelessness by moving people out of encampments and into permanent housing.

Every month, there's an average of 100 units available at an affordable rate in Winnipeg, and there are roughly 3,500 people competing for those units, Blaikie Whitecloud said.

"Is it ambitious to say that we can end chronic homelessness? Yes," Blaikie Whitecloud said.

"[But] this plan starting with housing, and that housing being the [supported] housing that is actually needed, is why I believe that this plan will work."

- [Rising deaths of people without fixed addresses leave families, community workers mourning](#)

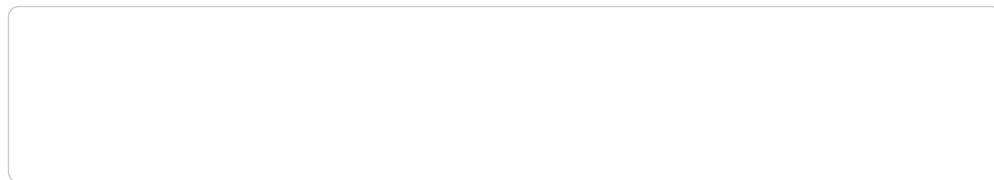
The province's 2024 budget included \$116 million to build 350 social and affordable housing units and repair more than 3,000 units. Those will be incorporated into the new strategy.

The outline for the plan says it will take until the end of 2031 to complete.

The plan requires significant co-ordination between the province and municipalities, as well as community partners, Smith said.

"This work won't be easy," she said.

Winnipeg Mayor Scott Gillingham said he and city council fully support the plan and will back it up.



"Today is a very great day, one that I certainly have been looking forward to for a long, long time," Gillingham said.

"We're all-in as a city."

Everyone wants to see immediate results, "but complicated problems require well-thought-out solutions, and they take time to address," Gillingham said.

"This plan, I believe, is the right approach, and I'm confident in the weeks and the months ahead, Winnipeggers will start to see meaningful change on our streets, in our parks, on our riverbanks and in other public spaces," he said.

Most importantly, people will start moving into housing with the supports they need for healthy, stable lives, he said.

"This plan offers hope."

With files from The Canadian Press

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**THE REGIONAL MUNICIPALITY OF
WATERLOO**
Applicants

and

**PERSONS UNKNOWN AND TO BE
ASCERTAINED**
Respondents

Court File No.: CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

Proceeding commenced at KITCHENER

AFFIDAVIT OF DR. STEPHEN GAETZ

WATERLOO REGION COMMUNITY LEGAL SERVICES
450 Frederick Street, Unit 101
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Shannon K. Down (LSO# 43894D)
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Lawyers for the Respondents

TAB 9

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

ACKNOWLEDGMENT OF EXPERT'S DUTY

1. My name is Dr. Stephen Gaetz. I live at the Village of Colborne, in the Province of Ontario.
2. I have been engaged by or on behalf of the Waterloo Region Community Legal Services to provide evidence in relation to the above-noted court proceeding.
3. I acknowledge that it is my duty to provide evidence in relation to this proceeding as follows:
 - (a) to provide opinion evidence that is fair, objective and non-partisan;
 - (b) to provide opinion evidence that is related only to matters that are within my area of expertise;
and
 - (c) to provide such additional assistance as the court may reasonably require, to determine a matter
in issue.

4. I acknowledge that the duty referred to above prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.

A handwritten signature in black ink, appearing to be "John Doe", written over a horizontal line.

Date: AUGUST 15, 2025

Signature

TAB 10

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

AFFIDAVIT OF DR. BERNADETTE PAULY

I, **DR. BERNADETTE PAULY**, of the City of Victoria, in the Province of British Columbia, SOLEMNLY AFFIRM as follows:

1. The facts and opinions contained in this affidavit are based on my own research and experiences as well as other reliable research in this area, where noted.

Background and nature of work

2. I am a registered nurse and public health researcher with more than a decade of experience in the field of homelessness. Currently, I am a Professor in Nursing and a Scientist at the Canadian Institute for Substance Use Research. I am a University of Victoria Community Engaged Scholar. My research and work has been recognized with numerous awards including a BC community Achievement Award, a City of Victoria Honorary Citizen, a UVIC Community University Award and a Queens Diamond Jubilee Medal as well as two Honorary Degrees including one from Stirling University in Scotland. A copy of my Curriculum Vitae is attached hereto as **Exhibit “A”**.

3. For the past 15 years, I have conducted research on homelessness, including in collaboration with people who are homeless. My research focuses on the conditions in which people become homeless and the barriers and facilitators impacting exits from homelessness.

Mandate

4. Waterloo Region Community Legal Services has commissioned me to prepare an expert report in the litigation of *The Regional Municipality of Waterloo and Persons Unknown and to be Ascertained*.

5. I have been asked to provide my opinion on the following topics:

- a) Composition and demographics of homeless encampments in Canada;
- b) Impact of encampments evictions and displacement;
- c) Staged approaches to housing as inconsistent with the principles of Housing First;

Composition of Homeless Encampments

6. Encampments are a specific situation of homelessness and like other homeless experiences an individual, family or community is without access to stable, safe, permanent, appropriate housing, nor do they have prospects, means or ability to acquire housing.¹

7. In general, “homelessness is a consequence of systemic and societal barriers, a lack of affordable and appropriate housing, the individual/household’s financial, mental, cognitive, behavioral or physical challenges, and/or racism and discrimination”.² People do not choose to be

¹“[Canadian Definition of Homelessness](#)”, Canadian Observatory on Homelessness.

² “[Canadian Definition of Homelessness](#)”, *supra*, p. 1.

homeless as it is extremely negative, unsafe, unhealthy, stressful and distressing. Nor do they necessarily choose to live in encampments rather it is a forced or constrained choice and most often a choice of last resort.³

8. Encampments are a response to homelessness in which people choose among limited alternatives for housing that best meet their needs and to create a sense of safety and community which is central to well-being for all people. For some, emergency or homeless shelters are not a viable option due to health and safety concerns related to communicable disease, violence, theft or lack of ability to be with a partner or family as well as pets.⁴ Further rules, such as curfews, restrictions on medications and substance use can make it difficult for people to live in shelters, and maintain their health and/or employment. As noted in our publication, “Forced to be a community”, attached hereto as **Exhibit “B”**, this is a constrained or forced choice due to systemic and social failures where an encampment is the option of last resort when housing is inaccessible, unavailable or inappropriate and emergency shelters are full or insufficient as housing.⁵

9. Point in time Counts represent a snapshot of homelessness on a single night and in Canada are conducted approximately every two years. Point in time counts consist of an enumeration and survey of those who are homeless based on the following typology outlined in the Canadian definition of homeless of which I was a coauthor.⁶ The typology captures those who are unsheltered and living in places not meant for human habitation including streets, alleys, vehicles, abandoned buildings, doorways and encampments as well as those who are in emergency shelters

³ Olson, N. and B. Pauly (2022). “[‘Forced to Become a Community’: Encampment Residents’ Perspectives on Systemic Failures, Precarity, and Constrained Choice](#)”, *International Journal on Homelessness* 3(2): 124-138.

⁴ “[Issue Brief: Impact of Encampment Sweeps on People Experiencing Homelessness, December 2022](#)”, National Health Care for the Homeless Council.

⁵ “[‘Forced to Become a Community’: Encampment Residents’ Perspectives on Systemic Failures, Precarity, and Constrained Choice](#)”, *supra*.

⁶ “[Canadian Definition of Homelessness](#)”, The Canadian Observatory on Homelessness, The Homeless Hub.

and transitional accommodation. Below, I drew on national point in time count data to highlight the overrepresentation of Indigenous people, people with disabilities and seniors among those who are living unsheltered which includes homeless encampments.⁷

10. Nationally, the last coordinated point in time count was 2020-2022 in which data from 72 communities including the Waterloo region highlighted numbers and characteristics of homeless persons based on enumeration and survey data.⁸ I am the scientific advisor for the Victoria, BC Homeless count and as such have knowledge of point in time count methodology. Point in Time Counts while an important source of information on the number of people who are homeless, capture data, usually on one night, and are widely understood to underestimate the number of people who are homeless.

11. In the most recent coordinated national count, 40,713 people were identified as homeless in Canada between 2020 and 2022.⁹ This number only reflects this two year period, and Point in Time Counts are routinely understood to under count. However, at that time approximately 23% of this number were people who are living unsheltered including in encampments.¹⁰ While homelessness increased by about 22% from the previous count in 2018, unsheltered homelessness rose specifically by 88% over the previous count.¹¹ The primary reason for this increase is the lack of affordable housing and adequate incomes, including inadequate social assistance rates, which

⁷ “[Everyone Counts 2020-2022 – Results from the Third Nationally Coordinated Point-in-Time Counts of Homelessness in Canada](#)”, Minister of Housing, Infrastructure and Communities.

⁸ *Ibid.*

⁹ *Ibid*; The January 9, 2025 report “[Municipalities Under Pressure: The Human and Financial Cost of Ontario’s Homelessness Crisis](#)” released by the Association of Municipalities of Ontario stated in 2024 an estimated 81,515 Ontarians experienced known homelessness.

¹⁰ “Everyone Counts”, *supra*.

¹¹ “Everyone Counts”, *supra*.

worsened during COVID 19 and following. In particular, there has been an increase in visible homelessness often in the form of encampments.

12. With respect to homelessness in Canada, it has been documented that people with disabilities and mental health needs, LGBTQ2s+ populations, racialized groups, and Indigenous people are disproportionately under-housed, unhoused, and experience barriers to access affordable, permanent, stable, and supportive housing.¹²

13. People with disabilities are also overrepresented among homeless populations and estimates vary from 30 to 45% of the homeless population in Canada as having a physical, mental, or cognitive disability which is much higher than the general population. In fact, people who have a disability are four times more likely to experience homelessness compared to those without.¹³ People with disabilities are twice as likely to experience hidden homelessness than people without disabilities.¹⁴ They are more likely to experience homelessness as a consequence of violence and more than half (53%) of people with disabilities who had experienced homelessness reported that it was because of violence, compared with 36% of people without disabilities.¹⁵ Lack of financial means and subsequent housing insecurity is high among people with disabilities due to limited incomes as well as ability and opportunities for employment.

¹² Caryl Patrick, [Aboriginal Homelessness in Canada: A Literature Review](#) (Toronto: Canadian Homelessness Research Network Press, 2014); Stephen Gaetz, et al., ["Without a Home: The National Youth Homelessness Survey,"](#) *Canadian Observatory on Homelessness Press*, 2016; Samantha Rodrigue, ["Hidden homelessness in Canada Insights on Canadian Society,"](#) *Statistics Canada Catalogue no. 75-006-X*, November 15, 2016; Stephanie Baker Collins, and Ann Fudge Schormans, ["Making Visible the Prevalence of Self-Identified Disability Among Youth Experiencing Homelessness,"](#) *Journal of Social Distress and Homelessness* (2021): 1-9.

¹³ ["Joint news release – New project confirms people with disabilities are overrepresented in all aspects of inadequate housing and homelessness,"](#) Canadian Human Rights Commission, June 19, 2024; ["Homelessness – Monitoring the right to housing for people with disabilities,"](#) Canadian Human Rights Commission.

¹⁴ ["Homelessness – Monitoring the right to housing for people with disabilities,"](#) *supra*.

¹⁵ ["Homelessness – Monitoring the right to housing for people with disabilities,"](#) *supra*.

14. Indigenous people are eight times more likely to experience homelessness in urban centres, as well as experience the continuing legacies of colonial oppression and exclusion, racism and discrimination when accessing all aspects of social life.¹⁶ A national survey on youth homelessness in Canada has revealed that 29.5% of youth who were homeless were of the LGBTQ2S+ community, 30.6% were Indigenous, and 28.2% were racialized.¹⁷

15. It has been well established that homelessness for Indigenous people is a consequence of colonization which dispossessed Indigenous people of their lands and resources, propelling racism and inflicting systemic and ongoing trauma.¹⁸ Indigenous people are overrepresented among homeless populations with experiences of racism and discrimination impacting their health and wellbeing. In the National coordinated point in time count Indigenous people (First Nations, Métis and Inuit) comprised nearly one third (31%).¹⁹

16. In Canada only 5% of the population identify as Indigenous.²⁰ Among those living in unsheltered locations including encampments, the percentage of Indigenous people was higher than other groups at 41%, according to the National Point in Time Count.²¹ Also, Indigenous participants reported higher rates of chronic homelessness (75%) compared to non-Indigenous (68%).²² The majority (55%) of Indigenous respondents first experienced homelessness as a child or youth, while non-Indigenous respondents tended to have first experienced homelessness commonly as an adult. Indigenous respondents were more than twice as likely to report being a

¹⁶ Patrick, “**Aboriginal Homelessness in Canada**”, *supra*.

¹⁷ Gaetz et al., “**Without a Home**”, *supra*.

¹⁸ Thistle, J. (2017). [Definition of Indigenous homelessness in Canada](#), Toronto, Canadian Observatory on Homelessness Press.

¹⁹ “[Everyone Counts](#)”, *supra*.

²⁰ “[Canada’s Indigenous population](#)”, StatsCan, June 21, 2023:

²¹ “[Everyone Counts](#)”, *supra*.

²² “[Everyone Counts](#)”, *supra*.

youth in care (51%) compared to non-Indigenous respondents (22%).²³ The lack of Indigenous led programs and services that emphasize cultural connections and safety is a specific concern for Indigenous people living in encampments. This is salient as Indigenous homelessness is not simply a loss of land and resources but a loss and disconnection from family and culture.

17. People of older age are among the fastest growing segment of the homeless population as they experience displacement and loss of housing due to increasing housing costs and in some cases health issues.²⁴ In the national homeless count, people between the ages of 50-64 comprised 24% of the homeless population.²⁵

18. When overnight location was considered in relation to age, 25% of those over age 50 were in unsheltered locations including encampments.²⁶ This situation is concerning as people are becoming homeless as seniors and living outdoors. Those living unsheltered have higher rates of chronic diseases, mental health and substance issues compared to those who are sheltered, reduced access to health care services and increased likelihood of premature death.²⁷

Impact of Encampment Evictions and Displacement

19. Encampment evictions and displacement are not a solution to homelessness and contribute to the already existing harms associated with experiencing homelessness. Below I outline a number of harms associated with encampment evictions and displacement including harmful impacts on

²³ *Ibid.*

²⁴ “[Seniors](#)”, The Canadian Observatory on Homelessness, The Homeless Hub.

²⁵ “[Everyone Counts](#)”, *supra*.

²⁶ *Ibid.*

²⁷ Richards, J. and R. Kuhn (2023), “[Unsheltered Homelessness and Health: A Literature Review](#)” *AJPM Focus* 2(1): 100043.

health, disruptions to healthcare services, disrupting pathways to housing and income, contributing to unsafe situations and increasing costs to the community.²⁸

20. **Harmful impacts on health:** Evictions and displacement negatively impact physical, mental and emotional health of homeless people.

- a. *Loss of survival items:* During displacement events, homeless individuals often have their belongings confiscated, including essential survival gear. Essential survival items, such as food, clothing, cooking supplies, and tents are thrown away or destroyed. These are basic items necessary to protect oneself from the elements and meet basic needs for health such as food and nutrition. They require time and resources to replace. Storage is often offered for items but is usually time limited. In some cases, items are still lost when they are not appropriately labelled. It is not uncommon for people to only have portions of their items returned. I have also seen authorities destroy belongings because they are wet or deemed trash.
- b. *Increase trauma and poor mental health:* Displacement can increase trauma and worsen mental health as such actions contribute to feelings of hopelessness and loss as these actions communicate that people are not wanted and that their lives and property are not valued. Those with preexisting trauma such as Indigenous people as well as those with anxiety and depression are particularly impacted.

²⁸ [“Impact of Encampment Sweeps on People Experiencing Homelessness”](#), *supra*; Chang, J. S., P. B. Riley, R. J. Aguirre, K. Lin, M. Corwin, N. Nelson and M. Rodriguez (2022). [“Harms of encampment abatements on the health of unhoused people.”](#) *SSM - Qualitative Research in Health* 2: 100064. Meehan, A. A., K. E. Milazzo, M. Bien, S. K. Nall, K. D. Vickery, E. Mosites and J. A. Barocas (2024). [“Involuntary displacement and self-reported health in a cross-sectional survey of people experiencing homelessness in Denver, Colorado, 2018–2019.”](#) *BMC Public Health* 24(1): 1159.

Displacement contributes to fear and anxiety impacting sleep and exacerbating chronic stress. Such actions also disrupt social connections which can contribute to poor mental health. Also, the loss of personal items such as photographs, or ashes of a loved one negatively impact mental health and are irreplaceable.

- c. *Increased stigma and disruption of community connections:* Homelessness is associated with high degrees of stigma within society and homeless people often face negative comments from the surrounding community. Displacements which treat people and belongings as something to be thrown away can increase stigma. Encampments provide a place of community and connections which can provide a source of social support and wellbeing that counter feelings of isolation and loneliness, issues which are particularly acute among those with disabilities and seniors.
- d. *Loss of medications and medical equipment:* Lifesaving and essential medications may be destroyed or lost. For example, the loss of antibiotics to treat infections which can worsen and become life threatening. Chronic health issues and losing medications can make it difficult to manage conditions such as diabetes, high blood pressure, heart issues all which are increased among seniors. Conditions again can worsen, and it can be challenging to replace medications due to restrictions on prescriptions or access to health care providers. Additionally, medical equipment used by those with disabilities and seniors such as canes, walkers and braces may be thrown away or destroyed. Again, these may be difficult to replace given funding

restrictions as well as time necessary to obtain replacements and severely limit mobility. Loss of clean supplies for drug use can increase risk of HIV and Hepatitis C.

- e. *Increased overdoses and death:* Canada is in the grips of a worsening public health crisis related to unintentional overdoses due to a toxic and unregulated drug supply.²⁹ A crisis that disproportionately impacts Indigenous people.³⁰ The displacement of homeless individuals who use drugs significantly increases their risk of overdose and death. In a modeling study of 23 cities in the United States, Barocas et al. predicted that involuntary displacement or sweeps of people experiencing homelessness would increase overdose deaths, hospitalizations, and reduce access to opioid agonist therapy.³¹ The loss of Naloxone means loss of the ability to quickly reverse overdoses and save lives from overdoses. Losing opioid agonist or safer supply prescriptions and medications can result in returning to a deadly, unregulated drug market to cope with withdrawal symptoms. Individuals in encampments often form communities of support³², which are vital in preventing overdose by ensuring that people do not use drugs alone. These are first-line responses to preventing death in the context of a public health emergency. Displacement disrupts access to community support, isolates

²⁹ [“Key Findings: Opioid and Stimulant Harms in Canada”](#), Health Infobase, Government of Canada, June 25, 2025.

³⁰ [“Toxic Drug Crisis Data”](#), First Nations Health Authority.

³¹ Barocas, J. A., S. K. Nall, S. Axelrath, C. Pladsen, A. Boyer, A. H. Kral, A. A. Meehan, A. Savinkina, D. Peery, M. Bien, C. Agnew-Brune, J. Goldshear, J. Chiang, B. P. Linas, G. Gonsalves, R. N. Bluthenthal, E. Mosites and N. S. Group (2023). [“Population-Level Health Effects of Involuntary Displacement of People Experiencing Unsheltered Homelessness Who Inject Drugs in US Cities.”](#) *JAMA* **329**(17): 1478-1486.

³² Exhibit “B”, “Forced to Become a Community”, *supra*.

individuals, and places them in unsafe situations where they may use alone as well as further from services.

21. **Reduces and disrupts connections to health services:**

- a. *Reduces access to primary care.* It becomes more difficult for outreach teams, including nurses and other service providers, to locate individuals, and people are often moved farther away from essential services such as primary care. For example, loss of contact with outreach providers means that homeless people may not have access to healthcare or be aware when detoxification beds become available or the ability to keep appointments.
- b. *Evictions and displacement erode trust.* Trust is a critical element in healthcare delivery for people who use drugs and those experiencing homelessness.³³ Due to past negative experiences, people in these situations often have high levels of distrust toward healthcare providers and systems.³⁴ Displacement breaks these relationships, which are already fragile and make it difficult to reestablish.³⁵ The breaking of these relationships limits access to a range of health services and

³³ Pauly, B., "[Close to the street: Nursing practice with people marginalized by homelessness and substance use, in Homelessness and Health in Canada](#)", S. Hwang and M. Younger, Editors. 2014, University of Ottawa Press: Ottawa.

³⁴ Chan Carusone, S., et al., "[Maybe if I stop the drugs, then maybe they'd care?](#)"-hospital care experiences of people who use drugs", *Harm Reduction Journal*, 2019. 16(1): p. 16.

³⁵ Pauly, B.B., "[Shifting moral values to enhance access to health care: harm reduction as a context for ethical nursing practice](#)", *Int J Drug Policy*, 2008. 19(3): p. 195-204; Liu, M. and S.W. Hwang, "[Health care for homeless people](#)", *Nature Reviews. Disease Primers*, 2021. 7(1): p. 5.

exacerbate already existing health challenges. Further distrust and loss of hope can contribute to increased reluctance to access services in the future.

22. Disrupts pathways to housing and income:

- a. *Loss of identification and other records:* Records such as driver's licenses, healthcare cards, birth certificates, social security and other forms of identification are thrown out or destroyed. Such documents are required to apply for housing, income, health benefits, employment and file taxes. The process of replacement is both costly and time consuming which can interfere with accessing benefits as well as securing employment and housing.
- b. *Criminalization:* Criminal charges related to arrests can interfere with employment and housing opportunities as well as jail time which can contribute to cycles of homelessness. People who are homeless are living in extreme poverty. They are unable to pay fines which can result in further criminalization, including arrests or jail time.
- c. *Disrupt housing opportunities:* People are often on housing wait lists and if an opening comes up, individuals cannot be located by outreach workers due to encampment displacements. In some cases, additional information is needed to ensure they maintain their place on a waitlist, which is also further compromised.
- d. *Disrupt employment:* People in encampments may already be employed and community members assist each other by taking care of their belongings during working hours. Also, work equipment may be thrown out or destroyed during

displacement which can mean loss of employment. Displacement can also mean loss of access to transportation and ability to commute to employment.

23. **Contributes to unsafe situations:** As people are driven to less visible and less safe spaces, this can contribute to poorer health in the absence of adequate survival gear, decreased access to services, lack of safe water, transportation and isolation leaving people vulnerable to assault and other risks. This can push people deeper into instead of out of homelessness and contribute to interpersonal conflict and violence.

24. **Increased community costs:** The costs of displacement constitute a source of harm in that investment in policing, security and other means of enforcement are costly to communities and reduce resources for effective evidence-based solutions such as housing or rental supplements. This can include the costs of signs, fencing, court costs, and storage of confiscated items, which all contribute to community costs. Confiscation of survival items, medications, medical equipment, and identification have costs to replace, which puts a burden on donors, the health care system, and social service organizations. Displacement increases harm which can increase costs through the use of emergency services and hospitalizations.

25. Displacement furthers harm and it moves people further away from solutions and support. Displacement, with the rash of unintended consequences supported by evidence, should be avoided. Some of the harms associated with displacement include confiscation of property and the displacement itself. If there is a long lead-time to allow time to find suitable housing then that could make a difference, provided suitable housing is actually found. However, if suitable housing is not found, then a displacement will cause harm regardless of the period of notice provided. If

the displacement is rapid and sudden it can also be more violent as opposed to a gradual moving of people into other spaces.

26. Transitions into short term housing options, such as emergency shelter or time-limited motel spaces to have people move out of an encampment may not be suitable for everyone. There are many reasons why staying in emergency shelters and motels may be untenable for people and this will end up in further displacement. Evictions in themselves add another layer of harm.

Staged Approaches to Housing

27. The concept of a staged approach to housing, is similar to a previously held theory referred to as the continuum of care. The thinking behind the continuum of care concept is an idea that people must be ready for permanent housing and readiness is achieved by moving through a series of transitional or temporary housing arrangements in which permanent housing is earned. While this is still a common belief among housing providers and policy makers in North America, it is inconsistent with human rights and evidence. In Canada, there is a legislated right to housing³⁶ but in a costly and highly privatized housing market, people cannot claim their right to housing and are often forced to shelter outdoors when shelters and adequate housing are not available. In terms of human rights, the National Protocol on Encampments clearly lays out the rights of homeless persons to be involved and have a say in decisions that impact them.³⁷

28. In relation to the evidence, numerous rigorous studies of Housing First, in which people are placed directly into permanent housing with supports is current evidence-based best practice

³⁶ [National Housing Strategy Act](#), SC 2019, c 29, s 313.

³⁷ Farha, L. and Schwan, K., "[A National Protocol for Homeless Encampments in Canada](#)," *UN Special Rapporteur on the Right to Housing*, April 30, 2020.

in Canada and elsewhere.³⁸ Housing First has been demonstrated to reduce homelessness and increase housing stability through randomized trials such as the Canada at Home Chez soi Study³⁹, Denver's Housing First Study⁴⁰ and Tampere in Finland.⁴¹ Housing First does not require issues such as substance use or mental health be addressed before people are provided with housing. Housing First, as an approach, prioritizes immediate access to permanent housing without readiness requirements, emphasizes consumer choice and self-determination; has a recovery orientation, individualized and client driven supports, community and social integration.⁴² Importantly, people are provided with supports aligned with their needs often described as wraparound services. Studies have demonstrated that providing housing first with supports has reduced homelessness and increased housing stability and quality of life while demonstrating cost effectiveness, reduced use of emergency services and increased engagement in appropriate and relevant health care services⁴³. Housing First can be effective for a diverse group of people including Indigenous people, those with substance use or mental health issues, seniors and others if supports are tailored to the individual. Where concerns have been raised about effectiveness, the

³⁸ Peng, Yinan et al, "Permanent Supportive Housing With Housing First to Reduce Homelessness and Promote Health Among Homeless Populations With Disability: A Community Guide Systematic Review", *Journal of Public Health Management and Practice* [26\(5\):p 404-411, September/October 2020](#).

³⁹ Stergiopoulos, V., C. Mejia-Lancheros, R. Nisenbaum, R. Wang, J. Lachaud, P. O'Campo and S. W. Hwang (2019). "[Long-term effects of rent supplements and mental health support services on housing and health outcomes of homeless adults with mental illness: extension study of the At Home/Chez Soi randomised controlled trial](#)." *The Lancet Psychiatry* **6**(11): 915-925; Aubry, T., G. Nelson and S. Tsemberis (2015). "[Housing first for people with severe mental illness who are homeless: a review of the research and findings from the at home—chez soi demonstration project](#)." *The Canadian Journal of Psychiatry* **60**(11): 467-474.

⁴⁰ Cunningham, Mary K. et al, "[Breaking the Homelessness-Jail Cycle with Housing First: Results from the Denver Supportive Housing Social Impact Bond Initiative](#)", Urban Institute, July 15, 2021.

⁴¹ Kaakinen, Julia "[Uncomfortable questions and some answers](#)", Leuven, September 15, 2023; Y-Foundation, "[A Home of Your Own: Housing First and ending homelessness in Finland](#)", Otava Book Printing Ltd., 2017.

⁴² "[Housing First](#)", Canadian Observatory on Homelessness, Homeless Hub.

⁴³ Woodhall-Melnik, Julia R. and Dunn, James R., "[A systematic review of outcomes associated with participation in Housing First programs](#)", *Housing Studies*, October 6, 2025; "[Housing First Evidence](#)", National Low Income Housing Coalition.

real question is related to whether or not Housing First principles are operationalized including whether adequate supports and services have been provided.⁴⁴

29. In 2019, with the passing of the Housing Strategy Act in Canada, housing is considered a right not a privilege.⁴⁵ Housing First is aligned with the right to housing which outlines seven key dimensions of adequate housing.⁴⁶ Adequate housing is more than shelter and must provide a safe and dignified place to live that meets the following criteria: 1. security of tenure, 2. availability of services, materials, facilities, and infrastructure, 3. affordability, 5. habitability, 6. accessibility, location, and 7. cultural adequacy.⁴⁷ These standards are not met by moving people into various forms of accommodation such as emergency shelters, motels/hotels, transitional housing which do not have security of tenure⁴⁸. Permanent housing with security of tenure is the foundation for exiting homelessness.⁴⁹

30. I affirm this affidavit to provide evidence on this application and for no other purpose.

SWORN remotely by Bernadette Pauly at the City of Victoria, in the Province of British Columbia, before me at the County of Wellington in the Province of Ontario on August 14, 2025 in accordance with O. Reg. 431/20.



Joanna Mullen, A Commissioner

Bernadette Pauly

Digitally signed by Bernadette Pauly
Date: 2025.08.14 17:07:07 -07'00'

Dr. Bernadette Pauly

⁴⁴ Goering, P., S. Veldhuizen, G. B. Nelson, A. Stefancic, S. Tsemberis, C. E. Adair, J. Distasio, T. Aubry, V. Stergiopoulos and D. L. Streiner (2016). "[Further validation of the pathways housing first fidelity scale](#)," *Psychiatric services* 67(1): 111-114.

⁴⁵ [National Housing Strategy Act](#), SC 2019, c 29, s 313.

⁴⁶ Collins, Damien and Stout, Madeleine, "[Does Housing First policy seek to fulfil the right to housing? The case of Alberta, Canada](#)", *Housing Studies*, 2020.

⁴⁷ "[The human right to adequate housing](#)," UN Special Rapporteur on the right to adequate housing.

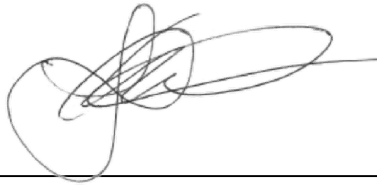
⁴⁸ "[New Report: Evaluating the Right to Housing in Victoria](#)", The Housing Justice Project, May 7, 2024.

⁴⁹ "[Housing First Evidence](#)", National Low Income Housing Coalition.

of Oaths (LSO#: 64535V)

|

THIS IS **EXHIBIT “A”** REFERRED TO
IN THE AFFIDAVIT OF DR.
BERNADETTE PAULY SWORN
REMOTELY AT THE CITY OF
VICTORIA BEFORE ME AT THE
COUNTY OF WELLINGTON DURING
A VIDEOCONFERENCE IN
ACCORDANCE WITH O.REG. 431/20,
ADMINISTERING OATH OR
DECLARATION REMOTELY THIS 14th
DAY OF AUGUST, 2025

A handwritten signature in black ink, appearing to read 'Joanna Mullen', is written over a horizontal line.

JOANNA MULLEN
A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 64535V

UNIVERSITY OF VICTORIA

FACULTY CURRICULUM VITAE

NAME Pauly Bernadette (Bernie)
Surname Given Names

DEPARTMENT OR SCHOOL Nursing FACULTY Human and Social Development

1. Degrees and Diplomas

Degree or Diploma	Field	Institution	Year Granted	Title of Thesis or Dissertation
Ph.D	Nursing	University of Victoria	2005	Close to the Street: The Ethics of Access to Health Care
MN	Nursing	University of Alberta	1993	Caring Interactions: Nurse and Patient Perspectives
BSc.N	Nursing	University of Alberta	1988	
RN	Nursing	Red Deer College	1983	

2. Positions Held Prior to Appointment at University of Victoria

- 2005-2007 Post-Doctoral Fellow, CIHR Training Program in Ethics of Health Research and Policy, Faculty of Medicine, Dalhousie University. (Second year declined).
- 2004-2006 Research Coordinator, University of Victoria
 Responsible for coordination of research group activities for the Ethics, Health and Society Research Group operated under the auspices of the Center for Studies in Religion and Society.
- Fall, 2005 Sessional Instructor, School of Nursing, University of Victoria
 Responsible for teaching of nursing research course to fourth year baccalaureate students.

- 2005-2006 Post-Doctoral Practicum, PharmaCare, British Columbia Ministry of Health. Supervisors: Nuala Kenny, Heather Davidson & Suzanne Sloven.
- 2004-2005 Graduate Student Practicum with the BC Ministry of Health. Placement at Primary Health Care Demonstration Project, BC Ministry of Health. Supervisors: Jan Storch & Shirley Thorn.
- 2002-04 Research Associate, Strengthening Nurses' Enactment of Their Moral Agency Within the Cultural Context of Health Care Delivery, University of Victoria. Dr. P. Rodney, PI. Co-Investigators: Dr. G. Hartrick Doane, Dr. J. Storch & Dr. C. Varcoe. Funded by SSHRC (\$155,763).
- 2003-04 Research Assistant, Transformative Ethics Education: Implementation and Evaluation. University of Victoria, Dr. G. Hartrick, PI. Co-Investigators: Dr. J. Storch, Dr. P. Rodney & Dr. C. Varcoe. Funded by Associated Medical Services (\$24,000).
- 2002-03 Research Assistant, Transformative Ethics Education for Nursing: Philosophical Foundations and Case Applications. Dr. G. Hartrick Doane, PI. Co-Investigators: Dr. P. Rodney, Dr. R. Starzomski, Dr. J. Storch, Dr. C. Varcoe
- Winter, 2002 Sessional Nursing Faculty, University of Victoria
Primary responsibility for clinical teaching in Nursing 351 in year three with baccalaureate students in community agencies focusing on empowerment and emancipatory nursing practice.
- 2000-01 Research Assistant, Ethics of Practice: Context and Curricular Implications for Nursing, University of Victoria. Dr. Jan Storch, PI. Co-Investigators: Dr. G. Hartrick Doane, Dr. P. Rodney, Dr. C. Varcoe, Dr. R. Starzomski. Funded by Associated Medical Services (\$14,996).
- 2001-03 Research Assistant, Advanced Nursing Practice: Challenges and Opportunities in British Columbia, British Columbia Ministry of Health/University of Victoria. Dr. Heather Davidson (Ministry of Health) and Dr. Rita Schreiber (University of Victoria) PI's. Funded by Canadian Health Service Research Foundation.
- 1992-1999 Nursing Instructor, Red Deer College
Team leader and clinical instructor for community health nursing (Year I), Nursing research (Year III), Professional Nursing Trends and Issues (Year IV).
- 1991-1992 Teaching Assistant, University of Alberta
Facilitation of student seminars focused on development of communication and counseling skills with Dr. Darle Forrest for Nursing 467-Interpersonal Communication (Post RN Degree students, Fall term) and Dr. T. Davis for Nursing 367-Mental Health Nursing (Baccalaureate Students, Winter term).

- 1991-1992 Research Assistant, University of Alberta. Women as Caregivers Project, Dr. M. Harrison & Dr. A. Neufeld PI's. Women in Transition Project, Dr. M. Harrison & Dr. A. Neufeld PI's. Quality of Life for Organ, Dr. A. Molzahn PI. Transplant Recipients, Ethic of Nurturance Project, Dr. Vangie Bergum PI.
- 1991-1992 Communications Coordinator, North Central District, AARN
Facilitation of communication between members, district and provincial levels of the Alberta Association of Registered Nurses (AARN). Resource person to all district committees and individual members. Promotion and awareness of the function and mandate of the AARN through presentations to students and registered nurse members.
- 1991-1993 Nurse Counselor, Casual, Reproductive Health Clinic, Royal Alexandra Hospital. The provision of clinical, educative and counseling services to women experiencing reproductive health concerns including therapeutic abortion counseling and follow-up.
- 1988-1991 Nursing Instructor, Year II/III, School of Nursing, Royal Alexandra Hospital. Classroom instruction, clinical supervision and seminar facilitation with students in pediatrics and gynecology in second and third year of the program.
- 1986-1988 Nursing Instructor, Year 1, School of Nursing, Alberta Hospital Ponoka. Clinical supervision and teaching of basic fundamentals of nursing and communication skills to first year nursing students.
- 1987-1988 Sessional Instructor, Red Deer College. Responsible for development and implementation of two workshops on Pediatric Emergencies for the Red Deer College Outreach Workshop Series.
- 1983-1988 Staff Nurse, Red Deer Regional Hospital
Responsibilities: Responsible for direct patient/family care in pediatrics and emergency and fulfillment of charge nurse duties on an occasional basis.

3. Major Field(s) of Scholarly or Professional Interest

- Illicit Substance Use and Alcohol Harm Reduction
- Safer Supply and Toxic Drug Deaths
- Drug Policy
- Health Equity
- Social Determinants of Health
- Cultural Safety
- Critical Perspectives in Social Justice
- Complexity and Intersectionality
- Access to Health Care for Marginalized Populations
- Homelessness and Health
- Advancing Rights to Housing

- Public Health Systems and Services Research
- Patient Oriented Research
- Ethnographic Methodology
- Case Study Methodology
- Community Based Research, including Participatory Action Research
- Mixed Methods Research
- Critical Policy Analysis

4. Memberships and Offices Held in Learned and Professional Societies (with dates included)

2021-present	Canadian Academy of Nursing Fellows
2020-Present	Canadian Academy of Health Sciences Fellow
2018- present	Member, Harm Reduction Nursing Association
2007-present	Member, International Harm Reduction Association
2006-2008	Member, CNA Nursing Ethics Interest Group
2000-present	Registered Nurse, College of Registered Nurses of B.C.
2000-2009	Member, Canadian Bioethics Society
1998	AARN rep, Working Group on Informed Consent for Blood and Blood Products
1998	AARN rep, Advisory Committee on the Early Detection of Breast Cancer
1995-1999	Member, AARN Central District Political Action Committee
1995-1998	Member, AARN Central District Direct Access Core Committee
1995-1996	Member, AARN Priorities and Planning
1993-1995	Vice President, Mu Sigma, Chapter Sigma Theta Tau
1993-1995	Chairperson, AARN Central District
1992-present	Member, Sigma Theta Tau: Mu Sigma Chapter
1992-1995	Member, AARN Provincial Research Committee
1990-1992	Founding Treasurer, Canadian Association of Pediatric Nurses

1989-1991 Treasurer, Alberta Pediatric Nurses Interest Group

5. Scholarships, Fellowships, Honors and Awards (with dates included)

- 2025 University of Victoria Faculty of Human and Social Development Senior Career Award Research Excellence (First Receptient)
- 2024 British Columbia Center on Substance Use Philip Owen Award for Excellence in Policy Research
- 2021 Nurse and Nurse Practitioner Association of BC: Excellence in Advancing Nursing Knowledge and Research Award.
- 2021 Dr. Nancy Hall Public Policy Leadership Award (CMHC BC Division)
- 2021 Fellow, Canadian Academy of Nursing
- 2021 Canadian Public Health Association Ron Draper Health Promotion Award
- 2021 British Columbia Reconciliation Award (Reciporacal Partnership between Ktunaxa Nation Council, Interior Health, University of Victoria and University of British Columbia Okanagan). [x̱a̱c̱q̱ana̱ ʔitkini̱ \(Many Ways of Doing the Same Thing Research Team\)](#)
- 2020 BC Health Care Gold Apple Awards: Dianna Mah-Jones Award of Excellence in Person-Centred Care Scholar in Residence Program of Research: Mobilizing Person-Centred Care and Patient-Oriented Research in Mental Health and Substance Use *Island Health*
<https://www.bchealthcareawards.ca/Page3144.aspx>
https://www.youtube.com/watch?v=V_YRUQJvjxw
- 2020 UVIC Top Newsmaker of 2020: <https://www.uvic.ca/news/topics/2020+top-11-stories-2020+news>
- 2020 Fellow, Canadian Academy of Health Sciences
- 2019 University of Manitoba College of Nursing Distinguished Visitor
- 2018 CIHR Gold Leaf Prize for Transformation Nomination (nominated by Island Health and SOLID Outreach Society). Ranked in Top Five.
- 2017 University of Stirling Honorary Professorship in the Salvation Army Centre for Addiction Services and Research, Stirling, Scotland, UK.

2017	Red Deer College Honorary Bachelor's Degree, Red Deer, AB
2016	Public Health Association of BC Sharon Martin Award for Community Development
2016	B.C. Community Achievement Award
2016-2022	Island Health Research Scholar in Residence Award
2014-2019	Provost's Community Engaged Scholar Award, University of Victoria
2013	Queen Elizabeth II Diamond Jubilee Medal for contributions to nursing (1 of 30 nurses in Canada)
2011	University of Victoria Community Leadership Award
2011	City of Victoria Honorary Citizen
2010	Nominated for CUFA BC Distinguished Academic Award: Early in Career Award. Nominated by University of Victoria
2010	Appointed as a Scientist, Centre for Addictions Research of BC (CARBC)
2009	Chosen as one of the Top 40 after 40. Red Deer College Alumni Recognition to Celebrate 40 years of Red Deer College
2005-2007	Canadian Institutes of Health Research Ethics of Research and Policy Post-Doctoral Training Fellowship (\$40,000/ year, Second year declined)
2003-2005	Michael Smith Health Research Doctoral Training Award (\$20,000/year plus travel allowance)
2003	Fellow of the Summer Institute in Interdisciplinary Health Research of the CIHR (\$2,000)
2003	President's Research Scholarship (\$2,000)
2000-2003	Canadian Nurses Foundation/Canadian Health Services Research Foundation Training Award (\$20,000/year)
2001-2002	Canadian Bioethics Society Student Competition Abstract Award (\$500.00)
2000-2001	University of Victoria Dorothy Kergin Endowment Fund (\$400/year)
2000	Sigma Theta Tau: Mu Sigma Chapter Education Scholarship (\$250)

1999	Alberta Association of Registered Nurses Day/Henderson Scholarship (\$750)
1997	Red Deer College Professional Development Travel Award (\$300)
1992	University of Alberta Helen E. Penhale Travel Award (\$500)

6. Appointments at University of Victoria

a. Academic

Inclusive Years	Rank	Academic Unit
2018-present	Professor	Nursing
2010-present	Scientist	Centre for Addictions Research of BC/ Canadian Institute for Substance Use Research
2010-2018	Associate Professor	Nursing
2006 - 2010	Assistant Professor	Nursing

b. Administrative

Inclusive Years	Title	Academic Unit
2019-2020	Co-Associate Director	Canadian Institute for Substance Use Research (CISUR)
2013-2018	Co-Associate Director Research and Scholarship	Nursing

7. Scholarly and Professional Achievements

a. Articles Published in Refereed Journals

Google Scholar Citations: H index is 49 for lifetime and 40 since 2020 with more than 5000 citations in the past five years.

** Graduate Student (Masters and Doctoral) and Post Doctoral Fellows*

*** Denotes Government, Community Partner inclusive of People with Lived/Living Experience*

Self-assigned number	Reference
1	Nafeh F, Martignetti L, Kolla G, Bonn M, Moradi Falah Langeroodi S, Urbanoski K, Pauly B, Werb D, Karamouzian M. (Accepted). Safer Opioid Supply Clients' Values and Preferences: A Systematic Review and Thematic Synthesis of Qualitative Research. <i>BMJ Mental Health</i> . 2025.
2	Goulet-Stock, S., Stockwell, T., Brown, M. Ratenburg, D., & Pauly, B. A pilot evaluation of managed alcohol programs operating in the context of the COVID-19 pandemic. <i>Harm Reduct J</i> 22, 87 (2025). https://doi.org/10.1186/s12954-025-01232-w
3	Carver et al., (accepted). You are helping from the heart not just from the head”: A qualitative evidence synthesis of the experiences of peer workers working with people experiencing homelessness and substance use <i>BMC Public Health</i>
4	Nafeh, F., Martignetti, L., Strike, C., Kolla, G., **Bonn, M., Brunelle, C., Boyd, J., Hyshka, E., Morris, C., Eeuwes, J., **Hobb, H., Haywood, E., Pauly, B. , Werb, D., & Karamouzian, M. (April, 2025). Barriers and facilitators to safer supply pilot program implementation in Canada: A qualitative assessment of service provider perspectives. <i>Harm Reduction Journal</i> . 22 (1) 10.1186/s12954-025-01177-0
5	Fajber, K,** Sereda, A, **Warren, S, **Morris, C, **Nash, G, Pauly, B , Urbanoski, K, Kolla, G.* (Accepted January 2025). Comprehensive Substance Use Services within Primary Care Settings: The Safer Opioid Supply program at London Intercommunity Health Centre. <i>Canadian Journal of Public Health</i> .

Self-assigned number	Reference
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c.3 – Knowledge Translation Products (including Workshops and Events, Bulletins, Evidence and Practice Briefs, Infographics and Operational Guidance)

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2. Experiences implementing and receiving prescribed safer supply in Northern BC: A study among Indigenous people who use drugs and health planners (January, 2025). Prepared by First Nations Health Authority. [Plain Language Summary and Infographic].
3. High Hopes and Canadian Managed Alcohol Program Knowledge Exchange. Cannabis Substitution in the Context of Managed Alcohol Programs. (December 16, 2024). (Community Workshop)
4. Housing Justice Day (Hosted by the Housing Justice Project in collaboration with UVIC Right to Housing Cluster). Presentations by Housing Justice Project, Rematriat Project (Tiffany Josef), Victoria Tenants Association. The Backpack Project and Impact Abby, Kwakwaka'wakw & Nuuchaltnan artist, Alex Taylor-McCallum ^[11:11]_[SEP:SEP] BC Legislature with more than 150 people in attendance. <https://www.ahomeforall.ca/media/>
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 - ii. Module 2: PWUD and Employment:
<https://www.youtube.com/watch?v=DOLNO8R-fYQ>
 - iii. Module 3: Inequities faced by Peers in the Workplace:
<https://www.youtube.com/watch?v=jrTvDVhzKjM>
 - iv. Module 4: PWUD and Primary Care:
<https://www.youtube.com/watch?v=jrTvDVhzKjM>
 - v. Module 5: PWUD Interactions with Other Professionals
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c.4 – Expert Reports

1. **Pauly, B.** (September, 2024). *Expert Report on the Irreparable Harms of Displacement to Residents of Abbotsford Tent City for Impact Abby and Abbotsford Drug War Survivors*. BC Supreme Court.
2. **Pauly, B.** (August, 2024). *Expert Report on the Harms of Displacement and Bill 34*. Prepared for Pivot Legal Society.
3. **Pauly, B.,** (December, 2022) *Reviewer Scholarly Misconduct (University of Victoria)*
4. **Pauly, B.** (2021). *Expert Report, Legal Challenge to Alberta Government related to Supervised Consumption sites. Alberta Supreme Court*
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5. **Pauly, B.** (2021). *Expert Report, Legal Challenge regarding Camping in Beacon Hill Park*. BC Supreme Court. <https://www.bccourts.ca/jdb-txt/ca/22/03/2022BCCA0383.htm>
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12. **Pauly, B.** (2016, February). *Expert Report, Victoria Tent City Injunction Hearing*. BC Supreme Court.

d. Papers, Lectures, Addresses

d.1 – Conference Presentations (Peer Reviewed) *Denotes Graduate Student ** Denotes Community Partner

1. Hunt Jinnouchi, F., Robinson, J., Brown, M. Scandiuuzzi, B., Cartwright, J. Pauly, B. (October, 30, 2024). Lovingly Providing Care: Culture, decolonized harm reduction, land-based healing within an Indigenous housing models. Part of Ways of Being: Indigenous led harm reduction and care. Ottawa: Canadian Alliance to End Homelessness.
2. Gudino-Perez, D., Macevicius, C., Norton, A., Selfridge, M., Beck-McGreevy, P., Kalicum, J., Urbanoski, K., Barker, B., Nosyk, B., Slaunwhite, A., Arredondo, J., Wallace, B., Pauly, B. (2024, June 19-21). Problem representation of BC's Risk Mitigation Guidance during dual public health emergencies [Conference presentation]. 17th Annual ISSDP Conference, Montreal, QC, Canada.
3. Pauly, B., Accessing and Maintaining Prescribed Safer Supply During a Dual Public Health Emergency. Conference Presentation 17th Annual ISSDP Conference, Montreal, QC, Canada.
4. Urbanoski, K., van Roode, T., Hogan, K., Barker, B., **Pauly, B.** (June, 2024). Impacts of Safer Supply on Psycho social Outcomes. Conference Presentation 17th Annual ISSDP Conference, Montreal, QC, Canada.
5. Kolla, G., Henderson, N. **Pauly, B.** Urbanoski, K. (June, 2024). Safer Supply is the Thing that Changes Everything: The role of Safer Supply in Rebuilding Trust after Medical Abandonment. Conference Presentation 17th Annual ISSDP Conference, Montreal, QC, Canada.
6. Cameron, F.* & Pauly, B. (November 23, 2022). ROSE: A peer-led intervention to support peer workers in overdose response settings in British Columbia. Concurrent Session, Lisbon Addictions Conference, Lisbon Portugal.
7. **Pauly, B.** & Urbanoski, K. (November 23, 2022). Mixed methods evaluation of risk mitigation measures to address the dual public health crises of COVID-19 and overdose. Panel Presentation, Lisbon Addictions Conference, Lisbon, Portugal.
8. **Pauly, B.** (November 25, 2022). The Future of Social Science Research and Supervised Consumption Sites, Panelist, Lisbon Addictions Conference, Lisbon, Portugal.
9. Barker, B. Selfridge, M. Norton, A. Wood, S. Phoenix Beck McGreevy,* P. Macevicius, C.** Hutchison, A.** **Pauly, B.** (November 4, 2022) Climbing the

Staircase: Implementation and Impacts of a Province-Wide Safer Supply Program in British Columbia, Canada. Saskatoon, SK: Canadian Society of Addiction Medicine <https://csamconference.org/docs/csam-smca-2022-scientific-conference-program.pdf>

10. Palis, H; Zhao, B; Barker, B; Nosyk, B; Pauly, B; Urbanoski, K; Slaunwhite, A. (November 4, 2022). Prescribed Stimulant Safe Supply: Surveillance Data from the First Two Years of Implementation in British Columbia. Saskatoon, SK: Canadian Society of Addiction Medicine <https://csamconference.org/docs/csam-smca-2022-scientific-conference-program.pdf>
11. Beck, P.*, Belcourt, S.*, Spence, H.*, Pelletier, J.*, McDougall, J.*, McLeod, R.*, Cartwright, L., Lamb, J.*, Evans, P.*, Stevenson, B.*, Giesinger, W.*, Wood, S.*, Hutchison, **A., Burmeister, C.*, Barker, B., Urbanoski, K., **Pauly, B.** (2022, June 14 – 16). Doing research and impacting policy during dual public health emergencies: Perspectives of people who use drugs [Plenary conference presentation]. Canadian Public Health Association 2022 Virtual Conference. <https://www.cpha.ca/publichealth2022>
12. Spence, H.*, Pelletier, H.*, Beck, P.*, McDougall, J.*, Belcourt, S.*, McLeod, R.*, Cartwright, L., Lamb, J.*, Evans, P.*, Stevenson, B.*, Giesinger, W.*, Wood, S.*, Hutchison, A.**, Barker, B., Urbanoski, K., **Pauly, B.** (2022, May 27 – 29). Evaluating overdose responses in partnership with people who use drugs [Conference presentation]. Horizons Crisis and Social Transformation in Community-Engaged Research: Simon Fraser University's Community-Engaged Research Initiative, Vancouver, BC, Canada. <https://www.sfu.ca/ceri/horizons-conference.html>
13. *Gudino Perez D, *Macevicius C, **Beck-McGreevy P, *Selfridge M, *Hutchinson A, *Kalicum J., McCall J.,* Urbanoski K, **Pauly B.** Pushing harm reduction through a medicalized model: health policy planner's perspectives on the Covid-19 Risk Mitigation Guidance in British Columbia, Canada. Poster presentation: 13th National Harm Reduction Conference, San Juan, Puerto Rico, 13-16 October 2022.
14. Barker B, *Norton A, **Wood S, *Macevicius C, **Giesinger W, **Meilleur L, Urbanoski K, **Pauly B.** Implementation of a province-wide prescribed safer supply program: Gaps in access, adaptability, and effectiveness among Indigenous people who use drugs in the Northern region of British Columbia, Canada. Oral presentation: *13th National Harm Reduction Conference*, San Juan, Puerto Rico, 13-16 October 2022.
15. *Goulet-Stock, S., *Brown, M., **Pauly, B.**, & Stockwell, T. (2022, May 16-17). *Managed Alcohol Programs (MAPs): History, Evidence, & Evolution in a Global Pandemic* [Oral presentation]. BCCSU Substance Use Conference, virtual.
16. *Norton, A., **Giesinger, W., **Wood, S., **Cadieux, K., **Meilleur, L., Urbanoski, K., **Pauly, B.**, & Barker, B. (2022, May 16–17). *Impacts and*

outcomes of a provincial prescribed safer supply program among Indigenous people who use drugs in BC's Northern region [Oral presentation]. BCCSU Substance Use Conference, virtual.

17. Xavier, J., Kievit, B., *Ackermann, E., Greer, A., *Ferguson, M. Mamdani, Z., Loyal, J., Palis, H., Slaunwhite, A., **Pauly, B.**, Skye, B., & **Buxton, J. (2021, Nov. 23). *Attitudes, Knowledge and Implementation Around the Good Samaritan Drug Overdose Act Among Police Officers and People Who Are at Risk of Experiencing or Witnessing an Overdose in BC, Canada* [Conference presentation]. Canadian Centre on Substance Use and Addiction's Issues of Substance 2021 Conference.
18. **Pauly, B.** (2021, October) *Equity oriented overdose monitoring and responses during dual public health emergencies*. Part of Symposium on Opioid Overdose Responses with Fiona Kouyoumdjian, Ontario MOH and Heather Orpana, Public Health Agency of Canada at the Canadian Public Health Association.
19. **Pauly, B.**, Cameron, F.*, Stuart, H.*, Hobbs, H.*, Ranger, C.*, McCall, J.***, Sullivan, G.***, & Urbanoski, K. (2021, May). *Developing an effective SAFER supply program: Findings from a concept mapping study*. Oral presentation presented at the Canadian Association for Health Services and Policy Research (CAHSPR) Virtual Conference.
20. Urbanoski, K., Burmeister, C.*, Beck-McGreevy, P.*, Thomson, E*, Hogan, K., Card, K.***, Selfridge, M., Barker, B., Slaunwhite, A., & **Pauly, B.** (2021, May). *A mixed methods evaluation of risk mitigation measures to address the dual public health crisis of COVID-19 and overdose*. Oral presentation at the 2021 Annual CAHSPR Conference.
21. **Pauly, B.** (2021, May). *Island Health Scholar in Residence in action*. Oral presentation at the 2021 Annual CAHSPR Conference.
22. Norton, A.***, Wood, S.*, Giesinger, W., * Mitchell, A., Meilleur, L.,* Slaunwhite, A., Urbanoski, K., **Pauly, B.**, & Barker, B. (2021, May). *Evaluating pharmaceutical alternatives to the toxic drug supply: Experiences of Indigenous people who use drugs in BC's northern region*. Oral presentation at the Canadian Association for Health Services and Policy Research Conference.
23. xaq̓anaḥ ʔitkiniḥ ManyWays of Working Together (2020, October 8). *Sharing lessons learned through community-driven, culturally-informed co-learning and co-creation of knowledge*. Panel Presentation at Putting Patients First: Connecting Face to Face Virtually (BC SPOR Unit Annual Conference).
24. Parappilly, B.*, Garrod, E.*, Longoz, R.*, Eligh, E.*, van Heukelom, H.*, Fairgrieve, C.*, & **Pauly, B.** (2020, February) *Exploring the experiences of inpatients in a Managed Alcohol Program at St. Paul's Hospital*. Poster Presentation at the BC Quality Forum, Vancouver, BC.
25. **Pauly, B.**, Wallace, B., Shahram, S.,**MacKinnon, K., Gordon, C., Raworth, R., Urbanoski, K., MacDonald, M., Sawchuck, D., *Marcellus, L., Mesley, L.***, & Strosher, H. (2019, November). *Toward equity-informed responses to prevent*

- stigma and overdoses: A scoping review*. Poster presented at the Issues of Substance Conference. Ottawa, ON
26. **Pauly, B.**, Stockwell, T., (2019, November). *Learnings and (stories) from the Canadian Managed Alcohol Program Study*. Workshop at the Canadian Centre for Substance Use's Issues of Substance Conference, Ottawa, Ontario.
 27. Urbanoski, K., Cameron, F.,* Conor, C.,* & **Pauly, B.** (2019, November). *Reducing stigma and promoting safe primary care for people who use substances*. Presentation at the Canadian Centre for Substance Use's Issues of Substance Conference, Ottawa, Ontario.
 28. **Pauly, B.**, Cameron, F., *Haddad, T.,* Phillips, P. *Wagner, H.*, Rosen, C.*, & Urbanoski, K. (2019, November). *Creating culturally safe primary care*. Presentation at the Strategy for Patient Oriented Research's Putting Patients First: Partnerships for Better Health Research Conference, Vancouver, BC.
 29. Carver, H., Parkes, T., Matheson, C., Brown, T., & **Pauly, B.** (2019, November). *Managed Alcohol Programs in Scotland: Emergent findings from a scoping study*. Society for the Study of Addiction Annual Conference, Newbury, UK.
 30. MacKinnon, K., Wallace, B., **Pauly, B.**, Gordon, C., Sawchuck, D., Shahram, S., Raworth, R., Stroscher, H., & Macevicius, C. (2019, October). *Scoping for diverse forms of knowledge to inform responses to opioid overdoses*. Abstract presented at G-I-N & JBI 2019 Adelaide, Adelaide, Australia.
 31. **Pauly, B.** & Wallace, B. (2019, September). *From contaminated to enabling spaces*. Fifth Contemporary Drug Problems Conference, Prato, Italy.
 32. Selfridge, M., Greer, A., & Pauly, B. (2019, September). *'Accidental intimacies': Reconsidering perceptions of police through their bodily encounters with youth who use drugs*. Fifth Contemporary Drug Problems Conference, Prato, Italy.
 33. Wallace, B. & **Pauly, B.** (2019, May). *Sheltering risks: Harm reduction in homeless shelters*. Paper presented at Harm Reduction International Conference 2019. Porto, Portugal.
 34. Brown, M.** , **Pauly B.**, Evans, J., Gray, E., Schiff, R., Ivsins, A., Kryswaty, B., Vallance, K., & Stockwell, T., (2018, November). *It's safer here: Implementation and impacts of Managed Alcohol Programs (MAPs)*. Presentation at the 2018 National Conference on Ending Homelessness, Hamilton, ON.
 35. Barber, K.** , Wallace, B., & **Pauly, B.** (2018, November). *Seeking safety: The contribution of overdose prevention units in broader responses to substance use and harm reduction implementation in shelter settings*. Paper presentation at the BC Non-Profit Housing Association's Housing Central Conference 2018, Vancouver, BC.
 36. Brown, M.** , **Pauly, B.**, Stockwell, T., Wettlaufer, A., Chow, C., & Vallance, K. (2018, November). *The Canadian Managed Alcohol Program Study (CMAPS)*. Presented at 2018 Housing Central – BC's Affordable Housing Conference, Vancouver, BC.

37. Brown, M.** & **Pauly, B.** (2018, October). *Working to full scope: Nursing competencies in Managed Alcohol Programs and alcohol harm reduction*. Presentation at Crisis, Controversy and Change National Conference, Canadian Society of Addiction Medicine, Vancouver, BC.
38. Bardwell, G., Malmgren, I., **Pauly, B.**, & Wallace, B. (2018, October). *Harm reduction interventions in emergency shelters: Opportunities and challenges during an overdose crisis*. Panel presentation at the 12th National Harm Reduction Conference, New Orleans, Louisiana, USA.
39. Giesbrecht, M., Stajduhar, K., Mollison, A., **Pauly, B.**, Reimer-Kirkham, S., McNeil, R., Wallace, B., Rose, C., & Dosani, N. (2018, October). *Place-based experiences of formal healthcare settings by people experiencing vulnerability at the end-of-life*. Presentation at the 22nd International Congress on Palliative Care, Montreal, QC.
40. Wallace, B., Pagan, F., & **Pauly, B.** (2018, October). *Government sanctioned, community defined: A local case study of BC overdose prevention sites*. Presentation at Stimulus 2018: Drugs, Policy and Practice in Canada, Edmonton, AB.
41. Shahram, S. Z., **Pauly, B.**, Taylor, D., & Pollock, S. (2018, May) ‘*Embedded*’ *scholarship as a strategy for health equity policy change*. Presentation at Public Health 2018, Montreal, QC.
42. **Pauly, B.** Cameron, F., Phillips, P., & Barnes, R. (2018, May). *Engaging communities in health research and policy-making*. Presentation at the 4th Fuse International Conference on Knowledge Exchange in Public Health, Vancouver, BC.
43. Shahram, S. Z., Horsethief, C., Bryant, L., Wilson, D., Pierre, S., & **Pauly, B.** (2018, May) *What’s in a name? The story of xaʔqanaʔ pitkiniʔ (many ways of working together)*. Presentation at the 4th Fuse International Conference on Knowledge Exchange in Public Health, Vancouver, BC.
44. Shahram, S. Z., **Pauly, B.**, Stroscher, H., van Roode, T., & MacDonald, M. (2018, May) *Integrated knowledge translation and disseminating action-oriented & equity-focused research findings*. Presentation at the 4th Fuse International Conference on Knowledge Exchange in Public Health, Vancouver, BC.
45. Shahram, S.Z., **Pauly, B.**, Taylor, D., & Pollock, S. (2018, May) ‘*Embedded*’ *scholarship as a strategy for health equity policy change*. Presentation at the 4th Fuse International Conference on Knowledge Exchange in Public Health, Vancouver, BC.
46. Shahram, S., Black, M., Marcellus, L., & **Pauly, B.** (2018, March) *Shaping health equity practice: A review of key perinatal documents in British Columbia (2002 – 2017)*. Presentation at Healthy Mothers & Healthy Babies Conference 2018, Vancouver, BC.
47. Shumka, L., Phillips, R., Pagan, F., Ouellet, N., **Pauly, B.**, & Wallace, B. (2017, November). *Lessons learned: Integrating Housing First into a peer-led sex work*

- organization. Presentation at the 2017 Housing Central: BC's Affordable Housing Conference, Richmond, BC.
48. Weiss, D., & **Pauly, B.** (2017, November). *Knowledge translation and working with community groups (or how to reach 6 million people with your research)*. Presentation at the 2017 Housing Central: BC's Affordable Housing Conference, Richmond, BC.
 49. **Pauly, B.**, MacDonald, M., Dyck, L., Shahram, S., Marcellus, L., Caxaj, S., Revai, T.**, Brown, M.**, & Deyman, M. (2017, November). *Transforming health systems towards health equity*. Presentation at the Public Health Association of BC's Facing a Changing World: Transformative Leadership & Practice Conference, Vancouver, BC.
 50. Greer, A.**, Burgess, H., Burmeister, C., Newman, C., Lacroix, K., LeBlanc, B., Chisel, P., Coli, M., Lampkin, H., **Pauly, B.**, & Buxton, J. (2017, November). *Best practices for engaging people who use drugs in designing harm reduction solutions*. Presentation at Issues of Substance Conference 2017, Calgary, AB.
 51. **Pauly, B.**, Brown, M.**, Vallance, K., Evans, J., Grey, E., Schiff, R., Isvins, A., Krysovaty, B., & Stockwell, T. (2017, November). Canadian Managed Alcohol Program Study (CMAPS): Toward a safer world. (2017, November). In the *Managed Alcohol Programs in Canada: Latest findings and comprehensive program overview from a national evaluation study presented panel presentation* at Issues of Substance Conference 2017, Calgary, AB.
 52. Stockwell, T., **Pauly, B.**, Chow, C., Erickson, R., Krysovaty, B., Roemer, A., Vallance, K., Wettlaufer, A., & Zhao, J. (2017, November). *Do Managed Alcohol Programs (MAPs) reduce consumption and harm?* Panel presentation at Issues of Substance Conference 2017, Calgary, AB.
 53. Vallance, K., Chow, C., Wettlaufer, A., Zhao, J., Stockwell, T., & **Pauly, B.** (2017, November). *Measuring total alcohol consumption of Managed Alcohol Program participants: Drinking on and off the program*. In the *Managed Alcohol Programs in Canada: Latest findings and comprehensive program overview from a national evaluation study presented panel presentation* at Issues of Substance Conference 2017, Calgary, AB.
 54. Wallace, B., **Pauly, B.**, Barber, K.**, Hobbs, H., & Vallance, K. (2017, November). *Every washroom: De facto consumption sites in the epicenter of an overdose public health emergency in British Columbia, Canada*. Paper presentation at Issues of Substance Conference 2017, Calgary, AB.
 55. Wallace, B., **Pauly, B.**, Pagan, F., & Hobbs, H. (2017, November). *Implementation and impact of overdose prevention sites in Victoria BC: A rapid case study*. Paper presentation at Issues of Substance Conference 2017, Calgary, Alberta.
 56. Wallace, B., **Pauly, B.**, & Barber, K.** (2017, November). *Sheltering risks: Incomplete implementation of harm reduction in homeless shelters*. Paper presentation at Issues of Substance Conference 2017, Calgary, AB.

57. Cameron, F., Haddad, T., Phillips, J., Phillips, P., Myster, G., Rosen, C., Hartney, E., **Pauly, B.**, & Urbanoski, K. (2017, November). *The power of lived experience: Informing culturally safe care for people who use substances*. Presentation at the Strategy for Patient Oriented Research's Putting Patients First: Partnerships for Better Health Research Conference, Vancouver, BC.
58. Buccieri, K., Gaetz, S., Oudshoorn, A., **Pauly, B.**, Schiff, R., & Waegemakers Schiff, J. (2017, October). *Identifying pathways to wellness for women experiencing homelessness*. Presentation at the 2017 National Conference on Ending Homelessness, Winnipeg, MB.
59. Deyman, M., Norman, T.** , **Pauly, B.**, MacDonald, M., Shahram, S., Marcellus, L., Caxaj, S., Brown, M.** , Kent, A.** , Revai, T.** , Cross, G., & Allan, D. (2017, June). *Shoot first and ask questions later: Challenges in implementing health equity on the frontline*. Paper presentation at Public Health 2017, Halifax, NS.
60. MacDonald, M., **Pauly, B.**, Kothari, A., Valaitis, R., van Roode, T., Stroscher, H., Manson, H., & Wong, G. (2017, June). *Wanted: Program theory for a realist synthesis of implementing public health interventions*. Poster presentation at Public Health 2017, Halifax, NS.
61. MacDonald, M., **Pauly, B.**, Martin, W., Perkin, K., Caxaj, S., Carroll, S., & Dang, P.** (2017, June). *Toward a health equity lens: From the theoretical to the practical*. Paper presentation at Public Health 2017, Halifax, NS.
62. Martin, W., Revai, T.** , **Pauly, B.**, MacDonald, M., & Marcellus, L. (2017, June). *Relational ethics: A promising approach for addressing the everyday tensions of public health practice*. Paper presentation at Public Health 2017, Halifax, NS.
63. **Pauly, B.**, MacDonald, M., Shahram, S., Norman, T., Caxaj, S., Marcellus, L., Deyman, M., Brown, M.** , Revai, T.** , Cross, G., Kent, A.** , Dang, P.** (2017, June). *Moving health equity forward: From talk to action*. Paper presentation at Public Health 2017, Halifax, NS.
64. **Pauly, B.**, MacDonald, M., Shahram, S., Oickle, D., & Prescott, C. (2017, June). *Making health equity tools work for you: Considerations for preparing, using and evaluating health equity tools in the public health context*. Workshop presentation at Public Health 2017, Halifax, NS.
65. Shahram, S., Marcellus, L., & **Pauly, B.** (2017, June). *Health equity in pregnant and parenting women's public health services*. Paper presentation at Public Health 2017, Halifax, NS.
66. Shahram, S., **Pauly, B.**, & Loppie, C. (2017, June). *How can Indigenous knowledge systems related to wholeness, wellness and health extend the boundaries of public health approaches to reducing the harms of substance use?*. Paper presentation at Public Health 2017, Halifax, NS.
67. Behjat, A., Ostry, A., Miewald, C., & **Pauly, B.** (2017, May). *Investigating the availability of farmers' markets across rural communities in British Columbia*.

- Presentation at the 12th Annual Assembly of the Canadian Association for Food Studies, Toronto, ON.
68. Belle-Isle, L., **Pauly, B.**, Benoit, C., Hall, B., Lacroix, K., Cater, J., LeBlanc, S., Sproule, R., Johnson, M., & Dupuis, G. (2017, May). *At the heart of decision making: Guidelines for allies to better include people who use drugs*. Poster presentation at the 25th Harm Reduction International Conference, Montreal, QC.
 69. Hyshka, E., Anderson-Baron, J., Karakezi, K., Belle-Isle, L., **Pauly, B.**, Strike, C., Hathaway, A., Elliott, R., Asbridge, M., Sinclair, C., McBride, K., & Wild, T. C. (2017, May). *A comparative analysis of provincial and territorial harm reduction policy in Canada*. Powerpoint presentation at the 25th Harm Reduction International Conference, Montreal, QC.
 70. **Pauly, B.**, Greer, A.***, Scott, A., Elwood Martin, R., Burmeister, C., & Buxton, J. (2017, May) *Paying people with lived experience: an opportunity for equity in harm reduction work*. Powerpoint presentation at the 25th Harm Reduction International Conference, Montreal, QC.
 71. Wallace, B., Kennedy, M.C., Kerr, T., Patterson, J., & **Pauly, B.** (2017, May). *Non-fatal overdose and willingness to use a supervised consumption service among people who inject drugs during an overdose public health emergency in Victoria, Canada*. Poster presentation at the 25th Harm Reduction International Conference, Montreal, QC.
 72. Wallace, B., **Pauly, B.**, Barber, K.***, Vallance, K., Patterson, J., & Hobbs, H. (2017, May). *Every Washroom: De facto consumption sites in the epicenter of an overdose public health emergency in British Columbia, Canada*. Poster presentation at the 25th Harm Reduction International Conference, Montreal, QC.
 73. Phillips, J.C., Caine, V., McGinn, M., DePadua, A., dela Cruz, A., Rickards, T., Dewart, G., Cator, S., **Pauly, B.**, & Gagnon, M. (2017, May). *Exploring educational interventions in entry-to-practice in HIV care: Findings of a systematic review*. Oral presentation at the Annual Conference of the Canadian Association of Nurses in AIDS Care, Regina, SK.
 74. Waegemakers Schiff, J., Gaetz, S., Buccieri, K., Schiff, R., & **Pauly, B.** (2017, April). *Pandemic preparedness in the homeless sector: Reports from homeless people*. Powerpoint presentation at the World Association for Disaster and Emergency Medicine Congress 2017, Toronto, ON.
 75. Tyler, I., Bridgemohan, A., Wang, J., Hatcher-Roberts, J., Sridharan, S., Rosella, L., & **Pauly, B.** (2017, March). *A realist evaluation of knowledge-to-action in health equity impact assessment completion*. Poster presentation at The Ontario Public Health Convention, Toronto, ON.
 76. McCarthy, M., & **Pauly, B.** (2017, March). *Super Intent City: Media portrayals of homelessness*. Poster presentation at the Jamie Cassels Undergraduate Research Awards Fair, Victoria, BC.
 77. Sheets, D., Frisch, N., & **Pauly, B.** (2017, February). *An innovative approach to engage undergraduate nursing students in a research course*. Paper presentation

at Western Northwestern Region Canadian Association of Schools of Nursing's The Edge of Tomorrow: Perspectives, Pedagogy, and Possibilities for Nursing Education Conference, Victoria, BC.

78. **Pauly, B.** Stockwell, T., Vallance, K., Wettlaufer, A., Chow, C., Brown, R., Evans, J., Gray, E., Krysowaty, B., Ivsins, A., Schiff, R. (2016, May). *Rethinking Alcohol Harm Reduction: An Overview of Managed Alcohol Programs in Canada*. Kettil Bruun Society 42nd Annual Epidemiology Symposium, Stockholm, Sweden. (Unpublished paper)
79. Stockwell, T., **Pauly, B.**, Chow, C., Erickson, R., Krysowaty, B., Roemer, A., Vallance, K., Wettlaufer, A., & Zhao, J. (2016, May). *Do Managed Alcohol Programs (MAPs) reduce consumption and harm?* Poster presentation at the 42nd Annual Alcohol Epidemiology Symposium of the Kettil Bruun Society, Stockholm, Sweden. (Unpublished Paper)
80. Chow, C., Wettlaufer, A., Zhao, J., Stockwell, T., & **Pauly, B.** (2016, May). *Counting the cold ones: Measuring total alcohol consumption of Managed Alcohol Program participants, a comparison of methods*. Paper presentation at the 42nd Annual Alcohol Epidemiology Symposium of the Kettil Bruun Society, Stockholm, Sweden. (Unpublished paper)
81. Dang, P.** & **Pauly, B.** (2016, December). *Leading the way: Exploring the role of education & collaboration in ELPH internships*. Oral presentation at the Public Health Association of British Columbia Annual Conference, Burnaby, BC.
82. Dyck, L., **Pauly, B.**, Revai, T., & Dang, P.** (2016, December). *Metaphor as a teaching tool for health equity*. Presentation at the Public Health Association of British Columbia Annual Conference, Burnaby, BC.
83. **Pauly, B.**, Martin, W., MacDonald, M., Marcellus, L., & Revai, T.** (2016, December). *Relational ethics: A promising approach for addressing everyday ethical tensions in public health practice*. Presentation at the Public Health Association of British Columbia Annual Conference, Burnaby, BC.
84. **Pauly, B.**, Marjorie, M., Shahram, S., Norman, T.** & Deyman, M., & Brown, M.** (2016, December). *Is health equity a priority in BC?* Breakfast Session at the Public Health Association of British Columbia Annual Conference, Vancouver, BC.
85. **Pauly, B.**, & Shahram, S. (2016, December). *Supporting health equity in public health systems and services in BC*. Presentation at the Public Health Association of British Columbia Annual Conference, Burnaby, BC.
86. Brown, M.** & **Pauly, B.**, Stockwell, T., Wettlaufer, A., Chow, C., Vallance, K., Gray, E., Evans, J., Schiff, R., Krysowaty, B., & Ivsins, A. (2016, November). *Do Managed Alcohol Programs reduce the harms of alcohol and homelessness?* Poster session presented at the American National Harm Reduction Conference, San Diego, CA.

87. MacDonald, M., **Pauly, B.**, Valaitis, R., Hancock, T., O'Briain, W., & Manson, H. on behalf of the RePHSS team. (2016, November). *Research on public health systems and services*. Paper presentation as part of a symposium on PHSSR, Public Health 2016: Canadian Public Health Association Conference, Toronto, ON.
88. Tyler, I., Bridgemohan, A., Wang, J., Hatcher-Roberts, J., Sridharan, S., Rosella, L., & **Pauly, B.** (2016, November). *A realist evaluation of knowledge-to-action in health equity impact assessment completion*. Poster presentation at Public Health 2016: Canadian Public Health Association Conference, Toronto, ON.
89. Wallace, B., **Pauly, B.**, Barber, K.** & Patterson, J. (2016, November). *BC's overdose public emergency: Impacts on shelters and services responding to homelessness and substance use in Victoria BC*. Paper presented at the BC Non-Profit Housing Association's Affordable Housing Conference 2016, Vancouver, BC.
90. **Pauly, B.**, Stockwell, T., Gray, E. Wettläufer, A., Chow, C., Vallance, K., Kryswaty, B., Schiff, R., Evans, J., Isvins, A., & Brown, M.** and MAP Community Partners. (2016, November). *Do Managed Alcohol Programs prevent harms of alcohol dependence and homelessness?* Paper presentation at Canadian Alliance to End Homelessness Conference 2016, London, ON.
91. **Pauly, B.**, Shahram, S., & MacDonald, M. (2016, October). *Implementing a health equity lens in public health*. Oral presentation by Dang, P.** at Re-Imagining Healthcare: Research, Relationships and Reform, Qualitative Health Research Conference, Kelowna, BC.
92. Shahram, S., Marcellus, L., & Pauly, B. (2016, October). *Health equity in pregnant and parenting women's public health services*. Presentation at the Qualitative Health Research Conference, Kelowna, BC.
93. Behjat, A.**, Ostry, A., Miewald, C., & **Pauly, B.** (2016, August). *Access to market food for Aboriginal reserves in rural British Columbia*. Presentation at the XIV World Congress of Rural Sociology, Toronto, ON.
94. Behjat, A.**, Ostry, A., Miewald, C., & **Pauly, B.** (2016, June). *Do farmers' markets feed the residents of rural food deserts in British Columbia?* Presentation at the Scarborough Fare ASFS/AFHVS/CAFS Annual Conference, Toronto, ON.
95. Shahram, S., **Pauly, B.**, & Loppie, C. (2016, June). *How can Indigenous-developed programs inform health equity strategies for reducing the harms of substance use in public health systems in BC?* Paper presentation at Public Health 2016: Canadian Public Health Association Conference, Toronto, ON.
96. **Pauly, B.**, MacDonald, M., Hancock, T., Bersenev, S., Riishede, J., & Allan, D. (2016, May). *Got your health equity glasses?: Getting clarity on health equity tools*. Poster presentation by Tina Revai at Pathways to Health Equity: Levelling the Playing Field, Winnipeg, MB.
97. **Pauly, B.**, MacDonald, M., Hancock, T., O'Briain, W., Shahram, S., & Revai, T.** (2016, May). *From talk to action: Implementing a population health*

- intervention to reduce health inequities in BC.* Paper presentation by Tina Revai at Pathways to Health Equity: Levelling the Playing Field, Winnipeg, MB.
98. Revai, T.** , **Pauly, B.**, Allan, D., Martin, W., MacDonald, M., & Marcellus, L. (2016, May). *Ethical issues of public health practitioners in promoting health equity.* Paper presentation at Pathways to Health Equity: Levelling the Playing Field, Winnipeg, MB.
 99. Wild, T. C., MacPherson, D., Belle-Isle, L.** , Cavalieri, W., Elliott, R., McBride, K., **Pauly, B.**, Strike, C., Tupper, K., Sinclair, C., Karekezi, K., Tam, B., Asbridge, M., Dell, C., Hathaway, A., Smith, C., & Hyshka, E. (2016, May). *Harm reduction policy across Canada: A comparative content analysis.* Presentation at the 10th Annual Conference of the International Society for the Study of Drug Policy, Sydney, Australia.
 100. **Pauly, B.**, MacDonald, M., Shahram, S., & Allan, D. (2016, May). *From talk to action: Factors affecting the application of health equity in the Canadian health care system.* Paper presentation at International Union of Health Promotion and Education (IUHPE) World Conference on Health Promotion, Curitiba, Brazil.
 101. **Pauly, B.**, Martin, W., MacDonald, M., Marcellus, L., & Revai, T.** (2016, May). *Ethical issues of public health practitioners in promoting health equity.* Paper presentation at International Union of Health Promotion and Education (IUHPE) World Conference on Health Promotion, Curitiba, Brazil.
 102. Belle-Isle, L., **Pauly, B.**, & Benoit, C. (2016, April). *At decision-making tables with people who use illegal drugs: Transforming power inequities.* Paper presentation at Community University Victoria (CUVIC) Conference: Reconciliation, Innovation and Transformation through Engagement, Victoria, BC.
 103. **Pauly, B.**, MacDonald, M., Hancock, T., O'Briain, W., & Shahram, S. (2016, April). *From talk to action: Implementing a population health intervention to reduce health inequities in British Columbia.* Paper presentation at Sparking Population Health Solutions: Research for a Healthier Future, Ottawa, ON.
 104. **Pauly, B.**, Lynn, D., Barber, K.** , Wallace, B., Hobbs, H., Jensen, K., Anderson, M., Hall, S.** , Thomas, S., Goble, C., & Thompson, T. (2016, March). *Working together: Undertaking a collaborative knowledge synthesis to prepare for program evaluation.* Paper presentation at Infusing Evidence in Nursing Practice: Knowledge Synthesis Enhances Quality Care, Biennial School of Nursing Research Conference, Victoria, BC.
 105. **Pauly, B.**, MacDonald, M., Wong, G., Schick-Mackaroff, K., Van Roode, T., Wilson Strosher, H., Valatis, R., O'Briain, W., Manson, H., Carroll, S., Tong, S., Lee, V., Dickenson, K., & Ward, M. (2016, March). *Wanted: A program theory for a realist synthesis of public health implementation.* Paper presentation at Infusing Evidence in Nursing Practice: Knowledge Synthesis Enhances Quality Care, Biennial School of Nursing Research Conference, Victoria, BC.
 106. Wignall, A., Marcellus, L., **Pauly, B.**, Maclaren, J., Nedzelski, D. & Young, W. (2016, March). *Educating 'next gen' nurses: Educating capacity for evidence-*

- informed practice through curriculum-based academic-practice partnerships.* Paper presentation at Infusing Evidence in Nursing Practice: Knowledge Synthesis Enhances Quality Care, Biennial School of Nursing Research Conference, Victoria, BC.
107. Barber, K.** , **Pauly, B.**, Wallace, B., Cochrane, E.*, & McTavish, D.* (2015, November). *Recovery from what? Challenges related to substance use in initiatives to end homelessness.* Paper presentation at Issues of Substance 2015: Addiction Matters, Montreal, Quebec.
 108. Norman, T.** , & **Pauly, B.** (2015, November). *Centralized Access to Supported Housing (CASH), Victoria, BC: A program evaluation.* Paper presentation at the Pacific Housing Research Network Symposium, BC Non-Profit Housing Conference, Vancouver, BC.
 109. Wallace, B., **Pauly, B.**, & Barber, K.** (2015, November). *Responding to substance use in shelter settings.* Paper presentation at the BC Non-Profit Housing Association's Affordable Housing Conference 2015, Vancouver, BC.
 110. **Pauly, B.**, Wallace, B., & Barber, K.** (2015, October). *Implementing harm reduction strategies to support exits from homelessness.* Paper presentation at Connecting Research to Practice: Toronto Homelessness Research Symposium, Toronto, ON.
 111. Parashar, S., Cui, Z., Oliveira, N., **Pauly, B.**, Worthington, C., Kirkland, S., Salters, K., Fernando, S., Guillemi, S., McDougall, P.*, Baltzer Turge, R*., Barrios, R., & Hogg, R. (2015, July). *Examining the impact of a health equity-oriented approach on treatment adherence in an integrated HIV care facility in Vancouver, Canada.* Poster presentation at the 8th IAS Conference on HIV Pathogenesis, Treatment and Prevention, Vancouver, BC.
 112. Sinclair, C., Hyshka, E., Asbridge, M., Belle-Isle, L.** , Cavalieri, W., Dell, C., Hathaway, A., MacPherson, D., McBride, K., **Pauly, B.**, Tupper, K., & Wild, T. (2015, June). *Comparative analysis of provincial/territorial harm reduction policy: An innovative methodological approach.* Poster presented at the Inner City Health and Wellness Symposium, Edmonton, AB.
 113. Belle-Isle, L.** , **Pauly, B.**, & Benoit, C. (2015, May). *At the table with people who use drugs: How is power in decision-making being shared?* Poster presentation at the Canadian Association for HIV Research 2015 Conference, Toronto, ON.
 114. Fernando, S., Parashar, S., **Pauly, B.**, Worthington, C., McNeil, R., Strike, C., Kirkland, S., Samji, H., Wong, J., Oliveira, N., McDougall, P.*, Baltzer-Turge, R*., Barrios, R., & Hogg, R. (2015, May). *Meeting needs of PLHIV with complex health issues: The Dr. Peter Centre, and integrated healthcare service.* Poster presentation at the Canadian Association for HIV Research 2015 Conference, Toronto, ON.

115. Hyshka, E., Sinclair, C., Asbridge, M., Belle-Isle, L.** , Cavalieri, W.* , Dell, C., Hathaway, A., MacPherson, D., **Pauly, B.**, Tupper, K., & Wild, T. (2015, May). *A comparative analysis of provincial/territorial harm reduction policy making: An innovative methodological approach*. Poster presentation at the Canadian Association for HIV Research 2015 Conference, Toronto, ON.
116. Parashar, S., **Pauly, B.**, Worthington, C., Kirkland, S., Salters, K., Oliveira, N., Wong, J., Fernando, S., Guillemi, S., McDougall, P.* , Baltzer Turje, R*., Hogg, R., & Barrios, R. (2015, May). *Where everybody knows your name: Exploring the impact of a health equity-oriented approach on treatment adherence in an integrated care facility for people living with HIV and marginalized by social-structural inequity*. Poster presentation at the Canadian Association for HIV Research 2015 Conference, Toronto, ON.
117. **Pauly, B.**, Perkin, K., MacDonald, M., Martin, W.** , Wallace, B., & Broesch, J.* (2015, May). *Intersectoral collaboration in public health*. Paper presentation at Public Health 2015: Canadian Public Health Association Conference, Vancouver, BC.
118. Kent, A.** , Reading, C., Carriere, J., **Pauly, B.**, & MacDonald, M. (2015, May). *The Xpey' relational environments: A tree model for understanding Indigenous health equity*. Paper presentation at Public Health 2015: Canadian Public Health Association Conference, Vancouver, BC.
119. Prescott, C.* , **Pauly, B.**, Perkin, K., & Swalwell-Franks, A. *(2015, May). Health equity assessment of STI clinical nursing guideline. Paper presentation at Public Health 2015: Canadian Public Health Association Conference, Vancouver, BC.
120. Dang, P.** , **Pauly, B.**, MacDonald, M., Lowen, C., Morrissey, S.** , & Allan, D. (2015, April). *Is health equity a priority? Perceptions from health system decision makers and practitioners in British Columbia*. Poster presentation at 2015 PHSSR (Public Health Services & Systems Research) Keeneland Conference, Lexington, KY.
121. Dang, P.** , **Pauly, B.**, MacDonald, M., Lowen, C., Morrissey, S., & Lee, V. (2014, December). *Is health equity a priority? Views from BC health system decision makers*. Poster presentation at Shared Prosperity for Health and Well-Being: A Collaborative Dialogue Between Business and Public Health, Public Health Association of BC Conference, Vancouver, BC.
122. **Pauly, B.**, & Turnbull, R. (2014, December). *Can we have prosperity if we have homelessness? Developing multi-sector partnerships to address homelessness*. Paper presentation at World Café, Shared Prosperity for Health and Well-Being: A Collaborative Dialogue Between Business and Public Health, Public Health Association of BC Conference, Vancouver, BC.
123. Kent, A.** , Carriere, J., Loppie, C., **Pauly, B.**, & Perkin, K. (2014, December). *Xpey' relational environments: A tree model for understanding Indigenous health equity*. Paper presentation at Shared Prosperity for Health and Well-Being: A Collaborative Dialogue Between Business and Public Health, Public Health Association of BC Conference, Vancouver, BC.

124. **Pauly, B.**, MacDonald, M., Kothari, A., Manson, H., Peroff Johnson, N., Easton, K., Tyler, I., Hyndman, B., & Lee, V. (2014, December). *Moving from perplexity to coherent action on health equity*. Paper presentation at Shared Prosperity for Health and Well-Being: A Collaborative Dialogue Between Business and Public Health, Public Health Association of BC Conference, Vancouver, BC.
125. Prescott, C., **Pauly, B.**, Swalwell-Franks, A., & Perkin, K. (2014, December). *Health equity assessment of a clinical guideline for sexually transmitted infections (STI) nursing practice*. Paper presentation at Shared Prosperity for Health and Well-Being: A Collaborative Dialogue Between Business and Public Health, Public Health Association of BC Conference, Vancouver, BC.
126. MacDonald, M., **Pauly, B.**, Allan, D., Tomm Bonde, L., Parks, A., Valaitis, R., Murray, N., Manson, H., & Tyler, I. (2014, December). *Applying an Equity Lens to Public Health Practice: Concept Mapping to Identify Strategies and Challenges*. Paper presentation by P. Dang** at Shared Prosperity for Health and Well-Being: A Collaborative Dialogue Between Business and Public Health, Public Health Association of BC Conference, Vancouver, BC.
127. Martin, W.**, **Pauly, B.**, MacDonald, M., Perkin, K., Wallace, B., Dang, P.**, Carroll, S., Kwan, A., George, A., Manson, H., Tyler, I., Shaw, K., Herel, M., Pennock, P., Tong, S., & Patterson, T. (2014, December). *So, you need a health equity tool, lens or gauge....* Paper presentation at Shared Prosperity for Health and Well-Being: A Collaborative Dialogue Between Business and Public Health, Public Health Association of BC Conference, Vancouver, BC.
128. Wallace, B., **Pauly, B.**, Phillips, R., & Janzen, C. (2014, November). *Exploring the role of transitional shelters in Housing First response to homelessness*. Paper presentation at the Pacific Housing Research Network Conference, Vancouver, BC.
129. Rabinovitch, H., **Pauly, B.**, & Zhao, J. (2014, November). *Assessing emergency shelter patterns to inform solutions to homelessness*. Paper presentation at the Pacific Housing Research Network Conference, Vancouver, BC.
130. **Pauly, B.**, McGuinness, J.*, Muckle, J.*, Hajdu, P.*, & DePape, D.* (2014, November). *Managed Alcohol Programs: A national perspective*. Paper presentation at the Canadian Alliance to End Homelessness Conference, Vancouver, BC.
131. Vallance, K., Clifton, C., Stockwell, T., **Pauly, B.**, Perkin, K., Krysowaty, B., & Hajdu, P.* (2014, June). *Towards alcohol harm reduction and housing stability: Preliminary findings of Thunder Bay Managed Alcohol Program*. Paper presented at The 40th Annual Meeting of the Kettil Bruun Society for Social and Epidemiological Research on Alcohol (KBS) Torino, Italy.
132. **Pauly, B.** (abstract declined). *The problem of addiction: Identifying and addressing stereotypes in clinical nursing practice*. Submitted to Well-Med: 1st International Meeting on Wellbeing and Performance in Clinical Practice, Alexandroupolis, Greece, May 28th - June 1st, 2014.

133. MacDonald, M., Hancock, T., **Pauly, B.**, O'Briain, W.*, & Stroscher, H. (2014, May). *Developing an agenda for Public Health Systems Research in BC*. Paper presentation at Public Health 2014: Annual Conference of the Canadian Public Health Association, Toronto, ON.
134. **Pauly, B.**, Lowen, C. MacDonald, M., & Cusack, E.** (2014, May). *Health equity: A priority in British Columbia health systems?* Paper presentation at Public Health 2014: Annual Conference of the Canadian Public Health Association, Toronto, ON.
135. **Pauly, B.**, MacDonald, M., O'Briain, W., Easton, K.*, Lee, V.*, Hyndman, B., Tyler, I., Peroff Johnson, N.*, Kothari, A., Manson, H.*, & Stegne, M.* (2014, May). *Moving from meaning to action on health equity*. Paper presentation at Public Health 2014: Annual Conference of the Canadian Public Health Association, Toronto, ON.
136. Perkin, K., Martin, W.**, **Pauly, B.**, MacDonald, M., O'Briain, W.*, Hancock, T., Wallace, B.**, & Tong, S. (2014, May). *Enhancing capacity in the assessment and application of health equity tools*. Paper presentation at Public Health 2014: Annual Conference of the Canadian Public Health Association, Toronto, ON.
137. Norman, T., Marks, H., Woestenburger, M., Book, D., & **Pauly, B.** (2014, May). Mobilizing knowledge for ending homelessness through social inclusion strategies. Workshop presentation at Community University Victoria (CUVIC) Conference: Beyond Engagement, Victoria, BC.
138. **Pauly, B.**, Wynn Williams, A., Cross, G.**, & Reilly, J. (2014, May). *A homelessness report card for Victoria, BC: Mobilizing knowledge for addressing homelessness*. Workshop presentation at Community University Victoria (CUVIC) Conference: Beyond Engagement, Victoria, BC.
139. Dunning, W., Murphy, D., Hobbs, H., Willson, M., & **Pauly, B.** (2014, May). *Collective Voices Effecting Change: National meeting of peer run organizations for people who use drugs*. Workshop presentation at Community University Victoria (CUVIC) Conference: Beyond Engagement, Victoria, BC.
140. Wallace, B.**, Perkin, K., **Pauly, B.** & Ranfft, M. (2014, May). *Next steps in community based research: Experiences from a transitional shelter evaluation*. Paper presentation at Community University Victoria (CUVIC) Conference: Beyond Engagement, Victoria, BC.
141. Perkin, K., MacDonald, M., Martin, W., **Pauly, B.**, Hancock, T., O'Briain, W., & Wallace, B. (2013, November). *Social Network Analysis: Measuring intersectoral collaboration in public health*. Workshop presented at the Public Health Association of BC 2013 Conference, Vancouver, BC.
142. **Pauly, B.**, & Lowen, C. (2013, November). *Equity Lens in Public Health preliminary findings: Strengths and challenges in intersectoral collaboration in BC*. Paper presentation at Health in All Policies: Taking Intersectoral Action for Equitable & Sustainable Health, Public Health Association of British Columbia Annual Conference, Vancouver, BC.

143. Gurm, J., McDougall, P., McNeil, R., Thompson, V., Howard, T., Leclair, K., Porayko, G., Salters, K., Strike, C., **Pauly, B.**, Parashar, S., Worthington, C., Samji, H., Baltzer Turje, R., Hogg, R. S. (2014, May). *GIPA in practice: Community leadership guides the development of an inclusive, transparent & accessible PRA hiring process*. Paper presentation at the Canadian Conference on HIV/AIDS Research, St. John's, NL.
144. Martin, W.** , **Pauly, B.**, MacDonald, M., Hancock, T., O'Briain, W., Perkin, K., & Lowen, C. (2013, November). Reducing health inequities: Innovative public health approaches to promote health equity. Paper presentation at the Stories of Rural Health through Knowledge, Research and Collaborative Action Conference, Prince George, BC.
145. **Pauly, B.**, Janzen, C., & Wallace, B. (2013, October). *Caught in transition?: Residents' perspectives on transitioning in transitional shelter*. Paper presentation at the National Conference on Ending Homelessness, Canadian Alliance to End Homelessness, Ottawa, ON.
146. MacDonald, M., **Pauly, B.**, Martin, W.** , Valaitis, R. (2013, October). *Using policy-relevant qualitative methods for studying complex population health interventions*. Paper presentation at the 19th Qualitative Health Research Conference, Halifax, NS.
147. Norman, T.** , **Pauly, B.**, & Marks, H. (2013, October). *Including people who experience homelessness: A two phase project*. Paper presentation at the Canadian Alliance to End Homelessness Conference, Ottawa, ON.
148. **Pauly, B.** (2013, August). *Shifting constructions of harm reduction services*. Paper presentation at Contemporary Drug Problems Conference, Aarhus, Denmark.
149. McCall, J.* , Parker, J., **Pauly, B.**, Browne, A., Mollison, A., & McLaren, C. (2013, June). *Nursing care with people who use drugs: Creating culturally safe spaces in healthcare*. Paper presentation at Harm Reduction 2013: The Value/s of Harm Reduction, Vilnius, Lithuania.
150. Norman, T.** , & **Pauly, B.** (2013, June). *Engendering dialogue among constituencies working toward ending homelessness in Victoria, BC*. Poster presentation at Congress of the Humanities and Social Sciences, Victoria, BC.
151. MacDonald, M., & **Pauly, B.** (2013, May). *The meaning of "evidence" and strategies for incorporating evidence into practice using concept mapping*. Paper presentation at Both/And" Not "Either/Or", UVic School of Nursing Biennial Research Conference, University of Victoria, BC.
152. **Pauly, B.**, McCall, J.* , Parker, J., Browne, A., McLaren, C., & Mollison, A. (2013, May). *Cultural safety in nursing practice: Enhancing health equity for people who use drugs*. Paper presentation at "Both/And" Not "Either/Or", UVic School of Nursing Biennial Research Conference, Victoria, BC.
153. Benoit, C., Jansson, M., & **Pauly, B.** (2013, May). *Risky business or risky environments? Street-involved youth, crystal methamphetamine & mental health*.

Paper presented by A. Holtom** at the Alberta Harm Reduction Conference, Calgary, AB.

154. Gurm, J., Zhang, W., Zhu, J., Parashar, S., Samji, H., McNeil, R., Strike, C., **Pauly, B.**, Salters, K., Worthington, C., Milloy, M., Kirkland, S., Guillemi, S., Skinner, S., Panessa, C.*, McDougall, P.*, Baltzer Turje, R.*, Barrios, R., & Hogg, R. (2013, April). *Finding a way: Addressing intangible barriers that create treatment and care inequities, and compromise the health outcomes of vulnerable PLHIV*. Poster presentation at the 22nd Annual Canadian Conference on HIV/AIDS Research 2013, Vancouver, BC.
155. McCall, J.*, **Pauly, B.**, Parker, J., Browne, A., McLaren, C., & Mollison, A. (2013, April). *Cultural safety in nursing practice: Enhancing health equity for people who use drugs*. Paper presentation at the 21ST Annual Conference Canadian Association of Nurses in AIDS Care (CANAC), Toronto, ON.
156. **Pauly, B.**, McCall, J., Browne, A., Parker, J., McLaren, C., & Mollison, A. (2013, September). *Fostering cultural safety in nursing practice with people who use illicit drugs*. Paper presentation at InspireNet's Connect 2013: Health Services Research at Work: Using Evidence to Transform Care, Vancouver, BC.
157. Gurm, J., Zhu, J., Zhang, W., Parashar, S., Samji, H., McNeil, R., Strike, C., **Pauly, B.**, Salters, K., Worthington, C., Milloy, M., Kirkland, S., Guillemi, S., Skinner, S., Panessa, C.*, McDougall, P.*, Turje Baltzer, R.*, Barrios, R., & Hogg, R. (2013, April). *Getting in the way: Intangible barriers that are creating treatment and care inequities, and compromising the health outcomes of vulnerable PHAs*. Abstract published for the Canadian Association for HIV Research Conference, Vancouver, BC.
158. McCall, J., **Pauly, B.**, Browne, A., Parker, J., Mollison, A., & McLaren, C. (2013, February). *Update on the Cultural Safety Project - Relational continuity*. Paper presentation at Minding the Gap – Continuity of Care, 18th Annual Ethel Johns Research Forum, Vancouver, BC.
159. Storch, J., Schick-Makaroff, K., **Pauly, B.**, & Newton, L. (2013, February). *Can we expect ethical leadership from formal nurse leaders?* Abstract published for the Western & North-Western Region Canadian Association of Schools of Nursing Conference, Edmonton, AB.
160. Ardiles, P.*, **Pauly, B.**, MacDonald, M., O'Briain, W.*, & Hancock, T. (2013, January). *Promoting health equity through a population and public health approach to address mental health and substance use*. Abstract published for the 2nd Latin American and Caribbean Conference on Global Health, Santiago, Chile.
161. **Pauly, B.**, MacDonald, M., O'Briain, W., Hancock, T., & Perkin, K. (2012, November). *Promoting health equity: The contribution of public health services in BC*. Paper presentation at Public Health Association of British Columbia Annual Conference, Vancouver, BC.

162. **Pauly, B.**, McCall, J., Parker, J., Browne, A., McLaren, C., & Mollison, A. (2012, November). Fostering cultural safety in nursing practice with people who use drugs. Paper presentation at Connect 2012, InspireNet Conference, Vancouver, BC.
163. **Pauly, B.**, MacDonald, M., O'Briain, W*, Hancock, T., & Carroll, S. (2012, June). *An equity lens, equity frameworks and a proliferation of equity tools*. Paper presentation at Public Health in Canada: Creating and Sustaining Healthy Environments: Canadian Public Health Association 2012 Annual Conference, Edmonton, AB.
164. **Pauly, B.**, Stockwell, T., Chow, C., Vallance, K., & Perkin, K. (2012). Towards alcohol harm reduction: Preliminary results from a pilot evaluation of a Managed Alcohol Program. Abstract published for Global Footprint of Travelling Cultural Image –The 38th Annual Symposium of KBS. *International Journal of Alcohol and Drug Research*, 1 (2):37. Available online: <http://www.ijadr.org/index.php/ijadr/article/view/139/67>.
165. McCall, J. **Pauly, B.**, Browne, A. Parker, J., Mollison, A., & McLaren C. (2012, February). *Fostering cultural safety in acute care settings for people who use drugs*. Paper presentation at Innovation in Nursing, 17th Annual Ethel Johns Research Forum, Vancouver, BC.
166. **Pauly, B.**, Ranfft, M.*, Wallace, B.*, Perkin, K., Matwychuk, M., Ostry, A., Curran, D., Henley, C., Budd, V., Irish T., & *Sturge, J. (2011, November). *Breaking the cycle of homelessness: The role of transitional housing*. Conference paper presentation at Sustaining the Non-Profit Housing Sector: Create, Lead, Succeed, Vancouver, BC.
167. **Pauly, B.**, Langlois, A.*, Perkin, K., Benoit, C., Jansson, M., Reist, D., & Salmon, A. (2011, November). *Contaminated spaces: The construction of stigma and drug use in the media*. Paper presentation at the Issues of Substance Conference, Vancouver, BC.
168. **Pauly, B.**, Langlois, A., Perkin, K., Wallace, B.*, Benoit, B., Jansson, M., Salmon, A., & Reist, D. (2011, October). *Contaminated spaces: The construction of stigma and drug use in the media*. Paper presentation at Contemporary Drug Problems 2011 Conference, Prato, Italy.
169. **Pauly, B.**, Reist, D., Belle-Isle, L.***, & Schactman, C. (2011, July). *Housing and harm reduction: Is there a role for harm reduction in ending homelessness?* Paper presented by L. Belle Isle at the Harm Reduction Canada 2011 Conference, Ottawa, ON.
170. **Pauly, B.**, Langlois, A.**, Perkin, K., Wallace, B.*, Benoit, C., Jansson, J., Salmon, A., & Reist, D. (2011, June). *Despair on Cormorant: Socio-political factors impacting community responses to the harms of drug use*. Conference paper presentation at Building Connections: Nursing's Contribution to Health Research Conference, University of Victoria, BC.

171. **Pauly, B.** (2011, June). *Ethics, equity and values in Canadian health care*. Invited panellist at Health Communication and Knowledge Exchange: Using Canadian Values to Foster Health Equity, Planned Session, Canadian Public Health Association, Montreal, QC.
172. **Pauly, B.** (2011, June). *Countering health inequities: Harm reduction in nursing policy and practice*. Conference paper presentation at Building Connections: Nursing's Contribution to Health Research Conference, University of Victoria, BC.
173. Cram, S., MacDonald, M., Martin, W.** , Tomm-Bonde, L., Parks, A., Scarr, J., Anderson, C., & **Pauly, B.** (2011, June). *Evidence informed practice and practice informed evidence: Implementation of BC Core Public Health Program on unintentional injury prevention*. Paper presented Public Health in Canada: Innovative Partnerships for Action, Annual Meeting of the Canadian Public Health Association Conference, Montreal, QC.
174. **Pauly, B.**, Reist, D., Belle-Isle, L.** , & Schactman, C. (2011, June). *Housing and harm reduction: From theory to action*. Paper presentation at the Public Health in Canada: Innovative Partnerships for Action, Annual Meeting of the Canadian Public Health Association, Montreal, QC.
175. **Pauly, B.**, Langlois, A.* , Perkin, K., Jansson, M., Benoit, C., & Salmon, A. (2011, June). *Community factors that promote or restrict HIV prevention initiatives*. Paper presentation at Public Health in Canada: Innovative Partnerships for Action, Annual Meeting of the Canadian Public Health Association Montreal, QC.
176. Douglas, J., **Pauly, B.**, Goldstone, I., & Weber, J. (2011, May). *Reducing health inequities: Harm reduction in nursing policy and practice*. Paper presentation at the Community Health Nurses Canada Conference, Halifax, NS.
177. Carroll, S., MacDonald, M., & **Pauly, B.** (2010, July). *Theorizing context for public health and health promotion interventions*. Conference paper presentation by S. Carroll and M. MacDonald at the 20th IUHPE World Conference on Health Promotion, Geneva, Switzerland.
178. **Pauly, B.**, Manson, H., Parks, A.* , Tyler, I., Thanos, J.* , & Hunter, H. (2010, June). *Renewing public health services: A comparison of ON and BC public health policies promoting equity*. Paper presentation at Public Health in Canada: Shaping the Future Together, Annual Meeting of the Canadian Public Health Association, Toronto, ON.
179. Martin, W.** , **Pauly, B.**, Ostry, A., MacDonald, M., Hayes, M., Matwychuk, M., Curran, D., & Wallace, B.* (2010, June). *Housing, food and income security: Single problems or triple threat?* Paper presentation at Public Health in Canada: Shaping the Future Together, Annual Meeting of the Canadian Public Health Association, Toronto, ON.
180. **Pauly, B.**, Goldstone, I., & Douglas, J. (2010, April). *CNA discussion paper on harm reduction*. Paper presentation at the Concurrent Session of the Canadian Association of Nurses in AIDS Care Conference, Fredericton, NB.

181. Langlois, A.** , **Pauly, B.**, & Perkin, K. (2010, March). *From sensation to informed: Shifting media coverage of harm reduction*. Poster presentation at the Canadian AIDS Society Skills Conference, Montreal, QC.
182. **Pauly, B.**, Cain, D., Henry, R., Krancevic, J. (2010, February). *Street stories: Building knowledge and capacity for change*. Presentation at Critical Conversations III: International, Indigenous, Intersectional, Third Annual Diversity Research Forum, University of Victoria, BC.
183. Laliberte, S.** , Varcoe, C., **Pauly, B.**, & O'Briain, W.* (2009, November). *Economic justice:*
184. *The foundation of healthy democracies?* Paper presentation at Leading Change: How Conversations Make Stronger Communities and Healthier Democracies, Canadian Community for Dialogue and Deliberation Conference, Toronto, ON.
185. MacDonald, M., **Pauly, B.** (presenter) & Wharf-Higgins, J. (2009, November). *Core Public Health Functions Research Initiative: Equity as a cross cutting theme*. Paper presentation at Action Towards Reducing Health Inequities, British Columbia Public Health Association Annual Conference, Vancouver, BC.
186. **Pauly, B.**, Hancock, T.* , Varcoe, C., MacPherson, G., & Laliberte, S.** (2009, November).
187. *Enhancing health equity: Policy makers' perspectives*. Paper presentation at Action Towards Reducing Health Inequities, British Columbia Public Health Association Annual Conference, Vancouver, BC.
188. **Pauly, B.**, Varcoe, C., MacPherson, G., Johnson, J., Schuckel, V.* , Laliberte, S.** , & Kenny, N.
189. (2009, November). *Conceptualizing an equity lens for public health policy*. Paper presentation at Action Towards Reducing Health Inequities, British Columbia Public Health Association Annual Conference, Vancouver, BC.
190. **Pauly, B.**, Wallace, B.* , & Ranfft, M.* (2009, October). *Breaking the cycle of homelessness: The effectiveness of transitional shelter*. Paper presentation at the Symposium on Challenges to Sustainable and Affordable Housing, hosted by the School of Community and Regional Planning, University of British Columbia, Vancouver, BC.
191. Morris, V.* , Beuthin, R.* , **Pauly, B.**, & Storch, J. (2009, June). *Developing an island wide clinical ethics program: Reality and evidence*. Paper presentation at Just Evidence? The Canadian Bioethics Society Annual Conference, Hamilton, ON.
192. Varcoe, C., Hancock, T.* , **Pauly, B.**, & Laliberte, S. ** (2009, June). *Policy makers' perspectives on social justice: New directions or recycled perspectives?* Paper presentation at the Canadian Public Health Association Annual Conference, Winnipeg, MB.

193. Tomm, L.**, & **Pauly, B.** (2009, March). *An ethical analysis of PEPFAR'S HIV/AIDS Prevention Policies on Women*. Presentation at School of Nursing Research Day. University of Victoria, BC.
194. Demers, H., Matwychuk, M., & **Pauly, B.** (2009, February). *Images of homelessness: Implications for action*. Paper presentation at the Growing Home Conference, University of Calgary, AB.
195. Lightfoot, B.*, Panessa, C.*, Thumath, M.*, **Pauly, B.**, Goldstone, I.*, & Hayden, S. * (2009, February). *Gaining Insite: Harm reduction in nursing practice*. Paper presentation at Ethel Johns Research Day, Vancouver, BC.
196. **Pauly, B.**, Goldstone, I.*, & Christie, T. (2008, June). *Examining misconceptions and controversies in harm reduction*. Paper presentation at the Canadian Nurses Association Biennial Conference, Ottawa, ON.
197. Newton, L.**, **Pauly, B.**, Storch, J., & Varcoe, C. (2008, June). *Moral distress and ethical climates*. Paper presentation at the Canadian Nurses Association Biennial Conference, Ottawa, ON.
198. Wallace, B.*, Sturge, J.*, **Pauly, B.**, & Warton, J. (2008, May). *Ethical challenges: Researching homelessness*. Conference paper presentation at CUExpo Preconference, Community-University Partnerships: Connecting for Change, University of Victoria, BC.
199. **Pauly, B.**, Christie, T., Goldstone, I.*, & Sturge, J.* (2008, May). *Nurses shaping drug policy: The contribution of nursing*. Paper presentation at the major session, International Harm Reduction Association International Conference, Barcelona, Spain.
200. **Pauly, B.**, Sturge, J. *, Wallace, B.*, & Worton, J.* (2008, May). *Ethical challenges in researching homelessness*. Paper presentation at the Community-University Exposition 2008, University of Victoria, Victoria, BC.
201. Howey, L.*, & **Pauly, B.** (2007, November). *Caring for chemically dependent patients with concurrent infections*. Conference paper presentation at the Infectious Disease Conference Update, Infectious Diseases and Internal Medicine, Victoria, BC.
202. **Pauly, B.**, (2007, October) *Close to the street: Shifting the moral context to enhance access to health care*. Paper presentation at the 14th Annual International Critical and Feminist Perspectives in Nursing Conference, University of British Columbia, Vancouver, BC.
203. **Pauly, B.** (2007, September). *Disrupting inequalities in health and health care*. Conference paper presentation at the 14th International Critical and Feminist Perspectives in Nursing Conference, University of British Columbia, Vancouver, BC.
204. **Pauly, B.** (2007, June). *Ethics and harm reduction*. Ethics Matters, Canadian Bioethics Society Annual Conference, Toronto, ON. (Abstract accepted but presentation declined).

205. **Pauly, B.** (2007, May). *Harm reduction through a social justice lens*. Paper presentation at Harm Reduction Coming of Age: 18th International Conference of Reduction of Drug Related Harm, Warsaw, Poland.
206. **Pauly, B.** (2007, May). *Ethical nursing practice in the context of harm reduction*. Paper presentation at Harm Reduction Coming of Age: 18th International Conference of Reduction of Drug Related Harm, Nursing Satellite, Warsaw, Poland.
207. Goldstone, I.*, **Pauly, B.**, Gold, F.*, & Payne, S.* (2007, April). *Enhancing access to primary health care for those experiencing marginalization*. Workshop presentation at the Canadian Association of Nurses in AIDS Care Conference, Vancouver, BC.
208. **Pauly, B.**, Goldstone, I.*, Gold, F.*, & Payne, S.* (2006, November). *Enhancing access to primary health care for those experiencing marginalization*. Workshop presentation at the British Columbia Public Health Association Conference, Vancouver, BC.
209. **Pauly, B.**, Varcoe, C., & Newton, L.** (2006, October). *Measurement of moral distress of nurses in British Columbia*. Conference paper presentation at Leadership for Ethical Policy and Practice Invitational Conference, Vancouver, BC.
210. **Pauly, B.**, Rodney, P., & Kenny, N. (2006, October). *Considerations of justice: Implications for enhancing equity in health policy*. Abstract accepted for oral presentation at the Canadian Association of Health Services and Policy Research Conference, Vancouver, BC.
211. **Pauly, B.** (2006, August). *Close to the street: Equity, harm reduction and nursing practice*. Conference paper presentation at the Nurses Satellite of the International AIDS Conference, Toronto, ON.
212. **Pauly, B.** (2006, May). *Enhancing equity in access to health care for people who are street involved*. Paper presentation at the 2nd International Congress of Qualitative Inquiry, University of Illinois, Urbana-Champaign, IL.
213. **Pauly, B.** (2006, April). *Close to the street: Harm reduction as a context for ethical practice in nursing*. Paper presentation at the International Plenary Panel: Global Nursing Perspectives on Harm Reduction, International Harm Reduction Association Conference, Nursing Satellite, Vancouver, BC.
214. **Pauly, B.** (2006, April). *Close to the street: Homelessness, addiction and access to health care*. Paper presentation at Bridging Across Perspectives, 13th Annual International Critical and Feminist Perspectives in Nursing Conference, University of Wisconsin, Milwaukee, WI. (Abstract accepted but declined to present).
215. *D'Angincourt Canning, L., & **Pauly, B.** (2006, March and April). *Access to health care: Exploring models of justice*. Conference paper presented at the British Columbia College of Physicians and Surgeons Ethics Conference, Vancouver, B.C.

216. **Pauly, B.** (2006, February). *Building research skills to learn from/with groups that have been marginalized: Research with those who are street involved*. 11th Annual Ethel Johns Nursing Research Forum Pre-conference Workshop, Sigma Theta Tau International Honor Society of Nursing, Vancouver, BC.
217. **Pauly, B.** (2005, October). *Close to the street: The ethics of access to health care*. Paper presentation at Money, Money, Money: Bioethics Confronts Dollars and Sense, Canadian Bioethics Society Annual Conference, Halifax, NS.
218. **Pauly, B.,** Fraser, C., & Juneau, F. (2005, May). *Exploring need, deservedness and personal responsibility*. Conference paper presented at Ethical Voices 2005, British Columbia College of Physicians and Surgeons Annual Ethics Conference, Vancouver, B.C.
219. **Pauly, B.** (2005, February). *Chasms and care: Building bridges through diversity*. Paper presentation at the Changing Face of Nursing Leadership: Diversity, Partnerships, Innovations, Canadian Nurses Association Nursing Leadership Conference, Ottawa, ON.
220. **Pauly, B.** (2005, February). *Developing a chain of trust: Enacting social justice in a primary health care context*. Paper presentation at Promoting Health and Social Justice: Action Through Practice, Leadership and Research, Sigma Theta Tau International Honor Society of Nursing, 10th Annual Ethel Johns Nursing Research Forum, Vancouver, BC.
221. **Pauly, B.,** & Juneau, F.* (2004, October). *Enhancing capacity for decision-making in at-risk populations*. Paper presentation at Home Care: The New Frontier, Canadian Bioethics Society Annual Conference, Calgary, AB.
222. **Pauly, B.** (2002, October). *Will privatization move us closer to a just health care system?* Paper presentation at the Canadian Bioethics Society Conference, Victoria, BC.
223. Storch, J., Rodney, P., & **Pauly, B.** (2002, June). *Re-imagining a moral climate for nursing practice*. Paper presentation at the Canadian Nurses Association Conference, Toronto, ON.
224. **Pauly, B.,** & Hartrick, G. (2002, June). *Common ground for enhancing ethical practice in nursing*. Paper presentation at the Canadian Nurses Association Conference, Toronto, ON.
225. Brown, H., & **Pauly, B.** (2002, June). *Transcending dualisms for ethical inquiry in health care*. Paper presentation at the International Human Science Research Conference, Victoria, BC.
226. **Pauly, B.** (2004, May). *Moral distress in the context of systemic change*. Conference paper presented at Ethical Mental Health Care, Psychiatry Mental Health Conference, Vancouver Coastal Health Authority, Vancouver, BC.
227. Brown, H., Rodney, P., & **Pauly, B.** (2002, May). *Navigating courses of moral action: Developing a critical consciousness*. Paper presentation by H. Brown at the International Association of Human Caring Conference, Boston, MA. (I

participated in the development of this paper but was unable to attend the conference).

228. **Pauly, B., & Varcoe, C.** (2002, April). *Nurses and others negotiating difference*. Paper presentation at the Qualitative Health Research Conference, Banff, AB.
229. **Pauly, B.** (2002, March). *Nurses, ethics and policy: Enhancing access to healthcare*. Canadian Association of HIV/AIDS Nursing Annual Conference, Vancouver, BC. (This abstract was accepted and the paper developed. However, I was unable to present due to a family illness).
230. **Pauly, B. & Varcoe, C.** (2002, February). *Negotiating difference in everyday practice*. Paper presentation at the Ethel Johns Research Day, Vancouver, BC.
231. Hartrick, G., **Pauly, B.**, Brown, H., & McPherson, G. (2001, October). *The heart of ethics of education*. Paper presentation at the Association for Moral Education 27th Annual Conference, Vancouver, BC.
232. Brown, H., McPherson, G., & **Pauly, B.** (2001, October). *Enhancing moral imagination through storytelling: Possibilities for ethics education*. Paper presentation at the Imagine Bioethics at the Beginning of the 21st Century, Canadian Bioethics Society 13th Annual Meeting and Conference, Winnipeg, MB.
233. Storch, J., & **Pauly, B.** (2001, June). *Ethics symposium: Practicing with a gun to my head*. Paper presentation at the Meeting of the International Council of Nurses, Copenhagen, Denmark.
234. Storch, J., Rodney, R., Starzomski, R., Varcoe, C., Brown, H., MacPherson, G., Mahoney, K., & **Pauly, B.** (2001, May). *Ethics of practice symposium*. Paper presented at A Celebration of Nursing and Research: Advancing Practice Research Day, University of Victoria, BC.
235. **Pauly, B.** (2001, February). *Privatization in health care: Another Trojan horse*. Paper presentation at the 2001 Nursing Leadership Conference, Ottawa, ON.
236. Storch, J., Rodney, P., Brown, H., **Pauly, B.** (2001, February). *Listening to nurses' moral voices: Building a quality healthcare environment*. Paper presentation at the 2001 Nursing Leadership Conference, Ottawa, ON.

d.2 – Keynote Addresses

Self Assigned Number	Reference
41	Pauly, B. (November, 8, 2022). The Health Equity Curse: Ethical Tensions in Public Health Practice. Fall Forum, Ontario Public Health Association Plenary

40	Pauly, B., Urbanoski, K. (September 23, 2022). Mixed Methods Study of Prescribed Safer Supply in BC Pacific Psychopharmacology Conference, Vancouver, BC Closing Keynote.
39	Pauly, B. Ethics, Ethical Practice and Engagement in Harm Reduction. September 23, 2022. Key note Virtual talk Medical Grand Rounds, Hosted by Ethics Services in Eastern Health Provincial Health Ethics Network, Opioid Dependence Tx Centre for Excellence, Memorial University Centre for Bioethics and Faculty of Medicine Newfoundland and Laborador This event is an Accredited Group Learning Activity (section 1) as defined by the Maintenance of Certification Programme of the Royal College of Physicians and Surgeons of Canada.
38	Beck, P., Belcourt, S., Spence, H., Pelletier, J., McDougall, J., McLeod, R., Cartwright, L., Lamb, J., Evans, P., Stevenson, B., Giesinger, W., Wood, S., Hutchison, A., Burmeister, C., Barker, B., Urbanoski, K., & Pauly, B. (2022, June 14 – 16). <i>Doing research and impacting policy during dual public health emergencies: Perspectives of people who use drugs</i> [Plenary conference presentation]. Canadian Public Health Association 2022 Virtual Conference. https://www.cpha.ca/publichealth2022
37	Barker, B., Pauly, B., Slaunwhite, A., & Urbanoski, K. (2022, May 16-17). Mixed methods evaluation of risk mitigation measures to address the dual public health crises of COVID-19 and overdose [Oral presentation]. BCCSU Substance Use Conference, virtual.
36	Pauly, B., Shahram, S., Stroscher, H. van Roode T, MacDonald, M. & ELPH Team (2019, April). Substance use and public health: Applying a health equity intersectionality lens. Intersectionality on Health: Connecting the Dots. An Interdisciplinary Conference on the Social Dimensions of Health, Victoria, BC.
35	Pauly, B., Stockwell, T., Chow, C., Wettaluffer, A., Vallance, K., Brown, M., Evans, J., Grey, E., Schiff, R., Isvins, A., Kryswaty, B., & CMAPS Team. Alcohol harm reduction: Managed alcohol programs. Plenary Presentation at Harm Reduction 2019, hosted by Sacred Wolf Friendship Centre, Port Hardy, BC.
34	Pauly, B., Shahram, S., Van Roode, T., Stroscher, H., MacDonald, M. & ELPH Team (2018, November). Safe and inclusive communities: Application of a health equity lens in BC. Plenary Panel at the Public Health Association of British Columbia Provincial Conference: Building Safe and Inclusive Communities: The Public Health Approach, Vancouver, BC.
33	Pauly, B. (2018, October). The ‘S’ Team: Nursing and interprofessional teams during an overdose epidemic. Plenary Presentation at Crisis, Controversy and Change National Conference, Canadian Society of Addiction Medicine, Vancouver BC.
32	Pauly, B., Phillips, P., & Cameron, F. (2018, October). When is patient oriented research culturally safe? Plenary presentation at Putting Patients First: Lessons learned for Patient Oriented Research, BC Support Unit Provincial Conference, Vancouver, BC.
31	Pauly, B. (2018, April). So what now? Working together to address structural inequities and harms of HIV and overdose. Plenary presentation at Celebrating

	Diversity: Uniting in our Response to HIV, Canadian Association of HIV Research, Vancouver, BC.
30	Pauly, B. (2018, March). How well are we implementing harm reduction? Perspectives from Canada. Keynote address at An International and Intersectional Dialogue on how to Reduce Harm and Promote Wellbeing Amongst People who have Housing, Health and Substance Use Challenges: A Series of Knowledge Exchange Events, Glasgow, Scotland.
30	Pauly, B. (2017, June). Red Deer College 53rd Convocation Address. Convocation address at Red Deer College 53rd Convocation Ceremony, Red Deer, AB.
29	Pauly, B., (2017, June). Shifting values, shifting culture and everyday practices of harm reduction. Keynote address at the Inner City Health and Wellness Conference. Royal Alexandra Hospital, Edmonton, AB.
28	Pauly, B. (2016, November). Do Managed Alcohol Programs prevent the harms of alcohol dependence and homelessness?. Plenary presentation at the Saskatoon Regional Housing Conference, Saskatoon, SK.
27	Pauly, B. (2015, May). Taking aim at the social determinants of health in HIV Care: What's your target? Plenary presentation at Spotlight on the Social Determinants of HIV and Health, Canadian Association of Nurses in HIV Care Annual Conference, Ottawa, ON.
26	MacDonald, M., & Pauly, B. (2015, April). Using complexity science to improve public health systems and services in Canada. Invited keynote presentation at 2015 PHSSR (Public Health Services & Systems Research) Keeneland Conference, Lexington, KY.
25	Pauly, B. (2015, March). Strengthening communities: From intention to impact. Inaugural keynote presentation as UVic's Community Engaged Scholar at IdeaFest 2015: Ideas That Can Change Everything, University of Victoria, BC.
24	Pauly, B. (2014, October). Strengthening communities: From intention to impact. Keynote presentation at Community Engaged Scholarship: Making it Work research panel, Qualitative Health Research Conference, Victoria, BC.
23	Pauly, B. (2014, May). Looking into the future: Public health ethics. Closing plenary presentation to the Canadian Bioethics Society Conference, Vancouver BC.
22	Pauly, B. (2014, January). Creating culturally safe care. Plenary presentation to the Inaugural Addiction and Mental Health Nursing Conference, Edmonton, AB.
21	Pauly, B., & Cross, G.** (2013, October). The beginning and end of homelessness. Keynote address at Affordable Housing for Low Income People: Solutions and Challenges, Pacific Housing Research Network Symposium, Victoria, BC.
20	Pauly, B. (2013, May). Street talk: CBR to promote health and address homelessness. Keynote address at Research Partnerships: Vancouver Island Health Authority Research Day, Victoria, BC.
19	Pauly, B. (2013, March). Community based research approaches to evaluation of homelessness initiatives. Keynote address at the Walking the Community Engagement Talk Conference, Kwantlen Polytechnical University, Vancouver, BC.

18	Pauly, B. (2012, May). Stigma and substance use: Toward safer environments. Keynote address at the Addictions Ontario 44th Annual Addictions Conference, Toronto, ON.
17	Pauly, B. (2012, May). The socio-political context of HIV/AIDS: Vulnerability and health equity. Plenary presentation at Change the Course of HIVstory, Canadian Association of Nurses in AIDS Care XX Annual Conference, Victoria, BC.
16	Pauly, B. (2011, May). Moral distress and moral residue in health care. Opening Plenary at the Eastern Health Nursing Research Symposium, St. John's, NL.
15	Pauly, B. (2010, May). Restoring trust and compassion to enhance health equity in homeless populations. Keynote address at the Health Care Ethics Grand Rounds, St. Boniface Hospital, Winnipeg, MB.
14	Pauly, B. (2010, May). Challenging constructions of homelessness. Visiting keynote speaker at the Faculty of Nursing, University of Manitoba, Winnipeg, MB.
13	Pauly, B. (2010, April). Harm reduction and ethics: Insite and nursing practice. Invited Plenary Panel for Canadian Association of Nurses in AIDS Care Conference, Fredericton, NB.
12	Pauly, B. (2009, September). Toward reducing harms of substance use: Building on the evidence. Invited plenary session for 2nd Annual Vancouver Island Health Authority Research Day: Celebrating Our Research Culture, Victoria, BC.
11	Pauly, B. (2008, April). Nurses shaping HIV policy: Ethics and harm Reduction. Invited plenary panel presentation for the Canadian Association of Nursing in AIDS Care Conference. Ottawa, ON.
10	Pauly, B. (2008, February). Working in today's moral climate: Nurses' perceptions of moral distress and ethical climate. Invited keynote for 13th Annual Ethel Johns Research Forum hosted by Sigma Theta Tau, Xia Eta Chapter, UBC School of Nursing and St. Paul's Hospital, Vancouver, BC.
9	Pauly, B. (2007, May). A relational approach to ethics in mental health. Invited plenary panel presentation for Perceptions, Practice and Policy: Meeting the Needs of Individuals Living with Mental Health and Addictions, Fraser Health Ethics Conference, Surrey, BC.
8	Pauly, B. (2007, April). Ethics and harm reduction: Nursing values and practice. Invited closing keynote session for Canadian Association of Nurses in AIDS Care Conference (CANAC), Vancouver, BC.
7	Pauly, B. (2007, April). Strengthening health systems through research on ethical practice in nursing. Keynote address at the Red Deer College Nursing Research Conference, Red Deer, AB.
6	Pauly, B. (2007, April). Ethical practice in nursing. Invited opening keynote for Red Deer College Health Research Conference, Red Deer, AB.
5	Pauly, B. (2007, March). Moral distress and ethical climates in B.C.: Implications for patient care. Invited plenary for Vancouver Island Health Authority Pediatric Ethics Conference, Parksville, BC.
4	Pauly, B. (2006, September). From the street to the inside: Homelessness, substance use and gerontology. Opening keynote presentation to Gerontological Nurses Association of BC, Qualicum Beach, BC.

3	Pauly, B., Rodney, P., Storch, J., Doane, G., Varcoe, C., Brown, H., Davis, C., & O'Shaunessey, P. (2004, April). Ethics in action: Participatory action for enhancing ethical practice. Plenary presentation at Putting Research to Work, Nursing Research Conference, Red Deer College Nursing Department, Red Deer, AB
2	Pauly, B. (2002, June). Moral safety: Foundation for quality practice environments. Invited plenary panel presentation at the Canadian Nurses Association Conference, Toronto, ON.
1	Pauly, B. (2002, March). Issues in cross-cultural ethics. Invited plenary panel presentation for the Global Health Ethics Conference, UBC Department of Medicine, Vancouver, BC.

d.3 – Presentations – Including Webinars, Workshops and Invited Community Public Talks and Events

1. **Pauly, B.** Bailey, A., Goulet Stock, S. Scandiuizzi, B. Robinson, J., Stockwell, T., (June 25, 2025). Evaluation of Introduction of Cannabis in Managed Alcohol Programs. Canadian Alcohol Policy Evaluation (Community of Practice).
2. **Pauly, B.** (June 10, 2025). Building Meaningful Research Partnerships: From Theory to Practice. Presentation to University of Victoria Social Dimensions of Health Methods Colloquium course (SDH 501B/601B) Masters and Ph.D
3. **Pauly, B.,** Fajber, K., Ranger, C., Kolla, G. Urbanoski, K. (May 28, 2025). Evaluating the Victoria Safer Initiative. Presentation at CIHR Safer Supply Evaluation End of Grant KT Workshop (virtual).
4. **Pauly, B.** (March 29th, 2025). Out of Harms Way: Harm Reduction during a Public Health Emergency. Panel Presentation to UVIC Student Assembly. Victoria, BC.
5. **Pauly, B.** Robinson, J., Brown, M. Scandiuizzi, B., and Cartwright, J. (March 28, 2025). IAHRRP within the Dual Model of Housing Care: Findings from a Three Year Research Project. Presented at ACEH Aligning Programs with Research Knowledge Exchange Event. Songhees Wellness Centre.
6. **Pauly, B.** Urbanoski, K., Farrell Low, A., Cartwright, J. (March 6, 2025). Introduction to Equity Oriented Monitoring and BC Co/Lab. CISUR Coffee Talks.
7. **Pauly, B.,** (February 13, 2025). City of Victoria Policies of Displacement and Unintended Consequences. Presentation to City of Victoria Council.
8. **Pauly, B.** Moen, S. Cameron, F., Wilson, M., Streukens, A., Ranger, C., (January 28, 2025). What we Heard: Community Trends and Issues in Responses to the Toxic Drug Emergency. Presentation to the Ministry of Health.

9. **Pauly B.**, **Cameron, F (December 18, 2024). Using concept mapping for empowerment and advocacy. Pacific AIDS Network Knowledge Connect (Virtual). <https://paninbc.ca/pan-webinar/using-concept-mapping-for-empowerment-and-advocacy/>
10. **Pauly, B.** (Nov 22, 2024). Calling for Housing Justice: Housing First and how do we get there? National Housing Day Virtual Panel, Redwood Park Communities.
11. **Pauly B.**, Stockwell, T. Bailey, A. & Varley, H. (June 26, 2024). Managed Alcohol Programs 101: Can administering alcohol reduce harms of heavy drinking? Presentation to CAPE Community of Practice.
12. Pauly, B. (February 10, 2024). Current Evidence and Models of Safer Supply. Facts, Fentanyl and Family: Community Knowledge Exchange. Reducing Overdose Abbotsford Response (ROAR) and Moms Stop the Harm. University of the Fraser Valley, Abbotsford, BC.
13. Pauly, B., (Feb 3, 2024). B4Play at the Belfry Theatre. Public panel for As Above (World Premiere of Play by C. Quintana. Invited to speak on substance use issues in the play entitled As Above. <https://www.belfry.bc.ca/b4play-as-above/>
<https://soundcloud.com/belfrytheatre/00-b4-play-as-above-full>
14. Pauly, B., Henderson, N., Beck McGreevy_ Hutchinson, A. (Jan 26, 2024). Evidence for Safer Supply and Models for the Future. Co/Lab Community of Practice Webinar (approximately 35 people in attendance).
15. Slaunwhite, A., Barker, B., Pauly, B., (Jan, 2024). Outcomes of the Risk Mitigation Guidance, BC Safer Supply Community of Practice.
16. Pauly, B. Rose, C. et al. (November 3, 2023). Canadian Operational Guidance: Managed Alcohol Programs. BCCSU/CISUR MAP Community of Practice Webinar.
17. Pauly, B. (October 27, 2023). Housing, Homelessness and Harm Reduction. Presentation to York Region Homelessness Prevention Team and Community Partners.
18. Urbanoski, K. & Pauly, B. (October 25, 2023). Evaluation of Provincial RMG. National Safer Supply Community of Practice Symposium.
19. Stockwell, T & **Pauly, B.**, (February 17, 2023). Managed Alcohol Programs (MAPS): Can giving alcohol to heavy drinkers be harm reducing? Plenary Panel (Managed Alcohol Programs: Where are we now and where are we going?) at International Medicine in Addiction Conference, Melbourne Australia.
20. **Pauly, B.**, Brown, M., Robinson, J. (February 2, 2023). Introduction to Alcohol Harm Reduction and Findings from Evaluation of the Culturally Supportive House. Aboriginal Coalition to End Homelessness Inservice Training for New Staff.

21. **Pauly, B.**, Slaunwhite, A., Urbanoski, K., (February 1, 2023) Evaluation of the Provincial Risk Mitigation Guidance. Presentation to Minister of Mental Health and Addictions (Hon. Jennifer Whiteside), and ADMs (Christine Massey and Darryl ???)
22. Pauly, B on behalf of Risk Mitigation Guidance Research team (January 11, 2023). Evaluation of Provincial Risk Mitigation Guidance. Presentation to Health Canada Expert Advisory Group on Safer Supply.
23. Robinson, J., Goulet Stock, S., Brown, M., Stockwell, T. & **Pauly, B.** (November 24, 2022) We Needed One, and then COVID Happened: Managed Alcohol Programs in the Context of COVID-19. Island Health Knowledge to Action Month
24. Enns, B. Beck McGreevy, P. and **Pauly, B.** (October 20, 2022). Engaging people with lived experience and providers in developing and modeling future scenarios for safer supply in British Columbia, Canada. International Opioid Use Disorder Modelling Conference (virtual)
25. **Pauly, B.**, Merrigan, S., Urbanoski, K. (July 21, 2022). Findings from an Evaluation of a Drug User Run Provincial Peer Network. Webinar for OERC Monthly Provincial Meeting. (30 people representing provincial and regional organizations involved in overdose responses).
26. Brown, M., Robinson, J. & **Pauly, B.** (July 5, 2022). Managed Alcohol History and Evolution and Lessons Learned during COVID. Presentation to ACEH Staff Inservice.
27. Urbanoski, K., Barker, B., Slaunwhite, A., Nosyk, B., **Pauly, B.** Prescribed Safer Supply in the Context of a Public Health Emergency: Evidence from the Evaluation of the 2020 Risk Mitigation Guidance (June 22, 2022). BC Select Standing Committee on Health.
28. Threshold Housing Society Youth Harm Reduction (June 16, 2022) Keynote by Guy Fellicella and Panel Discussion with Jennifer Charlesworth (Office of the Representative for Children Youth), **Bernie Pauly** (CISUR) and other experts. Hotel Grand Pacific, Victoria, BC. <https://www.thresholdhousing.ca/youth-harm-reduction-event-keynote-panel-discussion/>
29. **Pauly, B.** (June 6, 2022). Managed Alcohol: History, Evolution and Evaluation During a Global Pandemic. Presentation to NTC, Vancouver Island (virtual)
30. **Pauly, B.** (June 1, 2022). Managed Alcohol: History, Evolution and Evaluation During a Global Pandemic. Presentation to Gwa'dzi MAP, Port Hardy, Vancouver Island (in person)
31. Spence, H., Pelletier, H., Beck, P., McDougall, J., Belcourt, S., McLeod, R., Cartwright, L., Lamb, J., Evans, P., Stevenson, B., Giesinger, W., Wood, S., Hutchison, A., Barker, B., Urbanoski, K., & **Pauly, B.** (2022, May 27 – 29). *Evaluating overdose responses in partnership with people who use drugs* [Conference presentation]. Horizons Crisis and Social Transformation in Community-Engaged Research: Simon Fraser University's Community-Engaged Research Initiative, Vancouver, BC, Canada. <https://www.sfu.ca/ceri/horizons-conference.html>

32. Barker, B., Pauly, B., Slaunwhite, A., Urbanoski, K. (May 17, 2022) COVID-19 and overdose. BC Joint Steering Committee Meeting
33. **Pauly, B.** (May 3, 2022). Research and Innovations During a Toxic Drug Policy Emergency: Where are we now? Presentation at Five Days in May, Island Health Research
34. Brown, M., & **Pauly, B.** (April 24, 2022). Lessons Learned: IAHRP. Presentation to ACEH Board. Victoria, BC.
35. Brown, M., **Pauly, B.** Managed Alcohol, History, Evolutions and Evidence During Covid, Harm Reduction Nurses Association, April 7, 2022
36. **Pauly B. & CMAPS Team** (March 24, 2022). Managed Alcohol, History Evolution and Evidence During COVID, Pacific AIDS Network, Island Health
37. **Pauly, B.** and CMAPS Team (Feb 23, 2022) Managed Alcohol Programs: History Evidence and Evolution in Canada. SHAAP Seminar (250 people) International Knowledge Exchange on Managed Alcohol Programs (UK and Canada).
38. **Pauly, B., & Brown, M.** (Feb 15, 2022). Managed Alcohol Programs History Evidence and Evolution. CFCS and Northern Health. Online
39. **Pauly, B.** (Feb 14, 2022). Managed Alcohol Programs, History, Evidence and Evolution. Yukon Mental Wellness Summit Online Panel Presentation
40. Pauly, B., Stockwell, T., Graham, B., Brown, M., & Goulet Stock, S. (November 19, 2022) Alcohol Harm Reduction Webinar for Harm Reduction International.
41. **Pauly, B.** (2021, November 4). Infrastructure for Harm Reduction for Emergency Shelters and Substance Use Centres. Health Care Excellence Learning Together Series: Learning Huddle. <https://www.healthcareexcellence.ca/en/what-we-do/what-we-do-together/learning-together-emergency-shelters-and-substance-use-centres/virtual-learning-together-series/>. National Webinar.
42. **Pauly, B.,** (2021, September). Health Equity Lens and Determinants of Substance Use Harms and Benefits. Presentation to Manitoba NDP Health Critic.
43. **Pauly, B.** (2021, June 18). *What is the role of harm reduction and Housing First in ending homelessness?* Presentation at Come as You Are: Transformational Housing. Lexington, Kentucky.
44. Nosyk, B., & **Pauly, B.** (2021, June 18). *Risk mitigation provincial evaluation update.* Presentation at the BCCSU Virtual Conference.

45. **Pauly, B.,** & Cameron, F. (2021, April 14). *Safer supply would work well if... Findings from a concept mapping study*. Canadian Public Health Association National Webinar.
46. **Pauly, B.,** & Cameron, F. (2021, March 30). *Safe supply would work well if....Findings from a concept mapping study*. Presentation to VIC SAFER Team. Victoria, BC.
47. **Pauly, B.,** & Cameron, F. (2021, March). *Safe supply would work well if....Findings from a concept mapping study*. Webinar Presentation to Overdose Emergency Response Centre. More than 50 participants representing Ministry and Health Authority across the province.
48. **Pauly, B.** (2021, March 22) *Managed alcohol in the time of COVID*. National Webinar for Canadian Centre on Substance Abuse.
49. **Pauly, B.** (2021, March 4). *Housing First in action workshop*. 2021 Community Health Network Learning Days and Healthy Communities Forum: Resilience, Equity, & Wellbeing: Working Together for Healthy Island Communities. Virtual Event
50. Urbanoski, K. & **Pauly, B.** (2020, December 15). *Mitigating risk of COVID-19 and overdose among people who use drugs*. Knowledge Exchange Webinar for BC Ministry of Health. More than 175 attendees.
51. **Pauly, B.** (2020, December 4). *Health in housing*. Panel Moderator at the BC Housing Central Conference. Online Conference.
52. **Pauly, B.,** & CMAPS Teams (2020, December 2). *Managed Alcohol Programs: Implementation and outcomes*. Pacific AIDS Network Alcohol Trends KnowledgeConnect Webinar Series.
53. **Pauly, B.** (2020, October 7). *Racism, Canadian drug policy and health inequities*. Panelist as part of the Fraser Health Ethics and Diversity Webinar Series.
54. Buxton J., **Pauly, B.,** Scott, T., & Thomson, E. (2020, October 2). *Peer2Peer: From participant to partnership in research and practice with people who use drugs*. Presentation to University of Washington Alcohol and Drug Abuse Institute as part of the Transforming Our Communities Health, Equity and Justice for People who use Drugs Series.
55. **Pauly, B.,** & Stockwell, T. (2020, June 25). *Do Managed Alcohol Programs reduce chronic harms of long-term alcohol use?* Video presentation in the Canadian Institute for Substance Use Research and Island Health's Substance Use Grand Rounds series. Victoria, BC. More than 150 attendees for virtual seminar via zoom including USA and UK participation. Video available: <https://www.youtube.com/watch?v=rgjvcPfnut0>
56. **Pauly, B.** (2020, June 8). *COVID 19 and responding to social vulnerability in the context of homelessness*. Panelist as part of the Fraser Health Ethics and Diversity Webinar Series.

57. **Pauly, B.** (2020, June 3). *Canadian drug policy: Historical moments in brief*. Presentation to the Provincial Health Officers COVID 19 Substance Use Oversight Committee.
58. **Pauly, B.** (2020, May 21). *Housing, homelessness, safer supply and pandemic prescribing during COVID-19*. Webinar Panelist. Hosted by British Columbia Centre on Substance Use. Available at <https://www.bccsu.ca/blog/event/webinars-covid-19-substance-use-and-safer-supply/>
59. **Pauly, B.** (2020, May 13). *Creating effective organizational harm reduction culture & policies in the context of COVID-19*. National Webinar hosted by Canadian Observatory on Homelessness. Approximately 400 people in attendance from across Canada.
60. **Pauly, B.** (2020, May 7). *National update on managed alcohol during COVID19*. International Society of Addiction Medicine (ISAM) Webinar Series on COVID-19 and SUD: A Global Perspective on Challenges and Solutions. Third International Webinar.
61. **Pauly, B. & Brown, M*.** (2020, April 30). *Managed Alcohol During COVID19*. Hosted by Vancouver Island Physician Continuing Education.
62. **Pauly, B.** (2020, April 28). *Harm Reduction and Housing in Shelters during COVID19*. National Webinar hosted by Canadian Observatory on Homelessness. Approximately 500 participants from across Canada.
63. **Pauly, B.** (2020, March 5). *Health Equity Tools: What, when and why?* Presentation to BCCDC Health Equity Reading Group.
64. **Pauly, B.** (2019, November). *Applying a health equity lens to STI policies and programs*. Presentation to the BC Provincial STI Committee.
65. **Pauly, B.** (2019, November). *Substance use and harm reduction in nursing curriculum*. Presentation to Trent University Curriculum Committee.
66. **Pauly, B.,** Stockwell, T., Chow, C., Wettlaufer, A., Vallance, K., Brown, M., Evans, J., Grey, E., Schiff, R., Isvins, A., Kryswaty, B., & CMAPS Team. (2019, October). *Reducing alcohol inequities: Implementation and outcomes of Managed Alcohol Programs (MAP) in Canada*. Advanced Alcohol Research Seminar, Alcohol Research Group. University of California, Berkeley, School of Public Health.
67. **Pauly, B.** Stockwell, T., Chow, C., Wettlaufer, A., Vallance, K., Brown, M., Evans, J., Grey, E. Schiff, R., Isvins, A., Kryswaty, B. & CMAPS Team. (2019, May). *Alcohol harm reduction: Managed alcohol programs implementation and outcomes*. Scottish Alcohol Research Network.
68. **Pauly, B. & Wallace, B.** (2019, May). *Overdose Prevention in Scotland: What can we learn from British Columbia?* Scottish Drugs Forum. Dundee, Scotland.

69. **Pauly, B.** Stockwell, T., Chow, C., Wettaluffer, A., Vallance, K., Brown, M., Evans, J., Grey, E. Schiff, R., Isvins, A., Kryswaty, B. & CMAPS Team. (May 13, 2019). Alcohol Harm Reduction: Managed Alcohol Programs Implementation and Outcomes. Webinar Presentation to VCH Regional Addictions Team. March 26, 2019. Vancouver, BC
70. **Pauly, B.**, Shahram, S., Wallace, B. Urbanoski, K., MacKinnon, K., Marcellus, L, & Stroscher, H. (March, 2019). The ‘S’ Team: Collaborating to Reduce Stigma, Discrimination and Overdose Deaths. Presentation to Port Alberni Community Action Team.
71. **Pauly, B.**, Shahram, S., MacDonald, M., & ELPH Research Team (2019, February). *Enhancing organizational capacity for health equity*. National Collaborating Centre for the Determinants of Health Webinar: The anatomy of a health equity-oriented organization: Insights on organizational capacity.
72. Urbanoksi, K., Phillips, P., & **Pauly, B.** (2018, December). *Reducing the stigma of substance use and building capacity in patient-oriented primary care research*. BC Support Unit webinar presentation.
73. **Pauly, B.**, et al. (2018, December). *Public health nursing roles in equity informed overdose responses*. Presentation to Fraser Health public health nurses. Surrey, BC.
74. **Pauly, B.**, Shahram, S., Wallace, B., Stroscher, H., MacKinnon, K., Gordon, C., Raworth, R., Pagan, F., Mesley, L., Macevicius, C., Nicol, E., Inglis, D., Sawchuk, D., Urbanoski, K., Marcellus, L., & MacDonald, M. (2018, November) *Toward equity informed overdose responses*. Presentation to Island Health at the Knowledge-to-Action Month Session. Victoria, BC.
75. **Pauly, B.**, et al. (2018, November). *Toward equity informed overdose responses: Strengthening family and peer networks*. Presentation to the Oceanside Harm Reduction Coalition. Oceanside, BC.
76. **Pauly, B.** (2018, October). *Responding to homelessness: Do our actions match our words?* Invited presentation at the St. John the Divine Faith and Justice Speakers Series, Victoria, BC.
77. **Pauly B.**, Wallace, B., Shahram, S., McKinnon, K., Marcellus, L., & Stroscher, H. (2018, September). *Towards equity oriented care in overdose responses*. Presentation at the CIHR Knowledge Synthesis Grant Meeting. Victoria, BC.
78. **Pauly, B.**, Stockwell, T., Wettlaufer, A., Chow, C., Vallance, K., Brown, M., & the Canadian Managed Alcohol Program Study Team. (2018, August). *Do Managed Alcohol Programs prevent harms of alcohol, heavy drinking, and homelessness?* Invited presentation to ELMAC (Division of Family Physicians). Port Hardy, BC.
79. **Pauly, B.**, Stockwell, T., Wettlaufer, A., Chow, C., Vallance, K., Brown, M., & the Canadian Managed Alcohol Program Study Team. (2018, August). *Do Managed Alcohol Programs*

prevent harms of alcohol, heavy drinking, and homelessness? Invited presentation to Familiar Faces. Port Hardy, BC.

80. **Pauly, B.**, Stockwell, T., Wettlaufer, A., Chow, C., Vallance, K., Brown, M., & the Canadian Managed Alcohol Program Study Team. (2018, August). *Do Managed Alcohol Programs prevent harms of alcohol, heavy drinking, and homelessness?* Invited presentation to North Island Community Health and Wellness. Port Hardy, BC.
81. **Pauly, B.** (2018, July). *Lessons learned during a public health overdose emergency.* Invited presentation at the CIHR Opioid Workshop on Community Based Interventions. Public Health Ontario, ON.
82. **Pauly, B.**, Shahram, S., & MacDonald, M. (2018, July). *Evolution and application of a health equity lens in BC.* Invited presentation to the Ministry of Mental Health and Addictions. Victoria, BC.
83. **Pauly, B.**, Shahram, S., & MacDonald, M. (2018, July). *Evolution and application of a health equity lens in BC.* Invited presentation to the Public Health Association of BC Summer School. Victoria, BC.
84. **Pauly, B.**, Stockwell, T., Wettlaufer, A., Chow, C., Vallance, K., & Brown, M**. (2018, June). *Preventing harms of severe alcohol use: Managed Alcohol Programs.* Invited presentation at the Wisdom of the Elders - Guidance from the Community: A Tailored Approach to Indigenize Harm Reduction, Victoria, BC.
85. **Pauly, B.**, & Phillips, J. (2018, June). *Creating culturally safe care to reduce drug related stigma.* Invited presentation to the Victoria Supervised Consumption Site Team, Victoria, BC.
86. **Pauly, B.** (2018, June). *Harm reduction through a social justice lens.* Invited presentation to the Victoria Supervised Consumption Site Team, Victoria, BC.
87. Wettlaufer, A., **Pauly, B.**, Brown, M., Chow, C., Vallance, K., Kauppi, C., Larocque, C., Stockwell, T., Zhao, J., & Rose, C. *Towards alcohol harm reduction: Results from an evaluation of the Sudbury MAP.* Webinar presentation to the Canadian Managed Alcohol Program Study Community of Practice, Sudbury, ON.
88. **Pauly, B.** (2018, May). *Illicit drug poisonings: Is decriminalization, legalization and regulation the answer?.* Panel moderator at Island Health's Five Days in May, Victoria, BC.
89. **Pauly, B.** (2018, May). *Out of harms' way: Doing harm reduction during an overdose epidemic.* Invited presentation at the Canadian Mental Health Association Head Talks, Nanaimo, BC.

90. **Pauly, B.**, Corneil, T., & Hasselback, P. (2018, May). *Top down and bottom up responses to prevent overdose deaths*. Invited presentation as part of the University of British Columbia's Partnership in Research Presentations, Kelowna, BC.
91. Shahram, S., & **Pauly, B.** (2018, April). *A Vision for health equity in Interior Health*. Presentation for the Equity at IH Kick-Off Event, Kelowna, BC.
92. Phillips, J., & **Pauly, B.** (2018, April). *Creating culturally safe care to reduce drug related stigma*. Workshop for the Island Health Detoxification and Stabilization Unit.
93. **Pauly, B.**, Hasselback, P., & Reist, D. (2018, April). *Community overdose response planning*. Webinar Presentation in the Centre for Addiction and Mental Health's Provincial System Support Program.
94. ***Pauly, B.** (2018, March). *Top down and bottom up: Preventing illicit drug overdoses*. Invited workshop for the Scottish Drugs Forum Symposium on Drug Related Deaths, Glasgow, Scotland.
95. **Pauly, B.**, Urbanoski, K., Inglis, P., Phillips, G., Myster, J., Phillips, T., Haddad, F., Cameron, C., Rosen, C., Hartney, E., Wallace, B. (2018, March). *From patient engaged to community engaged research to improve primary care for people who use(d) substances*. Invited Presentation at the University of Stirling, Stirling, Scotland.
96. **Pauly, B.**, Stockwell, T., Wettlaufer, A., Chow, C., Vallance, K., Brown, M.**, & The Canadian Managed Alcohol Program Study Team (2018, March). *Do Managed Alcohol Program prevent harms of alcohol, heavy drinking and homelessness?* Invited Presentation to the Scottish Government, Scotland.
97. **Pauly, B.**, Stockwell, T., Wettlaufer, A., Chow, C., Vallance, K., Brown, M.**, & The Canadian Managed Alcohol Program Study Team (2018, March). *Do Managed Alcohol Programs prevent harms of alcohol, heavy drinking and homelessness?*. Invited presentation at the Scottish Health Action on Alcohol Problems (SHAAP) & Scottish Alcohol Research Network (SARN) Alcohol Occasionals, Edinburgh, Scotland.
98. **Pauly, B.** (2018, February). *Developing a community overdose response*. Invited presentation at the Oceanside Harm Reduction Coalition Community Conversation, Parksville, BC.
99. **Pauly, B.** (2018, February). *Landing a quad: Partners, pace, priorities, perseverance*. Panel :*B.C.'s opioid crisis: A case study in collaboration across complex issues*. Panel presentation Ministry of Health 2018 Policy Conference: Diving Deeper and Building Policy Muscle, Victoria, BC.
100. *B.C.'s opioid crisis: A case study in collaboration across complex issues*. Panel presentation Ministry of Health 2018 Policy Conference: Diving Deeper and Building Policy Muscle, Victoria, BC.

101. **Pauly, B., & Shahram, S.** (2018, January). *Selecting and assessing health equity tools*. National webinar presentation for the National Collaborating Centre for Determinants of Health, Halifax, NS.
102. **Pauly, B.** (2017, December). *Out of harms' way: Mobilizing harm reduction responses during an overdose epidemic*. Invited presentation at Oceanside Harm Reduction Coalition Community Conversation, Qualicum Beach, BC.
103. **Pauly, B.** (2017, November). *The need for a comprehensive response to drug overdose deaths*. Invited presentation at AIDS Vancouver Island Annual General Meeting, Victoria, BC.
104. **Pauly, B.** (2017, November). *Public health ethics and equity: Naming and navigating ethical issues in public health practice*. National webinar presentation for the National Collaborating Centre for Healthy Public Policy and the National Collaborating Centre for Determinants of Health's Public Health Ethics Series, Canada.
105. **Pauly, B.** (2017, November). *A public health guide to developing a community overdose response plan*. Invited presentation to the Island Health Overdose Working Group, Victoria, BC.
106. **Pauly, B., O'Briain, W., & Brown, M.**** (2017, November). *Addressing the overdose crisis: A forum on substance use competencies*. Invited presentation at the Island Health Knowledge to Action Month, Victoria, BC. Available online: <https://vimeo.com/241239067>
107. Kamano, B., Cooper, P., **Pauly, B.** (2017, October). *Panel: Supporting structurally vulnerable people and their chosen supports to engage in service planning*. Panel presentation at the Symposium on Integrating a Palliative Approach for Structurally Vulnerable People in Victoria, Victoria, BC.
108. Finnell, D., Jenkins E., Johnson, C., & **Pauly, B.** (2017, October). *Substance use competencies for contemporary nursing practice*. Moderator at panel presentation at the UBC Nursing Symposium - Satellite event of the 2017 Marion Woodward Lecture, Vancouver, BC.
109. **Pauly, B.** (2017, October). *Poverty reduction plans: Operationalizing public health commitments to health equity*. Presentation to the British Columbia Health Officers Council, Sooke, BC.
110. **Pauly, B.** (2017, October). *Illicit drug poisonings: Taking a health equity approach in nursing practice*. Invited presentation to Island Health Nurse Practitioner Group.
111. **Pauly, B.** (2017, September). *Illicit drug poisonings: Taking a health equity approach in public health nursing*. Invited presentation to Island Health Public Health Program Managers and Leaders, Victoria, BC.

112. Wallace, B., & **Pauly, B.** (2017, September). *Implementing harm reduction: How we respond matters*. Panel presentation at the Community Action Initiative Overdose Prevention and Response Symposium, Courtenay, BC.
113. Wallace, B., & **Pauly, B.** (2017, September). *Implementing harm reduction in Housing First settings: Gaps, barriers and promising practices in the Capital Regional District*. Panel presentation at the Prostitution Empowerment Education and Resource Society (PEERS) Annual General Meeting, Victoria, BC.
114. **Pauly, B.**, Carter, J., McCall, J., Browne, A., & Parker, J. (2017, May). *Creating safe spaces (CSS) for people who use drugs(PWUD) in healthcare*. Online presentation at the Canadian Nurses Association Webinar Series: Progress in Practice. Available online: <https://www.youtube.com/watch?v=VNV4UJkFczk>
115. ***Pauly, B.** (2017, June). *From knowledge to action: Making health equity tools work for you*. Invited workshop at the Equity Tools & Resources Workshop, Capital Regional District, Victoria BC.
116. **Pauly, B.** (2017, February). *Illicit Drug Overdoses: Taking a Public Health Approach in Nursing Practice*. Presentation to Canadian Association of Schools of Nursing Workshop on Prescribed Controlled Drugs and Substances for Nurse Practitioner Education, Calgary, AB.
117. **Pauly, B.** (2016, November). *Can research have impact? The role of the Island Health scholar in residence*. Invited presentation to Island Health and the general public at Island Health Knowledge to Action Month, Victoria, BC.
118. Wallace, B., **Pauly, B.**, Kerr, T., Patterson, J., & Kennedy, M. (2016, November). *Implementing supervised consumption sites: A survey of people who inject drugs*. Invited presentation to Island Health's Board of Directors. Victoria, BC.
119. **Pauly, B.** (2016, November). *Nurses and health equity researchers: Allies, advocates or activists?*. Invited presentation to the University of Saskatchewan Faculty of Nursing and webcast to Prince Albert and Regina, Saskatoon, SK.
120. Wallace, B., **Pauly, B.**, Kerr, T., Patterson, J., & Kennedy, M. (2016, October). *Implementing supervised consumption sites: A survey of people who inject drugs*. Invited presentation to Island Health, the Victoria Police Department, and the City of Victoria, Victoria, BC.
121. **Pauly, B.** (2016, October). *Is health equity a priority in BC?* Invited presentation at the British Columbia Centre for Disease Control's Grand Rounds, Vancouver, BC.
122. **Pauly, B.** (2016, September). *Taking it to the streets: Enhancing healthcare for people experiencing homelessness*. Invited presentation at the University of Victoria and Island Health's Health Talk series, Victoria, BC.

123. **Pauly, B.** & Stockwell, T. (2016, September). *Do Managed Alcohol Programs prevent harms for people with alcohol dependence?*. Invited presentation at the University of Victoria's Dean's Lunchtime Lecture Series, Greater Victoria Library, Victoria BC.
124. MacDonald, M., & **Pauly, B.** (2016, July). *Developing public health policy research frameworks with concept mapping*. Online presentation at 2016 Improving Health Equity, PHSSR Research in Progress Webinar. Available online: <http://www.publichealthsystems.org/phssr-research-progress-webinars#2016Equity>
125. **Pauly, B.** (2016, May). *The power of peers: Learnings from community-based research in mental health and substance use*. Paper presentation at Making the Change: Patient-Oriented Research, Five Days in May Research Month 2016, Island Health, Victoria BC. Available online: <https://vimeo.com/166863101>
126. **Pauly, B.** (2016, May). *Effects of availability on youth drinking, and correlates of youth drinking*. Discussant at the 42nd Annual Alcohol Epidemiology Symposium of the Kettil Bruun Society, Stockholm, Sweden.
127. Stockwell, T., **Pauly, B.**, Chow, C., Erickson, R., Kryswaty, B., Roemer, A., Vallance, K., Wettlaufer, A., & Zhao, J. (2016, May). *Does managing the consumption of people with severe alcohol dependence reduce harm? A comparison of participants in six Canadian Managed Alcohol Programs with locally recruited controls*. Presentation at 9th Managed Alcohol Programs Community of Practice Webinar, Victoria, BC
128. Chow, C., Wettlaufer, A., Zhao, J., Stockwell, T., & **Pauly, B.** (2016, May). *Counting the cold ones: Measuring total alcohol consumption of Managed Alcohol Program participants, a comparison of methods*. Presentation at 9th Managed Alcohol Programs Community of Practice Webinar, Victoria, BC.
129. **Pauly, B.,** (2016, May). *Considering alcohol harm reduction: Managed Alcohol Programs in Canada*. Online presentation at 9th Managed Alcohol Programs Community of Practice Webinar, Victoria, BC.
130. **Pauly, B.** (2016, February). *Building capacity and finding opportunities to support collective impact*. Panel presentation at North West Health Equity Forum, Prince George, BC.
131. **Pauly, B.,** (2016, February). *Promoting health equity: The contribution of public health services in BC*. Presentation at Indigenous ELPH Stakeholder Meeting, Vancouver, BC.
132. **Pauly, B.,** Kothari, A., & Tong, S. (2016, February). *The next generation: Building the force for health equity*. Presentation to Renewal of Public Health Systems (RePHS) Webinar Series 2015-2016, Public Health Ontario Grand Rounds.
133. Norman, T.**, & **Pauly, B.** (2016, January). *Exploring systems responses to homelessness*. Webinar presentation on the Homeless Hub (www.homelesshub.ca).

134. McCall, J., **Pauly, B.**, Browne, A., & Parker, J. (2015, October). *Nursing practice with people who use drugs: Fostering culturally safe spaces*. Invited presentation at Centre for Addictions Research of BC & Island Health Public Lecture Series, Victoria, BC.
135. Hancock, T., MacDonald, M., & **Pauly, B.** (2015, October). *Research on Public Health Systems and Services (RePHSS)*. Invited presentation to Health Officers Council of BC, Vancouver, BC.
136. **Pauly, B.** (2015, September). *Fostering social inclusion: Peers, allies and knowledge brokers*. Invited presentation at Vancouver Peer Workforce Development Forum, Vancouver, BC. (Policy forum attended by municipal and health authority leaders).
137. McCall, J., **Pauly, B.**, Browne, A., & Parker, J. (2015, September). *Nursing practice with people who use drugs: Creating culturally safe spaces*. Invited presentation at What is New in Addiction Medicine Lecture Series, St. Paul's Hospital, Vancouver, BC.
138. Alto, M., Lacroix, K., **Pauly, B.**, & Wallace, B. (2015, June). *Moving forward: Public forum on supervised consumption services*. Panel presentation at Street Deaths Are Preventable Week of Education and Action, Victoria, BC.
139. Kamano, B., Kvakic, K., **Pauly, B.**, Ringham-Cowan, Y., Showler, G. & Wallace, B. (2015, June). *Death as a social justice issue: Perspectives on death and dying on the streets of Victoria*. Panel presentation at Street Deaths are Preventable Week of Education and Action, Victoria, BC.
140. **Pauly, B.**, Chow, C., Vallance, K., & Barber, K.** (2015, June). *Injection drug use trends (2010-15): Victoria*. Presentation at Moving Forward: Public Forum on Supervised Consumption Services, Street Deaths Are Preventable Week of Education and Action, Victoria, BC.
141. **Pauly, B.**, & Easton, K. (2015, June). *Got your health equity glasses? A guide to health equity lenses, tools, and gauges*. Presentation at Island Health Research Rounds, Victoria, BC.
142. **Pauly, B.**, & Easton, K. (2015, May). *Collaborating for health equity: From research to action*. Paper presentation at Inside Research Partnerships: Synergizing for Success, Five Days in May Research Month 2015, Island Health, Victoria, BC.
143. **Pauly, B.** (2015, May). *Promoting health equity: Integrating harm reduction into housing and shelter settings*. Presentation to the City of Toronto Housing and Shelter Harm Reduction Advisory Committee, Toronto, ON.
144. **Pauly, B.**, & McDougall, A. (2015, May). *What's new in public health research- Renewal of Public Health Systems (RePHS)*. Webinar presentation at Interior Health Public Health Rounds.

145. **Pauly, B.** (2015, May). *Tackling health inequities: The role of research in shrinking the gap*. Panel presentation at Public Health 2015: Canadian Public Health Association Conference, Vancouver, BC.
146. **Pauly, B.**, Cross, G., Norman, T.**, Belle-Isle, L.**, Willson, M., Marks, H., McCarthy, C., & Murphy, D. (2015, March). *Including people in decisions that affect them: The influence of stigma related to drug use and poverty*. Workshop presentation at IdeaFest 2015: Ideas That Can Change Everything, Victoria, BC.
147. **Pauly, B.** (2015, March). *Women and alcohol: Breaking the silence*. Panel respondent, Centre for Addictions Research of BC Public Lecture, University of Victoria, BC.
148. **Pauly, B.** (2015, February). *Harm reduction through a social justice lens*. Presentation for Social Work Japanese Exchange Student Program, University of Victoria, BC.
149. **Pauly, B.** (2014, November). *People who use drugs: Your rights in health care*. Presentation at Know Your Rights Series, AIDS Vancouver Island in collaboration with SOLID (Society of Living Illicit Drug Users), Victoria, BC.
150. **Pauly, B.** (2014, November). *From process to policy: Collaborating to reduce drug related harm*. Presentation as part of Knowledge to Action Series, Island Health Authority, Victoria, BC.
151. **Pauly, B.**, Wallace, B., Phillips, R., & Jantzen, C. (2014, November). *What is the role of transitional housing in a Housing First Response?* Presentation at KTE Event with Rock Bay Landing Staff and Managers, Victoria, BC.
152. **Pauly, B.** (2014, November). *Reducing drug related harms for youth*. Invited panel presentation at the Canadian Alliance to End Homelessness Conference, Vancouver, BC.
153. **Pauly, B.**, Wallace, B., Phillips, R., & Janzen, C. (2014, October). *Is there a role for transitional programs in a Housing First response?* Panel presentation at Homeless Awareness Week, Victoria, BC.
154. Vallance, K., Clifton, C., Stockwell, T., **Pauly, B.** Perkin, K., Krysowaty, B., & Hajdu, P. (2014, October). *Towards Alcohol Harm Reduction and Housing Stability: Preliminary Findings of Thunder Bay Managed Alcohol Program*. Paper presented to Edmonton City Council and health care providers, Edmonton, ON.
155. Last, L., Sims-Gould, J., Haggis, C., & **Pauly, B.** (2014, September). *Identifying appropriate audiences and tailoring messages to the audience*. Invited presentation at Connect 2014, Inspirenet Conference, Vancouver, BC.
156. Willson, M., Dearing, W., Murphy, D., & **Pauly, B.** (2014, June). *National Meeting of Independent Peer Run Organizations of People Who Use Drugs: Making it happen*. Presentation at the Annual Peer Convergence, Victoria, BC.

157. **Pauly, B.** (2014, April). Homelessness: Causes and consequences. Invited workshop for the Business Improvement Association Conference, Victoria, BC.
158. **Pauly, B.** (2014, June). *Preventing the harms of alcohol*. Presentation at Supporting and Protecting Health: Promoting Mental Wellness and Addressing Psychoactive Substances, Public Health Association of BC Summer School, Victoria, BC.
159. **Pauly, B.,** Stockwell, T. Hajdu, P. (2014, April). Preliminary Results from evaluation of Thunder Bay Managed Alcohol Program. Presentation to National Study of Managed Alcohol Program Community of Practice.
160. **Pauly, B.** (2014, April). Health equity tools: Learning from other jurisdictions: Ontario's use of Health Equity Impact Assessment Tool & University of Victoria's Equity Lens in Public Health research project. Video presentation to the Health Equity Tools Working Group, Public Health Agency of Canada.
161. *Norman, T. , **Pauly, B.,** **Marks, H., & Palazzo, D. (2014, March). *Taking a leap of faith: Meaningful participation by people with experiences of homelessness in solutions to address homelessness*. Presentation at IdeaFest 2014, University of Victoria, BC.
162. **Pauly, B.,** Parker, J., **McCall, J., **Mollison, A., & Browne, A. (2014, February). *Addressing stigma of illicit drug use: Fostering cultural safety in nursing and health care practice*. Presentation at Lunch n Learn Series, Royal Jubilee Hospital, Island Health Authority, Victoria, BC.
163. **Pauly, B.,** Parker, J.,** McCall, J., **Mollison, A., & Browne, A. (2014, February). *Addressing stigma of illicit drug use: Fostering cultural safety in nursing and health care practice*. Presentation at Lunch n Learn Series, Victoria General Hospital, Island Health Authority, Victoria, BC.
164. **Pauly, B.** (2014, January). *Housing affordability: Victoria, BC*. Presentation as part of the Victoria Housing Matters Series, Victoria, BC.
165. Stockwell, T., **Pauly, B.,** Vallance, K., Chow, C., & Perkin, K. (2013, December). *Managed Alcohol Program: Evaluating effectiveness of alcohol harm reduction and housing instability*. Presentation at Centre for Addictions Research of BC Public Lecture, Victoria, BC.
166. Heino, A., Rezanoff, S., & **Pauly, B.** (2013, December). *Stigma and discrimination in the Canadian health care and forensic systems - the role of cultural safety*. IMPART Training Seminar, Victoria, BC.
167. **Pauly, B.** (2013, November). *Facing homelessness: Report on housing and supports 2013*. Presentation to Saanich Council Health and Safety Committee, Victoria, BC.

168. **Pauly, B.** (2013, November). *Rethinking spaces: Stigma, substance use, and cultural safety*. Invited presentation to Toronto Drug Strategy Workshop on Rethinking Stigma and Illicit Substance Use, Toronto, ON.
169. **Pauly, B.** (2013, November). *Achieving health equity for all through interdependent collaboration and leadership across sectors: A regional perspective*. Invited panelist at Fraser Health Workshop, Health in All Policies: Taking Intersectoral Action for Equitable & Sustainable Health, Public Health Association of British Columbia Annual Conference, Vancouver, BC.
170. **Pauly, B.** (2013, October). *Housing First: What is the role of harm reduction?* Invited panel presentation at the National Conference on Ending Homelessness, Ottawa, ON.
171. **Pauly, B.** (2013, September). *Facing homelessness: Report on housing and supports 2012/13*. Presentation to Greater Victoria Coalition to End Homelessness Social Inclusion AGM, Victoria, BC.
172. **Pauly, B.** (2013, September). *Fostering cultural safety in nursing practice with people who use drugs*. Presented at the Centre for Addictions Research of BC In-House Lecture, Victoria, BC.
173. **Pauly, B., MacDonald, M., & Hancock, T.** (2013, July). *Equity Lens in Public Health: Critical reflections on health systems and addressing health inequities*. Presentation to Building Reflexive and Cultural Competencies to Tackle Health Inequities, Public Health Association of BC Summer School, Victoria, BC.
174. *Norman, T. **Pauly, B.,** **Marks, H., & Palazzo, D. (2013, June). *Meaningful participation: Including people who experience homelessness*. Presentation at CIHR Café Scientifique, Victoria, BC.
175. **Pauly, B., & *Cusack, E,** (2013, June). *Through a health equity lens: Putting an equity lens on LGBTTIQA sexual health*. Presentation to VIHA Youth Sexual Health Clinic Nurses, Parksville, BC.
176. **Pauly, B., *Belle-Isle, L., & Reist, D.** (2013, March). *Approaches to addressing substance use in housing programs: A workshop on substance use, harm reduction and Housing First*. Presented to the Calgary Homeless Foundation, Calgary, AB.
177. **Pauly, B.** (2013, March). Panel member for screening of the film *The House I Live In*, presented by the Centre for Addictions Research, University of Victoria, BC.
178. **Pauly, B.** (2013, March). *Homelessness and health: The role of health care providers*. Invited presentation to Healthcare Research at UVic: A Faculty Development Event, University of Victoria, BC.

179. **Pauly, B., **Henry, R., & **Krancevic, J.** (2013, March). *Street stories*. Paper presented at Invited Concurrent Session, International Symposium on Knowledge Democracy: Decolonizing the University through Community Partnerships, Office of Community Based Research, University of Victoria, BC.
180. **Pauly, B., McCall, J., & Browne, A.** (2013, March). *Cultural safety in nursing practice with people who use drugs*. Presenter and Facilitator at Policy Forum, St. Paul's Hospital, Vancouver, BC.
181. **Pauly, B., Reist, D., *Belle-Isle, L., & Schactman, C.** (2013, February). *Housing and harm reduction: What is the role of harm reduction in ending homelessness?* Presentation to York Region as part of a SSHRC-funded Lunch and Learn Series on Housing and Economic Vulnerability, York, ON.
182. **Pauly, B., & Vallance, K.** (2013, January). Reducing harms of drug use in the community: what do we know and what can we do? Workshop presented at Nurturing Healthy Communities Conference, Victoria, BC.
183. **Pauly, B.** (2013, January). *Evidence for and development of Intensive Case Management Team (ICMT) Guidelines and Standards in BC*. Presentation to Island Health ICMT, Victoria, BC.
184. **Pauly, B.** (2012, November). *Quiet crisis: Homeless and at risk in Greater Victoria*. Invited guest speaker at Together Against Poverty Annual General Meeting, Victoria, BC.
185. MacDonald, M., & **Pauly, B.** *Public health ethics*. (2012, November). Invited workshop for Public Health Nursing Leaders Group at the Public Health Association of BC 2012 Conference, Vancouver, BC.
186. **Pauly, B., Stockwell, T., Vallance, K., Chow, C., & Perkin, K.** (2012, November). *Substance use and housing: Preliminary results of an evaluation of a Managed Alcohol Program*. Invited paper presentation at the Calgary Homeless Foundation Research Symposium, Calgary, AB.
187. **Pauly, B.** (2012, June). *The challenge for nurses: Navigating institutional policies and a social justice mandate*. Invited presentation at Applying the College of Registered Nurses of British Columbia Practice Clarification About Supervised Injection: A Knowledge Exchange, part of Drug Policy is Health Policy, a special session of the Canadian Nurses Association Biennial Convention, Vancouver, BC.
188. **Pauly, B.** (2012, October). *Re(imagining) and Re(imaging): Societal inclusion as a response to youth homelessness*. Invited presentation at Belonging: A Victoria Youth Homelessness Summit, Victoria, BC.

189. **Manson, H., **Pauly, B.,** & *Pinto, A. (2012, September). *Equity in public health standards: A qualitative document analysis of policies from two Canadian provinces*. Paper presented at Public Health Ontario Rounds, Toronto, ON.
190. **Pauly, B.,** & Goldstone, I. (2012, June). *Drug policy session*. Workshop presentation at Global Health Nursing: Understanding the Links Between Health Equity and Human Rights, Canadian Nurses Association, Vancouver, BC.
191. **Pauly, B.,** **Langlois, A., Perkin, K., Benoit, C., Jansson, M., Salmon, A., & Reist, D. (2012, June). *Ways of seeing: Media representations of substance use and people who use drugs in Victoria*. Community presentation to key local stakeholders of the research project Factors Affecting Community Acceptance of Programs Aimed at Preventing HIV/AIDS Associated with Injection Drug Use by B. Pauly and A. Langlois, Victoria, BC.
192. **Pauly, B.** (2012, May). *Community-based research in an earthquake*. Invited presentation at Universities Without Walls: The Next Generation of HIV Researchers in Canada, University of Victoria, BC.
193. **Pauly, B.,** McCall, J., Parker, J., Browne, A., McLaren, C., & Mollison A. (2012, May). *Fostering cultural safety in nursing practice in relation to substance use*. Invited presentation to Nursing Education and Research Rounds (NEARR) BC web session hosted on Inspirenet.
194. **Pauly, B.** (2012, March). *Power and ethics: Vulnerability in research processes*. Invited presentation to University of Victoria/ Vancouver Island Health Authority Human Research Ethics Committee, University of Victoria, BC.
195. **Pauly, B.** (2012, March). *Street stories: A photovoice project*. Photograph series exhibited as part of The Art and Science of Nursing: An Exhibit, School of Nursing, University of Victoria, BC.
196. **Pauly, B.** (2012, March). *Harm reduction*. Three peer-reviewed papers exhibited as part of The Art and Science of Nursing: An Exhibit, School of Nursing, University of Victoria, BC.
197. **Pauly, B.** (2012, February). *Building partnerships to strengthen public health responses to promote health equity*. Presentation to Healthy Minds, Healthy People KTE Day, Vancouver, BC.
198. **Pauly, B.,** & *Ranfft, M. (2011, November). *Breaking the cycle of homelessness: Effectiveness of transitional shelter*. Invited presentation to Her Way Working Group, Her Way Home, Victoria, BC.
199. **Pauly, B.** (2011, September). *Conceptualizing an equity lens for public health to reduce health inequities*. Presentation to the Critical Praxis Colloquium, University of Victoria, BC.
200. **Pauly, B.** (2011, June). *Homelessness, substance use and harm reduction*. Presentation to the Centre for Addictions Research of BC Advisory Board, University of Victoria, BC.

201. **Pauly, B.** (2011, June). *Alcohol harm reduction: Values, evidence and context*. Conference paper presented at The Many Faces of Addiction: Biology, Spirituality, Culture- Addiction Medicine for Family Physicians and Psychiatrists, Duncan, BC.
202. **Pauly, B.** (2011, May). *Homelessness: Local problems everywhere?* Presentation to Lutheran Church of the Cross Men's Breakfast Club, Victoria, BC.
203. **Pauly, B.** (2011, May). *Harm reduction and currently illegal drugs: Implications for nursing policy, research, education and practice*. Presentation to the Memorial University School of Nursing, St. John's, NL.
204. ****Ranfft, M., **Wallace, B., & Pauly, B.** (2011, April). *The effectiveness of transitional shelter in breaking the cycle of homelessness*. Presentation to the Victoria Cool Aid Society Board of Directors, Victoria, BC.
205. **Pauly, B.,** Reist D., Schactman, C., & ***Belle-Isle, L.** (2010, December). *Housing and harm reduction: A policy framework for Greater Victoria*. Presentation to the Greater Victoria Coalition to End Homelessness, Victoria, BC.
206. **Pauly, B., **Wallace, B., **Ranfft, M.,** Perkin, K., ****Henley, C., **Budd, V.,** Ostry, A., Matwychuk, M., Curran, C., Irish, T., & Sturge, J. (2011, February). *Breaking the cycle of homelessness: Evidence for policy and practice*. Presentation at Research Conversations, University of Victoria, BC.
207. **Countess, R., & Pauly, B.** (2011, January). *Shelter based managed alcohol administration to chronically homeless people addicted to alcohol*. Presentation to and Faculty Discussant at the Addiction Medicine Journal Club, VIHA, Victoria, BC.
208. **Pauly, B.** (2010, December). *Homelessness in Victoria*. Presentation to BC Transit and the National Automobile, Aerospace and Agricultural Implement Workers Union of Canada (CAW-Canada), Celebrating Women Open House, Victoria, BC.
209. **Perkin, K., & Pauly, B.** (2010, November). *Responding to H1N1 in the context of homelessness in Canada*. K. Perkin, panel participant, Flu Panel Discussion, UVic Health Promotion Network, University of Victoria, BC.
210. **Pauly, B.** (2010, October). *Finding a safe haven: Clients perspectives on harm reduction*. Centre for Addictions Research of BC Seminar Series, University of Victoria, BC.
211. **Pauly, B.** (2010, September). *Quality of life for everyone? Is social justice possible in a neo-liberal world?* Presentation at City Street Church Conference, Victoria, BC.
212. **Pauly, B.** (2010, September). *Street Stories*. Presentation at City Street Church Conference, Victoria, BC.

213. **Pauly, B.** (2010, April). *Hometown harm reduction: Ten years and losing ground*. Invited panel member at the City of Victoria Hometown Harm Reduction Forum, Victoria, BC.
214. **Pauly, B.** (2010, April). *Challenging constructions of homelessness*. Presented at the Human and Social Development Research Day, University of Victoria, BC. (Selected to represent School of Nursing Faculty).
215. **Pauly, B.** (2010, June). *From H1N1 to health equity: Knowledge exchange, risk communications and decision-making*. Panel moderator and commentator, Canadian Public Health Association Conference, Toronto, ON.
216. **Pauly, B.** (2010, January). *Poverty, housing and homelessness*. Invited panel presentation at Caring Communities: Homelessness in Victoria, University of Victoria Student Leadership Conference, Victoria, BC.
217. **Pauly, B.** (2009, December). *Preventing homelessness: Emerging best practices*. Invited presentation to the Greater Victoria Coalition to End Homelessness Prevention Working Group, Victoria, BC.
218. **Pauly, B.** (2009, November). Panel speaker on legal, ethical and health dimensions of tent cities and recent Victoria decision, Forum on the Tent City Decision: Where do We Go From Here? University of Victoria, BC.
219. **Pauly, B.** (2009, October). *The Ways Home: How do we get there?* Presentation at The Ways Home: Top Ten Ways to End Homelessness, Public Issues Community Forum, University of Victoria, BC.
220. **Pauly, B.** (2009, October). *Finding home: How do we get there?* Presentation at the First Metropolitan Church, Victoria, BC.
221. **Pauly, B.** (2009, October). *Evaluating strategies to end homelessness*. Presentation at Homelessness Action Week hosted by the Yukon Anti-Poverty Coalition, Yukon College Whitehorse, YT.
222. **Pauly, B.** (2009, October). *Finding home: How do we get there?* Presentation as part of Homelessness Action Week hosted by Yukon Anti-Poverty Coalition, Yukon College, Whitehorse, YT.
223. **Pauly, B.** (2009, October). *The ever expanding world of community based research: Where are we going now?* Presentation at the Community Based Research Workshop Series, Centre for Teaching and Learning, University of Victoria, BC.
224. **Pauly, B.** (2009, September). *Reducing the harms of illegal drugs: Building on the evidence*. Presentation at the VIHA Annual Research Day, Victoria, BC.

225. **Pauly, B.** (2009, May). *Conceptualizing an equity lens and methods to apply the lens to public health policy and programs*. Invited presentation for Core Public Health Functions Research Initiative Research Symposium, Victoria, BC.
226. **Pauly, B., & *Langlois, A.** (2009, May). *When the ground shifts: Closure of Victoria's fixed needle exchange*. Conference paper presented at Sharing Stories and Spaces, Community Based Research Summer Institute, University of Victoria, BC.
227. **Pauly, B.** (2009, April). *Reducing harm in Victoria, BC*. Presentation at More Than Just Needles: A Forum on Community Health and Reducing Harm, AIDS Vancouver Island, Victoria, BC.
228. **Pauly, B., & Cater, J.** (2009, April). *Harm reduction: The relationship is the intervention*. Presentation at What Gets in the Way: Stigma and Discrimination, Workshop for Health and Social Service Providers on Integrating Harm Reduction into Practice, AIDS Vancouver Island, Victoria, BC.
229. **Pauly, B.** (2009, April). *Ethics and harm reduction in nursing practice*. Presentation to Norwegian Nurses Canadian Study Tour, Vancouver, BC.
230. **Pauly, B.** (2009, March). *Why Should You Work With the Media?* Presentation at the Human and Social Development Working with the Media Workshop, University of Victoria, BC.
231. **Pauly, B.** (2009, February). *Housing and homelessness in the current policy context*. Presentation to the Canadian Public Service School 2009 Victoria Learning Tour, Victoria, BC.
232. **Pauly, B.** (2008, October). *Ethics in practice: Application of ethical decision making*. Presentation to the Luther Court Society Ethics Committee and staff, Victoria, BC.
233. **Pauly, B., & *Roche, T.** (2008, July). *Power and ethics in community based research on the street*. Workshop presentation at Sharing Stories and Spaces, CBR Summer Research Institute, University of Victoria, BC.
234. **Pauly, B.** (2008, June). Member of invited panel at Break the Cycle of Homelessness and Addiction in the Capital Regional District, Victoria Multi-Faith Society Meeting on Homelessness, Victoria, BC.
235. **Pauly, B.** (2008, June). *Needle exchange as a health service: Evidence and ethics*. Presentation at the Harm Reduction Victoria Vigil for Closure of AVI Needle Exchange, Victoria, BC.
236. **Pauly, B.** (2008, May). *Registered nurses' perceptions of moral distress and ethical climate in British Columbia*. Invited Presentation at the Union of Psychiatric Nurses Annual Conference, Kamloops, BC.

237. **Pauly, B.** (2008, April). *Whose vulnerability? Whose suffering?* Invited presentation A Life Undivided: Engaging Our Hearts in Health Care Conference, Courtney, BC.
238. **Pauly, B., & **Newton, L.** (2008, February). *Using an ethics lens to enhance the moral climate of nurses' workplaces.* Invited Preconference presentation for 13th Annual Ethel Johns Research Forum hosted by Sigma Theta Tau, Xia Eta Chapter, UBC School of Nursing and St. Paul's Hospital, Vancouver, BC.
239. **Pauly, B.** (2007, October). *Dialogue on Insite: Ethical implications of closing Vancouver's supervised injection site.* Presentation sponsored by Keeping the Door Open, Vancouver, BC.
240. **Pauly, B.** (June, 2007). *Everyday ethics.* Presentation as part of Luther Court Society's Ethics Awareness Week, Victoria, BC.
241. **Pauly, B., & Brown, H.** (2007, May). *Enhancing ethics in the workplace.* Presentations at two one-day workshops on ethics for staff in mental health and addictions, Interior Health Authority, Kelowna, BC.
242. **Pauly, B.** (2007, May). *The ethics of no smoking policies in mental health.* Concurrent workshop presentation at Perceptions, Practice and Policy: Meeting the Needs of Individuals Living with Mental Health and Addictions, Fraser Health Ethics Conference, Surrey, BC.
243. ****Jiwani, B., & Pauly, B.** (2007, January and February). *Ethics and corrections.* Invited presentations on health care ethics in corrections, Correctional Services of Canada, Vancouver, BC.
244. **Pauly, B.** (2006, October). Invited speaker at Where Should Health Care Go in BC: Getting Services to the Hard to Reach, Victoria Health Care Coalition community forum, Victoria, BC.
245. **Pauly, B.** (2006, October). *Finishing on time.* Conference paper presented at the Human and Social Development Graduate Student Conference, University of Victoria, BC.
246. ****D' Angincourt Canning, L., & Pauly, B.** (2006, May). *Ethics and inequality in health care access: Addressing the needs of underserved and rural populations.* Presentation at BC Women's and Children's Hospital, Vancouver, BC.
247. **Rodney, P., & Pauly, B.** (2006, January). *Ethics and corrections.* Invited presentation at the BC Health Care Corrections Conference, Justice Institute, Vancouver, BC.
248. **Pauly, B.** (2006). *Public participation in British Columbia PharmaCare.* Discussion paper for BC PharmaCare. Victoria: BC Ministry of Health.
249. **Pauly, B.** (2005, September). *Close to the street: The ethics of access to health care.* Presentation to VIHA North Island Ethics Committee, Campbell River, BC.

250. **Pauly, B.** (2005, June). *Close to the street: The ethics of access to health care*. Presentation to Cool Aid Health Centre, Victoria, BC.
251. Rodney, P., & **Pauly, B.** (2004, April). *Moral distress in the context of systemic change*. Conference paper presented at Providence Health Care Ethics Mentors Ongoing Ethics Education Conference, Vancouver, BC.
252. **Pauly, B.** (2004, April). *Ethical relations and access to health care for at-risk groups*. Conference paper presented at Putting Research to Work, Nursing Research Conference, Red Deer College Nursing Department, Red Deer, AB.
253. ****Lysionek, P., Pauly, B., & McPherson, G.** (2004, February). *Whose issues? Whose perspectives? Ethical considerations when children are chronically ill*. Pediatric Ethics Day, Vancouver Island Health Authority, Parksville, BC.
254. ***Pauly, B.** (2004, March). *The moral climate in health care*. Presentation to the Health Sector Symposium, hosted by Western Office of National Partnerships for Advanced Skills, University of Victoria, BC.
255. Rodney, P., Storch, J., Doane, G., Varcoe, C., & ***Pauly, B.** (2004, March). *Ethics in everyday practice*. Presentation at Registered Nurses Association of BC teleconference, Victoria, BC.
256. ***Pauly, B.** (May, 2003). *Community governance: Lessons learned at James Bay Community Project*. Invited presentation at Strengthening Communities While Reorienting Health Systems and Building Healthy Public Policy: Creating Conditions for Health, Centre for Community Health Promotion Research Summer Institute, University of Victoria, BC.
257. ***Pauly, B., & **Coxon, M.** (2003, April). *Ethics and pediatrics: The stresses and strains of caring*. Invited presentation for VIHA Pediatric Education Day, Nanaimo, BC.
258. ***Pauly, B.** (2003, February, April and September,). *Enhancing everyday ethical practice in community health*. Invited presentation for Vancouver Coastal Health Authority Ethics Education Workshop, Vancouver, BC.
259. ***Pauly, B.** (2002, May). *Ethics and economics of resource allocation*. Invited panel presentation for the Vancouver Island Health Authority Ethics Day, Victoria, BC.
260. ***Pauly, B.** (2002, January and April). *Enhancing everyday ethical practice for community health practitioners*. A series of two invited workshops for the staff of the Vancouver Coastal Health Authority (formerly Vancouver Richmond Health Board), Vancouver, BC.
261. ***Pauly, B., van Mossel, C., & Wharf, B.** (2002, March). *Reclaiming public health care: Recommendations for a just health care system*. Prepared for the Victoria Coalition for Health Care Reform and presented to the Romanow Commission Open Hearings, Victoria, BC.

262. ***Pauly, B.** (2002, January). *Knowledge for everyday ethical practice*. Presentation to the Vancouver Island Regional Health Authority Pediatric Ethics Committee, Victoria, BC.
263. ***Pauly, B.** (2000, June). *Ethics for everyone*. Invited workshop presented at the B.C. Association for Community Living Conference, Whistler, BC.

d.4 – University Guest Lectures

1. Pauly, B. (2018, May). Evolution of health equity concepts: Understandings and application. Presentation to a nursing 500-level class, University of British Columbia, BC.
2. Pauly, B. (2017, May). Housing Matters BC: Homelessness in Victoria, BC. Presentation to Public Health and Social Policy SDH class, University of Victoria, BC.
3. Pauly, B. (2017, February). Community based participatory research: From intention to impact. Presentation to qualitative health research PhD students, University of Victoria, BC.
4. Pauly, B. (2017, February). National study of Managed Alcohol Program (MAPs): Implementation and effectiveness of MAPs. Presentation to Social Determinants of Health 501B/601B Graduate Student Colloquium, University of Victoria, BC.
5. Pauly, B. (2016, November). The role of the expert witness and Super Intent City. Presentation to third year law students, University of Victoria, BC.
6. Pauly, B. (2016, October). Homelessness, health equity, and public health. UVic Guest Lecture to Health and Society 200 undergraduate class, University of Victoria, BC.
7. Pauly, B. (2016, September). Building a program of research: Health equity, homelessness, and substance use. Presentation to PhD Seminar, University of Victoria, BC.
8. Pauly, B. (2016, March). Reducing health inequities: The contribution of public health services in BC. Presentation to Sociology 545, Graduate Seminar: Population Health, Health Equity & Health Care (Cecelia Benoit, instructor), University of Victoria, BC.
9. Pauly, B. (2015, January). Reducing health inequities and strengthening communities through community based research. Presentation to School of Nursing doctoral students, University of Victoria, BC.
10. Pauly, B. (2014, November). Harm reduction and nursing practice. Presentation to nursing graduate students, University of Alberta, AB.
11. Pauly, B. (2014, November). Moral distress and nursing practice. Presentation to nursing doctoral students, University of British Columbia Okanagan, BC.

12. Pauly, B. (2014, October). Building a program of research to reduce health inequities. Presentation to Nursing 621 class, University of Victoria, BC.
13. Pauly, B. (2014, September). Reducing health inequities: Leadership for social change. Presentation to a fourth year nursing leadership class, University of Victoria, BC.
14. Pauly, B. (2014, March). Theoretical and methodological innovations for studying health equity. Presentation to Simon Fraser Graduate Students Association, Simon Fraser University, Vancouver, BC.
15. Pauly, B. (2013, March). Harm reduction through a social justice lens. Invited presentation to Japanese exchange students, University of Victoria, BC.
16. Pauly, B. (2013, February). Homelessness and health inequities: Enacting social justice in nursing. Presentation to three Nursing 350 classes, University of Victoria, BC.
17. Pauly, B. (2012, February). Reproduction of stigma and contamination of space: Community factors influencing HIV/AIDS initiatives. Presentation to the Social Dimensions of Health Colloquium (Michael Hayes, instructor), University of Victoria, BC.
18. Pauly, B., & Ranfft, M. (2012, March). Breaking the cycle of homelessness: Evaluating the effectiveness of transitional shelter. Presentation to Nursing 350 class (Robin Scobie, instructor), University of Victoria, BC.
19. Pauly, B. (2012, February). Homelessness: Addressing health inequities and enacting social justice in nursing. Presentation to Nursing 350 class (Robin Scobie, instructor), University of Victoria, BC.
20. Pauly, B. (2011, November). Breaking the cycle of homelessness: The effectiveness of transitional shelter. SDOH Colloquium, University of Victoria, BC.
21. Pauly, B. (2011, November). Reducing health inequities: Homelessness and substance use. Researcher in the Spotlight Presentation to fourth year nursing students, Selkirk College, BC.
22. Pauly, B. (2011, October). Case study research: How many ways? Presentation to Nursing 503 seminar (Elizabeth Bannister, instructor), University of Victoria, BC.
23. Pauly, B. (2011, March). Harm reduction through a social justice lens. Presentation to International Exchange Student Tour from Japan (Pat McKenzie, facilitator), University of Victoria, BC.
24. Pauly, B. (2011, March). Canadian health care: Public health and harm reduction. Presentation to Sociology 285: Sociology of Health over the Life Course (Cecilia Benoit, instructor), University of Victoria, BC.

25. Pauly, B. (2011, March). Homelessness: Addressing health inequities. Presentation to the Human and Social Services faculty and students, North Island College, BC.
26. Pauly, B. (2011, March). Harm reduction through a social justice lens. Presentation at the SDOH Colloquium, University of Victoria, BC.
27. Pauly, B. (2010, November). Health inequities: Nursing leadership for social justice in policy. Presentation to fourth year nursing students, University of Victoria, BC.
28. Pauly, B. (2010, March). Housing and harm reduction: What do we know? Guest lecture to first and third year sociology students (Dan Grace, instructor), University of Victoria, BC.
29. Pauly, B. (2010, February). Poverty, housing and homelessness. Guest lecture to Canadian Studies 102 (Norm Fennema, instructor), University of Victoria, BC.
30. Pauly, B. (2009, November). The ways home: How do we get there? Guest lecture to Introductory Sociology class (Dan Grace, instructor), University of Victoria, BC.
31. Pauly, B. (2009, March). Nursing and homelessness. Presentation to CRNBC Nurse Café, Camosun College, BC.
32. MacNeil, J., & Pauly, B. (2009, March). Findings of NEX evaluation. Guest lecture to Introductory Sociology (Dan Grace, instructor), University of Victoria, BC.
33. Pauly, B., & Henry, R. (2009, March). Relational nursing practice in the context of homelessness. Guest lecture to Nursing 352, University of Victoria, BC.
34. Pauly, B. (2009, March). Enacting community based research as part of community development. Guest lecture to Nursing 351, University of Victoria, BC.
35. Pauly, B., & Clements, J. (2009, February). Housing and homelessness in the current policy context. Presentation to social work students (Glen Tadsen, instructor), University of Victoria, BC.
36. Pauly, B. (2009, January). The Canadian health care system in context. Guest lecture to University 203: Through the Looking Glass: Marginalization and Discrimination in Health Care (Susan Strega, instructor), University of Victoria, BC.
37. Pauly, B. (2008, November). Examining conflicts and controversies in harm reduction. Guest lecture to Culture and Health, fourth year nursing course (Joan Gillie, instructor), University of Victoria, BC.
38. Pauly, B. (2008, November). Housing, homes and health: Mobilizing knowledge for social action. Presentation at Food for Thought Lecture Series, School of Nursing, University of Victoria, BC.

39. Pauly, B. (2008, November). CNA Code of Ethics: Overview and application to nursing practice. Guest lecture to School of Nursing (Marilyn Plummer, instructor), Camosun College, BC.
40. Pauly, B. (2008, October). Nursing ethics. Guest lecture to Philosophy 250, School of Nursing, Camosun College, BC.
41. Pauly, B. (2007, October). Nursing ethics. Guest lecture to Philosophy 250, School of Nursing, Camosun College, BC.
42. Pauly, B. (2007, October). Surviving your dissertation. Presentation at PhD Seminar, University of Victoria, BC.
43. Pauly, B. (2007, October). Women and harm reduction. Presentation to In Women's Health, fourth year nursing course, University of Victoria, BC.
44. Pauly, B. (2007, April). Ethical nursing practice in the context of harm reduction. Presentation to nurse practitioner students, University of Victoria, BC.
45. Pauly, B. (2007, March). Ethics in nursing practice. Presentation to Nursing 210B: Professional Growth, School of Nursing, Camosun College, BC.
46. Pauly, B. (2007, January). Ethics in everyday nursing practice. Workshop presentation to fourth year CPE students, University of Victoria, BC.
47. Pauly, B. (2006, January). Close to the street: Homelessness, addiction and the ethics of access. Presentation to the Centre for Studies in Religion and Society Lecture Series, University of Victoria, BC.
48. Pauly, B. (2005, December). Close to the street: Homelessness, addiction and access to health care. Presentation at the Centre for Addictions Research of BC Lecture Series, University of Victoria, BC.
49. Pauly, B. (2004, February). New directions in nursing and health care ethics. Presentation to Nursing 350, University of Victoria, BC

d.5 – Media Interviews

1. Gregor Craigie, CBC On the Island. Displacement and Unintended Consequences. February 13, 2025.
2. Michael John Lo, Pandora's Box, Times Colonist Sunday January 19th, 2025
<https://www.timescolonist.com/islander/embedded-why-is-there-so-little-change-on-the-900-block-of-pandora-after-an-end-of-year-deadline-10074718>

3. Kathryn Marlow CBC On the Island, Review of the Toxic Unregulated Drug supply in 2024. January 3, 2025.
4. Alex Lazenby, Will the BC NDP's reversal on involuntary care move the needle on treatment. Vancouver Sun, <https://vancouversun.com/news/bc-ndp-reversal-involuntary-care-treatment>
5. CBC Gregor Craigie re Politics and Overdose Response. August 20, 2024.
6. CBC Prince George on BC Coroner Recently Released Numbers of overdose deaths June 10, 2024
7. CBC On the Island with Gregor Craigie RE BC Coroner Recently Release overdose numbers. June 7, 2024 at 710
8. St. John Barned-Smith, Maggie Angst. S.F. Program gives homeless people free booze. Here's why the city says it's helpful. San Fransciso Chronicle and Managed Alcohol – May 10, 2024 - <https://www.sfchronicle.com/politics/article/sf-free-alcohol-homeless-19446850.php>
9. On The Island with Gregor Craigie: The B-C Coroners Service issued a rare public safety warning this week about deaths connected to unregulated drugs. Dr. Bernie Pauly is a prominent substance use researcher who looks at the impact of harm reduction (December 15, 2023) <https://www.cbc.ca/listen/live-radio/1-48-on-the-island/clip/16030344-the-b-c-coroners-service-issued-rare-public-safety>
10. Harnett, C. November 19, 2023. Is safer supply safe? Critics say it hooks new users; others argue it saves lives. Times Colonist.
11. CBC On the Island with Gregor Craigie (June 7, 2023). Prescribed Safer Supply and Responses to Monday press conference. <https://www.cbc.ca/listen/live-radio/1-48-on-the-island>
12. Alec Lazenby, (January 30, 2023). British ColumbiaToday: Politics Today. Decriminalization officially begins in BC Today. <https://www.politicstoday.news/british-columbia-today/decriminalizaton-officially-begins-in-b-c/>
13. Wolf Depner (Jaunary 30, 2023). Blackpress. Decriminalization in BC
14. CTV Evening News with Merella Fernandez (January 30, 2023) Decriminalization in BC.
15. CTV News with Todd?? (January 31, 2023). New Overodse numbers in BC Released.

16. CBC – All Points West. Joseph, Rohit. (November 2, 2022) Re: Select Standing Committee <https://www.cbc.ca/listen/live-radio/1-93-all-points-west/clip/15946910-critics-recommendations-all-party-legislative-committee-report-toxic-drug>
17. BC Today. Lazenby, Al. (November 1, 2022). Comment on the Release of the Selection Standing Report on Overdoses.
18. Globe and Mail. Leung, Wency (August 31, 2022). Carolyn Bennett hopes BC decrim plan will reduce stigma around drug use. <https://www.theglobeandmail.com/canada/article-carolyn-bennett-hopes-bcs-decriminalization-plan-reduces-stigma-around/>
19. Evan Solomon Show. Solomon, Evan. (August 11, 2022). Exclusion of BC Researchers from Call for BC Decrim evaluation.
20. Globe and Mail. Woo, Andrew. (August, 2022). Re Exclusion of BC Researchers from Decrim Evaluation
21. CBC – On The Island. Craigie, Gregor. (June 1, 2022). Re: Decriminalization.
22. Times Colonist. Harnett, Cindy. (June 1, 2022). Advocates question plan to decriminalize illicit drugs. <https://www.timescolonist.com/local-news/advocates-question-plan-to-decriminalize-illicit-drugs-5429267>
23. CBC – On The Island. Craigie, Gregor. (March 17, 2022). A dangerous experiment or a lifeline for people at risk from toxic street drugs? <https://www.cbc.ca/listen/live-radio/1-48-on-the-island/clip/15901263-a-dangerous-experiment-lifeline-people-risk-toxic>
24. CBC - Daybreak South. Walker, Chris. (March 18, 2022). Drugs and Safe Supply. <https://www.cbc.ca/listen/live-radio/1-110-daybreak-south/clip/15901500-rossland-turns-125-years-old-theme-song-cocktails-gas> (start listening at 51:00).
 - a. CBC National Syndication: Drugs and Safer Supply (March 18, 2022)
25. CBC Kamloops
26. CBC Prince George
27. CBC Vancouver
28. CBC National Syndication: Appointment of the New Federal Mental Health and Addictions Minister Minister (October 26, 2021)
29. CBC Halifax
30. CBC Cape Breton
31. CBC Ottawa
32. CBC London
33. CBC Sudbury
34. CBC Saskatchewan
35. CBC Vancouver

36. On the Island with Gregor Craigie (November 1, 2021). BC Application for Decriminalization.
37. 630 Ched Shaye Granam (October 28, 2021) Canada is getting a new Mental Health and Addictions Ministry. <https://omny.fm/shows/ched-mid-morning/todays-show-canada-is-getting-a-mental-health-and>
38. John Oakley Show (2021, October 27th). New Federal Ministry of MH and Addictions <https://globalnews.ca/toronto/program/the-john-oakley-show>
39. Gilmore, R.(2021, October, 26) Canada is getting a mental health and addictions ministry. What’s needed to make it work? <https://globalnews.ca/news/8325724/cabinet-trudeau-minister-mental-health-bennett/>
40. Lazenby, A. (2021, October 13). “It’ll get worse before it gets better”: The overdose crisis in 2021. *The Martlet*. Retrieved from: <https://www.martlet.ca/the-overdose-crisis-in-2021-and-harm-reduction/>
41. Sidaway, K. (2021, September 28). Victoria mayor says housing, not 24/7 camping should be available to homeless COVID-19 patients. *Chek News*. Retrieved from: <https://www.cheknews.ca/victoria-mayor-says-housing-not-24-7-camping-should-be-available-to-homeless-covid-19-positive-patients-needing-isolation-890443/>
42. Burns, R. (Host). (2021, September). On COVID and homelessness. In *On the Island*. Victoria, BC: CBC Radio.
43. Joseph, R. (Host). (2021, September 14). On safer supply and the federal election. In *On the Island*. Victoria, BC: CBC Radio.
44. Baker, R. (2021, July 16). BC expands safe supply to curb overdose death toll. *National Observer*. Retrieved from: <https://www.nationalobserver.com/2021/07/16/news/bc-expands-safe-supply-curb-overdose-crisis-death-toll>.
45. Lenam, D. (Host). (2021, July 16). BC safer supply: Pharmaceutical alternatives. In *On the Island*. Victoria, BC: CBC Radio.
46. Monga, V. (2021, May 3). As overdoses surge, a Canadian province is giving out drugs. *BC Wall Street Journal*. Retrieved from: <https://www.wsj.com/articles/as-overdoses-surge-a-canadian-province-is-giving-out-drugs-11627236515>
47. Price, R. (2021, May 3). On the May 1 deadline for housing and return to 7-7. Victoria, BC: CFX 1070.
48. Lazenby, A. (2021, May 1). As province opens temporary housing at Royal Athletic Park and Russell Street, advocates call for dispersed housing and real homes. *The Martlet*.

Retrieved from: <https://www.martlet.ca/royal-athletic-park-russell-street-temporary-housing/>

49. Farrell-Low, A. (2021, April 23). Reducing harms from substance use. *UVic News*. Retrieved from: <https://www.uvic.ca/news/topics/2021+knowledge-reducing-harms-from-substance-use+news>
50. Romphk, J. (2021, April 14). Rally calls for decriminalization, safe supply as overdose emergency turns 5. *Victoria News*. Retrieved from: <https://www.vicnews.com/news/rally-calls-for-decriminalization-safe-supply-on-5th-anniversary-of-overdose-emergency-declaration/>
51. Baker, R., (2021, April 8). Can B.C. cities prevent homeless camps in the future? Not easily, say observers. <https://www.cbc.ca/news/canada/british-columbia/homeless-camp-prevention-questioned-1.5977648>.
52. Craigie, G. (Host). (2021, April 7). [Some concerns are being raised about the B.C. government's plan for clearing homeless campers from public parks by the end of the month - We spoke with Bernie Pauly from UVIC | On The Island with Gregor Craigie | Live Radio | CBC Listen](#)
53. Basu, B. (2021, February). Excited and relieved: Victoria safe supply project gets federal funding for 3 years. *Capital Daily News*. Retrieved from: <https://www.capitaldaily.ca/news/victoria-safe-supply-project-federal-funding-overdose-addiction>
54. Craigie, C. (Host). (2020, November 26). CBC on the Island. Sheltering in Beacon Hill Park.
55. Wyton, M. (2020, November 17). Give more chronic drinkers safe doses of alcohol, say researchers. *The Tyee*. Retrieved from: <https://thetyee.ca/News/2020/11/17/Chronic-Drinker-Safe-Dose-Alcohol/>
56. Taaffe, V. (2020, October 19). Supervised Consumption Sites and Lessons Learned in BC. *Scottish TV News*.
57. CTV. (2020, October 21) On a cannabis substitution program.
58. DeRosa, K. (2020, September 26). Delivery of prescription opioids saving lives, says Victoria pharmacy. *Times Colonist*. Retrieved from <https://www.timescolonist.com/news/local/delivery-of-prescription-opioids-saving-lives-says-victoria-pharmacy-1.24210482>
59. Musett, B. (2020, August 12). Victoria pushes to prioritize housing for those who have been in town longer than a year. *CBC News*. Retrieved from

<https://www.cbc.ca/news/canada/british-columbia/victoria-homelessness-motion-prioritizes-locals-1.5679211>

60. Lazenby, A. (2020, August 12). Life in a piece of fabric: People living in Beacon Hill Park relocate, face harassment. *The Martlet*. Retrieved from <https://www.martlet.ca/beacon-hill-park-2/>
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e. Professional Activities

e.1 – Editorial Activities

2020 – Present	Editorial Board, Drugs: Education, Prevention and Policy https://www.tandfonline.com/loi/idep20
2019 -Present	Special Section Editor, Alcohol Harm Reduction, Harm Reduction Journal https://harmreductionjournal.biomedcentral.com
2018-2023	Founding Editorial Board Member, Witness Journal

2016	Guest Editor, Drug and Alcohol Review, Special Issue on Managed Alcohol Programs
2013-2016	Co-Editor, Communique: UVic School of Nursing- Research and Scholarship Publication
2013	Guest Editor, Visions Journal, Special Issue on Homelessness and Mental Health
2011-12	Guest Editor, HEC Forum. Special Thematic Issue: Moral Distress, 24 (1)
2011	Editorial Review Board, Canadian Society for Sociology of Health, Special Monograph on Health and Society
2007-2008	Guest Editor, International Journal of Drug Policy. Nursing and Harm Reduction Special Focus Issue, 19 (3).

e.2 – Journal Review Activities

2025	Peer Reviewer for Nursing Ethics
2023-2024	Peer Reviewer for American Journal of Drug and Alcohol Abuse
2020- Present	Peer Reviewer for Journal of Epidemiology and Community Health
2020- Present	Peer Reviewer for BMJ Open
2020-Present	Peer Reviewer for Canadian Journal of Addiction
2020-Present	Peer Reviewer for American Journal of Preventative Medicine
2020-Present	Peer Reviewer for Health and Place
2019-Present.	Peer Reviewer for Lancet
2019-Present	Peer Reviewer for Health Policy
2019- Present	Peer Reviewer for International Journal of Equity in Health
2019 - Present	Peer Reviewer for BMC Public Health
2018-Present.	Peer Reviewer for Witness (Canadian Journal of Critical Nursing Discourse CJCND) https://witness.journals.yorku.ca/index.php/default
2018-Present	Peer Reviewer, Journal of Substance Abuse Treatment
2018- Present	Peer Reviewer for Health Promotion International
2017- Present	Peer Reviewer for Drugs Education, Prevention and Policy
2015-Present	Peer Reviewer for PLOS One
2013-2016	Peer Reviewer for AIDS Care
2013-Present	Peer Reviewer for Nursing Inquiry
2013	Peer Reviewer for Getting to Tomorrow: A Report on Canadian Drug Policy (Canadian Drug Policy Coalition)
2013-Present	Peer Reviewer for Social Science & Medicine
2013-Present	Peer Reviewer for International Journal of Drug Policy
2011	Peer Reviewer for Contemporary Drug Problems
2011	Peer Reviewer for Canadian Geographer

2010	Peer Reviewer, Homelessness and women, University of Toronto Press
2009-Present	Peer Reviewer for Nursing Ethics Journal
2009-Present	Peer Reviewer for Canadian Journal of Public Health
2009-Present	Peer Reviewer for Drug and Alcohol Review
2008-Present	Peer Reviewer for Canadian Journal of Nursing Research
2007-Present	Peer Reviewer for Canadian Journal of Nursing Leadership
2007	Peer Reviewer for Nursing Ethics Text (Mosby Publishing).

e.3 – Peer Reviewer: Conferences

2019	Peer Reviewer for Canadian Association of Schools of Nursing Pat Griffin Award.
2014	Member, Selection Committee, Honorary Citizen of Victoria Awards
2012	Abstract Reviewer for Wisdom for Action: The Power to Shape Change,
2012	Abstract Reviewer for Community Health Nurses of Canada Conference, Toronto, ON.
2011	Abstract Reviewer for The Time is Now: Influence, Impacts, Outcomes, Community Health Nurses of Canada Conference, Halifax, NS
2011	Abstract Peer Reviewer for CAHSPR Conference
2007-2008	Abstract Review Committee Co-Chair, WRCASN Nursing Education 2008 Conference, Victoria, BC.
2001-2002	Chair, Student Abstract Competition, Canadian Bioethics Society Conference Planning Committee

e.4 – Peer Reviewer: Research Funding Application Assessment Activities

2022/23	Peer Review for CIHR Canada Research Chair Program
2020	Peer Reviewer for Canadian Research Initiative in Substance Misuse
2019	Peer Reviewer for. CIHR Project Grant (Psychosocial, Behavior Committee, PB2)
2019	Peer Reviewer for Chief Scientist Research Officer, Scotland
2018	Peer Reviewer for Alberta Heritage Research Foundation
2016-2017	Peer Reviewer for CIHR Project Grants
2015-2016	Peer Reviewer for CIHR Project Grants
2015	Michael Smith Foundation for Health Research, Post-Doctoral Trainee Competition, Health Services Research
2013-2014	Peer Reviewer for CIHR PHSI Grant Competition
2011-2020	Peer Reviewer for MITACS College of Reviewers

2011	Review Committee Member, CIHR HIV/AIDS Community Based Research Catalyst Grant
2011	SSHRC Internal Research Grants, University of Victoria
2010-2013	Michael Smith Foundation for Health Research, Post-Doctoral Trainee Competition, Population Health Review Committee
2010	Growing Home Conference Publication, Special Edition
2010	Canadian Institutes of Health Research HIV/AIDS Community Based Research Fellowship Committee
2009-2010	Michael Smith Foundation for Health Research, Health Services Research Review Committees, Trainee Competition

e.5 Graduate Student Reviews (External Examiner)

Evaluation Year	Student Name	Degree Program	Type of Supervision*	Status
2025	Hannah Brais	Doctoral, Geography, McGill University	External	Defense date July 3, 2025 Title: Anyone who's been on the street is traumatized in one way or another”: applying a trauma-informed spaces of care model to adapt homeless resources for substance users
2024	Joseph Rootman	Doctoral, Psychology, UBCO	External Examiner	Complete Title: <i>Cannabis-Alcohol co-use protects from Drinking regret without increasing harms.</i>
2023	Kristen Gulbransen	Doctoral, Nursing	University of Manitoba, External Examiner	Title: <i>A novel care model: Maternity care experiences of pregnant individuals who use substances</i>
2018	Shelley Marshall	Doctoral (University of Manitoba)	External Examiner	Defended, Sept 10, 2018
2017	Sandra Mitchell	Doctoral (University of Sydney)	External Examiner	Completed

Evaluation Year	Student Name	Degree Program	Type of Supervision*	Status
2017	Elisa Barton	Doctoral (Flinders University of Australia)	External Examiner	Defended, August, 2017
2016	Alison McIntosh	Masters, Geography (SFU)	External Examiner	Defended (September 2016)
2014	Martha Jansenberger	Masters, Sociology	External Examiner	Completed (July 2014)
2014	Grace Dalgarno	Masters, Public Health (SFU)	External Examiner	Completed (July 2014)
2013	Monica Gosal	Masters, Nursing	Chair and External Examiner	Completed (June 2013)
2013	Thayne Werdal	Masters, Anthropology	External Examiner	Completed (November 2014)
2013	Matt Davies	Masters, Anthropology	External Examiner	Completed (November 2014)
2012	Tara Lyons	Doctoral (Carleton)	External	January, 2012
2012	Camille Stengel	Masters, Sociology	External Examiner	April 2012
2011	Neil Nunn	Masters, Geography	External Examiner	Defended
2011	Chad Stewart	Masters, Political Science	External Examiner	Defended
2011	Heather Hobbs	Masters, Studies in Policy & Practice	External Examiner	Defended
2011	Cristal Sargent	Masters, Sociology	External Examiner	Completed (December 2011)

Evaluation Year	Student Name	Degree Program	Type of Supervision*	Status
2010	Amanda Hancock	Masters (Memorial University of Newfoundland)	External Examiner	Defended
2010	Eleanor (Elly) Carlson	Anthropology	External Examiner	Completed (2010)
2010	Andrew Ivsins	Masters, Sociology	External Examiner	Defended
2009	Mary Smith	Masters, Nursing	Chair and External Examiner	Completed
2008	Margaret Eastman	Masters	Chair and External Examiner	Completed (2008)
2008	Jen Parkins	Masters, Nursing	External Examiner	Defended (2009)
2008	Kathleen Perkin	Masters, Anthropology	External Examiner	Defended (2009)
2007	George (C) Schmidt	Masters, Social Work	External Examiner	Defended
2007	John Koenig	Masters, Art History	External Examiner	Defended

e.6 – Organizational Reviews

e.7 - Committee Memberships (including organizing workshops and conferences)

2025	Scientific Advisor and Member, Community Advisory Committee, Point in Time Count and Needs Assessment, Community Social Planning Council, Victoria BC
2024-2025	Provincial Implementation Committee for Pharmaceutical Alternatives
2021-2023	BC Provincial Decriminalization Research and Evaluation Committee, MMHA
2023	Scientific Advisor and Community Advisory Committee, Point in Time Count and Needs Assessment, Community Social Planning Council, Victoria BC

2019-2022	Member, BC Support Unit for Patient Oriented Research Advisory Council.
2019-2022	Member, Canadian Association of Schools of Nursing Research and Scholarship Committee
2020	Scientific Advisor and Community Advisory Committee, Point in Time Count and Homelessness Needs Survey, Community Social Planning Council, Victoria, BC
2017	Member, Housing First Regional Design and Integration Team, Greater Victoria Coalition to End Homelessness.
2016-2017	Board Member, Society for Living Illicit Drug Users
2016	Organizer and leader, Equity Lens on Public Health (ELPH) Health Equity Workshop, Northern Health, BC.
2016	Member, Abstract Review Committee, Symposium on Housing Research in BC, Pacific Housing Research Network
2015	Member, Abstract Selection and Planning Committees, Pacific Housing Research Symposium, BC Non-Profit Housing Association Annual Conference
2014-2015	Member, Mental health and Substance Use Implementation Committee, Island Health
2013-2015	Member, Canadian Centre on Substance Abuse Prescription Substance Misuse, Prevention Implementation Team
2021/2023	Co-Chair, National Guidelines for Managed Alcohol Programs
2020/2021	Member, RN RPN Prescribing Consultation and Education Committee
2019	Member, CRISM National Supervised Consumption Services Expert Working Group
2018	Member, British Columbia Centre on Substance Use Alcohol Use Disorder Guidelines Working Group
2017	Lead, BC Centre on Substance Use International Working Group on Public Health Nursing Substance Use Competencies
2016-2017	Member, Registered Nurses of Ontario Supervised Injection Services Best Practices Guidelines Panel

2013	Member, Vancouver Island Health Authority (VIHA) Hard to Reach Working Group
2013	Member, Planning Committee, Housing Research Symposium, Pacific Housing Research Network
2013	Member, Public Health Association of BC Summer School Tackling Health Inequities Planning Committee, Victoria, BC.
2010-2014	Mentor, Intersections of Mental Health Perspectives in Addictions Research Training (IMPART)
2012-13	Member, National Advisory Committee on a Public Health Approach to Illegal Substance Use, Canadian Public Health Association
2012-13	Member, National Advisory Committee on Prescription Substance Misuse, CCSA
2012	BC Delegate, Mental Health Summit 2012, Winnipeg, MB
2011	Steering Committee Member, Pacific Housing Research Network
2011-Present	National Advisory Board Member, Canadian Homelessness Researcher Network
2010-2011	Technical Advisory Panel Member, Victoria Sustainability Framework
2009-2010	Management Committee Member, Greater Victoria Coalition to End Homelessness
2009	Program Evaluation, Clinical Ethics Program, Vancouver Island Health Authority. (Funded by VIHA).
2009	Films and Forums on Homelessness, co-event organized with Movie Monday Society, University of Victoria Satellite Event, Victoria BC.
2008	Co-Chair, Preconference Forum on Housing and Homelessness, Community University Expo, University of Victoria, BC.
2007-2008	Member, Planning Committee, International Satellite and Nursing Preconference, Nursing Harm Reduction Network 2008 Conference, Barcelona, Spain.
2008-2014	Research Associate, Centre for Youth and Society

2008-2011	Co-Chair, Research and Evaluation Working Group, Greater Victoria Coalition to End Homelessness.
2008-2011	Advisory Board Member, Society of Living Intravenous Drug Users (SOLID)
2008-2009	Leadership Council Member, Greater Victoria Commission to End Homelessness
2007-2011	Committee Member, National Program Advisory Committee on York University Certificate in Harm Reduction
2007	Gap Analysis Team Committee Member, Mayor's Task Force on Breaking the Cycle of Homelessness, Mental Health and Addictions, City of Victoria
2007	Research Sub-Committee Member, Homeless Needs Survey, Victoria Cool Aid Society
2007	Program Evaluation, SOLID (Society of Living Intravenous Drug Users) Peer Education for Health Program. (UBCM Funded Grant listed under Grants and Contracts).
2006-2010	Board Member, Victoria Cool Aid Society
2006	External Reviewer for Development of a National Ethics Framework for Correctional Services Canada
2006	Homeless Needs Survey Volunteer, Victoria Cool Aid Society
2005-2008	Committee Member, Vancouver Island Health Authority Regional Ethics Committee
2005-2007	Committee Member, Vancouver Island Health Authority Pediatric Ethics Committee
2005	Volunteer, Victoria Homeless Count
2004	Steering Committee Member, Health Sector Symposium, Western Canada Office for National Partnership for Advanced Skills
2002-2004	Board Member, James Bay Community Project
2001-2003	Community Member, Victoria Coalition for Health Care Reform
2001-2002	Committee Member, Canadian Bioethics Society Conference Planning Committee

2000-2004	Coordinator, Ph.D Student Seminar, Faculty of Human and Social Development, University of Victoria
1998-1999	Member, Nursing Department Curriculum Committee, Red Deer College
1998-1999	Nursing Department Rep, Collaborative Nursing Program Clinical Experiences Committee, University of Alberta/Red Deer College
1998	Coordinator, Central Alberta Refugee Effort/Red Deer College Liaison Committee
1997-1999	Member and Co-Chair, Women's Wellness Conference Committee
1997-1998	Central Alberta Rep, Task Force - BSE Video Update, Canadian Cancer Society
1997-1998	Member, Professional Technical Advisory Committee, David Thompson Health Region
1996-1999	Chair, Human Research Ethics Committee, Red Deer College
1996-1998	Nursing Department Rep, Collaborative Nursing Program Scenario Development Sub-Committee, University of Alberta/Red Deer College
1996-1998	BSE Educator, Community Services/Health Promotion Committee, Canadian Cancer Society
1994-1996	Member, PAP Awareness Project Community Advisory Committee, Alberta Cancer Agency
1992-1997	Member, Health Care Ethics Guide Ad Hoc Committee, John Dossetor Health Ethics Centre
1991-1993	Graduate Student Associate, John Dossetor Health Ethics Centre

e.6 – Consultation Activities

2025	Solid Outreach Society. Transitional Program Development (2.0 hours)
2025	Urban Matters and xaqanał Pitkinil Project, Ktunaxa National Health Strategy to create a strengths based culturally responsive approach to addressing the toxic drug crisis within Ktunaxa Nation Communities (Feb 18, 2025).
2025	Office of the Federal Housing Advocate, Fact Sheets on Encampments for Decision Makers (January 16, 2025)

2025	Office of the Public Health Officer, Housing and Homelessness: The Role of Public Health (January 21, 2025)
2025	Toronto Metropolitan University, Consultation on Training of Security Officers and Overdose Response (January 22, 2025)
2025	The Peterson Foundation for Mental Health and substance use, Consultation on Funding Priorities. (Feb 11, 2025).
2024	T'lamin First Nation and Managed Alcohol (September, October)
2022	Office of the Federal Housing Advocate (August, 2022). Displacement and Encampments.
2022	Island Health Harm Reduction Policy
2022	Health Officers Council Position on Homelessness (September, 2022)
2022	Managed Alcohol Programs and Indigenous populations (2022)
2022	Lac La Ronge First Nation; Consultation on Housing First: Lac La Ronge, Sask (November, 2022)
2022	FNHA Episodic OPS and Safer Supply (Janine Stevenson).
2022	Community Social Planning Council, Panel on Drivers of Homelessness; Findings for Action (April 4, 2022)
2021	Chaland, Nicole, The Beginning of the End of Homelessness
2021	NZ Drug Foundation re COVID and People who use Drugs (October, 28)
2021	BC Ministry of Health, Managed Alcohol Guidelines (October 21)
2020	BC Public Health Officers Office, COVID-19 response to encampments
2020	Ministry of Health and Mental Health and Addictions, strengthening BC's approach to health and housing
2020	Greater Victoria Coalition to End Homelessness & Island Health, Health and Housing Think Tank
2019	Public Health Agency of Canada, Trauma and Violence Informed Care Resources

2019	McMaster University, Rapid Synthesis: Determining the features of Managed Alcohol Programs.
2018	Canadian Centre on Substance Use, Best Practices across the Continuum of Care for the Treatment of Opioid Use Disorder
2018-2021	Canadian Association of Schools of Nursing, SUAP Advisory Committee member, <i>Empowering the next generation of health care and social service professionals with knowledge, skills, tools, and supports to address substance use issues in Canada</i> project
2006	Consultation on an Ethics Framework for Corrections Canada
2005-2007	CRNBC Evaluation Consultant, Health Professions Dissemination Act
2005	Researcher and Consultant on the conduct of in-depth interviews, Homeless Count, Victoria Cool Aid Society,
2002	Subject Matter Expert, HEAL 401 (Health Policy) and HEAL 402 (Issues in Health Care), Open Learning Agency

e.7 – Professional Development

2023	First Nations Health Authority Not Just Naloxone Training.
2022 (January to April).	Indigenous Anti Racism Cacusing and White Settler Community of Practice
2022	Sex and Gender Considerations in Research
	University of Victoria Indigenous Cultural Acumen Training
2015	Tri Council Ethics Certificate
2012	Indigenous Cultural Competency Core (ICC) (Provincial Health Services Authority)

8. Teaching Duties at the University of Victoria

a. Courses Taught (those marked with an asterisk are Directed Readings Courses)

Evaluation Year	Course	Hours/Week	Term	# of students
2025	Nurs 604A	3.0	Spring	10
2024	Nursing 456 Field Guide for JCURA and QI Students	1.0	Fall	2
2023	Nursing 456 (Field Guide Right to Housing Research Collective	1.0 hours/week	Fall	2
2023	Nurs 604A	3.0	Spring	11
2022	Nurs 360	3.0	Spring	32
2021	HSD 390* Directed Studies (N. Olson)	3.0	Spring	1
2021	Nurs604A	3.0	Spring	8
2020	Nurs475/491	3.0	Fall	3
2019	Nurs604A	3.0	Spring	8
2019	Nurs590(GHE)	3.0	Fall	4
2018	Nurs525	3.0	Spring	15
2018	Nurs456HI	3.0	Fall	12
2016	Nursing360	3.0	Winter	43
2016	PHSP5413.0	3	Spring	12
2015	Nursing350	3.0	Winter	40
2015	Nursing360	3.0	Winter	38
2015	PHSP541	3.0	Spring	8
2014	Nursing360	3.0	Winter	34
2014	PHSP541	3.0	Spring	3
2013	Nursing350	3.0	Winter	33
2013	PHSP541	3	Spring	9
2012	Nursing350	3.0	Winter	37
2012	PHSP541	3.0	Winter	4
2011	Nursing350	3.0	Winter	39
2011	Nursing 514*	2.0	Spring	1
2011	GSS 590*	1.0	Spring	1
2011	GSS 590*	2.0	Fall	1
2010	INTERD 560*	3.0	Winter	1

Evaluation Year	Course	Hours/Week	Term	# of students
2009	Nursing515	3.0	Winter	15
2009	Nursing515	3.0	Summer	28
2009	GSS501	3.0	Fall	6
2008	Nursing515	3.0	Winter	9
2008	Nursing514	3.0	Fall	15
2008	GSS500	3.0	Fall	10
2007	Nursing341	3.0	Winter	32
2007	Nursing514	3.0	Fall	12
2007	Nursing 514*	2.0	Spring	1
2006	Nursing360	3.0	Fall	34
2006	Nursing514	3.0	Spring	17
2005	Nursing360	3.0	Fall	32
2003	Nursing351	3.0	Winter	

a.2 – Course Development

2025	NURS604A	Qualitative Nursing Research
2023	NURS 604A	Qualitative Nursing Research
2021	NURS 604A	Qualitative Nursing Research
2019	NURS 590	Global Health Equity (with universities in Beirut, Ecuador, Iowa)
2019	NURS 604A	Qualitative Research
2018	NURS 456	Nurse Navigator Modules
2018	NURS 525	Course Syllabus
2014	University 201:	Global Health to Local Justice, University of Victoria.
2016/2017	NURS 525/NURS 524	Blueprints
2012, Spring	PHSP 541:	Nursing and Social Justice (Public Health and Social Policy Minor)
2009, Fall	GSS 501:	Applied Research in Housing and Homelessness
2008, Fall	GSS 500:	Special Topics in Housing and Homelessness

b. Graduate Student Supervision

Evaluation Year	Student Name	Degree Program	Type of Supervision*	Status
2025	Farbod Tahbazzadeh	Master of Science Civil Engineering	Thesis Chair	Title: Design of direct- and indirect-formed rectangular hollow section beam-columns Completed June 27, 2025
2024	Jessie Kump	Master of Nursing	Advisor	Course Work
2024	Keavy McAbee	Doctoral, SDH	Committee Member	Course Work
2024	Beatriz Scanduizzi	Doctoral, SDH	Co-Supervisor (Primary)	Course Work
2023	Samantha Thompson	Post Doctoral Fellow	Co-supervision	
2022	Alexa Davis	RN and Masters, Epidemiology and applied Health Research (Dalhousie)	Committee Member	Sept 2022 to Oct, 2024 Title: Health Service Utilization Among Managed Alcohol Participants: A Mixed Methods Study Killiam PreDoctoral Fellowship Nova Scotia Graduate Scholarship
2022	Sybil Goulet Stock	Doctoral, SDOH	Cosupervisor	Candidacy Dec. 2024 CIHR Vanier Scholar
2022	Gillian Kolla	Post Doctoral Fellow	Co-supervisor	Completed 2024. CIHR Banting Post Doctoral Award (2021-2023) CISUR Post Doctoral Fellow (2021-2024) Appointed as an Assistant Professor at Memorial University
2022	Madeline Beaumont	Masters, Nursing	Co-Supervisor	Thesis : The Language of Neglect: A critical discourse analysis of housing violations Completed: April, 2025

Evaluation Year	Student Name	Degree Program	Type of Supervision*	Status
2022	Malcolm Kilduff	Masters, SDOH	Co-supervisor (Primary)	Course work complete, 2024. Thesis in progress Elder Care Foundation Award BC Housing Scholarship
2022	Kris Hedlund	Doctoral, SDOH	Co-Supervisor (Principal)	Withdrew due to Health Issues 2023 SSHRC Doctoral Award
2022	Nancy Henderson	Doctoral , Nursing	Supervisor	Entry Date: 2022 Candidacy Completed (Spring, 2024) Vanier Scholarship CIHR Doctoral Award
2022	Joanna Tulloch	Doctoral, Nursing	Supervisor	Course Work On Leave x 1 year, Fall, 2024 to April/25
2021	Elsie Allen	Masters, Nursing	Advisor	Graduated, June, 2024
2021	David Eso	Doctoral, English	Chair	Defended May 12, 2021
2021	Jeremy Kalicum	Masters, PHSP	Co-Supervisor (Primary)	Shifted to Masters Thesis option in 2021 Completed: April 30, 2023 Title: <i>We need all the help we can get": A Qualitative Examination of Service Provider Perspectives on the Barriers and Facilitators to the Implementation of The Emergency Risk Mitigation Guidelines</i>
2020	Deirde Rautenburg.	Masters, SDOH	1 (Principal)	Withdrawn, September, 2024 for health issues. SSHRC Masters Award
2020	Celeste Morales.	Masters, Sociology	3	Defended August, 2020 Title: <i>Public Policy & Political Parties: A Qualitative Analysis of Homelessness and Poverty Reduction Frameworks in British Columbia</i>

Evaluation Year	Student Name	Degree Program	Type of Supervision*	Status
2020	Anya Ashton	Masters non Thesis Nursing	Advisor	Graduated June, 2024
2020	Christina Chakanyuka	Doctoral, Nursing	Co supervisor	Defended May 12, 2024 Dissertation Title: “Come here, let’s take care of you”: Indigenous Nurse Wellness and Intergenerational Mentorship with/in Community ADD awards here
2020	Kiffer Card	Post Doctoral Fellow	Co-supervisor	Completed 2021
2020	Darci Sibler	Ph.D, SDOH	Co-Supervisor Principal)	Candidacy completed and Proposal in Progress
2020	Jane McCall	Post-Doctoral Fellow	Supervisor	Complete (August 2022) MSFHR Post Doctoral Award
2020	Marion Selfridge	Post Doctoral Fellow	Supervisor	Completed, March, 2023
2019	Shanyn Simcoe	Masters, Non Thesis Nursing	Advisor	Completed August, 2021
2019	Rubybraida Amin Ampon	Masters, Non Thesis, Nursing	Advisor	Completed
2019	Sybil Goulet Stock	MSc Pscy	Committee Member	Completed Dec, 2021 Title:
2018	Nicholas Sandor	Masters, Curriculum and Instruction	Chair	Defended
2018	Stephanie Simpson	Masters, non Thesis, Nursing	Advisor	Completed
2018	Stephanie Ahuja	Masters, Non Thesis, Nursing	Advisor	Completed 2023/9
2018	Mikeala Brooks	Masters, Sociology.	Committee Member	Completed August 14/20 Title: <i>Causing More Harm Than Good? Characterizing harm reduction policy beliefs in British Columbia</i>

Evaluation Year	Student Name	Degree Program	Type of Supervision*	Status
2018	Nichole Gehring	Masters, School of Public Health, U of A	Committee Member	Completed September 2021, Title: <i>Mitigating structural vulnerability for people who use drugs at the clinical- and policy-level</i>
2018	Bonny Townsend	Doctoral (Nursing)	Committee Member	Comps Completed, Nov/20 withdrawal 2022
2018	Lacey Mesley	Masters (SDH)	Committee Member	Completed, Dec 2021
2018	Emily Nicol	Masters, SDOH	Co-Supervisor	Completed, April, 2022
2018	Daniel Gudino	Doctoral (SDH)	Co-Supervisor (Primary)	Candidacy Fall, 2022 Dissertation In progress
2018	Ginger Sullivan	Doctoral (Nursing)	Supervisor	Candidacy, Feb/21 Completed: August, 2023 CIHR Doctoral Award Title: <i>Gender and Prescribed Safer Supply: A Qualitative Exploration to Reduce Overdoses Since the Onset of COVID-19</i>
2017	Tianqing Wu	Doctoral, Electrical Engineering	Chair	Completed (September 2017)
2017	Alex Owilli	Masters (U of Sask, Nursing)	Committee Member	Completed (April, 2019) Title: The Roles and Responsibilities of Public Health in the Promotion of Health Equity: A Scoping Review
2017	Valerie Nichol	Doctoral, SDH	Co-Supervisor	Withdrawn (2020)
2017	Aliya Jamal	Masters, Public Health	Co-Supervisor (Primary)	Medical Leave x 2 Completed, April, 2024

Evaluation Year	Student Name	Degree Program	Type of Supervision*	Status
2016	Gorkem Cipli	Doctoral, Electrical and Computer Engineering	Chair	Completed
2016	Alissa Greer	Doctoral, Interdisciplinary Studies (UBC)	Committee Member	Completed 2019
2016	Katy Booth	Masters, Social Work	Co-Supervisor	Completed August, 2021
2016	Meaghan Brown	Fast Tracked from Masters to Doctoral, Nursing	Supervisor	Doctoral Candidacy (Fall, 2018) Completed August, 2023 Island Health POR Doctoral Award Title: <i>Honouring lived experience wisdom: Defining healing and healing environments according to 'Family Members' in Indigenous-led alcohol harm reduction and culturally supportive housing</i>
2016	Amanda Ashton	Masters (PH) Non-Thesis	Supervisor	Completed (February, 2021)
2015	Jo-Anna Wilson	Masters, Non Thesis, Nursing	Advisor	Completed (November 2017)
2015	Brenden Bentley	Masters, Child and Youth Care	Chair	Completed (2015)
2015	Katrina Barber	Masters, SDOH	Co-supervision (Primary)	On Medical Leave: 2020/2021 and 2022 Completed Nov, 2024
2015	Shana Hall	Masters, SDOH	Co-supervision (Primary)	Completed (March, 2019)

Evaluation Year	Student Name	Degree Program	Type of Supervision*	Status
2015	Sana Shahram	Post-Doctoral	Supervisor	Completed (May 2018) Post Doctoral Funding MSFHR New Investigator
2015	Trudy Norman	Post-Doctoral	Supervisor	Completed (June 2017)
2014	Rabia Ishaq	Masters, Nursing	Advisor	Completed (November 2017)
2014	Dana Mallory	Masters, Nursing	Advisor	Completed (November 2016)
2014	Katherine Markham	Masters, Anthropology	Chair	Completed (August 2014)
2014	Sara Wojcik	Masters, SDOH	Co Supervisor	Completed (April, 2021) Including People Who Use Drugs in the Development and Delivery of Harm Reduction Programs, Services, and Drug Policy: A Scoping Review of the Literature
2014	Marion Selfridge	Doctoral, SDOH	Committee Member	Completed (December 2017)
2014	Amirmohsen Behjat	Doctoral, Geography	Committee Member	Completed (November 2016)
2014	Alex Kent	Masters, SDOH	Co-Supervision	Completed (August 2017)
2014	Jennifer Eskes	Doctoral, SDOH	Co-Supervisor	Withdrawn
2014	Vandana Joshi	Doctoral, SDOH	Co-Supervisor	Withdrawn
2014	Kelsey Rounds	Doctoral, Nursing	Supervisor	On Medical leave
2014	Nicole Gillette	Bachelors, Psychology	Supervisor	Completed

Evaluation Year	Student Name	Degree Program	Type of Supervision*	Status
2014	Tina Revai	Masters, Nursing	Supervisor	Completed (November 2016)
2013	Alexandra Holtom	Masters, SDOH	Committee Member	Completed (December 2014)
2013	Phuc Dang	Doctoral, SDOH	Co-Supervisor	Candidacy Completed (Withdrew, May, 2021)
2013	Sherry Gill	Doctoral, SDOH	Co-Supervisor	Dissertation In progress
2013	Courtney Beaudet	Masters, Nursing	Supervisor	Completed
2012	Carla Ferreira	Masters, Nursing	Chair	July 2012
2012	Michelle Coghlan	Doctoral, Sociology	Committee Member	Completed
2012	Geoff Cross	Masters, Dispute Resolution, Public Administration	Committee Member	Completed (April 2015)
2012	Jynene Stevenson	Masters, Dispute Resolution, Public Administration	Committee Member	Completed (April 2014)
2012	Erin Cusack	Masters, SDOH	Co-Supervisor	Completed (May 2017)
2012	Barbara Romano	Masters, Thesis Nursing	Supervisor	Completed (August 2015)
2012	Elizabeth McMurray	Masters, thesis Nursing	Supervisor	Completed (December 2016)
2012	Bruce Wallace	Post-Doctoral (CARBC)	Supervisor	Completed (July 2014)
2011	Robyn Wiebe	Masters, Nursing	Committee Member	Completed (January 2015)

Evaluation Year	Student Name	Degree Program	Type of Supervision*	Status
2011	Nicole Williams	Honours, Psychology	Committee Member	Completed (June 2011)
2011	Leslie Mills	Masters, Nursing	Committee Member	Completed (2011)
2011	River Chandler	Masters, Education	Committee Member	Completed
2011	Krystal Summers	Doctoral, SDOH	Co-Supervisor	Withdrawn
2011	Judy Walsh	Doctoral, SDOH	Co-Supervisor (Primary)	Completed (June 2016)
2011	Peter Greenwell	Doctoral, SDOH	Co-Supervisor (Primary)	Completed, August, 2020
2011	Bethany Jeal	Masters, Nursing	Supervisor	Completed (June 2016)
2011	Brenda Juby	Masters, Nursing	Supervisor	Completed (September 2015)
2010	Karmjit K. Sandhu	Masters, Nursing	Chair	Completed (2010)
2010	Shona Lalonde	Masters, Nursing	Committee Member	Completed (2013)
2010	Mark Kelly	Doctoral	Committee Member	Withdrawn (September 2010)
2010	Rachelle Beveridge	Doctoral, SDOH	Co-Supervisor	Completed (April, 2019) Title: Standing up for sputc: Nuxalk eulachon management and well-being.
2010	Matt Mendalsonn	Masters, Nursing	Supervisor	Withdrawn
2010	Aharon Arnstein	Masters, Nursing	Supervisor	Move to NP program
2010	Kim Markel	Masters, Nursing	Supervisor	Completed (August 2013)
2010	Donna Ward	Masters, Nursing	Supervisor	Completed (December 2013)

Evaluation Year	Student Name	Degree Program	Type of Supervision*	Status
2009	Sonya Rietkirk	Masters (NP)	Committee Member	Completed
2009	Paul Perry	Masters (NP)	Committee Member	Completed
2009	Laleh Rastgou	Masters	Committee Member	Completed (June 2010)
2009	Betty Devnik	Masters, Nursing	Committee Member	Completed (2010)
2009	Patrick Loftus	Masters, Nursing	Committee Member	Completed (2011)
2009	Olecia Klotchkova	Masters, Nursing (UBC)	Committee Member	Completed (September 2010)
2009	Lynne Belle-Isle	Doctoral, SDOH	Co-Supervisor (Primary)	Completed (April 2016)
2009	Kimberly Hunter	Doctoral	Supervisor	Withdrawn (2010)
2008	Wanda Martin	Doctoral, Nursing	Committee Member	Completed
2008	Trudy Norman	Doctoral, Interdisciplinary Studies	Co-supervisor (Primary)	Completed (December 2015)
2008	Catherine Marsden	Masters	Supervisor	Withdrawn (November 2012)
2008	Amanda Mitchell	Masters	Supervisor	Completed (June 2011)
2008	Karen Silvester	Masters	Supervisor	Completed (July 2012)
2008	Donna Zukowski	Masters	Supervisor	Completed (June 2011)
2007	Marilyn Plummer	Doctoral	Committee Member	Withdrawn
2007	Lorelei Driver	Masters	Committee Member	Completed (August 2008)
2007	Lorelee Faulkner	Masters	Committee Member	Completed (2012)
2007	Shelley Myatovic	Masters, Nursing (NP)	Committee Member	Completed

Evaluation Year	Student Name	Degree Program	Type of Supervision*	Status
2007	Gwenh MacIntosh	Masters, Nursing (NP)	Committee Member	Completed
2007	Suzanne Slater	Masters, Nursing	Supervisor	Completed (November 2012)
2007	Lynn Musto	Masters, Nursing	Supervisor	Completed (June 2011)
2007	Lisa Crawley Beames	Masters, Nursing	Supervisor	Completed (November 2012)
2007	Jodie Crombie	Masters, Nursing	Supervisor	Completed (December 2011)
2007	Jenny Boothman	Masters	Supervisor	Completed (June 2010)

9. Administrative Activities

a. University and Faculty Committees (include dates)

2024-2025	Overdose and Harm Reduction Research Panel, University of Victoria Overdose Response
2022	Reviewer for Complaint of Scholarly Misconduct, Faculty of Human and Social Development
2006- Present	Member, Faculty of Human and Social Development
2022	VIC THRIVE Mentor, Jaime Arrendondo
2022	ARPT Committee, Nursing
2021	UVIC Health Initiative Grant Coach for CIHR Project Grants (H.Castelden)
2019-2020	HSD Dean, Search Committee
2020	Co-Chair Search Committee, Canada Research Chair for Canadian Institute of Substance Use Research (withdrew after establishment due to conflict of interest)

2018-2019	Director Search Committee, Canadian Institute for Substance Use Research
2014	Volunteer judge, Three Minute Thesis Competition, Faculty of Graduate Studies
2013	University of Victoria, Centre on Aging Review Panel, Internal Member
2013-2014	Member, Centre for Addictions Research of BC, Director Search Committee
2010	Member, Knowledge Mobilization Coordinator Selections Committee
2008- 2012	Convenor and Researcher, Network on Housing and Homelessness, Office of Community Based Research
2008-2012	Member, Community Advisory Committee, UVic Housing and Homelessness Strategic Planning
2008	Member, University 101 Organizing Committee
2007-2008	Member, Bioethics Minor Review Committee (with Philosophy)
2006-Present	Member, Faculty Women's Caucus
2006-2010	Member, Publish Without Pain Faculty Group

b. Department/School Committees and Responsibilities (include dates)

2025	Department Reviewer for Canadian Graduate Scholarships
2024	CIHR and SSHRC Doctoral Application Department Review
2022	Faculty Member, ARPT Committee
2022, Fall	Reviewer for Dean of HSD Complaint of Scholarly Misconduct
2019-present	School of Nursing Ph. D Committee
2019-present	School of Nursing Graduate Education Committee
2019-2020	School of Nursing Undergraduate Education Committee

2013- 2018	School of Nursing Research and Scholarship
2014-2015	MN Core Curriculum Sub-Committee (Review and revise of MN Core Curriculum including development of the research component).
2011	Nursing Chairperson Review, School of Nursing
2009-2011	Advanced Practice Leadership Committee. Participated in course review and planning for APL program
2008-2013	Student Progression Committee. Review of students in undergraduate program who are not meeting clinical and academic standards
2007-2009	College of Registered Nurses of British Columbia Faculty Liaison. Met quarterly with CRNBC representative and students to assist in planning of Nurse Café
2007-Present	Graduate Education Committee
2007-2008	School of Nursing Evaluation Committee
2006-2007	Undergraduate Education Committee
2006-2007	Values Sub-Committee, School of Nursing
2006-Present	School of Nursing Council

10. Other Information

a. Funded Research and Contracts

(Administered through the University of Victoria Office of Research Administration or through another university)

Dates	Amount (\$)	Details
September, 2024 – October, 2025	20,000	Pauly, B NPI, Cartwright, J., Stockwell, T., Scanduizzi, B., Bailey, A., Goulet Stock, S., Van, M. Taylor, T., Blyth, S., Sedore, G., Varley, H., Bird, T., Oleson Paige, M., Hunt, W., Phillips, J., Wilson, M., Boyd, Rob. Cannabis Substitution as a Component of Managed Alcohol Programs: Co-Developing and Disseminating Research Evidence from a Pilot. Michael Smith Health Research BC Reach Award
September 2024-	20,000	Pauly, B., NPI Cartwright, J., Van, M., Taylor, T., Blyth, S., EIDGE and High Hopes Peers, Collaborative Planning of

Dates	Amount (\$)	Details
October, 2025		Evaluation of Peer Involvement in Cannabis Substitution in Managed Alcohol. Michael Smith Health Research BC Convening and Collaborating Award
September, 2024 – March, 2028	2,536,544	Pauly, B (NPI), Hunt Jinnochi, F., Lucas, K., Nixon, L, Milaney, K. Evaluating culturally-informed alcohol harm reduction models for Indigenous adults experiencing unstable housing: What does success look like from an Indigenous worldview? Health Canada Substance Use and Addictions Program.
January 2024- March, 2027	£2,505,836.84	Parkes, T. (NPI)..... Pauly, B Effectiveness and cost-effectiveness of a peer-delivered, relational, harm reduction intervention to improve mental health, quality of life, and related outcomes, for people experiencing homelessness and substance use problems: The ‘SHARPS’ cluster randomised controlled trial. Funded by: National Institute for Health Research and The Salvation Army
December, 2023 – November, 2025	299,000 British Pounds. GBP	Carver, H. (PI), CoI: Parkes, t., Hunt, K., Pauly, B. Shorter, G. and Emslie, C. Scotland's First Managed Alcohol Programme: Evaluating The Impact To Inform Future Service Delivery And Research. Funded by the Chief Scientist Office, Scottish Government.
Jul 2023 – Jun 2026	\$575,000	Greer A (NPA), Buxton J, Crabtree A, Farrell J, Lock K, Pauly B, Shahram S, Urbanoski K, Van Veen C, Wood B, Zakimi N. Drug decriminalization in British Columbia: An equity-oriented qualitative research project. CIHR, Project Grant.
2023-2025	\$100,000	Pauly, B., Masuda, J. (NPI's), Cloutier, D., Curran, C., Wallace, B., Swain, S. Daly, K., Sweetnam, S. UVIC Right to Housing Research Cluster, UVIC Research Cluster.
2023	\$37,000	Pauly, B (NPI), Henderson, N., Beck McGreevy, P. & Hutchinson, A. A Scoping Review and Developing a Continuum of Safer Supply Models. BC Ministry of Health. In collaboration with the BC Public Health Officer (Dr. Bonnie Henry).
2022-23	\$20,000	Guta, A., & Strike, C. (PIs) with Co-Investigators Bardwell, G., Schmidt, R., Urbanoski, K. Chu, G., Kaminski, N.*, King, K., Kolla, G., O'Shea, T.*, Werb, D., Pauly, B. “Examining safer opioid supply initiatives: Bringing together researchers, providers, and community to discuss scalability, adaptation, and sustainability”. CIHR Meeting Planning and Dissemination Grant

Dates	Amount (\$)	Details
Apr 2022 – Oct 2023	\$583,350	Slaunwhite A (Lead), Palis H (Lead), Korchinski M, Brown H, Young S, Pauly B, Urbanoski K, Greer A, Lock K, Nicholls T. Evaluating prescribed safer supply among formerly incarcerated persons during an overdose public health emergency. Health Canada, Substance Use and Addictions Program.
2022-2023	\$20,000	Duddy, J & Dowden, C (NPI's, Pacific AIDS Network) with Bardwell, G., Burmeister, C.*, Driscoll, J.*, . Hayden, S.*, Hughes, R, Jensen, K.*, Jones, J., MacDonald, M., McDougall, J., Mix, N., Paterson, J. Sanford, R.*, and Pauly, B. Small Urban, Rural and Remote (SURR) Harm Reduction: Research Development for Innovators on the Frontlines CIHR Meeting Planning and Dissemination Grant.
2022-2024	\$130,000	Pauly, B. (NPI), Gibson, D.*, Chaland, N., Swain, S., Marko Cujeko* & Sweetnam, S. Realizing the Right to Housing. Housing Justice Project Vancouver Foundation Participatory Action Research Grant.
2022-2023	\$100,000	NPI: B Barker , Co-PIs: D Fast, B Pauly, B Nosyk, A Slaunwhite, K Urbanoski Co-I's P Beck-McGreevy. K Hogan. E Krebs. C Macevicius. H Palis. M Piske. A Norton. E Thomson. Centring young people's voice: A collaborative community-based mixed methods study of substance use, harm reduction and safer supply among young. Office of the Representative for Youth and Children
2022-2025	\$447,000	Co-Directors: Sana Shahram and Karen Urbanoski, Co Investigators: C. Horsethief (Ktunaxa), S. Eboy., Pauly, B. Mothering Co/Lab , with Grandmothers of the Seven Linguistic Nations of the Interior of BC. Funded by SSHRC
2022-2024	\$2,040,000	Principal Investigators: Urbanoski, K and Co-Principal Investigators Nosyk, B., Barker, B., & Pauly, B. Mixed Methods Evaluation of Prescribed Safer Supply in British Columbia, Ministry of Mental Health and Addictions Contract.
2023-2024	\$1,090,000	Pauly, B. (NPI), Co-Principal: Sybil Goulet Stock, S., Stockwell, T., Muckel Wendy, Cameron, F., Wilson, M. Cannabis Substitution in Managed Alcohol Programs. Substance Use and Addictions Program (SUAP) Shovel Ready Projects, Health Canada. (This was a second year of funding)
2022-2023	\$1,090,000	Pauly, B. (NPI), Co-Principal: Sybil Goulet Stock, S., Stockwell, T., Muckel Wendy, Cameron, F., Wilson, M. Cannabis Substitution in Managed Alcohol Programs. Substance Use and Addictions Program (SUAP) Shovel Ready Projects, Health Canada.
2022-2026	\$2,050,000	Principal Investigators: K. Urbanoski, Co-PI's Bohdan Nosyk, Amanda Slaunwhite, Brittany Barker, Pauly, B. A mixed

Dates	Amount (\$)	Details
		methods evaluation of safer supply initiatives to reduce illicit drug overdose in BC. Canadian Institutes for Health Research.
2021-2022	\$9725	NPI: Co_PI Pauly, B. Co-Principal: Photovoice: People with Lived Experience Visualize the Overdose Crisis CIHR SPOR
2021-2023	\$154,275	Principal Investigators: Michael Alistar Irvine, Emmanuel Krebs, Bodhan Paul Nosyk, & Amanda Slaunwhite. Co-Investigators: Daniel Coombs, Kurt Lock, Michael Christopher Otterstatter, Heather Palis, Pauly, B. & Karen Urbanoski. Estimating the value and long-term impact of implementing Risk Mitigation Guidance to reduce the harms of substance use disorders during the COVID-19 pandemic: A simulation modeling analysis. CIHR
2021-2023	\$60,000	Pauly, B (NPI) Co-Investigators: Bruce Wallace, Deb Curran, Stephanie Sweetman, Kim Daly/ Homeless Research Knowledge Exchange (\$60,000). University of Victoria Strategic Grant
2021-2022	\$34,000	Pauly, B. (NPI), Co Principal Fran Hunt Jinnouchi, Co Investigator, Tim Stockwell Strengthening the foundation of the home: Developing staff wellness strategies in Indigenous alcohol harm reduction services. Funded by a University of Victoria Collaborative Health Research Grant
2021-2022	\$57,695	Pauly, B (NPI) Co-Investigators: Tim Stockwell Sybil Goulet Stock. Reducing alcohol-related harm for people experiencing homelessness and housing instability during COVID19: A Vancouver Island case study. Funded by the Victoria Hospital Foundation
2021-2025	\$950,000	Sana Shahram (NPI). Ktunaxa Nation: Christopher Horsethief, Hereditary Chief Sophie Pierre & Co-PI: Pauly, B. Knowledge Keepers and Elders Advisory and Interior Health: Jen Driscoll and Kris Murray. Canadian Institutes of Health Research. Promoting Health Equity Through Anti-Colonial Health Systems Transformation: “The ‘xaçqanaʔ ʔitkiniʔ’ Research project, or ‘Many Ways of Doing the Same Thing.’” Funded by the Canadian Institute for Health Research
Feb 2021 – Jan 2025	\$298,669	Werb D (NPA), Boyd J, Brunelle C, Hyshka E, Kennedy MC, Bertrand K, Kolla G, Bowles J, Strike C, Guta A, Pauly B, Urbanoski K (Collaborator), Herder M, Gomes T, Touesnard N, Bonn M. A proposal to evaluate safer supply programs in Canada. CIHR, Evaluation of harm reduction approaches to address the opioid crisis in the context of COVID-19.
2022-2024		Ezard, N., Dunlop, L, Harber, Stockwell, T., Pauly, B. A Managed Alcohol Program for Australia. National Health and Medical Research Centre. University of New South Wales, Melbourne.

Dates	Amount (\$)	Details
2020	(£31,998.87).	Principal Investigators: Tessa Parkes. Co-Investigators: Hannah Carver, Pauly, B. , Joanna Miler, Peter McCulloch, Tania Browne. Managed Alcohol Programmes: Implementation of a novel intervention to help prevent infection (COVID-19) for people experiencing alcohol dependency and homelessness. Funded by Chief Scientific Officer Scotland
2020	\$17, 796	Co-Leads: MJ Milroy (BCCSU/UBC), Pauly, B. & Karen Urbanoski (CISUR). Community Co-Leads: Sarah Blyth (HHF), Neil Magnuson (VANDU), Jack Phillips (SOLID). Community-led options for access to substitution therapies (COAST) project. Funded by a Vancouver Foundation 2020 Convene Grant
2020-2023	\$998,325	Nominated Principal Investigator: Katrina Milaney. Co-Investigator: Lara Nixon, Pauly, B. In collaboration with Calgary Aboriginal Standing Committee on Homelessness and Aboriginal Coalition to End Homelessness (Victoria, BC). Implementation and evaluation of an Indigenous-Specific Managed Alcohol Program for the homeless Indigenous population in Calgary, Alberta and Victoria. Funded by a CIHR Operating Grant
2020-2021	\$852,439	Principal Investigators: Amanda Slaunwhite, Natt Hongdilokkul, Bohdan Nosyk, Pauly, B. , Karen Urbanoski. Co-Investigators: Brittany Barker, Jane Buxton, Kiffer Card, Alexis Crabtree, Nadia Fairbairn, Wenqi Gan, Mark Gilbert, Leigh Greiner, Kerry Jang, Naveed Janjua, Reinhard Krausz, Margot Kuo, Kurt Lock, Annabel Mead, Louise Meilleur, Matthew Moher, Tonia Nicholls, Heather Orpana, Heather Palis, Lynn Pelletier, Amy Salmon, Marion Selfridge, Lianping (Mint) Ti, Chloé Xavier A mixed methods evaluation of risk mitigation measures to address the dual public health crises of COVID-19 and overdose. Funded by CIHR COVID-19 Rapid Research.
2019-2020	\$100,000	Nominated Principal Investigator: Sana Shahram. Principal Knowledge User: Dr. Christopher Horsethief*. Co-Principal Investigator: Pauly, B. Co-Investigators: Hereditary Chief Sophie Pierre, Elder Advisor, Ms. Alex Kent, Trainee, Collaborators/Knowledge Users: Ms. Samantha Sam, Collaborator/ Knowledge User, Ms. Leslie Bryant, Collaborator/ Knowledge User, Ms. Kris Murray, Collaborator/ Knowledge User, Ms. Jen Driscoll, Collaborator/ Knowledge User, xaçqana# ?itkini# Advisory Group: Elders Advisory Council Ktunaxa Nation Council: Partner/ Knowledge User, Interior Health: Partner/ Knowledge User, National Collaborating Centre for Determinants of Health: Knowledge Uses Decolonizing and reorienting health systems towards health equity:

Dates	Amount (\$)	Details
		The xaqana? itkini? (many ways of working together) research project. Funded by the Canadian Institutes of Health Research
2019-2024	\$1,966,000	2019-2024 Pauly, B. (NPI), Co-Principal Investigators: Karen Urbanoski, Sana Shahram. Co-Investigators: Bruce Wallace, Nathan Lachowsky, Dan Reist, Jane Buxton. Partners: Jack Phillips (SOLID Outreach), Katrina Jensen (AIDS Vancouver Island), Richard Powell (Island Crisis Centre), Gary Dalton (AIDS Network and Kootenay Outreach Society), Richard Crowe, Cheryl Damsetter, Keva Glynn, Diane Sawchuck (Island Health Authority), Trevor Corneil (Interior Health Authority), Carolyn Davison & Gina McGowan (Ministry of Mental Health and Addictions), Gerald Thomas & Katrina Barber (Ministry of Health), Justine Patterson (VCH, Overdose Emergency Response Centre), Donald MacPherson (Canadian Drug Policy Coalition), Claire Betker (National Collaborating Centre for the Determinants of Health) Jessica Halverson (Public Health Agency of Canada), Matthew Young (Canadian Community Epidemiology Network on Drug Use (CCENDU)). Monitoring and informing public health responses to substance use (BC Community Network of Substance Use Observatories). Funded by SUAP Health Canada
2019-2020	\$125,000	Pauly, B. (NPI) Co-Principal Applicant: Timothy Stockwell. Principal Knowledge User: Christy Sutherland*. Knowledge User: Gerald Thomas*. Co-Applicants: Bruce Wallace, Karen Urbanoski, Russ Callaghan, Alexis Crabtree, & Jinhui Zhao. Collaborators: Michelle Jordan, Katie Keating, Patty MacDonald, Scott Page, Ron Kuhelke, Ray MacQuatt, Wendy Muckle, Nelson Manuel, Julie McGuinness, Jack Phillips, Michelle Wishart. Managed alcohol and cannabis substitution: A feasibility study. Funded by a Canadian Institutes of Health Research Catalyst Grant: Cannabis Research in Urgent Priority Areas
2019-2020	\$20,000	Principal Investigators: Bruce Wallace & Paige Phillips. Trainee: Flora Pagan. Co-Investigator: Dennis Hore. Collaborators: Jarred Aasen, Pauly, B. , Shane Calder, Jennifer Cartwright, Gina McGowan, Morgan Price, Chloe Sage, Richard Stanwick. Feasibility check: Expansion of drug checking to reach people who use alone and reduce overdose in private residences. Funded by Michael Smith Foundation for Health Research, Pathway to Patient-Oriented Research (P2P) Award
2019	(£35,000/\$60,875).	Principal Investigator: Tessa Parkes. Co-Investigators: Hannah Carver, Catriona Matheson, Pauly, B. Scoping the feasibility and acceptability of Managed Alcohol Programmes for people who are homeless with severe alcohol problems in community-based, third sector services in Scotland. Funded by the Chief Scientist Office (CSO), NHS Scotland

Dates	Amount (\$)	Details
2018-2021	(£375,630/\$640,000).	Principal Investigator: Tessa Parkes. Co-Investigators: Isobel Anderson, Maria Fotopoulou, Catriona Matheson, John Budd, Dave Liddell, Jason Wallace, Hannah Carver, Adam Burley, Graeme MacLennan, Pauly, B. Supporting Roles: Hannah Carver, Heather Allan, Alison Bowes. Harm reduction intervention for severe drug and/or alcohol dependence among people who are homeless. Funded by the National Institute for Health Research Health Technology Assessment Programme
2018-2021	\$450,000	Nominated Principal Investigator: Jennifer Evin Jones. Principal Academic Investigator: Nancy Clark. Principal Knowledge User: Sherri Pooyak. Co-Investigators: Rosalind Baltzer Turje, Gary Dalton, Janice Duddy, Kristin Kvakic, Darnne Lauscher, Angela Pacha, Deb Schmitz, Vanessa West, Pauly, B., & Catherine Worthington. Making it work: Supporting Indigenous community approaches to integrated service models for people living with HIV, HCV, I ll mental health, and/or problematic substance use. Funded by the Canadian Institutes of Health Research Project Grant Competition
2018-2023	\$292, 676	Principal Applicant: Dr. Jane Buxton, BCCDC, Co-Principal: Pauly, B. Community Partners and Researchers: SOLID Outreach, Victoria, and RainCity Housing, Vancouver. P2P: Peer to Peer Support Project. Funded by Health Canada Substance Use and Addictions Program). Original Funding Period 2018-2021. Funding funds approved in 2021: \$120,880 for 21/22 and \$261,460 for 22/23._
2018-2019	\$60,000	Pauly, B., (NPI) , Co-Principal Investigators: Bruce Wallace, & Sana Shahram.* Principal Knowledge User: Warren O'Briain. Co-Investigators: Karen Urbanoski, Karen MacKinnon, Lenora Marcellus, & Marjorie MacDonald. Knowledge Users: Trevor Corneil, Heather Hobbs, Katrina Jensen, Silvina Mema, Diane Sawchuck, & Wendy Young. Collaborators: Connie Clement, Penelope Cooper, Richard Crowe, Carla Frohaug, Harold Johnson, Joan Johnson, Andrea Medley, Richard Stanwick, & Janine Stevenson. Toward an equity oriented framework to inform responses to opioid overdoses (EOF): A scoping review. Funded by the Canadian Institutes of Health Research Synthesis Grant (\$60,000).

Dates	Amount (\$)	Details
2018-2019	\$70,000	Principal Investigator: Bruce Wallace. Principal Knowledge User: Shane Calder. Co-investigator: Dennis Hore. Collaborators: Warren O'Briain Pauly, B. , & Morgan Price Drug checking: Engaged research on implementations in response to overdose. Funded by Vancouver Foundation (\$70,000).
Oct 2018- Sept 2019	\$10,000	Pauly (NPI), Urbanoski, K (co-PI). Bullock W. Knowledge mobilization for reducing stigma and creating culturally safe primary care. Michael Smith Foundation for Health Research, REACH Program
2017	\$9,981	Pauly - Co-Investigator, Analysis of overdose prevention sites in British Columbia. Funded by Health Canada, Drug Program, Strategic Policy Branch (\$9,981). Principal investigator: Bruce Wallace. Collaborators: Flora Pagan, & Heather Hobbs
2017-2018	\$20,000	Co-Investigator, Structural vulnerability, aging, and care at the end of life. Funded by the Canadian Institutes of Health Research, Institute Community Support. Principal Investigator: Kelli Stajduhar. Co-Investigators: Naheed Dosani, Kristen Kvakic, Douglas McGregor, Grey Showler, Sheryl Reimer-Kirkham, & Bruce Wallace.
2017-2018	\$20,000	Pauly - Co-Investigator, Closing the health equity gap: Implementing health equity in harm reduction responses to the opioid overdose crisis. Funded by the Canadian Institutes of Health Research, Institute of Population & Public Health's Planning & Dissemination Grant. Principal Investigator: Bruce Wallace. Co-Investigators: Annette Browne & Colleen Varcoe.
2017-2018	\$50,000	Pauly - Co-Principal Investigator, Reducing the stigma of substance use and building capacity in patient-oriented primary care research. Funded by the Canadian Institutes of Health Research Strategies for Patient Orientated Research Grant. Principal Investigators: Karen Urbanoski, & Bernie Pauly. Co-Investigators: Bruce Wallace, & Elizabeth Hartney, Principal Knowledge Users: Bill Bullock, Jill Cater, & Chris Hancock, Collaborators: Rebecca Barnes, Lynn Devin, Alisa Harrison, & Cindy Trytten
2017-2018	\$50,000	Pauly - Co-Investigator, Peer Engagement in Harm Reduction: Development, Implementation, and Evaluation of Best Practice Guidelines for BC (3 rd year renewal). Funded by the Peter Wall Institute for Advanced Studies (\$50,000). Principal Investigator: Jane Buxton. Co-Investigators: Alissa Greer**, Heather Burgess, Cheri Newman, Charlene Burmeister, Brian Leblanc, Paul Choislil, Monica Coll, Erin Gibson, Jeff Walsh.
2016-2018	\$99,921	Pauly - Co-Investigator, Navigating the ethics of inpatient syringe exchange in a large acute care hospital. Funded by the Canadian

Dates	Amount (\$)	Details
		Institutes of Health Research, Catalyst Grant: Ethics. Principal Investigator: Elaine Hyshka. Co-Investigators: Judy Illes, Tania Bubela, Kathryn Dong, Jessica Muller.
2016-2020	\$173,557	Co-Investigator, Police Discretion with High Risk Substance-Using Youth. Funded by the Social Sciences and Humanities Research Council of Canada, Insight Grant (\$173,557). Principal Investigator: Scott MacDonald. Principal Knowledge User: Dan Reist. Co-Investigators: Stephen Baron, Cecilia Benoit, Cindy Hardy, Mikael Jansson, Zina Lee, Eric Roth, Tim Stockwell, Scot Wortley
2016-2019	\$510,000	Nominated Principal Investigator, Managed Alcohol Programs: Evaluation Effectiveness and Policy Implications. Funded by Canadian Institutes of Health Research, Partnerships for Health System Improvement (PHSI) Grant (\$400,000), Michael Smith Foundation for Health Research (\$80,000), the Centre for Addiction and Mental Health (\$15,000), and the Centre for Addictions Research of BC (\$15,000). Co-Principal Investigators: Tim Stockwell, Gerald Thomas. Co-Investigators: Alexis Crabtree, Joshua Evans, Norman Giesbrecht, Cameron Graham, Erin Gray, Elaine Hyshka, Katie Keating, Jamie Muckle, Wendy Muckle, Christopher Mushquash, Rebecca Schiff, Vicky Stergiopoulos, Christy Sutherland, Jinhui Zhao.
2016-2017	\$44,934	Co-Principal Investigator, Sudbury Managed Alcohol Program Evaluation. Funded by the Canadian Mental Health Association (\$44,934). Co-Principal Investigator: Tim Stockwell.
2016-2017	\$25,000	Co-Principal Investigator, Unintended Consequences: High Risk Population Study. Funded by the Victoria Foundation (\$25,000). Co-Principal Investigator: Tim Stockwell.
2016-2017	\$5,000	Nominated Principal Investigator, AIDS Vancouver Island: An Evaluation of Harm Reduction Services. A community-based project funded by Island Health (\$5,000). Co-Principal Investigators: Trudy Norman & Bruce Wallace.
2016-2017	\$33,000	Co-Investigator, Making It Work: Supporting Community Approaches to Integrated Service Models for People Living with HIV, HCV, Ill Mental Health, and/or Problematic Substance Use. Funded by the Canadian Institutes of Health Research, Catalyst Grant: HIV/AIDS Community-Based Research (\$33,000). Principal Knowledge User: Jennifer Evin Jones. Principal Investigator: Melanie Rusch. Co-Investigators and Knowledge Users: Rosalind Baltzer Turje, Jackie Brown, Jill Cater, Gary Dalton, Janice Duddy, Kristen Kvakic, Darren lauscher, Sherri Pooyak, Deb Schmitz, Denise Thomas, Vanessa West, Mark Willson, & Catherine Worthington.
2016-2017	\$14,000	Co-Investigator, From Research to Practice: Addressing the Gaps in Entry-to-Practice HIV Nursing Competencies in Canada.

Dates	Amount (\$)	Details
		Funded by Canadian Institutes of Health Research, Meeting, Planning and Dissemination Grant (\$14,000). Principal Investigators: Marilou Gagnon, Vera Franziska Caine, Craig Phillips. Co-Investigators: Vicky Bungay, Anthony de Padua, M. McGinn, Patrick O'Byrne, Tracey Rickards, Aniela dela Cruz.
2016-2017	\$18,500	Co-Investigator, Victoria Site- Canadian Research Initiative on Substance Misuse. Funded by BC Centre for Excellence in HIV/AIDS (\$5000), Centre for Addictions Research of BC (\$5000), Provost's Community Engaged Scholar Award (\$2500), and YES2SCS (\$6000). Principal Investigator: Bruce Wallace. Co-Investigator: Thomas Kerr. Collaborator: Sean Rourke.
2016	\$2,000	Nominated Principal Investigator, Substance Use Patterns Among Homeless Populations (Point in Time Count 2016). Funded by the Provost's Community Engaged Scholar Award (\$2000). Co-Investigators: Clifton Chow, Kate Vallance, Bruce Wallace, Tim Stockwell, Ashley Wettlaufer, Katrina Barber.**
2015-2017	\$100,000	Co-Investigator, Peer Engagement in Harm Reduction: Development, Implementation, and Evaluation of Best Practice Guidelines for BC. Funded by the Peter Wall Institute for Advanced Studies (\$100,000). Principal Investigator: Jane Buxton. Co-Investigators: Alissa Greer**, Ashraf Amlani, Cheri Newman, Charlene Burmeister, Brian LeBlanc, Katie Lacroix, Hugh Lampkin, Erin Gibson, Jeff Walsh, Alex Scott.
2015-2016	\$15,000	Nominated Principal Investigator, Working Together: Evaluating an Integrated Model of Care for People Experiencing Homelessness and Substance Use Problems. Funded by Island Health, Collaborative Research Grant (\$15,000). Principal Knowledge User: Devin Lynne*. Co-Investigators: Shana Alexandra Hall*, Murray Anderson*, Bruce Wallace, Katrina Jensen*, Heather Hobbs*. Knowledge Users: Tracey Thompson*, Shane Thomas*, Chris Goble*.
2015-2016	\$10,000	Co-Investigator, Preventing and Reducing Harms of Substance Use in Homeless Shelter Programs. Funded by Vancouver Foundation, Develop Research Grant (\$10,000). Principal Investigator: Bruce Wallace. Principal Knowledge User: Don McTavish*.
2015-2016	\$11,920	Co-Investigator, An Indigenous Equity Lens for Public Health. Funded by Canadian Institutes of Health Research, Planning and Dissemination Grant (\$11,920). Principal Investigators: Charlotte Loppie, Jeannine Carriere. Co-Investigators: Alex Kent**, Marjorie MacDonald
2014-2017	\$386,347	Co- Investigator, A Comparative Analysis of Provincial/Territorial Harm Reduction Policy: Implications for Expanding Access to Health Services for People Who Use Drugs. Funded by Canadian Institutes of Health Research, Operating

Dates	Amount (\$)	Details
		Grant (\$386,347). Principal Investigators: Cameron Wild, Elaine Hyshka. Co-Investigators: Mark Asbridge, Lynne Belle-Isle**, Connie Carter*, Walter Cavalieri*, Colleen Dell, Andrew Hathaway, Tanis Liebreich, Donald MacPherson*, Kenneth Tupper*.
2014-2017	\$357,609	Co-Investigator, Access to End of Life Care for Vulnerable and Marginalized Populations. Funded by Canadian Institutes of Health Research, Operating Grant (\$357,609). Principal Investigator: Kelli Stajduhar. Co-Investigators: Ryan McNeil, Bernie Pauly, Sheryl Reimer-Kirkham, & Bruce Wallace. Knowledge Users: Danica Gleave*, Kristen Kvakic*, Caite Meagher*, Grey Showler*.
2014-2016	\$199,841	Co-Investigator, The Importance of Context: A Realist Evaluation of Knowledge Translation Interventions For the Use of Evidence in Health Equity Impact Assessment. Funded by Canadian Institutes of Health Research, Knowledge to Action Operating Grant (\$199,841). Principal Investigators: Ingrid Tyler, Erika Maria Martina Haney.
2014-2015	\$100,000	Co-Principal Investigator, Supporting Successful Implementation of Public Health Interventions: A Realist Synthesis. Funded by Canadian Institutes of Health Research, Knowledge Synthesis Grant (\$100,000). Co-Principal Investigators: Marjorie MacDonald, Arlene Paton. Co-Investigators: Chris Buchner*, Trevor Hancock, Victoria Lee*, Warren O'Brian*, Simon Carroll, Beth Jackson*, Heather Manson*, Kara Schick-Makaroff, Karen Dickenson Smith*, Anita Kothari, Cheryl Martin*, Ruta Valaitis.
2014-2015	\$5,000	Co-Investigator, Building Belonging in the South Similkameen: Towards Community-Wide Cross-Cultural Mental Health Promotion. Funded by the Rural Health Services Research Network, Collaborative Team Building Award (\$5000). Principal Investigator: Susana Caxaj. Co-Investigators: Shirley Chau, Natalie Clark, Rita Kaur Dhamoon, Sonya Jakubec, Beverly Leipter, Marjorie MacDonald, Joyce O'Mahony.
2014-2015	\$12,675	Co-Investigator, CASH: Evaluation of Centralized Access to Supported Housing. Funded by Greater Victoria Coalition to End Homelessness (\$12,675). Principal Investigator: Trudy Norman.**
2014-2015	\$50,000	Co-Investigator, A Scoping Review on the Measurement of Community Integration of Homeless Persons. Funded by the Canadian Institutes of Health Research, Knowledge Synthesis Grant (\$50,000). Principal Investigator: Charles James Frankish. Co-Investigators: Suzanne Baker, Bryan Stirling, Stephen Gaetz, Reinhard Krausz, Trudy Norman**, Michelle Patterson, Verena Strehlau, Sam Tsemberis, Denise Zabkiewicz.

Dates	Amount (\$)	Details
2013-2021	\$2,502,976	Co-Investigator, Canadian Observatory on Homelessness: Creating Policy Impact. Funded by a Social Sciences and Humanities Research Council of Canada Partnership Grant (\$2,502,976). Principal Investigator: Stephen Gaetz. Co-Investigators: Alina Tanasescu Turner, Catherine Charette, Céline Bellot, Cheryl Forchuk, Dianne McCormack, Janet Mosher, Jeannette Waegemakers, Jeff Karabanow, Jino Distasio, John Graham, Katharina Kovacs Burns, Margaret Eberle, Paula Goering, Peter Menzies, Roch Hurtubise, Stan Shapson, Stephanie Baker Collins, Stephen Hwang, Tim Aubry, Valerie Preston, Wilfreda Thurston, William O'Grady, Yale Belanger. Collaborators: Emily Paradis, Naomi Nichols.
2013-2016	\$718,452	Co-Principal Investigator, Managed Alcohol Programs: Implementation and Effectiveness. Funded by Canadian Institutes of Health Research, Partnerships for Health System Improvement (PHSI) Grant (\$599,952), Michael Smith Foundation for Health Research HSPRSN Partnership Grant (\$100,000), Vancouver Coastal Health (\$15,000), and Athabasca University (\$3,500). Co-Principal Investigators: Tim Stockwell, Denise De Pape.* Co-Investigators: Josh Evans, Siavash Jafari*, Jamie Muckle*, Dyanne Semogas*, Colin Van Zoost*, Claire Hacksel*, Ron Joe*, Wendy Muckle*, Karen Smith*, Jinhui Zhao, Irene Haigh-Gidora*, Danielle Layman-Pleet*, Joe Power*, Vicky Stergiopoulos, Patty Hajdu*, Patti Melanson*, Manik Saini*, Tomislav Svoboda*.
2013-2014	\$24,998	Principal Investigator, Building Capacity Among People Who Use Drugs: Reducing Stigma and Fostering Inclusion of Experiential Knowledge in Harm Reduction Research, Policy Development, and Service Delivery. Funded by a Canadian Institutes of Health Research, HIV/AIDS Priority Announcement Planning Grant (\$24,998). Co-Investigators: Lynne Belle-Isle**, Mark Willson, Ashley Mollison*, Jill Cater*. Collaborators*: SOLID, AAWEAR, DUAL, TDUU, Canadian HIV/AIDS Legal Network, Canadian Drug Policy Coalition, Canadian Harm Reduction Network.
2013-2013	\$37,450	Co-Principal Investigator, An Evaluation of the Kwae Kii Win Centre Alcohol Management Program, Thunder Bay, Ontario. Funded by Shelter House, Thunder Bay (\$37,540). Stockwell, T., & Pauly, B., Hajdu, P.
2012-2015	\$343,911	Co-Investigator, A Mixed Method Evaluation of the Impact of the Dr. Peter Centre on Health Care Access and Outcomes for Persons Living with HIV/AIDS Who Use Illicit Drugs. Funded by a Canadian Institutes of Health Research Partnership for Health System Improvement Grant (\$343,911). Principal Investigators: Rolando Barrios & Robert Stephen Hogg. Co-

Dates	Amount (\$)	Details
		Investigators: Rosalind Baltzer Turje, Silvia Alicia Guillemi, Susan Kirkland, Patrick McDougall, Ryan Mcneil, Michael-John Sheridan Milloy, Earl Frederick Nowgesic, Ciro Panessa, Surita Parashar, Hasina Samji, Stuart James Skinner, Carol Janice Strike, Catherine Anne Worthington.
2012-2015	\$982,922	Co-Investigator, The Cedar Project: Exploring Vulnerabilities to HIV, HCV, and STIs Among Young Aboriginal People Who Use Drugs in Urban and Rural Settings. Funded by Canadian Institutes of Health Research (\$982,922). Principal Investigators: Patricia Spittal, Wayne Christian, Martin Schechter.
2012-2014	\$62,000	Nominated Principal Investigator, The Role of Transitional Housing in Recovery from Homelessness and Substance Use. Funded by Vancouver Foundation, Community Based Health Research Grant (\$62,000). Co-Investigators: Bruce Wallace**, Mike Ranftt, Margo Matwychuk, Jody Yurkowsky, Aleck Ostry.
2012-2013	\$3,000	Co-Principal Investigator, Housing Research Cafes. Funded by the Canadian Institutes of Health Research, Café Scientifique Program (\$3,000). Co-Principal Investigator: Margo Matwychuk.
2012-2013	\$10,000	Co-Principal Investigator/ Development of a Report on Housing & Social Supports. Funded by the Greater Victoria Coalition to End Homelessness (\$10,000). Co-Principal Investigator: Andrew Wynn-Williams.
2012-2013	\$15,000	Supervisor, Engendering Dialogue and Meaningful Participation Among Constituencies Working Toward Ending Homelessness in Victoria, BC: Phase Two. Funded by MITACS (\$15,000). Graduate Intern: Trudy Norman.**
2011-2016	\$2,000,000	Nominated Principal Investigator, Reducing Health Inequities: The Contribution of Core Public Health Services in BC. Funded by Canadian Institutes of Health Research (\$2,000,000). Co-Principal Investigators: Marjorie MacDonald, Trevor Hancock, *Warren O'Briain. Co-Investigators: *Ted Bruce, Lydia Drasic, *Beth Jackson, *Victoria Lee, *Michael Pennock, *Lorna Storbakken, Roger Wheeler, Simon Carroll, Anne George, Michael Hayes, Lenora Marcellus, Aleck Ostry, Joan Wharf-Higgins, Wanda Martin**, Bruce Wallace.
2011-2016	\$1,974,691	Co-Investigator, Equity-Oriented Primary Health Care Interventions for Marginalized Populations: Addressing Structural Inequities and Structural Violence. Funded by Canadian Institutes of Health Research (\$1,974,691). Principal Investigators: Annette Browne, Colleen Varcoe & Marilyn Ford-Gilboe. Co-Investigators: Pat Campbell, Olive Godwin, Beth Jackson, Murry Krause, Doreen Littlejohn, Pavan Pahal, Leslie Varley, Bruce Wallace, Cheryl Ward, Elizabeth Whynot, Carol Herbert, Josee Lavoie, Marjorie MacDonald, Victoria Syme, David Tu, Nadine Wathen, Sabrina Wong.

Dates	Amount (\$)	Details
2011-2013	\$169,951	Nominated Co-Principal Investigator, Fostering Cultural Safety in Nursing Practice with People Experiencing Problematic Substance Use. Funded by Michael Smith Foundation for Health Research, BC Nursing Research Initiative (\$169,951). Co-Principal Investigator: *Jane McCall (UBC). Co-Investigator: Annette Browne (UBC).
2011-2013	\$73,116	Contract Holder, Intensive Case Management Guidelines. Funded by BC Mental Health Foundation, BC Ministry of Health (\$73,116).
2011-2012	\$15,000	Supervisor, Engendering Dialogue and Meaningful Participation Among Constituencies Working Toward Ending Homelessness in Victoria, BC: Phase One. Funded by MITACS (\$15,000). Graduate Intern: Trudy Norman.**
2011	\$99,000	Co-Investigator, Evidence and Action in Public Health: Learning From Research and Practice. Funded by Canadian Institutes of Health Research, MPD Knowledge Translation Supplement (\$99,000). Principal Investigators: Marjorie MacDonald, Trevor Hancock.
2010-2013	\$66,000	Co-Investigator, Enhancing HIV/AIDS Service Organizations' Capacity to Engage in Community-Based Research to Address Social and Health Inequities. Funded by Canadian Institutes of Health Research (\$66,000). Principal Investigator: Lynne Belle-Isle**. Co-Investigator: Cecilia Benoit.
2010-2011	\$14,996	Co-Investigator, Equity Oriented Primary Health Care Interventions for Marginalized Populations: Addressing Structural Inequities and Structural Violence. CIHR Programmatic Grants in Health and Health Equity (\$14,996). Principal Investigator: Annette Browne.
2010-2011	\$15,000	Nominated Principal Investigator, Reducing Health Inequities: The Contribution of Core Public Health Programs in British Columbia. Funded by CIHR Programmatic Grants in Health and Health Equity (\$15,000). Co-Principal Investigators: Trevor Hancock & Marjorie MacDonald.
2010-2011	\$32,041.42	Nominated Principal Investigator, Factors Affecting Community Acceptance of Programs Aimed at Preventing HIV/AIDS Associated with Injection Drug Use. Funded by CIHR HIV Community Based Research Catalyst Grant (\$32,041.42). Co-Investigators: Cecilia Benoit, Mikael Jansson, Dan Reist, Amy Salmon, *Andrea Langlois.
2010-2011	\$99,975	Co-Investigator, Responding to H1N1 in the Context of the Homelessness Crisis in Canada. Funded by Canadian Institutes of Health Research (\$99,975). Principal Investigator: Stephen Gaetz (York University).
2009-2014	\$1,500,000	Co-Principal Investigator, Public Health Services Renewal in British Columbia. Funded by CIHR New Emerging Team Grant

Dates	Amount (\$)	Details
		in Applied Health Services and Policy Research (\$1,500,000). Co-Principal Investigators: Marjorie MacDonald, *Trevor Hancock. Co-investigators: Allan Best, Ted Bruce, Maureen Dobbins, George Eisler, John Garcia, Anne George, Anita Kothari, Heather Manson, Craig Mitton, Linda O'Mara, Michael Pennock, Sandra Regan, Barb Riley, Esther Sangster-Gormley, Rita Schreiber, Ruta Valaitis, Joan Wharf-Higgins, Sabrina Wong.
2009-2010	\$10,000	Nominated Co-Principal Investigator, Moral Distress in Health Care. Funded by CIHR Meeting, Planning and Dissemination Grant, 1 Year (\$10,000). Co-Investigators: Jan Storch, Colleen Varcoe.
2009-2010	\$25,000	Co-Investigator, Staying Safe in Vancouver: Identifying Strategies by Long-Term Injection Drug Users to Avoid HIV and HCV Infection. Funded by CIHR Catalyst Grant, HIV/AIDS CBR Program (\$25,000). Principal Investigator: Amy Salmon (Center for Excellence in Women's Health).
2009-2010	\$14,980	Nominated Co-Principal Investigator, Bringing it Home: Enhancing Mental Health Policy and Services to Prevent Homelessness. Funded by CIHR Meeting, Planning and Dissemination Grant, PHSI Competition (\$14,980). Co-Investigators: *Cecile Lacombe (Ministry of Housing and Social Development), Vicki Smye (UBC School of Nursing).
2009-2010	\$100,000	Co-Investigator, Understanding Pandemic Planning in the Context of a Homelessness Crisis. Funded by CIHR Catalyst Grant, Pandemic Preparedness (\$100,000). Principal Investigator: Stephen Gaetz (York University).
2009-2010	\$4,000	Nominated Principal Investigator, Street Stories. Funded by University of Victoria Internal Research Grant (\$4000). Co-Primary Investigators: Budd Hall & Jutta Gutterberg
2009-2010	\$25,000	Co-Principal Investigator, Next Steps: Evaluation of Transitional Housing for the Homeless. Funded by Canadian Mortgage and Housing Corporation External Research Grant (\$25,000). Co-Primary Investigator: *Bruce Wallace.
2009-2010	\$30,000	Co-Principal Investigator, Ending Homelessness: What Works and for Whom? Funded by Collaborative Faculty Incentive Grant, Knowledge Mobilization Partnership (\$30,000). Co-Primary Investigator: Stephen Gaetz (York University).
2009-2009	\$25,000	Co-Investigator, Developing Methods for Studying Complex Public Health Services and Population Health Interventions. Funded by Canadian Institutes of Health Research, Meeting, Planning and Dissemination Grant (\$25,000). Principal Investigator: Marjorie MacDonald. Co-Investigators: Joan Wharf-Higgins, Trevor Hancock, Allan Best, Michael Pennock.

Dates	Amount (\$)	Details
2008-2015	\$195,000	Co-Investigator, CIHR Training Grant in Women, Gender, and Addictions: Exploring Intersections with Trauma, Violence and Mental Health (IMPART: Intersections of Mental Health Perspectives in Addictions Research Training). Funded by Canadian Institutes of Health Research (\$195,000). Principal Investigator: Lorraine Greaves. Co-Investigators: Joan Bottorf, Annette Browne, Josie Geller, Clay Holroyd, Judy Illes, Marvin Krank, Reinhard Krausz, Anthony Phillips, Pamela Ratner, Chris Richardson, Patricia Rodney, Amy Salmon, Patrick Smith, Victoria Smye, Patricia Spittal, Tim Stockwell, Colleen Varcoe, Joanne Weinberg, Richard Young.
2008-2011	\$225,000	Co-Investigator, Developing a Research Program on the Process and Impact of Implementing Core Public Health Functions in BC. Funded by Michael Smith Health Research Foundation, Team Start Up Grant (\$225,000). Co-Investigators: Marjorie MacDonald, *Trevor Hancock.
2008-2010	\$200,000	Co-Investigator, Evidence Informed Practice and Practice Informed Evidence: Knowledge Exchange for Implementation of Core Public Health Functions in BC. Funded by Canadian Institute of Health Research (\$200,000). Principal Investigators: Marjorie MacDonald & Allan Best.
2008-2010	\$200,000	Research Team Member, Building Community Based Research Capacity for Healthy Communities. Funded by Vancouver Foundation (\$200,000 per year). Primary Investigator: Budd Hall.
2008-2009	\$30,000	Team Member, Mapping Knowledge and Solutions to Homelessness in Victoria. Funded by the Homelessness Knowledge Development Program (\$30,000). Principal Investigators: Budd Hall & Mary Ellen Purkis.
2008-2009	\$48,000	Nominated Principal Investigator, Breaking the Cycle of Homelessness: Assessing the Effectiveness of Transitional Housing. Funded by Social Sciences and Humanities Research Council (\$48,000). Co-Primary Investigator: *Bruce Wallace.
2007-2009	\$100,000	Co-Principal Investigator, Health Policy Ethics: Enhancing Equity. Funded by Canadian Institute of Health Research (\$100,000). Principal Investigator: Colleen Varcoe.
2007-2008	\$21,000	Principal Investigator, Development of a Comprehensive Approach to Guide Policy, Practice and Advocacy Related to Harm Reduction for the Canadian Nurses Association. Funded by Canadian Nurses Association (\$21,000). Co-Principal Investigators: Timothy Christie, *Irene Goldstone.
2007	\$35,000	Collaborator, SOLID (Society of Living Intravenous Drug Users): Peer Education for Health. Funded by a Union of British Columbia Municipalities Grant (\$35,000).

Dates	Amount (\$)	Details
2006-2011	\$743,751	Collaborator, Stigma and Resilience in Youth. Funded by CIHR Net Team Grant (\$743,751). Primary Investigator: Elizabeth Saewyc.
2006-2007	\$50,000	Co-Investigator, Developing a Research Program on the Process and Impact of Implementing Core Public Health Functions in BC, Funded by Michael Smith Health Research Foundation, Team Planning Grant (\$50, 000). Principal Investigators: Marjorie MacDonald & *Trevor Hancock.
2004-2007	\$261,000	Co-Investigator, Leadership for Ethical Policy and Practice. Funded by Canadian Health Services Research Foundation (\$261,000). Principal Investigators: Janet Storch & Patricia Rodney. Co-Investigators: Colleen Varcoe & Rosalie Starzomski. Decision Making Partners: L. Best, L. Stevenson, A. Cooke, T. Fulton, F. Bees, P. Marck, R. Roger, P. Semnuk, M. Ramsden, J. Shamian (University of Victoria).
2004-2007	\$200,000	Co-Investigator, Ethical Frameworks for Health Policy: Appraisal, Appraisal and Applications. Funded by Canadian Institutes of Health Research Operating Grant Program (\$200,000). Principal Investigators: Nuala Kenny and Mita Giacomini. Co-Investigators: Francoise Baylis, Susan Sherwin, Patricia Rodney & Bashir Jiwani (Operated out of Dalhousie University).
2003-2005	\$45,000	Principal Investigator, Enhancing Access to Health Care for Marginalized Groups Through a Study of Relationships Between Street Nurses and the People They Serve. Funded by Michael Smith Foundation for Health Research, Trainee Award (\$45,000). Co-Supervisor: Janet Storch.
1997-2001	no amount given	Co-Investigator, Phase II: Relational Ethics, Foundation for Health Care Research Project. Funded by Social Sciences and Humanities Research Council. Principal Investigator: Vangie Bergum.
1993-1997	\$50,000	Co-Investigator, Phase I: Toward an Ethic of Nurture. Funded by Social Sciences and Humanities Research Council (\$50,000). Principal Investigators: Vangie Bergum & John Dossetor (University of Alberta).
1995	no amount given	Co-Investigator, Innovative Education through Community Partnerships. Funded by Alberta Health Workforce Education Project. Co-Investigators: Sheila MacKay, Judy Robbins Weir & Linda Moore Martin.
1993	\$1,000	Principal Investigator, Caring Interactions: Perceptions of Patients and Nurses (MN Thesis). Funded by Alberta Foundation for Nursing Research Student Facilitation Grant (\$1000).
1993	\$3,000	Principal Investigator, Caring Interactions: Perceptions of Patients and Nurses (MN Thesis). Funded by Canadian Foundation for Nursing Research (\$3000).

Dates	Amount (\$)	Details

b. Publications Under Review (or Revise and Resubmit).

Katherine Hogan, Celeste Macevicius, Tajia McLuckie, Jenny McDougall, Bernie Pauly, Karen Urbanoski, Brittany Barker (submitted to IJDP). The characteristics and experiences of parents accessing prescribed safer supply in BC, 2020-2021.

Fajber, K, Pauly, B, Ranger, C, Cameron, F, Clayton, E, Rygenstad, L, Henderson, N, Irvine, J, Herriot, R, Urbanoski, K, Kolla, G. (revise and resubmit) The Victoria SAFER Initiative: A community-based prescribed safer supply program using fentanyl formulations in Victoria, BC. Resubmitted to Drug and Alcohol Review

Goulet Stock, S. et al., (Review and Revise). MAP And COVID Harm Reduction Journal

Hutchinson, A.,...Pauly, B. (Revise and Resubmit). Models of Safer Supply. International Journal of Drug Policy.

Nafeh F, Martignetti L, Kolla G, Bonn M, Langeroodi SMF, Urbanoski K, Pauly B, Werb D, Karamouzian M. Safer Opioid Supply Clients' Values and Preferences: A Systematic Review and Thematic Synthesis of Qualitative Research. The Lancet Psychiatry (Submitted)

Nichol, E., Pauly, B., Milligan, K., Urbanoski, K. (revise and resubmit) Help-seeking among pregnant and parenting women who use drugs: Mitigating stigma through relationships. International Journal of Drug Policy

Shahram, S., Phillips, G., Pierre, S., Pauly, B. Urbanoski, K., Edit, C. Horsetheif, C. (Submitted June 28, 2024). Addressing disparities in perinatal health outcomes through transformative approaches to perinatal substance use monitoring: the Grandmother Perspective. Social Science and Medicine.

c. Grants Under Review

Pauly, B. (NPI), Masuda, J., Archer, R. (Existence Project), Chaland, N. (Housing Justice Project), Cloutier, D., Karsten, S., Mellor, A., Mishak, B., Stephans, R. (Uyaamgaak Society), Van Wager, E., Wallace, B., Zoeller, S. (November, 2024). Right to Housing?: A collaborative exploration of rights-based frameworks for tenants' just housing futures in B.C. Submitted to SSHRC Partnership Development Grant Competition.

Pauly, B., Urbanoski, K., Henderson, N., Bailey, A., Gudino Perez, D., Guta, A., Kolla, G., Arredondo Sanchez Lira, J., Greer, A., Ranger, C., Hyshka, E., Ormond, A., Larkin, D., Mullins, G., Maple, B., Griffith, D., McBain, L., Wilson, M., & Streukens, A. (2025). Historical, political and social processes of drug policy making and implications for the toxic drug crisis [Grant]. Canadian Institute for Substance Use Research, University of Victoria. Submitted to CIHR Project Grant Competition Spring 2025

THIS IS **EXHIBIT “B”** REFERRED TO
IN THE AFFIDAVIT OF DR.
BERNADETTE PAULY SWORN
REMOTELY AT THE CITY OF
VICTORIA BEFORE ME AT THE
COUNTY OF WELLINGTON DURING
A VIDEOCONFERENCE IN
ACCORDANCE WITH O.REG. 431/20,
ADMINISTERING OATH OR
DECLARATION REMOTELY THIS 14th
DAY OF AUGUST, 2025

A handwritten signature in black ink, appearing to read 'Joanna Mullen', with a horizontal line extending to the right.

JOANNA MULLEN
A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 64535V

'Forced to become a community': Encampment residents' perspectives on systemic failures, precarity, and constrained choice

Nicholas Olson & Bernie Pauly

2023

Faculty of Human and Social Development

Faculty Publications

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Original citation:

Olson, N., & Pauly, B. (2022). 'Forced to Become a Community': encampment residents' perspectives on systemic failures, precarity, and constrained choice. *International Journal on Homelessness*, 3(2), 124–138.
<https://doi.org/10.5206/ijoh.2022.2.14431>

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ORIGINAL ARTICLE

International Journal on Homelessness, 2023, 3(2): page 124-138.

'Forced to Become a Community': Encampment Residents' Perspectives on Systemic Failures, Precarity, and Constrained Choice

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Received: 13 Nov 2021

Accepted: 13 Sept 2022

Abstract

Homelessness is a serious public health concern with devastating consequences for health and wellbeing of homeless people. Visible signs of homelessness often appear in the form of encampments or tent cities. Such sites often raise controversies about public health and safety without attention to the structural, systemic and individual factors that contribute to their existence, including deficits in basic determinants of health and a failure to protect human rights to housing. The purpose of this paper is to explore the conditions that contribute to homeless encampments and ongoing issues of precarity, and right to housing from the perspective of residents of one encampment. The data set was comprised of 47 affidavits taken from 33 people from one tent city in Victoria, British Columbia (BC) in anticipation of legal action to remove residents and their belongings in 2016. We used Braun and Clarke's (2006) approach to thematic analysis to identify, analyze and report patterns within the data. Residents spoke to systemic failures within the homeless sector itself as a factor in decisions to live in an encampment. Participants highlighted the challenges of 'being chained to a backpack' with nowhere to go and the impact of bylaws and policing on their health and well being. They acknowledged that while living in an encampment is a last resort it is often a better option than the streets or shelters with the benefits of a community, albeit a forced one with ongoing precarity. Public health responses to encampments should focus on centring human rights to adequate housing including self-determination and access to determinants of health. Such responses are aligned with public health commitments to health equity and social justice and require public health infrastructure.

Keywords

Homelessness; encampments; tent cities; public health; human rights

Introduction

In the United States (US), over 580,000 people experience homelessness on a single night in 2020 (Henry et al., 2021). In Canada, there are 235,000 people with 35,000 on a given night (Gaetz et al., 2016). Homelessness is a serious public health issue in which individuals experience poor

health, lack of access to health services, and deficits in key social determinants of health such as housing, food, and income as well as high levels of stigma and discrimination and lack of self-determination (Buccieri et al., 2020; Fowler et al., 2019; Frankish et al., 2005, 2009; Hwang et al.,

2011; Ontario Agency for Health Protection and Promotion (Public Health Ontario) & Berenbaum, 2019; Riley et al., 2012; Sleet & Francescutti, 2021; Tsai et al., 2017). As the National Healthcare for the Homeless Council (National Health Care for the Homeless Council, 2019) observes “being without a home is a dangerous health condition” and “no amount of healthcare can substitute for stable housing” (p. 2).

Homeless people often face multiple and intersecting sources of systemic stigma and discrimination based on economic status, gender, ethnicity age, substance use, mental health and other issues impacting health, and access to housing and services (Frankish et al., 2005; Pauly, 2014). In the absence of safe and affordable housing, some people create shelter outdoors in homeless encampments (Cohen et al., 2019). Encampments existed pre COVID but public health measures put in place to slow the spread of COVID-19 reduced shelter spaces and increased visible homelessness in encampments with increasing risks and harms for people experiencing homelessness and nowhere to shelter (Allegrante & Sleet, 2021; Perri et al., 2020).

Encampments are met with varied community responses from community sweeps and displacement with or without supports to tacit acceptance and/ or in a few cases sanctioning (Cohen et al., 2019). Public controversies surrounding visible encampments are often closely intertwined with discussions of public health and public safety including lack of sanitation and increasing crime as reasons for displacement (Lorinc, 2020; Olson & Pauly, 2021). These discussions take place in a political and policy landscape that displaces and/or criminalizes people for acts of living such as eating, sleeping, and performing bodily functions in public amidst lack of access to basic public health infrastructure and safe, acceptable, and affordable housing for living (Rankin, 2019, 2020). In fact, government officials often cite lack of public health infrastructure as a reason for eviction and displacement of encampments (Speer, 2016).

Rankin (2019, 2020) found that a person experiencing homelessness is no more likely to commit a crime than a housed person, with the exception of laws that specifically punish people

for performing “necessary, life-sustaining activities in public” (p. 99), making it difficult to survive as a homeless person without breaking the law (Langeegger & Koester, 2017). Russell (2020) found that the majority of charges laid in geographic areas surrounding encampments were non-violent drug offences and that nearly a third of encampments in Portland, Oregon had a crime concentration less than that of the rest of the city. Further, narratives that displace and criminalize people experiencing homelessness employ neo-liberal arguments that criminalize and blame individuals for their choices while ignoring the systemic and structural issues that produce homelessness in the first place. For those who are visibly homeless, the stigma is especially intense contributing to negative attitudes and violence towards homeless people (Harter et al., 2005), obscuring structural and systemic causes and limiting public health responses rooted in the social determinants of health and rights to housing.

Increasingly, US cities rely on anti-camping, ‘quality of life ordinances,’ ‘move on’ orders or street checks to ‘remove visible poverty from its city streets’ by continually displacing people experiencing homelessness with nowhere to go (Ruan et al., 2018) (p.1). Rankin (2020) highlights that the latter (without ordinances) type of ‘civil enforcement’ evades courts and legislation, and thereby meaningful reporting and accountability. While civil enforcement is more widely used by municipalities than criminal charges. Rankin (2019) notes that both civil and criminal enforcement increases people’s likelihood of remaining homeless, getting sick, self-medicating, becoming incarcerated, or dying. Other researchers have found that the constant presence and threat of policing and displacement in homeless people’s lives contributes to difficulties with sleeping and poor mental health as well as trauma and emotional distress (Cohen et al., 2019; Westbrook & Robinson, 2020).

Homelessness arises from a complex interplay of multiple structural, systemic, and individual factors (Allegrante & Sleet, 2021; Fowler et al., 2019; Gaetz et al., 2013). Structural factors include lack of investments in affordable housing; erosion of social safety nets and inadequate incomes; and multiple forms of discrimination including racism, classism, and sex and gender discrimination (Gaetz et al., 2013).

Systemic factors include the failure of social systems of care and support such as discharges from hospitals, corrections and child welfare, which in turn require a reliance on the homelessness sector (Gaetz et al., 2013). Structural and systemic factors intersect with personal situations to produce a set of conditions in which individuals become unhoused. Homelessness can be understood as a consequence of multiple policy decisions at every level of government (Allegrante & Sleet, 2021).

Displacement and criminalization as responses do little to address the structural and systemic factors that produce homelessness, propel stigma and limit self-determination with potential violation of human rights of homeless persons. In contrast, public health responses, centred in health equity and social justice, emphasize responses that seek to address social conditions such as housing, income and discrimination that impact health and access to basic determinants of health (Community Solutions; Health, 2008; Olson & Pauly, 2021).

Determinants of health, such as housing, food, non-discrimination and self-determination are enshrined as human rights in international treaties and covenants and central to public health promotion and the realization of other human rights (Braveman, 2010; Meier et al., 2018). In 2019, Canada passed the National Housing Strategy Act recognizing international rights by legislating the right to housing and recognizing that housing is inherent to health and well-being (Government of Canada, 2019). Encampment residents are subject to human rights violations given the deficiencies in determinants of health such as water, food, housing, non-discrimination, and self-determination. Further, ongoing homelessness and failure to implement a human right to housing is contributing to precarious living, poor health and premature death for homeless persons (The Centre for Equality Rights in Accommodation & The National Right to Housing Network, 2021).

Precarity can be understood as 'the politically induced condition in which certain populations suffer from failing social and economic networks' thus impacting their ability to live healthy lives and remain free from 'injury, violence, and death' (Butler, 2009). Precarity finds its roots in a deteriorating social safety net, a reality made through the 'power relations and structural

violence' of neoliberal capitalism (Shaw & Byler, 2016) and ongoing colonization. Often, homelessness is mythologized, as being the result of individual choice, or a series of deviant choices (Parsell, 2012). Precarity draws attention to the breakdown of 'social, political, and economic institutions' that force people into a situation of constrained choice, having to choose between staying in unsafe situations, emergency shelters or living outdoors and responded to imposed precarity through sites and techniques like encampments.

There has been limited Canadian research on encampments, and little focus on perspectives of encampment residents regarding structural and systemic factors that impact their decisions to take up residence in an encampment and the role of encampments in their lives. Such understandings are important beginning points for realizing housing as a human right. The purpose of this paper is to explore the structural and systemic conditions that contribute to homeless encampments and ongoing issues of precarity from the perspective of residents of one encampment in Victoria, British Columbia (BC): Super Tent City (SIC). The specific research questions were: 1) what were the benefits and challenges associated with living in SIC compared to the streets and shelters? and 2) what were issues related to accessing shelters and housing? We begin with a description of SIC, followed by describing our methodology, and findings.

Super in Tent City (SIC), Victoria, BC

SIC was an encampment located on the unceded traditional territory of the sx̱w̱eŋx̱w̱əŋ (Swengwhung) Family of the Lekwungen People, known commonly as Victoria, British Columbia (BC), Canada. Victoria is the capital city of BC and has been home to several tent cities including Cridge Park (Sargent, 2012) that have challenged current laws and regulations related to camping in public spaces. In 2008, the BC provincial court found that it was a violation of human rights not to allow people to erect shelter to protect themselves. Following this judgement, the City of Victoria introduced 7 to 7 camping restrictions in which shelter can only be erected from 7 pm to 7am and a cycle of daily displacement. In 2015, the provincial courthouse lawn in Victoria, BC

became home to a growing number of tents and informal structures in direct response to an emerging housing crisis in the city and across the province. The approximately 120 residents of what became known as SIC forced regional discussions about the right to adequate and affordable housing and the role of public health in responding to homelessness. The residents came from diverse housing histories and situations, many of which included experiences in shelters and supportive housing.

This encampment was located on provincial land and therefore excluded from municipal bylaws prohibiting sheltering between 7am and 7pm. Thus, being under provincial jurisdiction allowing residents to shelter in place. However, while the encampment stood on provincial land for the better part of a year, its status always remained uncertain due to public disapproval and two provincial injunctions petitioning the courts for eviction. SIC residents, like others who are homeless, were living in uncertain and precarious situations regarding access to public health resources, particularly in regard to housing, but also food, water, hygiene, and sanitation.

Methodology

For this paper, we conducted a secondary analysis of legal affidavits using a thematic analysis approach as outlined by Braun and Clarke's (2006) to identify, analyze, and report patterns within the data. The data set was comprised of 47 affidavits taken from 33 people of SIC (30 residents, one part-time resident, two supporters with lived experience of homelessness) between December 2015 to June 2016 in anticipation of legal action to remove residents from the current site. Affidavits were initially gathered and sworn for use in the Supreme Court of British Columbia. Affidavits formed the basis of this secondary analysis. The affidavits were used as a matter of public record with additional approval for their use for the purpose of research analysis from the Counsel for the Defense and legal firm who originally collected them. Public use of affidavits are outlined in the Supreme Court of BC Court Record Access Policy that states "[t]he public may access an affidavit and an exhibit which is attached to an affidavit where that affidavit is

filed with the court unless a statutory provision, common law rule or court order restricts or limits access.' Further ethical approval outlining procedures for maintaining confidentiality and ethical processes for handling data was obtained from the University of Victoria (Certificate number 21-0067).

The thematic analysis began with a full reading of all 47 affidavits by both authors and duplicates removed. One author (Pauly) had been present and attended Super Intent City meetings and acted as an expert witness in both legal actions. The first author (Olson) coded the affidavits for available demographic information (gender, ethnicity, length of time homeless) and removed identifiers from any statements. Documents were re-read and coded by the first author to identify initial codes related to the benefits and challenges of living in an encampment as well as challenges related to obtaining housing. With subsequent readings, inductive coding was employed to identify salient ideas and inductively derived themes were developed by both authors. All data and related documents were kept on a secured shared drive. Data were grouped into categories, mapped thematically in Adobe InDesign, with quotes grouped thematically in a Word Document. At the end of the initial coding process, the concept map was synthesized to clarify main themes and subthemes, after which subsequent quotes were reorganized to reflect themes and select quotes that most accurately represented each theme and subtheme. In reporting the findings, we have included direct quotes identified with a participant number.

Results

We identified four themes that describe issues related to housing and shelters that lead to being in an encampment and the experiences (benefits and challenges) of living in an encampment: 1) systemic failures in the homeless sector; 2) chained to a backpack and running out of places to go; 3) forced to be a community; and 4) precarious stability.

Systemic Failures in the Homeless Sector

Drawn from a diverse group of up to 120 people, SIC participants cited unique structural,

systemic, and individual circumstantial factors contributing to their experiences of homelessness. For example,

"Yes, me and my girlfriend applied for a bachelor suite in a market housing, and we were accepted and signed an intent to rent form with the landlord as required by the Ministry of Social Development in order to get the shelter portion released to the landlord. However, the Ministry took over a week to process the intent to rent form and release our shelter portions and over this time the landlord found someone else to rent the suite to." -ST21

For many homelessness had begun at a young age. Of particular note were systems-level failures such as governmental misconnections, policy gaps, inadequate service delivery and lack of supports which included inaccessibility of mental health services, ageing out of government care, being released from correctional facilities, and lacking appropriate or adequate housing options.

However, primary among the systemic failures cited were that of the homeless sector itself. Residents highlighted systemic failures within the homeless sector such as particular rules and restrictions that made shelter and supportive housing sites functionally inaccessible.

I make most of my income by bottling, and the best time for me to go bottling is during the night. I often bottle all through the night. In most shelters there is curfew, so if you are out late you cannot get a spot. -ST12

The following resident cites rules disallowing partners and guests depriving them of important social supports.

...you can't have guests over. This is not an option for me as I want to live with or at least see my boyfriend and my social network regularly. I would rather sleep outside than not be able to spend time with my boyfriend and social network. They are a main part of my supports in staying healthy, so I need them around. -ST10

As this participant observes, their social network is a key social support important to staying healthy and that they would choose to sleep outside over not being able to access their social network illustrating the forced choices

available to participants. Additionally, rules barring pets from shelter spaces also meant that shelters were functionally inaccessible for residents with pets who are often a key emotional support. Another participant describes the challenge and impacts of being the same space when there are conflictual relationships.

"I can't go to [name of shelter] as there are people living there that I have personal issues with and I do not want to live in that shelter because I will end up living in depression. When I get depressed I turn to self-harm. I can't go to some of the shelter mat programs because there are also people there that I can't be around." -ST13

Shelters are communal spaces and not necessarily safe spaces with shelter rules that delineate curfews, bed checks, wake-up, minimum requirements, and monthly stay limits. These settings and consequent rules can be incompatible with earning income, lifestyles, and access to community supports while restricting stability, safety, and ability to take care of oneself.

Despite often being understood as having good intentions, residents saw shelter staff as entities of enforcement and the human manifestation of the rules, which make shelters inaccessible, unrealistic, and impossible for some due to feelings of surveillance and monitoring:

[Shelters] remind me of being in jail. When there are people on walkie-talkies telling me what I can and can't do and at what time it is triggering for me and brings me back to the feeling of being in jail...I don't mean any harm to the people that work there but being there felt like I had done something wrong. I felt tense. It felt like the staff were cops even though I know they weren't trying to be. -ST9

Other residents with experience in shelters saw staff as invasive, inexperienced, and patronizing, bringing up negative past experiences with criminalization, institutionalization, surveillance, and self-worth. The pervasiveness of these rules and their enforcement, as well as being unable to avoid theft made residents feel 'less than' (ST11) in a society where they already experienced stigmatization. The shelter environment was experienced as the opposite to feelings of home:

A shelter is somebody else's home, with somebody else's rules, and somebody else's politics. If it's a

government run shelter, than (sic) there are government rules. A home is something you build for yourself. It's your safe place. A community centre is not my safe space. It will never be mine. It is whoever runs it. A safe place is my place. -ST11

For SIC residents, experiences with supportive or transitional housing were similarly restrictive to the point of making living in these settings untenable. The process of applying for and acceptance into supportive housing, associated waitlists, and program costs were described as deceptive and confusing. One resident cited surveillance, infantilization, and program structures that restrict tenancy rights as reasons that supportive housing was not an option for them:

Supportive housing is not supportive. Supportive housing allows you to be evicted with 24 hours' notice. Not being under tenancy laws gives you less protection. You are also subject to having staff monitor you. I am an adult and I do not need to be monitored. Supportive housing should mean treating me like an adult. -ST21

This resident is highlighting the lack of security of tenure and is referring to program agreements that allow for 24 hours eviction notices without timelines and protection afforded by the residential tenancy act. Rules restricting guests in housing sites proved to be both a barrier to accessing supportive housing, as well as a reason people experienced eviction, and the 'institutional' (ST23) feel prompted by surveillance and no-guest rules were found to be trigger past negative experiences in government institutions. Further, these residents are highlighting a failure in the right to adequate housing including security of tenure. SIC residents outlined a wide range of reasons that shelters, and supportive housing were not realistic or accessible, whether socially, physically, or based on personal safety or disability; in short, systemic inadequacies contributed to their experiences of homelessness and subsequent residency at Super in Tent City. "Arbitrary," impractical, and inflexible rules (ST6) enforced in shelters and supportive or transitional housing sites made these settings unrealistic or functionally inaccessible for SIC residents. Rather than being spaces where individuals fail to abide by the rules, residents

saw these spaces as failing users due to a lack of choice and autonomy through imposed rules and requirements that were out of touch with their daily realities and past experiences. The inaccessibility of shelters and supportive housing further constrained their accommodation choices, thereby creating or recreating precarity and effectively leaving participants with the forced choice of sheltering outside.

Chained to a Backpack and Running Out of Places to Go

Residents spoke to their experiences of living outdoors under bylaws that only allowed for erection of shelter from 7 pm to 7 requiring them to move daily. *The words I hear every day are move along. Time to go. We are running out of places to go (-ST11).* Another participant describes the physical and mental toll of having to move one's belongings on a daily basis to ensure they were not taken by the authorities, a concern stated widely by SIC residents.

Before I lived in the camp, I had to move my belongings during the day. This was very limiting for me and very difficult. I had to set up after dark and tear down in the morning. I was chained to a backpack for the rest of the day, so it was difficult to get things done -ST11

The above resident's analogy (or possible reality) of being chained to a backpack encompassed many residents' experiences with enforcement and displacement from police and bylaw officers when staying in other parks that disallowed 24/7 camping. Further, people had difficulty getting sleep and few places to go in the day.

"As a homeless person I typically had a very late schedule. I wouldn't sleep much, would often stay up most of the night and then, if I found somewhere safe to sleep, would get woken up at 7 AM. I didn't have anywhere to go sleep in the day. [Name of drop in] doesn't allow that, so I would take drugs to stay up and frequently stay up for 2-3 days at a time and then crash hard. Typically, I would be very sleep deprived as are most people I know who live on the streets. This had a huge effect on my ability to function and take care of myself." -ST6

Adding to the physical and mental toll was stigma associated with sheltering outdoors.

Living in a city park is humiliating. It is not good for my self-worth. Everyone looks at you like you are a piece of crap. I am constantly viewed as a drug user or troublemaker just because I shelter in a park." -ST32

These participants like others highlight the impacts of sheltering outdoors and constant moves on their health and wellbeing.

When camping on the street or in parks outside of SIC, residents described constant impound of personal belongings, displacement, and criminalization of poverty at the hands of city employees including parks staff, bylaw enforcement, and police. This resident outlines one experience:

When I camp in City parks, the Authorities take my belongings. They don't take our belongings here at Tent City. The authorities took my ID. This has been very hard for me because getting ID back is a long process. I went through the process of getting my ID back, but the authorities took it – along with all my other belongings – from a park weeks after I got it back. -ST30

Having identification, medication, and survival gear like sleeping bags, tarps, and tents seized and being unable to retrieve them was described as highly destabilizing in regards to sleep, nutrition, finances, and overall mental health. Under threat of SIC being shut down, as was the concern during several injunctions in summer 2016, this resident expressed anxiety that they would again lack the stability in their lives that was helping with health and well-being:

If we were forced to move, I guess I'd be back to focusing on packing up and trying to stay dry. I don't have time to make appointments and all that stuff. I would hope that the city doesn't nail us for our sleeping bags. I have six layers of tarp on my tent right now that are quite insulating, but if the city hits us up for all our stuff we'd be freezing. -ST31

Living in a park, being forced to setup and teardown each day, daily displacement, carrying and keeping possessions safe, was described as humiliating and exhausting with negative impacts on their health and well-being as well as

negatively affecting access to services and employment.

Forced to be a Community

The residents of Tent City work together and take care of each other. No one person is in charge. When something needs to be done, someone steps up. I don't particularly like Tent City. It shouldn't have to exist. I am here because I have to be here. It is my last option. I am desperate. But I live here, and we were forced to become a community. -ST30-1-1

For various reasons, residents saw SIC as their only choice or a choice of last resort given the limited options of shelters, supportive housing, or living isolated and alone 'on the street' chained to a backpack. While some SIC residents approached living in a tent city as a choice, they acknowledged it as one ultimately constrained by the precarious situations they are forced to live in due to structural discrimination, poverty, and systemic failures that include shelter and supportive housing inadequacies and enforcement and displacement that perpetuates criminalization and stigmatization. Given the unaffordability of market housing and inaccessibility of shelters and supportive housing, SIC, for many, became the only real option demonstrating an ability to survive despite the precarity in which they are forced to exist.

Where the street community is, something like tent city is the only solution for some people – it's a no brainer, there is well-trained 24 hours staff on site – we just need the governments to listen to us and support us. We can run the site, we just need help out with things like location, stipends, and other incentives. -ST1

Highlighting their skills as residents to management an encampment speaks to their resilience in finding a 'housing option'. Other participants highlighted the ability of SIC residents to manage housing if they had the resources. *I think with a core group of people from tent city we could manage transitional housing for half the price of what (name of two organizations) would charge (ST9).* Participants stressed that it is essential that they be consulted when new housing options are created. The participant below highlights the lack of consultation or

recognition of rights to self-determination when the courts determined that SIC Residents could not be displaced until housing is available.

No one from the camp was consulted at all about how these new shelter options would be managed and run. Shame on the province for not including us in how our housing would be managed. -ST9

Another resident described SIC as an accessible place where people are able to get their needs met despite being a choice of last resort and saw this built community as an entity that should be listened to and consulted by organizations and policy makers (ST24). Regardless of situation or solution, whether an outdoor encampment, indoor communal living space like a shelter, or supportive housing, SIC residents highlighted the important imperative of being consulted and right to self-determination as critical to success of any encampment, shelter or housing option. Thus, naming a key principle of their right to housing (Farha & Schwan, 2020).

Precarious Stability

Participants highlighted that a key contributor to a sense of community and safety at SIC was the level of stability felt by residents; a product of being able to avoid constant movement, displacement, enforcement, and theft or seizure of personal belongings by the state experienced when sheltering on the street, outside of the SIC encampment.

Now that I am staying here, I am better able to plan and keep appointments. I am better able to take care of my health now that I am staying here. I see this in others also. When people are not concerned about survival and finding a place to stay, we are able to work on our lives. -ST10

This resident attributed improved well-being to a sense of physical, geographical permanence. Similarly, others suggested that being at SIC allowed them to connect with outreach workers in ways they were not able to before (ST10), to comply with parole reporting requirements (ST5), and that being close to the city's core made accessing resources far more attainable, even leading to a reduced need to commit crimes in order to meet survival needs like eating and sleeping. *Tent City keeps people out of jail, as they don't need to commit crimes to find somewhere to sleep*

and find food (-ST5). When staying in other parks or doorways in the downtown core, daily displacement, loss of belongings at the hands of government employees, and regular contentious interactions with police were associated with destabilized physical and mental health, and impacted ability to work on necessary legal and personal circumstances. SIC allowed residents to better access services and worry less about survival or threats of enforcement and the ability to take care of their own health and well-being.

SIC created what one resident called 'the closest thing to stable housing that my girlfriend and I ever had' (ST5). Another resident describes,

At tent city I realized that I need a solid foundation to organize other things from and not be stressed out – from there I can start working on my life and figuring it out. I have found this at tent city. I am noticing that am able to function better and keep better track of day-to-day appointments and to better organize my life in general. Not having to move my belongings every day is a big part of this -ST24

Physical or geographical stability for SIC residents is what allowed them the time and space to work on emotional and mental stability and for some, safer, more stable substance use.

Although SIC remained in one geographical location for nearly a year, injunctions and community pushback meant ongoing precarity. When the physical stability of SIC was directly threatened through several injunctions, so was the residents' 'physical, mental, spiritual, and emotional health' (PT3). As described above, in spite of the built-in precarity of the geographical location of SIC, residents found ways to bring relative stability to the inherent instability that accompanies homelessness, especially in contrast to sheltering on the street, outside of the SIC encampment context.

Limitations

The data for this paper were drawn from affidavits whose original purpose was to inform the courts about the experiences of residents living in the encampments and the benefits afforded over other potential but often unavailable spaces. Thus, the affidavits had the limitation of not specifically addressing or highlighting challenges associated with living in

encampments as the focus of the affidavits was to speak against an injunction to displace the camp. SIC was unique as an encampment in that it was defined by the residents as a community. Many encampments are informal and may differ in size and structure as well as experiences of the residents with differences in feelings of being a community. This encampment was located in an urban setting near the site of government in the provincial capital compared to other encampments or tent cities in less visible or more rural areas. These affidavits were collected in 2016. However, since that time, ordinances and anti-camping bylaws have continued to be enforced and, in some municipalities increased through investments in bylaw and policing of homeless encampments both pre and post COVID (Hermer, 2021; Hermer & Fonarev, 2020; Manno, 2022).

Discussion

Poverty Management Measures as Systemic Production of Homelessness

Systems failures that contribute to homelessness are generally understood to arise from gaps or shortcomings of mainstream services outside of the homelessness sector, such as corrections, health care, or foster care (Gaetz et al., 2013). However, SIC residents, highlight that their experiences within the homelessness sector in shelters and supportive housing are systems failures leaving them with little choice but to shelter outside. While shelters may offer a temporary response for some, they are not a housing solution (Hurtubise et al., 2007) and have been found to constrain expressions of home and experiences of privacy and safety (Speer, 2017). When studying the spatial confinement of anti-homeless laws in Denver, Colorado, Langegger and Koester (Langegger & Koester, 2017) regarded shelters as having the potential to exacerbate homelessness by depriving shelter users 'the autonomy necessary to conjure home-like spaces' (p. 454).

Previous research about SIC interprets 'push and pull' factors that led people to this particular encampment (substance use, mental health, lack of affordable housing), but did not include factors related to supportive housing and shelters (Young et al., 2017). We expand on the previous

research by adding insights from SIC residents about problematic experiences with shelters and supportive housing in terms of rules, evictions, institutionalization, and surveillance that contribute to encampments. Thus, the homeless sector itself is a site of systemic failures that compound homelessness and ongoing precarity. Simply put, SIC residents identified shelters as another factor forcing them to shelter outside. These findings provide insights for the homelessness sector in terms of rules (e.g., curfews, pets, couples) and the importance of attending to cultures of institutionalization and surveillance that contribute to decisions to stay outside.

Supportive housing, while offering more security, privacy, and potential permanence, was experienced by SIC residents in much the same way as shelter spaces. SIC residents made clear that supportive housing, as a solution to homelessness, is effective only insofar as it considers the individual needs and desires of the residents. Rules and restrictions contribute to negative feelings and past traumas related to institutionalization. Failing meaningful and ongoing consultation and self-determination, supportive housing risks being another systemic factor perpetuating precarity and homelessness. Further, program agreements and 24-hour evictions contribute to lack of security and safety of residents. Supportive housing should adopt a human rights approach to ensure security of tenure and tenancy rights rather than program agreements which lack security of tenure and violate the right to housing.

Daily criminalization of homelessness through the enforcement of bylaws made sheltering outside exhausting and unsafe, leading SIC residents to view an encampment as a more viable option due to its ability to most effectively and equitably respond to the physical, mental, and emotional needs of residents. The use of anti-camping ordinances as part of a system of 'poverty management' measures meant to 'concentrate and conceal' people experiencing homelessness are 'designed to purify urban space' (Langegger & Koester, 2017). SIC residents experienced these poverty management techniques as systems that contribute to ongoing destabilization by violating human rights and denying access to public health resources and key determinants of health. Poverty management

techniques such as laws that criminalize homelessness and poverty are costly without contributing to goals of ending homelessness and even work against such goals by increasing distrust and other harms (Cohen et al., 2019; Rankin, 2019).

For both Canada and the US, homelessness needs to be further understood in the context of colonialism and displacement of Indigenous people. The 'exclusion of Indigenous people' and high prevalence of Indigenous homelessness in a contemporary context is rooted in a historical and ongoing displacement and 'destabilization of culture which depended on the ethnic cleansing, linguicide, domicile of Indigenous peoples (Thistle, 2017)(p. 14). Colonial foundations underpin contemporary laws of displacement that continue to exist for people experiencing homelessness across the continent. It is through this lens of forced precarity, and constrained choice rooted in colonization and neoliberal capitalism that encampments, shelters, and supportive housing can be understood and the need for Indigenous self-determination and rights.

Constrained Choice

In their study on the relationship between choice and homelessness, Parsell and Parsell (Parsell & Parsell, 2012) state that the idea of constrained choice is incompatible with the ideals of neoliberal capitalism, which instead considers homelessness as a direct choice of an autonomous individual, or the result of a series of deviant choices. Several authors have described the choice to take up residence in an encampment as an 'environmental' one—a decision based on negative experiences within treatment, healthcare, and/or shelter settings (Cohen et al., 2019; Larsen et al., 2004). The many barriers faced by people in encampments have led to a 'general consensus [among encampment residents] that services have not helped residents to meet their needs' (Cusack et al., 2021; Ruan et al., 2018; Young et al., 2017). Encampments have been identified as preferable alternatives to more institutional settings like shelters or transitional housing, in particular because of the 'material and moral benefits of camps over shelters' (Herring, 2014) such as autonomy, community,

and security (Cusack et al., 2021; Junejo et al., 2016; Loftus-Farren, 2011; Young et al., 2017).

Herring (Herring, 2014) determined that encampments would not simply 'disappear if more [shelter] beds were made available' (p. 306), but that encampments exist because of the 'moral and material benefits' found therein and denied in shelters. The experiences of SIC residents expand upon Herring's assertion suggesting that the reason participants sheltered at SIC was not simply a direct choice influenced by the amenities and benefits of an encampment, but that it was a constrained choice. A constrained choice due to an unaffordable rental housing market, the realities of sheltering outside, and the restrictions and deficiencies of shelters and supportive housing, making encampments the only remaining accessible option. The idea of being a 'forced community' (ST30-1-1) demonstrates how some SIC residents did not choose to take up residence in that space for moral and material benefits, but rather were placed in a situation of constrained choice and relied on a built sense of community to respond to the precarity in the midst of structural and systemic failures. Community and safety have been found by other researchers to be the major benefits of life in an encampment (Cusack et al., 2021; Junejo et al., 2016; Loftus-Farren, 2011; Young et al., 2017). Here we point to the importance of recognizing encampment residents as rights holders whose right to housing is being violated, the solution being to recognize these rights in responses to homelessness including rights to self-determination and participation in designing housing solutions and homelessness services (Farha & Schwan, 2020).

Precarity, Public Health, and Human Rights

Encampments are manifestations of government and public health deficiencies: their 'failure to successfully implement the right to adequate housing' (Farha & Schwan, 2020)(p.2), failure to design responses to homelessness and encampments that meaningfully centre the voices of people experiencing homelessness, and provide other imperative public health provisions like food, water, social supports, and self-determination. Encampments are a result of structural and systemic failures and are a self-determined response to the subsequent

precarity—in the absence of adequate housing, SIC emerged as one of the only viable options for residents and allowed for a level of stability unachievable elsewhere.

While SIC was a result of systemic failures of responses to homelessness and consequent constrained choice, it also emerged as an assertion of human rights in the midst of precarious access to essential determinants of health. The precarious stability offered at SIC was a direct counter to the ongoing precarity of being unhoused and being unable to access the basic public health resources necessary for health. Instead of using public health arguments to dismantle and displace encampments, as was done in *British Columbia v. Adamson BCSC 1245* (2016), public health should align with human rights to housing and rights to self-determination to participate in ensuring safe, appropriate, and affordable housing options and/or ensuring public health infrastructure in the absence of housing. A few researchers have suggested the need for proactive planning to mitigate public health concerns, and the importance of including the perspectives of encampment residents in discussion of public health responses and solutions (Junejo et al., 2016; Wilson, 2020). In fact, the excessive costs of eviction efforts and land remediation could be prevented by providing safe, appropriate and adequate housing in the first place (Wilson, 2020). In the absence of adequate housing, providing encampments with the necessary public health resources such as water, sanitation, food storage, and outreach supports emerges as the more 'humane and cost-effective response' to encampments (Junejo et al., 2016) (p. 24) (Speer, 2016). Without being rooted in a human rights perspective, the public health sector risks joining other poverty management systems such as shelters, police and bylaw enforcement perpetuating not solving homelessness.

Displacement and enforcement tactics through city ordinances and bylaws have been found to have only a short-term effect on visible homelessness, and impacts residents' health and access to health services because of further isolation (Cousineau, 1997). In places where encampments are tolerated or sanctioned, researchers found this approach to be 'complementary, rather than contradictory' to criminalization and displacement of

encampments in 'prime spaces' (Herring, 2014)(p. 296), both as 'socio-spatial contraptions of homeless containment' and as a space preferred by many people experiencing homelessness to other alternatives such as shelters (p. 286). Other responses, such as the Encampment Resolution Pilot used in San Francisco and Philadelphia encampments emerged as alternatives to immediate displacement. In this model, municipalities set a date to remove encampments and offer housing and shelter options (Cusack et al., 2021). However, many encampment residents saw this as a delayed displacement and another way to 'put them out of sight' (p. 5155) because of lack of permanent solutions with integrated care (p. 160).

A public health response to encampments that is rooted in a human rights perspective such as the National Protocol for Homeless Encampments in Canada (National Protocol), first and foremost would acknowledge the human right to housing (Farha & Schwan, 2020). Five years prior to the release of the National Protocol, SIC residents expressed the human rights-based imperative of consulting people experiencing homelessness in decisions made regarding responses to encampments and housing—the second principle of the National Protocol. In the absence of adequate housing as determined by encampment residents, a public health and human rights response that prioritizes meaningful engagement and housing or basic resources for health in the absence of housing is imperative given the precarity experienced by encampment residents. Without meaningful consultation, residents of SIC suggested that shelters and supportive housing options—proposed as alternatives to SIC and solutions to homelessness—will continue to perpetuate situations of precarity and constrained choices.

As outlined elsewhere, we have argued that public health guidance related to encampments could be strengthened through incorporation of a human rights approach and the 8 principles of the National Protocol (Olson & Pauly, 2021). The culture of criminalization and surveillance, as demonstrated in people's experiences in shelters, supportive housing, and public spaces, also threatens to find its way into public health responses to homeless encampments. Effective public health 'requires explicit and concrete

efforts to promote and protect human rights and dignity' (Pan American Health Organization, n.d.). Until public health responses to homelessness and encampments commit to aligning with human rights and centering the voices of people experiencing homelessness, such responses will fail to protect rights to housing and contribute to ongoing homelessness rather than ameliorate it.

Conclusion

The homeless sector itself is a systemic factor contributing to encampments. When faced with situations in shelters and supportive housing that residents identify as unsafe, being under surveillance or overly restrictive, they experience a constrained choice in that they can choose to live under these conditions or shelter outdoors. In sheltering outdoors, they are subject to civil ordinances that seek to displace homeless people and increase the challenges associated with daily living and survival in which they felt chained to a backpack. Encampments offer a last option in which individuals are forced to create a community with the benefits of increased safety and less precarity allowing them to stabilize. Approaches to homelessness and encampments specifically should incorporate a human rights approach that emphasizes self determination, right to housing and basic determinants of health. Such a response is aligned with public health commitments to promote health equity and social justice through action on the social determinants of health.

Declaration of Interest Statement

The second author of this paper, acted as an expert witness for Super Intent City in both of the legal cases in 2016. The author visited and participated in community activities such as meetings 255throughout the duration of the encampment.

Acknowledgements

We would like to thank the article reviewers for their time and contributions to revising and enhancing this manuscript. It is with deep gratitude that we acknowledge the many residents of Super Intent City whose affidavits

informed this paper. In particular, we acknowledge Chrissy Brett (RIP) who reviewed a final version of this paper and provided her feedback on the accuracy of this analysis. We gratefully acknowledge the financial support from Bernie Pauly's Island Health Scholar in Residence Fund helped partially support (Nic Olson) to conduct the analysis and develop this publication.

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**THE REGIONAL MUNICIPALITY OF
WATERLOO**
Applicants

and

**PERSONS UNKNOWN AND TO BE
ASCERTAINED**
Respondents

Court File No.: CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

Proceeding commenced at KITCHENER

AFFIDAVIT OF DR. BERNADETTE PAULY

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TAB 11

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

ACKNOWLEDGMENT OF EXPERT'S DUTY

1. My name is Dr. Bernadette Pauly. I live at the City of Victoria, in the Province of British Columbia.
2. I have been engaged by or on behalf of the Waterloo Region Community Legal Services to provide evidence in relation to the above-noted court proceeding.
3. I acknowledge that it is my duty to provide evidence in relation to this proceeding as follows:
 - (a) to provide opinion evidence that is fair, objective and non-partisan;
 - (b) to provide opinion evidence that is related only to matters that are within my area of expertise;and

(c) to provide such additional assistance as the court may reasonably require, to determine a matter in issue.

4. I acknowledge that the duty referred to above prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.

A handwritten signature in dark ink, appearing to read "B. Pauly", is written above a horizontal line.

Date : August 14, 2025

Signature

**THE REGIONAL MUNICIPALITY OF
WATERLOO**
Applicants

and

**PERSONS UNKNOWN AND TO BE
ASCERTAINED**
Respondents

Court File No.: CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

Proceeding commenced at KITCHENER

**SUPPLEMENTAL RESPONDING
APPLICATION RECORD
Volume 2**

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