Regional Homelessness Plan for Greater Vancouver

Update: November 2003

Prepared for Greater Vancouver
Regional Steering Committee on Homelessness

By Social Planning and Research Council of BC

Acknowledgments

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Table of Contents

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1 Introduction

Homelessness has been a growing issue in Canada and Greater Vancouver since the 1980's. In response to this issue, the federal government launched its Supporting Communities Partnership Initiatives (SCPI), administered by Human Resources Development Canada (HRDC). In March 2000, representative stakeholders from government, community organizations, agencies and service providers from across Greater Vancouver came together to form the Regional Steering Committee on Homelessness. The Steering Committee developed the Greater Vancouver Regional Homelessness Plan following a year-long community-based planning process.

The Plan was seen as a "living" document that would periodically be updated to reflect on the changing environment as it pursued its long-term goal to eliminate homelessness. This Plan update provides a review of what has changed between 2000 and 2003 and updates the gaps that need to be fulfilled to address homelessness in Greater Vancouver.

The Plan update covers a wide range of material. The background chapter provides a brief overview on homelessness in Greater Vancouver, including some recent 2001 census statistics on the households at-risk of homelessness. This chapter also includes a discussion of the process and evidence used to update the Plan.

The Update revisits the principles and goals from the original plan and defines the continuum of housing and support – or the "3 Ways to Home."

Chapter 4 is the major section of the report where priorities, assets, gaps, policies and strategies to support each element of the 3 Ways to Home, including housing, adequate income, and support services are provided. The final section of the Chapter discusses the need for research and data collection.

Chapters 5, 6, 7 and 8 provide information concerning the sustainability of the plan, a communications strategy for informing target audiences about the Plan update and the issue of homelessness, an initial strategy for evaluating the work on the Plan, and a brief summary of contributions beyond those provided by the Federal Government for this next three-year SCPI program.

A detailed discussion of the gaps and priorities concerning Aboriginal people is included in Chapter 9 of this plan, and a detailed discussion of youth services is included in Chapter 10. Issues regarding homelessness among Aboriginal people and youth have also been incorporated in the main body of the plan.

2 Background

The Regional Homelessness Plan addresses the needs of people who do not have a permanent place to call home. This includes people who live in alleys, doorways, parkades, parks and on beaches, as well as people living temporarily in emergency shelters, safe houses, or transition houses for women fleeing violence. Some people who are homeless use emergency shelters some of the time, and sleep outside the rest of the time. An individual may move indoors or outdoors depending upon the weather, the length of time they can stay in an emergency shelter, or other reasons. Others living outside never use emergency shelters. However, at any one time, there are homeless people living outside and homeless people staying in emergency shelters. Homeless people who live outside may be referred to as 'street homeless'.

The plan also addresses the needs of individuals 'at risk of homelessness'. This includes people living in spaces or situations that do not meet basic health and safety standards, do not provide for security of tenure or personal safety, and are not affordable. This also includes people considered as the invisible homeless, such as individuals who are 'couch surfing' or staying temporarily with family and friends.

2.1 Homelessness in Greater Vancouver

There are many people living on our streets. Their lives are bleak. They are often isolated from family and friends. They may be cold, wet and hungry, and some are suffering from serious physical and mental health conditions. Addictions affect a significant proportion of the homeless population. There are also the invisible homeless, people who move from friend to friend, or sleep in accommodation that is unsafe or insecure. In addition, almost 58,000 households (approximately 40,000 renter and 18,000 owner households) in Greater Vancouver were at risk of becoming homeless in 1996 because they were in core housing need and paid more than half of their income for rent.[1] A small setback could plunge them into life on the streets.

There is a growing sense that homelessness is increasing, particularly among individuals with serious, and often multiple, health issues. Participants in the review of the plan reported that recent provincial government policy and program changes may have served to increase the numbers of people who are homeless and at risk of homelessness. Positive steps are being taken to reduce homelessness, yet growing numbers of people in need are turned away from emergency shelters around the region every day. Developing additional shelter space in the winter months has helped somewhat to meet needs, but more is required.

Why has this happened? There are several reasons. Very little new affordable market rental housing has been built for years because it is uneconomical to do so. The existing stock of affordable housing (SRO hotels, rooming houses, and others) is being lost. The region is known for its high housing costs and low vacancy rates, so low incomes place many people in a vulnerable position. People working for low wages or receiving income assistance cannot afford to pay anything near to the cost of an average market rental unit. In 1993, the federal government withdrew from funding the development of new social housing. After several years of funding the development of social housing through its HOMES BC program, provincial funding for the development of new social housing is now limited to providing assisted living for the frail elderly. Other factors contributing to homelessness are family

[1] Jim Woodward and Associates Inc. et al. 2002. *Greater Vancouver Regional District, Research Project on Homelessness.*

violence, lack of social supports, the changing labour market, deinstitutionalization and mental health issues, addictions, and gentrification.

Waiting lists for affordable social housing have grown to the point where there are almost 10,000 households waiting for independent social housing in the Lower Mainland.

Homelessness has been an issue since the mid-1980s, mainly in the central area of Vancouver. More recently it has become a regional issue as well. The Research Project on Homelessness in Greater Vancouver completed in 2002 found that there are homeless people in virtually every municipality in Greater Vancouver. An estimate of the homeless population based on a 'snapshot survey' of homeless people found approximately 1,200 homeless persons on January 14/15, 2002. While not all homeless people were counted that day, homeless people were found in virtually every municipality within the GVRD. Almost one-third of all the homeless people were 'street homeless' and a significant number of these individuals were found outside the City of Vancouver.

The profile information generated by the snapshot survey confirmed what is generally understood about the characteristics of people who are homeless:

- 68% are male;
- Most are between 25 and 44 years;
- They are living alone;
- Most are Caucasian, followed by Aboriginal ethnicity;
- They are homeless because of abuse and family breakdown, moving or being stranded;
- 38% had been homeless for less than one month;
- 32% had been homeless for more than 6 months;
- 71% stated their permanent home was in the GVRD;
- Their major income source was income assistance or a training program;
- 66% had at least one health condition;
- Addiction was the most common health condition; and
- The profile of shelter clients has not changed significantly since 1999.

One of the measures for determining if people are at risk of homelessness is if they are in core housing need and pay more than 50% of their income for housing. In 1996 there were about 130,000 people living in 58,000 Greater Vancouver households who met this definition. These households represented about 8.4% of all GVRD households. People between the ages of 25 and 44 years represented the largest share of people at risk of homelessness in 1996. Almost 60% of the 130,000 *people* at risk lived in dual and single parent family households with children. In contrast, among all at risk *households*, single person households predominated.[2]

A lack of education has also been identified as a factor in the risk of homelessness. While many of the at-risk individuals had not completed high school, there was a significant number who had attended or were attending university.

People of Aboriginal ethnicity were over-represented among those at risk of homelessness compared to the GVRD as a whole (5% compared to 1.7%), especially in renter households. Most at risk persons were Caucasian, although approximately 40% of persons in at-risk households were members of a visible minority, and among these persons, the largest visible minority group was Chinese.

[2] Jim Woodward and Associates Inc. et al. 2002. *Greater Vancouver Regional District, Research Project on Homelessness.*

People in at risk households moved frequently, and tended to live in an apartment. They had a high unemployment rate of 21%, however, almost half of at-risk persons (48%) had employment income as their major income source.

Implementation of the 2001 Regional Homelessness Plan has helped to meet existing needs, but there are concerns that recent changes to income assistance and other social programs may have worsened the situation, so that as some homeless people become housed, new people become homeless.

2.2 The Regional Steering Committee on Homelessness (RSCH)

In March 2000, representative stakeholders from government, community organizations, agencies and service providers from across Greater Vancouver came together to form the Regional Steering Committee on Homelessness.

The first task of the Steering Committee was to develop the Greater Vancouver Regional Homelessness Plan to provide a framework for the planning, coordination and development of housing, services and facilities across Greater Vancouver. This plan was completed in March 2001 following a year-long community-based planning process. It has since been endorsed by fifteen municipalities in Greater Vancouver and the Board of the Greater Vancouver Regional District.

Following completion of the regional homelessness plan, the Steering Committee directed its efforts to implementation of the plan. This included reviewing and evaluating all project applications for the first three years of Supporting Communities Partnership Initiatives (SCPI) funding (2000-2003), and making recommendations to Human Resources Development Canada (HRDC).

Recently, the Steering Committee has overseen a process of assessing the $25.1 million that was invested across Greater Vancouver under the first three years of the SCPI program, and updating the Greater Vancouver Regional Homelessness Plan. The Steering Committee explored various options for the governance structure of SCPI in Greater Vancouver and decided to continue with a shared model for the delivery of SCPI funding. In this model, the Steering Committee is responsible for developing and distributing a call for Expressions of Interest for SCPI funding, developing evaluation criteria to guide the review of applications, and making recommendations to HRDC on specific projects to be funded.

The Steering Committed will continue to monitor progress on the implementation of the updated Regional Homelessness Plan.[3]

2.3 What has the Regional Homelessness Plan accomplished?

Much has been accomplished since the original meetings in 2000. Homelessness and housing planning committees or task forces were developed in five of the sub-regions to focus on issues of homelessness in their communities. The Aboriginal Homeless Steering Committee (AHSC) was formed and there have been ongoing liaison and "cross-over" participation between the RSCH and the AHSC. A Youth Working Group has been developed and there are ongoing efforts to engage youth more fully on the issue of homelessness.

[3] Greater Vancouver Regional Steering Committee on Homelessness, *Call for Expressions of Interest for projects under Supporting Communities Partnership Initiative (SCPI),* August 5, 2003.

During the past three years, a total of 76 projects received funding through the various SCPI processes. Most projects developed partnerships with other funders so that the total amount of SCPI funding was almost doubled by the end of the first three years. In total, over $30 million in SCPI funding was distributed through the Regional, Aboriginal and Youth homelessness planning processes. An additional $22 million was contributed by other funders, including provincial and municipal governments, health authorities, Canada Mortgage and Housing Corporation, private foundations, and others.[4]

While there has been important expansion in direct services for people who are homeless, another notable accomplishment was that homelessness is now seen as an important issue in virtually all sub-regions of Greater Vancouver. The increased local planning infrastructure to raise both public and political awareness of homelessness and to set local planning priorities to address this issue will be an ongoing legacy of the Supporting Communities Partnership Initiative.

2.4 Why update the Regional Homelessness Plan?

After several years of implementation of the original plan, some progress has been made in meeting existing needs. The inventory of facilities and services was updated in 2003, and it shows some significant improvement, particularly in the areas of emergency shelter beds.[5] This plan thus incorporates new information that has been collected since the last plan was adopted – changes in the inventory of services and facilities, and new demographic information about the homeless and population at risk of homelessness. It also reflects some of the changes that have occurred since the original plan was developed, for example, policy changes affecting income assistance, child welfare and social housing.

The purpose of the updated regional plan is to confirm and update or revise priorities, policies and actions that can be implemented throughout the region by all levels of government and the private and non-profit sectors to prevent and alleviate homelessness in Greater Vancouver. While SPCI funding has been allocated based on a three-year planning process, the plan itself is considered a living document that is expected to span a ten-year timeframe. This length of time acknowledges that homelessness is a complex issue and requires long-term solutions.

2.5 Geographic scope

The focus of the plan is the Greater Vancouver region. The region is made up of 21 municipalities of different sizes each with a different history, demographic composition, local issues and needs. What they have in common is a significant number of households at risk of homelessness and, in some municipalities, absolute homelessness. The plan first takes a regional perspective in identifying issues, policies and strategies for preventing and alleviating homelessness. Sub-regional priorities are also presented. Six sub-regions were identified at the outset of the original planning process, but these have been altered. Richmond is now its own sub-region, separated from Burnaby/New Westminster to account for the way sub-regional coordination tends to work. The seven sub-regions are:

- Vancouver – Vancouver and UEL
- Burnaby/ New Westminster – Burnaby and New Westminster

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[4] See *Analysis of the Distribution of Phase One SCPI Funding for the Greater Vancouver Region, Analysis of Phase One SCPI Youth Projects in Greater Vancouver, and Aboriginal Homelessness Committee Financial Roll Up - EOI #2 and #3.)*

[5] The Regional Inventory of Facilities and Services, 2003 is provided as a companion document.

- Richmond - Richmond
- North Shore – City of North Vancouver, District of North Vancouver and Municipality of West Vancouver
- South of Fraser – Surrey, White Rock, Delta, City of Langley, Township of Langley (Two planning committees have been developed, one in Surrey and one in the City and Township of Langley – referred to as the "Langleys")
- North East Sector – Coquitlam, Port Coquitlam, Port Moody
- Ridge Meadows – Maple Ridge, Pitt Meadows

The following table provides the most recent population distribution figures according to the sub-regions that make up the Greater Vancouver Regional District.

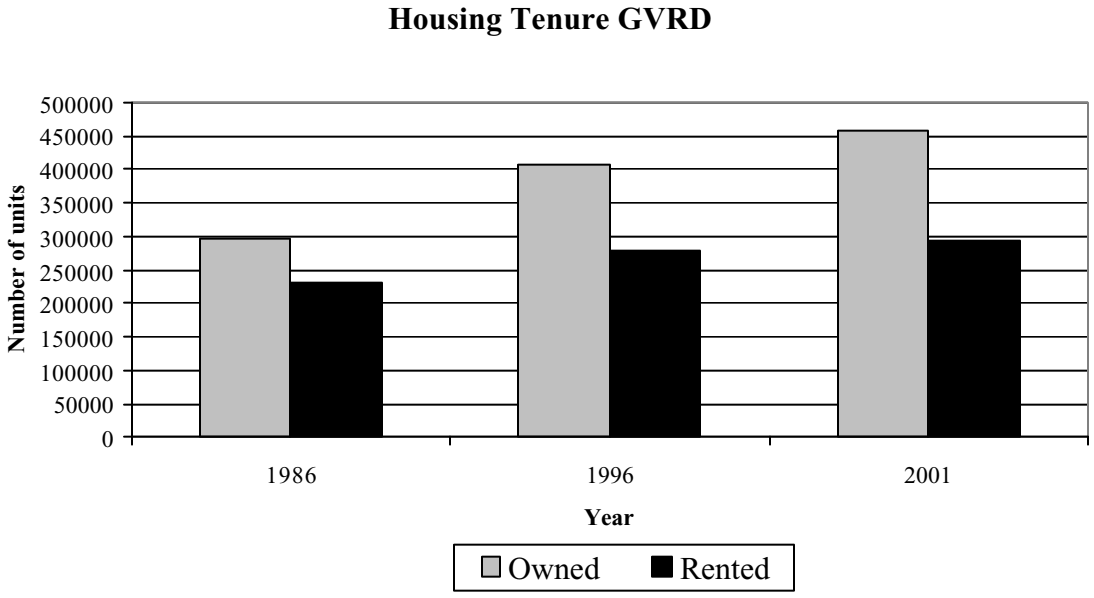
Table 1: Distribution of population by sub-region

2001 population	Number	Share of regional population
Vancouver	545,671	27%
South of Fraser	573,564	29%
Burnaby/New Westminster	248,610	13%
Richmond	164,345	8%
North Shore	168,034	8%
Northeast Sector	187,963	9%
Ridge Meadows	77,839	4%
Region wide	1,986,965	100%

Source: GVRD. 2001 Census Bulletin #1. Population and Dwelling Counts, March 2002.

The 2001 Census data shows that there have been important changes in housing tenure and the cost of rental housing. Chart 1 shows that there has been rapid growth in home ownership units with limited growth in the number of rental units over the past 15 years.

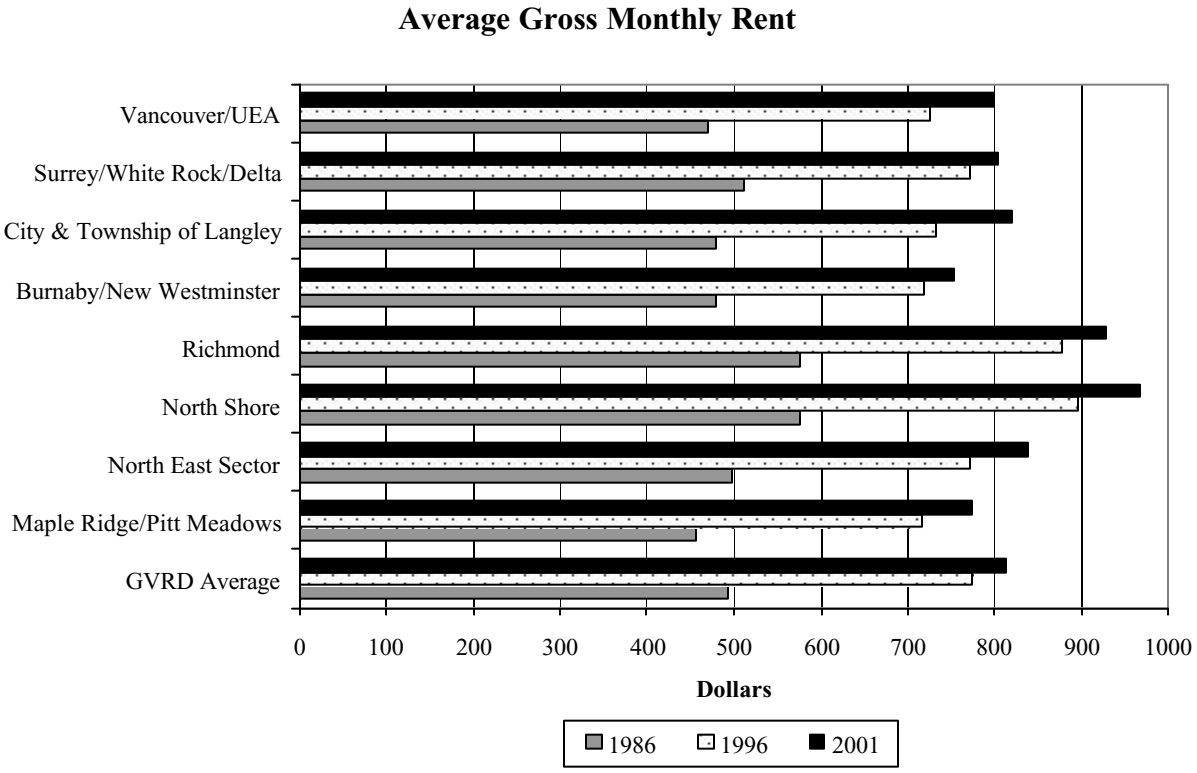
Chart 1



Source: 1986, 1996, and 2001 Census Data provided by GVRD Research Services

In fact, while 51,000 additional homeowner units were created between 1996 and 2001, there were only 14,375 additional rental units created. Vancouver was the only sub-region in 2001 where over half of the units are rental housing.

Chart 2

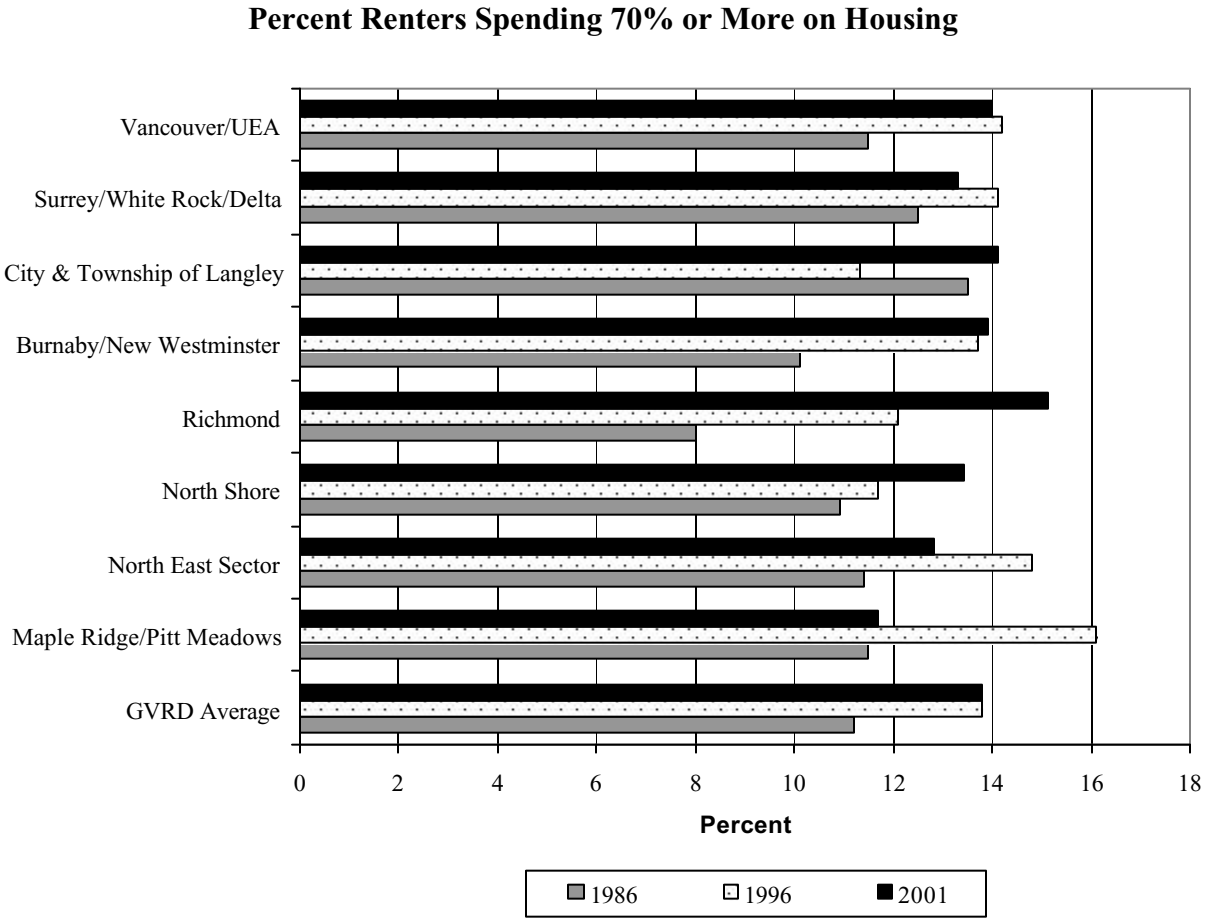


Source: 1986, 1996, and 2001 Census Data provided by GVRD Research Services

As shown in Chart 2, average monthly rental costs increased significantly between 1986 and 1996. The increase in average monthly rental costs was less dramatic between 1996 and 2001.

One of the measures of potential risk of homelessness would be renter households who spend an extremely high proportion of their income on housing. Chart 3 shows the proportion of renter households who spent 70% or more of their income on housing.

Chart 3



Source: 1986, 1996, and 2001 Census Data provided by GVRD Research Services

There was a significant increase in the proportion of renter households who spent 70% or more of their income on housing between 1986 and 1996. While there are some variations in the pattern of increases in the sub-regions, overall, the proportion has remained stable between 1996 and 2001 in the GVRD. In 2001, over 40,000 renter households in the GVRD spent 70% or more of their income on housing. The vast majority of these households (69%) had total annual incomes of under $10,000. A further 25% had annual incomes between $10,000 and $20,000.

2.6 Regional Homelessness Plan update process

The process to update the Regional Homelessness Plan began in the early summer of 2003. This process was wide-ranging and inclusive. Given the diversity of the regions making up Greater Vancouver, and the diversity of the homeless population itself, every attempt was made to ensure that the planning process was inclusive and representative of the views and needs of all. The Steering Committee provided overall guidance and stakeholders region-wide had several opportunities to participate in defining issues and priorities and developing policies and strategies. The process for updating the priorities in this plan involved the following tasks:

1) **Updating the inventory of existing services and facilities serving homeless people in the region**. In addition to updating the information on facilities and services identified in the 2000

inventory, a concentrated effort was made to document services targeted to youth and Aboriginal people. Therefore, the 2003 inventory includes three sections. The first section includes facilities and services targeted primarily to adults or open to everyone. The second section includes facilities and services targeted to Aboriginal people, and the third section documents facilities and services targeted to youth. The first section of the inventory also includes a new category of services that provide food, clothing and furniture to people who are homeless or at risk. There is some duplication in the inventories because some services are available to more than one group. For example, services for Aboriginal youth and other youth may be found in the two sections. The 2003 Regional Inventory of Facilities and Services is provided as a companion document to this plan.

2) **Analysis of financial expenditures during phase one of SCPI**. A report was prepared that shows how the $25.1 million of SCPI funding for 2000-2003 was distributed throughout Greater Vancouver, according to the priorities set out in the Regional Homelessness Plan and by sub-region. The analysis provided information on which to base comments about gaps and priorities for the updated plan. A copy of the analysis of financial expenditures is attached as Appendix A to this plan.

3) **Sub-regional workshops with local stakeholders** . The purpose of these workshops was to identify priorities for new homelessness services or facilities over the next three years. A total of ten sub-regional workshops were held during the summer. At least one meeting was held in each sub-region. In the South of Fraser sub-region, meetings were held in both Surrey and Langley. Two meetings were held in Vancouver, one of which was in the Downtown Eastside. In addition, a meeting was held with groups that participate in the Cold/Wet Weather Strategy. Close to 100 individuals representing a wide range of target groups and sectors participated in the workshops. An overview of participants in sub-regional workshops is included in Appendix B.

4) **Kitchen table sessions with homeless individuals.** The purpose of these sessions was to obtain input about gaps in services and what is needed to address and prevent homelessness. A total of thirteen kitchen table sessions were held across Greater Vancouver as follows:

- Vancouver Downtown Eastside (7)
- Vancouver General (2)
- Surrey (2)
- Ridge Meadows (1)
- Region-wide (1)

Just over 100 homeless individuals participated, including men, women, transgendered individuals, families, Aboriginal people, people with special needs, mental health issues and addictions, seniors, immigrants and refugees, and youth. An overview of participants in the kitchen table sessions is included in Appendix B.

5) **Aboriginal consultations** . A variety of data gathering methods were used for the *Aboriginal Homeless Study*. The research team implemented kitchen table sessions with Aboriginal people who were homeless or at-risk of homelessness, consultation sessions with service providers, a workshop with the Aboriginal Homelessness Steering Committee and targeted interviews with industry professionals. More than 40 individuals participated in the kitchen table sessions and close to 50 participated in the regional workshops. The Aboriginal component of the Regional Plan is in Chapter 9.

6) **Youth workshops and consultations** . Early in 2003, the Youth Working Group of the Regional Steering Committee on Homelessness decided to initiate a series of consultations with street involved and at-risk youth from across the region. The youth consultations took place between May 10 and June 4, 2003 in Vancouver, Surrey, Coquitlam and New Westminster. The purpose of these workshops was to identify the barriers facing youths attempting to access services, gaps in services that make it difficult for youth to avoid or escape the street, and to identify and train some youths who are interested in working on the issue of homelessness on an ongoing basis. At the end of the youth consultations, a larger "Stakeholder" workshop was held, which brought together youths, service providers and government representatives to discuss the outcomes of the youth workshops and develop some conclusions about the scope and priorities for addressing youth homelessness in the updated plan. More than 70 youths participated in the consultations. Representatives from the three levels of government and over 38 community organizations also participated. An overview of participants in the youth focus groups is included in Appendix B. The Youth component of the Regional Plan is in Chapter 10.

7) **Community Plan Assessment.** Community agencies in each of the sub-regions completed a community plan assessment template which involved answering questions about the progress that had been made in achieving the overall objectives and priorities of the Regional Homelessness Plan and assessing the extent to which gaps had been filled. The information from the community plan assessment helped inform the process to identify current gaps and priorities. (See the Greater Vancouver Community Plan Assessment report.)

8) **Joint workshop with members of the Regional Steering Committee on Homelessness, the Aboriginal Homelessness Steering Committee, and the Youth Working Group.** This workshop was held in July 2003 and provided an opportunity for all three committees to review the results of the consultations and comment on the priorities that had been identified for the updated plan.

3 Principles and Goals of the Plan

The Sustaining Community Partnership Initiative (SCPI) has two long-term strategic objectives.

1. To develop a comprehensive continuum of supports to help homeless Canadians move out of the cycle of homelessness and prevent those at-risk from falling into homelessness by providing communities with the tools to develop a range of interventions to stabilize the living arrangements of homeless individuals and families—encouraging self-sufficiency where possible—and prevent those at-risk from falling into homelessness.

2. To ensure sustainable capacity of communities to address homelessness by enhancing community leadership and broadening ownership, by the public, non-profit and private sectors, on the issue of homelessness in Canada.

The first SCPI objective is primarily examined through the principles and goals of the plan, and in particular through the continuum of housing and supports referred to as the "3 Ways to Home.". The second SCPI objective is addressed in Chapter 5 on sustainability.

3.1 Principles of the Plan

Six principles were developed to guide the solutions to homelessness contained in the Regional Homelessness Plan. The updated plan continues to embody these principles.

1) **Comprehensive.** The solution to homelessness requires a "continuum of housing and support" that consists of the following three elements:
   - A continuum of safe, affordable housing
   - Adequate income, and
   - A range of support services.

2) **Accessible.** Homeless people should have access to all three components of the "continuum of housing and support" according to community need and regardless of where they are in Greater Vancouver.

3) **Inclusive.** Preventing and alleviating homelessness requires flexible responses that are inclusive and recognize diverse needs arising from differences in social, economic, cultural, and religious backgrounds, and language. Solutions also need to be inclusive of a range of target populations such as women and men, families, children, youth, seniors, Aboriginal people, new immigrants, refugees and refugee claimants, sexual minorities[6] as well as people with special needs including mental illness, disabilities, addictions, multiple diagnoses, fetal alcohol syndrome/fetal alcohol effect, brain injuries, HIV/AIDS, criminal justice system involvement and victims of abuse etc.

4) **Preventative.** Solutions to homelessness should consider the needs of people who are without any physical shelter (e.g. living in doorways, parkades, in parks, on beaches), the needs of people living in emergency shelters, transition or safe houses, and the needs of people at risk of losing their shelter because it does not meet basic health and safety standards, does not provide security of tenure or personal safety, is not affordable, or is unsustainable for other reasons.

[6] In this report, sexual minorities includes individuals who are gay, lesbian, bisexual, transsexual, transgendered or questioning.

5) **Collaborative**. Solutions to homelessness require collaboration and coordination among all stakeholders in the Region, including homeless people, housing groups, advocacy groups, service providers, community organizations, labour, the private sector, local governments within Greater Vancouver, and provincial and federal governments.

6) **Long term.** Solutions to homelessness require a long-term focus. At the same time, community plans to address homelessness should be updated regularly to respond to changing community needs.

3.2 The Continuum of Housing and Support

The plan adopted a model for addressing homelessness called the 'Continuum of Housing and Support', also called '3 Ways to Home'. It sets out the essential components of what is needed to address homelessness in this region.

The continuum consists of three major elements – housing, income and support - each of which has several sub-elements. All are critical for preventing and alleviating homelessness. Addressing homelessness effectively therefore requires actions in all three areas. The continuum espouses a strong prevention approach by focusing on housing and income as solutions to homelessness, while recognizing the importance of support (personal support and community services). The continuum serves as a framework for organizing the plan and all its elements, including the inventory of services and facilities.

A wide variety of housing, income and support services are available in the Greater Vancouver region. These are summarized in the updated Regional Inventory of Facilities and Services. The specific elements of the continuum are described below.

It is recognized that some of the elements of the continuum of housing and support are not eligible for funding under SCPI. Nevertheless, they are included in this plan so that communities will consider the full range of services and facilities - the '3 Ways to Home' - that are needed to address homelessness.

3.2.1 Housing continuum

The housing continuum refers to both the creation of new housing through the construction of new social or affordable market housing and maintaining the existing stock of affordable housing through a variety of approaches. The following types of housing form the housing continuum.

- **Emergency housing** – Short stay housing of 30 days or less. Includes emergency shelters that provide single or shared bedrooms or dorm type sleeping arrangements, with varying levels of support to individuals. Families with children may also be served through emergency shelters or motels. Youth under age 19 are sheltered in safe houses. Transition houses provide temporary housing in a safe, secure environment for women and their children leaving abusive relationships, and they usually offer support services.
- **Transitional housing** – Housing for 30 days to 2-3 years that includes the provision of support services, on or off site, to help people move towards independence and self-sufficiency. Transitional housing is often called second stage housing, and includes second stage housing for women fleeing abuse.

- **Supportive housing** – There is no limit on the length of stay. Includes ongoing supports and services to residents who cannot live independently and are not expected to become fully self-sufficient. This form of housing may be located in a purpose-designed building or in scattered site apartments.
- **Independent housing –** Permanent affordable housing for individuals who can live independently.

3.2.2 Adequate income

Obtaining sufficient income to enable one to live in adequate housing may be accomplished in a number of ways, either privately in the marketplace or through income support programs of some kind. Only employment assistance programs are documented in the inventory.

- **Employment support services** – Programs that help promote employment through employment assistance services such as training and education initiatives.
- **Adequate income legislative reform** - Policies to ensure adequate income from employment. Also refers to Canada Employment Insurance and BC Employment and Assistance eligibility, practices and benefits.

3.2.3 Support services

Support services that are essential to the Continuum of Housing and Support for homeless persons or those at risk of homelessness are described below. While the emphasis is on programs and services, it is recognized that individual and personal support, such as that offered by family and friends, is also important.

- **Prevention services** – Helps keep people from becoming homeless. Can include programs that offer direct assistance to households to prevent evictions (e.g. mediation and rent banks), support stable tenancies, and find affordable housing (e.g. housing registries); advocacy work aimed at addressing housing and poverty issues; and social programs designed to support the family. The latter type of prevention is not included in the inventory.
- **Outreach –** A service focused on finding homeless people who might not use services with the goal of establishing rapport and eventually engaging them in a service they need. Outreach workers often have the first contact with a homeless person.
- **Drop-in centres** – Offer homeless people the ability to come in off the street, have a coffee, a meal, use a washroom, shower, wash clothes, obtain counseling and referral to other services, and obtain help with finding housing. Drop-in centres may also offer activities and/or programs to build life and employment skills or simply improve quality of life.
- **Health services** – Includes hospital emergency wards, general health clinics, targeted clinics, mobile clinics and dental care. Services may be delivered in conjunction with other services such as mental health or addictions.
- **Mental health services** – Includes assessment, counseling, treatment, rehabilitation, referrals, crisis response, case management, medication management, emergency and outreach services.
- **Addiction treatment and services** – Includes sobering centres, detoxification, residential treatment, supportive recovery homes, counseling, methadone treatment, needle exchange and medium and long-term permanent supportive housing, some of which provide alcohol and drug free environments

3.3 The Goals of the Plan

The specific goals of the plan remain to:

1) Enhance the continuum of housing and support;
2) Create and maintain a continuum of housing;
3) Promote households having adequate income;
4) Promote the delivery of support services; and
5) Support sub-regions to meet local needs.

The plan is to continue to be used to provide a region-wide framework for community based programs and services that address homelessness and its root causes. It identifies gaps and sets out broad policy directions for the region, as well as specific strategies for action. It looks at capacity and how existing delivery systems can be improved. It focuses on what is needed and how best to achieve the goals set out in the plan. The plan will also be used to guide spending decisions under the SCPI program.

A broad network of services and facilities is necessary to ensure that homeless individuals do not "fall through the cracks". While the region as a whole possesses a fairly significant array of services and facilities addressing the needs of people who are homeless and at risk of homelessness, there are some significant gaps in the continuum. It is necessary to address these gaps because access to all components of the continuum is essential for each component to work effectively. For example, without adequate affordable supportive housing, an individual who has successfully completed detox and addiction treatment, can afford to live only in single room occupancy hotel accommodation, often in the Downtown Eastside, and is therefore vulnerable to renewed substance misuse. Ensuring that the continuum of housing and support is fully developed requires an overall perspective to the provision of homeless services and facilities, and significant coordination and planning.

While a service or facility may be available within the region, it is unrealistic to assume that a homeless person can travel to another community in the region, by public transit, late at night, to access this service. The inventory has identified sub-regions that face gaps in a particular element of the Continuum of Housing and Support services. In some cases, further work is necessary to determine if needs exist in those sub-regions. That is not to say that all elements of the Continuum of Housing and Support should be available in each community throughout the region, rather that some elements are more reasonably locally based, and others regionally based.

4 The plan

The plan is organized according to the components of the Continuum of Housing and Support, also called '3 Ways to Home'. The sections identify assets, gaps, policies and strategies to support each element of the continuum, including housing, adequate income, and support services. The final section of the plan discusses the situation in Greater Vancouver regarding research, planning and capacity building. It should be noted that a detailed discussion of Aboriginal services is included in Chapter 9 of this plan, and a detailed discussion of youth services is included in Chapter 10. However, issues regarding youth and Aboriginal people have also been incorporated in the main body of the plan.

This plan has identified 13 priorities and 32 gaps. A few of the priorities and gaps have been changed from the 2001 plan to reflect new issues and changes that have taken place in Greater Vancouver since the first plan was developed. The following is a list of the current priorities. It should be noted that these priorities generally follow the same order as the original plan. They are not listed in order of priority but are organized according to the continuum of housing and support.

1) Emergency shelters, transition houses and safe houses
2) Transitional housing
3) Supportive housing
4) Independent affordable housing
5) Employment assistance services and training programs
6) Legislative reform to provide adequate levels of income
7) Prevention services
8) Outreach services
9) Drop-in centres
10) Health services
11) Mental health services
12) Addiction treatment and services
13) Research, planning and capacity building

4.1 Housing continuum

Priority #1 Emergency shelters, transition houses, and safe houses

4.1.1 Emergency shelters and safe houses

Emergency shelters provide accommodation of last resort to individuals who have no other housing options. They may have been evicted from an apartment, released from hospital or a criminal justice institution, separated from a spouse, or family, or for a number of other reasons have no alternatives and require shelter. The role of emergency shelters is to prevent people from ending up on the street, and to provide an exit from the street or an entrance to the housing continuum.

There has been a net increase of ten new permanent shelter facilities in Greater Vancouver since 2000 for a total of 33 facilities. Most of these are located in the City of Vancouver. Permanent shelters have also opened in three suburban municipalities – the North Shore[7], Northeast Sector and Ridge Meadows sub-regions, so that shelter facilities now exist in each sub-region. Of the 33 shelters, three

[7] Funds have also been committed to construct an additional adult shelter on the North Shore.

are targeted to youth, three are targeted to Aboriginal youth, and one is targeted to Aboriginal families.[8]

Table 2: Permanent emergency shelters in Greater Vancouver[9]

Sub-region	Permanent Facilities 2000	Permanent Facilities 2003	Change #	Change %
Vancouver	15	22	7	47%
South of Fraser	3	3	0	0%
Burnaby/New Westminster	4	4	0	0%
Richmond	1	1	0	0%
North Shore	0	1	1	N/A
Northeast Sector	0	1	1	N/A
Ridge Meadows	0	1	1	N/A
Region wide	**23**	**33**	**10**	**43%**

The number of beds in emergency shelters, youth safe houses and ongoing provincially-funded beds in private SRO hotels has increased from 528 permanent shelter beds to 723 spaces as of August, 2003, an increase of 195 beds. Despite the opening of new facilities in the suburbs, the distribution of beds around the region has remained roughly the same as in 2000, with the vast majority of permanent emergency shelter beds, 81%, located in Vancouver. South of Fraser still has about 8% of emergency shelter beds in the region.

Table 3: Permanent emergency shelter beds in Greater Vancouver

Sub-region	Permanent Beds 2000	Permanent Beds 2003	Change #	Change %
Vancouver	447	588	141	32%
South of Fraser	40	55	15	38%
Burnaby/New Westminster	34	41	7	21%
Richmond	7	7	0	0%
North Shore	0	12	12	N/A
Northeast Sector	0	6	6	N/A
Ridge Meadows	0	14	14	N/A
Region wide	**528**	**723**	**195**	**37%**

About one quarter of emergency beds region wide serve only adult men (192) but since 2000, a number of mixed facilities have opened, for a total of 177 beds serving adult men and women. In addition, the number of beds for adult women, people with special needs, youth and aboriginal youth has increased since 2000 while the number for men only has decreased. There are now 38 beds for women only, and 66 beds for youth (including aboriginal youth) region-wide. Some of the beds are

[8] Aboriginal services are services conceptualized, implemented and delivered by Aboriginal service providers, or agencies that have a Board of Directors with at least a majority of Aboriginal people. Services are targeted to Aboriginal people but may also be delivered to non-Aboriginal people.

[9] The source of information for all tables in this plan is the Regional Inventory of Facilities and Services, 2003, unless stated otherwise.

located in safe houses and serve youth under the age of majority (age 19), others serve youth age 16 years and older. One facility is targeted specifically for new immigrants and refugees, and there are 90 spaces for men and women with special needs such as substance misuse, mental illness and multiple diagnoses. There are no emergency shelter beds targeted specifically to seniors.

Table 4: Emergency shelters in Greater Vancouver by target group

Target Group	Permanent Beds 2000	Permanent Beds 2003	Change	
			#	%
Adult men only (single)	207	192	-15	-7%
Adult women only (single)	0	38	38	N/A
Adult men and women (single)	45	177	132	293%
Families with children (may include single women)	69	73	4	6%
People with mental illness/special needs	80	90	10	13%
New immigrants, refugees, and refugee claimants	70	72	2	3%
Seniors	0	0	0	0%
Youth	27	41	14	52%
Aboriginal adult men and women	0	0	0	0%
Aboriginal families	15	15	0	0%
Aboriginal youth	15	25	10	67%
Region wide	**528**	**723**	**195**	**37%**

Gap #1- Inadequate supply of permanent (year-round) shelter beds

Despite the growth in permanent emergency shelter capacity in Greater Vancouver over the last three years, there remains a shortage of spaces in emergency shelters, suggesting increasing numbers of people who are homeless. Another issue is that there is nowhere for people to go when they leave the shelter, forcing them to stay longer or return to the shelter.

Some emergency shelters record the number of 'turnaways' each night. Turnaways are people they are unable to serve either because the shelter is full or for other reasons. Most turnaways occur because there are no available beds or a lack of appropriate beds due to gender. Lookout, an organization with several Vancouver area shelters serving a range of clients, including individuals with significant social and behavioural concerns, recorded an increase of 167% in the number of people turned away from their shelters in 2002/03 compared to the previous year. This is despite an increase of 33% in available beds due to the opening of new shelters. There were almost 6,000 turnaways in 2002/03.[10] Turnaways also occur in other shelters throughout the region and at shelters serving special groups such as women and youth, and at youth safe houses. Unfortunately, region-wide turnaway figures are not available.

[10] Lookout Emergency Aid Society. August, 2003.

Many emergency shelters are restricted to adult males and are not suitable to meet the diverse needs of different groups including youth, women (with and without children), Aboriginal people, new immigrants, refugees and refugee claimants, members of different cultural groups, sexual minorities, and seniors. Moreover, women, youth, sexual minorities, and different cultural groups may fear violence, harassment, racism and homophobia within shelters and this affects their use of shelters. In some instances separate facilities are required. According to the 2003 inventory, although the picture has changed somewhat since 2000, there are still few spaces for youth, women and families with children, refugees or members of cultural minorities, and sexual minorities, particularly outside of Vancouver.

Youth under age 19 are not permitted to stay in adult shelters and child protection issues complicate the provision of emergency shelter for youth. Youth between the ages of 12 and 18 years old are generally required to stay in safe houses or they may be taken into care. Youth who are 19 years of age or older must go to an adult shelter. However, Covenant House in Vancouver provides an exception, as it will accept youth from 16 to 22 years old. New youth shelter beds developed since 2000 appear to have helped to reduce the upward trend of turnaways at Covenant House. Figures for the year 2000 showed 1,550 turnaways, doubling to 3,033 turnaways in 2001, and then dropping to 2,100 turnaways in 2002.[11] [12] Youth who are over age 22 must go to an adult emergency shelter even if they identify more closely with youth. Service providers have noted a lack of minimal barrier shelter space for youth so that if they are under the influence of drugs or alcohol, they can find no place to stay. The 24-hour homelessness snapshot survey in 2002 enumerated 124 homeless youth in Greater Vancouver who were under 19 years old and did not have a parent or guardian with them. The youngest person was 13 years old.

Women with and without children are often considered the invisible homeless, as they tend to live in sub-standard accommodation or share with others rather than live on the street or use emergency shelters. Despite this, the 24-hour homeless snapshot survey in 2002 found 333 homeless women in the region, roughly 30% of the total homeless population found that day. The proportion of women staying in a shelter that day was 29% compared to 19% in 1999. Some adult shelters have dedicated beds for women, and there are several shelters solely for women with or without children. However, these facilities often have to turn away women, suggesting inadequate capacity.[13] Transition houses offer temporary (30 day) accommodation for women and their children fleeing violence and these are often at capacity and have to turn away women. However, there is some evidence that women use transition houses for reasons unrelated to violence when they are unable to find other suitable housing.

It should also be noted that while the regional inventory identified a total of 88 shelter beds for families, including 15 beds for Aboriginal families, some of these shelters accept only women and children. Only a small portion of the shelter beds for families (35) are available to two-parent families with children, men with children, or couples.

Emergency shelters provide emergency accommodation to new immigrants and government-sponsored refugees. While not a large share of the homeless population, there can be a significant number at one time. There is one emergency shelter in Greater Vancouver, Welcome House, with 72 beds serving this group. In addition, recent immigrants and members of cultural minorities require culturally appropriate services in shelters. Refugee claimants face different issues, as they are not immediately eligible for income assistance, and consequently may not be able to access emergency

[11] Rosanna Peredes, Covenant House, August 2003.
[12] Personal communication. Sandy Cooke. Covenant House.
[13] Personal communication. Powell Place for Women.

shelters. Until a refugee becomes eligible for Hardship Assistance from the Ministry of Human Resources, options for this group include two Inland Refugee Society houses with limited capacity. In addition, about one third to one half of refugee claimants are families, and there are few suitable emergency shelter options for families.

According to many studies, Aboriginal people are over represented in the homeless population, and tend to avoid traditional shelters.[14] The 24-hour homeless snapshot survey in 2002, which identified 140 homeless Aboriginal people, is consistent with those studies. According to the profile of the homeless population, at least 17% of the region's street and sheltered homeless in 2002 were of Aboriginal ethnicity, compared to the total GVRD population in which they comprise only 1.7%. In addition, while the same percentage of Caucasian people (69%) was found among the sheltered homeless as the street homeless (69%), Aboriginal people were twice as likely to be reported among the street homeless (27%) compared to the sheltered homeless (12%).[15] This, as well as anecdotal evidence suggests that the needs of Aboriginal people are best met in Aboriginal run facilities where unique cultural issues can be addressed. Four emergency shelter facilities in the region are run by an Aboriginal organization and serve mainly Aboriginal clients. These facilities have a total of 15 beds targeted to Aboriginal families and 25 beds targeted to Aboriginal youth. All of these beds are in Vancouver.

Homeless seniors are not well served by the existing emergency shelter system. Participants in the sub-regional consultations for the plan update expressed concern that seniors over age 65 years may not be accommodated in emergency shelter beds because most are not eligible for income assistance. They believe that this is becoming a more serious problem.

According to the 24-hour snapshot survey in 2002, mental illness affects at least 23% of the region's homeless, and addiction 39%.[16] Many emergency shelters report an increase in the number of clients they see with these serious issues, however, many shelters do not have the resources, mandate or skills to adequately serve this clientele. It should be noted, however, that there are two shelters targeted specifically to adults with a mental illness, including Fraserdale (10 beds in Burnaby) and Scottsdale House (10 beds in Delta). Shelters like Lookout and Triage, both of which are funded to meet special needs, are at capacity and turn away many people each night. It is felt that emergency shelters are serving clients who should be elsewhere, such as in detox facilities or supportive housing. Behavioural concerns or inebriation are reasons for service refusal.

Inability to obtain immediate access to detox facilities in the Lower Mainland and lengthy waiting lists for supportive housing mean that people with special needs are unable to obtain suitable accommodation and services, and can end up on the street or in emergency shelters. There are several ways to address this issue, including increasing the number of detox facilities and supportive housing, developing shelters that specifically target this population with suitable staff levels and training, and increasing the ability of existing shelters to meet these needs, through the hiring of additional trained staff. Each of these approaches should be considered to increase the ability of emergency shelters to serve individuals with mental illness, addictions and/or serious physical, social and behavioural concerns.

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[14] City of Toronto. *Taking Responsibility for Homelessness: An Action Plan for Toronto.* Report of the Mayors Homelessness Action Task Force. January 1999; and Edmonton Task Force on Homelessness. *A Call to Action.* May 1999.

[15] Jim Woodward and Associates Inc. et al. 2002. *Research Project on Homelessness in Greater Vancouver*. P. 74.

[16] Jim Woodward and Associates Inc. et al. 2002. *Research Project on Homelessness in Greater Vancouver*. P. 79.

The sub-regional consultations for the plan update identified the following needs for emergency shelters for the upcoming three-year period.

Regional Housing Needs	**Emergency Shelters** (number in brackets is # of beds)
GVRD Wide themes	**Need additional shelter beds, primarily for target populations that are not well served presently - women (with and without children) and youth. Exception is Burnaby/New Westminster and Northeast Sector that have limited existing emergency facilities. Minimal barrier a priority given concern about reduced access to income assistance. Seniors beginning to be a concern.**
Cold Wet Weather Strategy	Need additional beds for women (single and with children) in women only facilities. Also minimal barrier for those ineligible for IA and with mental health issues.
North Shore	Maintain existing and complete year round full-time emergency shelters for adults (25), youth (8-12) and women with children.
Vancouver	Minimal barrier for women and women with children (20), seniors (5) and youth over 22 yrs. Mainstream beds located in communities that do not currently have shelters. Youth safe house.
Burnaby/New Westminster	Permanent (not seasonal) shelter beds needed (30-40) for seniors, adult males, families, youth and people with special needs. Youth safe house (3-5 beds).
Richmond	Need permanent barrier-free beds for men (15), women (5). Also for youth (2-3) and families (1).
Langleys	Permanent full service emergency shelter for youth (6), and for adults (4-5 for men and 2-3 beds for women and children NOT fleeing abuse) with some minimum barrier beds, 6-8 beds for those with mental illness, or multiple diagnoses. Seasonal beds (10) are also needed.
Surrey, White Rock and Delta	Need more emergency shelter beds for women with children and safe house for youth. Year round access to minimal barrier beds. Need extreme weather plan.
Ridge Meadows	Minimal barrier emergency shelter for youth. 40 adult beds needed for cold wet weather.
North East Sector	Permanent minimal barrier emergency shelter for adults (12) and youth shelter. Also seasonal.

Most of the homeless people who participated in the kitchen table sessions in Vancouver identified a need for more shelters. Many of them had been turned away for lack of space. Although it was noted that there is a shortage of spaces in the Downtown Eastside, there were mixed views as to whether more shelters should be located there. Those who expressed concerns about locating more shelters in the Downtown Eastside thought that more shelters in the area would encourage more people to move there. Participants in the Burnaby/New Westminster and North East Sector identified a need for more shelters in these sub-regions. Some participants in Surrey identified a need for more minimal barrier shelters, although others thought there was a greater need for detox facilities.

Kitchen table participants also expressed a need for more shelters that serve specific target groups, including women, people who use drugs and alcohol, seniors, couples (including same sex couples) people with pets, and transgendered and transsexual individuals.

Participants in the youth consultation process identified a need for safe houses to be located in each community. Creating a youth shelter in Surrey was identified as a particular priority. In terms of specific target groups, the youth also identified a need for one male and one female safe house for sexually exploited youth, shelter beds for young women with children, and a shelter for sexual minority youth, particularly youth who are transgendered.

The Aboriginal consultations identified priority needs for emergency shelters in Surrey and Vancouver to serve Aboriginal youth, parents with children, and women (with and without) children.

Gap #1 – Inadequate supply of permanent (year-round) shelter beds

The supply of emergency shelter beds in the Greater Vancouver region is inadequate to meet existing needs, including the needs of youth, women (with and without children), families, seniors, Aboriginal people, immigrants and refugees, sexual minorities and individuals with special needs such as addiction and/or mental health issues.

Policy Statements

1) Emergency shelters are an interim response to homelessness providing short stays and are only part of the continuum of housing and support.
2) Permanent emergency shelter capacity should be increased throughout the region so individuals living in each community have access to suitable emergency shelter locally.
3) Emergency shelters throughout the region should be responsive to the unique needs of all groups.
4) Emergency shelters in Greater Vancouver should be able to accommodate all people who are homeless, including youth, women (with and without children), families, seniors, Aboriginal people, immigrants and refugees, sexual minorities and individuals with special needs such as addiction and/or mental health issues.
5) Emergency shelters should have a mandate and resources to help their clients access the full continuum of housing and support so that they can find longer-term alternatives more quickly. This would help to free-up beds more quickly and make more beds available to new clients.
6) The emergency shelter system should aim to provide service according to a best practices approach, which is barrier-free[17] responsive to need, client-centred and adequately resourced.
7) Homeless people should have the choice to access emergency shelters either within or outside of their community.

Strategies

a) Co-ordinate the expansion of emergency shelters in response to demonstrated needs.
b) Support research on best practice approaches to providing emergency shelter and to consider optimum thresholds of emergency shelter capacity in relation to the rest of the housing continuum.
c) Encourage the expansion of emergency shelter capacity to meets the needs of groups that are currently under-served including youth, women (with and without children), families, seniors, Aboriginal people, immigrants and refugees, sexual minorities and individuals with special needs such as addiction and/or mental health issues.
d) Conduct further research to determine the needs of homeless people who are not well served by existing emergency shelters.

[17] Barrier-free shelters, which are often referred to as minimal barrier, are defined as shelters that are accessible to all individuals in need regardless of physical mobility issues, culture, language, source of income, mental health, addictions, or behaviour concerns. It is recognized that some shelters may not have the capacity or resources to serve people with a full range of needs. In addition, while people with special needs, such as addictions, should be accommodated in shelters, it may be necessary to separate these individuals from others, including people in recovery. In any case, it is necessary to ensure that within the shelter **system,** there is the capacity to address the needs of the full range of people requiring emergency accommodation.

e) Encourage the development of emergency shelter capacity for homeless individuals with mental illness, addictions and/or serious physical, social and behavioural concerns in Vancouver, outside the Downtown Eastside, and elsewhere in the region.
f) Emphasize advocacy services to help shelter clients access the full continuum of housing and support so that they can find longer-term alternatives more quickly.
g) Encourage development of the full range of housing and support services so that people may obtain appropriate treatment, support and accommodation to help them live independently in the community.

Gap #2 - Inadequate supply of seasonal shelter beds

The Lower Mainland Cold/Wet Weather Strategy continues to work to increase seasonal or cold/wet weather (November to March) emergency shelter capacity across the region until adequate permanent shelter capacity is in place. It is a partnership among service providers, community agencies, health boards and municipal and provincial governments. It accomplishes this by opening winter-only shelters and creating temporary beds or mats during cold/wet weather. These beds are barrier-free in the sense that income assistance eligibility is not required. Seasonal beds are generally less service intensive and are not seen as a replacement for adequate permanent emergency shelter beds.

There were 220 seasonal beds region-wide in the winter of 2002/03, somewhat higher than in 2000. During the winter of 2002/03, there are fewer cold/wet weather beds in Vancouver, and a better distribution among the other sub-regions, particularly in the North Shore and Ridge Meadows. There are no cold/wet weather beds in the Northeast Sector, and few in Richmond and Burnaby/New Westminster. There are no cold/wet weather facilities serving primarily Aboriginal people or youth.

One of the major initiatives of the Cold/Wet Weather Strategy in 2002/03 was to increase community preparedness for extreme weather through the Extreme Weather Response Project. Five Greater Vancouver communities developed extreme weather response plans. These plans specify how people who are homeless will be sheltered when regular shelters are full, the weather conditions that will trigger an extreme weather alert, and who is responsible for initiating the alert. The main purpose of extreme weather planning is to prevent or reduce hardships for the homeless, such as hypothermia, critical illness and death due to extreme winter conditions. Temporary extreme weather shelters are planned to complement the existing year round and seasonal shelters already in place in the region. In most communities, the planning process involved representatives from local social services, emergency response services, the municipal and provincial governments, and the faith community.

Table 5: Cold/Wet Weather Beds – Change in number of units

Sub-region	Cold/Wet Weather Beds 2000	Cold/Wet Weather Beds 2003	Change	
			#	%
Vancouver	112	115	3	3%
South of Fraser	36	36	0	0%
Burnaby/New Westminster	6	6	0	0%
Richmond	0	3	3	N/A
North Shore	0	30	30	N/A
Northeast Sector	0	0	0	0%
Ridge Meadows	0	30	30	N/A
Region wide	**154**	**220**	**66**	**43%**

*The number of cold/wet weather beds fluctuates depending upon funding. In 2000, the number of cold/wet weather beds ranged from 112-167, depending on funding and the weather.

Some of the cold/wet weather beds are located in multi-service housing projects that consist of combined short stay (emergency shelter), transitional housing, and expandable capacity for cold/wet weather. These projects were funded under HOMES BC and some also received funding under SCPI.[18]

Despite some changes in the distribution of seasonal shelter beds since 2000, there continues to be people turned away from cold/wet weather beds. Service providers in Greater Vancouver who provided cold/wet weather beds in 2002-03 reported that they turned away more than 5,400 individuals seeking emergency shelter. Of these, 4,588 individuals were turned away because there was no vacancy, 501 were turned away because the beds available were not appropriate (due to gender, age, physical accessibility or configuration of multi-bed family rooms), and 326 were turned away for other reasons including concerns with the use of substances or safety.

Table 6: Summary of Cold/Wet Weather Shelter Turnaway Statistics. 2002, 2003

	Total Turnaways	Turnaways due to no vacancy	Turnaways due to no appropriate bed – gender/age/accessibility	Turnaways due to substances/safety/barred
Men	4,129	3,555	353	221
Women	1,247	1,033	110	104
Children	39	0	38	1
Total	**5,415**	**4,588**	**501**	**326**

Source: Cold/Wet Weather Strategy, Draft 2002-2003 Evaluation, September 16, 2003

Aside from the need for more seasonal shelter beds, participants in the consultation process also expressed concern that the funding process for seasonal beds poses a challenge because each year community groups must reapply for funding to support these beds. Multi-year funding would help make planning easier.

[18] See the Analysis of Financial Expenditures during Phase one of SCPI (attached Appendix A)

Gap #2 – Inadequate supply of seasonal shelter beds

There is an inadequate supply of seasonal shelter beds.

Policies

1) Cold/wet weather emergency shelter capacity should be increased throughout the region so individuals living in each community have access to these beds locally, until sufficient permanent capacity is in place.
2) Cold/wet weather beds should not be considered a replacement for permanent emergency shelter beds that provide service according to a best practice approach and are adequately resourced.

Strategies

a) Support the work of the Cold/Wet Weather Strategy to meet extreme weather needs.
b) Advocate for multi-year funding for seasonal beds.

Gap #3 - Barriers to accessing shelters

Unfortunately, not everyone who needs emergency accommodation is eligible to stay in an emergency shelter. There are several barriers as outlined below.

1) Eligibility for Income Assistance. Participants in the sub-regional consultations expressed concern that people who are ineligible for income assistance are unable to be served in emergency shelters. It was noted that this can be a problem particularly for refugee claimants, seniors with pensions, people waiting for Employment Insurance assistance, and some youth. It can also be a problem for some people who might be eligible for income assistance but who find it too much of a challenge to follow the application process necessary (including attending orientation sessions and making appointments). Participants also expressed concern about the implications of the two-year time limit for income assistance that will come into effect in April 2004. If people have their income assistance benefits terminated, will they be able to access emergency shelters?

According to the Ministry of Human Resources (MHR), contracts with shelters provide that they accept persons referred by MHR and provide assistance and support to such persons for a maximum of 30 consecutive days (unless an extension is mutually agreed upon). In addition, contracts with some shelters allow them to accept persons who self-refer to the shelter and provide assistance and support for a maximum of 7-10 days while the person applies for BC Employment and Assistance benefits (or other means of support). In practice, shelters have been permitting people to stay until they can get an appointment with MHR, which usually takes three weeks. People seeking emergency shelter still have to be 'registered' through the MHR bed index for the shelter to receive funding for the beds. Some people are ineligible for MHR-funded beds because of past usage or because they were seen by MHR and were found ineligible for benefits. Someone who is found ineligible will not be eligible for a bed funded by MHR unless they have a medical/health condition that puts them at high risk. In these cases, MHR usually authorizes a few days.

Therefore, the extent to which people may stay in a shelter if they are ineligible for income assistance or if they do not apply for income assistance is limited. Although shelters may serve

people who are not eligible, MHR may not provide funding for the use of that particular bed. Some shelters have sufficient funding to be able to accept some people who are ineligible for assistance, even if they will not receive MHR funding for the bed, but others do not. In the Surrey 24 hour count (May 2003), 25 of the 108 people enumerated as part of the daytime component (23%) stated that they did not stay at an emergency shelter the night prior to the count because they were ineligible or required a referral.

Waiving income assistance eligibility as a requirement for a shelter stay and reducing barriers to obtaining income assistance would improve access to the existing system.

2) Behaviour issues. Many existing shelters do not have the resources to accommodate individuals with mental health issues, addictions and/or serious social and behavioural concerns. Hence, individuals with these issues may have difficulty accessing shelters. Providing the appropriate staff resources is required to address this issue of access.

3) Pets. People with pets are also unable to access emergency shelters. This issue has been identified as being of particular concern to youth.

4) Lack of information about vacancies in shelters. When an emergency shelter is full and staff must turn away an individual seeking shelter, the staff have no way of knowing where to send this individual without telephoning several shelters. Computerized databases can keep track of shelter bed availability, providing up to date information to shelter staff in this situation. Development of a shelter bed registry with the capacity to be continually updated would improve access to shelters by keeping track of vacancies.

5) Transportation. Emergency shelters that are not close to major transportation routes are difficult to get to. Shelters located outside the Downtown core, while much needed, require individuals to travel there by public transit, which makes them inaccessible at night when transit shuts down. Facilitating mobility would improve access to emergency shelter beds. This could include providing transit tickets, taxi fare and safe ride vans.

Barrier-free shelter beds would help to alleviate the first three concerns identified above. The term barrier-free refers to flexible, non-judgmental service based on need regardless of eligibility to income assistance, lifestyle, condition (e.g. intoxicated), or number of times receiving the service, in a building that is accessible to everyone, regardless of physical condition, while acknowledging that acuteness of health needs, behaviour or level of intoxication, may limit the ability of a provider to give service. We do not know the number of barrier-free beds region wide, although they tend to be located in cold/wet beds and in some permanent facilities. The consultations for the plan update identified the need for year-round barrier-free/minimal barrier beds.

Gap #3 – Barriers to accessing shelters

There is an insufficient supply of barrier-free shelter beds. Some homeless individuals are unable to access emergency shelters because they are ineligible for income assistance, because of mental illness, addictions and/or serious physical, social and behavioural concerns, lack of information about vacancies, the distance of shelters from major transportation routes, or because of their pets.

Policy Statement

1) Emergency shelters should provide accommodation to people in need (e.g. regardless of source of income or eligibility for income assistance).
2) Individuals with a wide range of needs, including people with mental illness, addictions and/or serious physical, social and behavioral concerns, should be able to access emergency shelters.
3) Barrier-free emergency shelter space should be available in communities throughout the region year round.
4) New emergency shelters should be located close to services and major transportation routes to promote easy access for those in need.

Strategies

a) Request that the provincial government waive income assistance eligibility as a requirement for providing funding for emergency shelter beds.
b) Request that the provincial government review the requirements that make it difficult to obtain and maintain income assistance benefits.
c) Request that additional resources be made available to enhance the ability of existing facilities in the region to serve individuals with a wide range of needs, such as mental illness, addictions and/or serious physical, social and behavioral concerns, by hiring more staff and providing additional staff training.
d) Encourage the expansion of barrier-free shelter capacity throughout the Lower Mainland with an emphasis on meeting needs in communities with little or no barrier-free capacity.
e) Develop a 24-hour emergency shelter bed registry to provide current information on shelter bed availability throughout the region.
f) Develop criteria to ensure that new emergency shelters are suitably located adjacent to other support services and in close proximity to major transportation routes.
g) Identify ways to facilitate transportation to shelters with available beds.

Gap #4 – Lack of information about homeless people

The last 24-hour homeless snapshot survey was conducted in January 2002 as part of the Research Project on Homelessness in Greater Vancouver. It counted the number homeless (both in shelters and on the street). A regular update, for example, every two years, could be helpful in providing a benchmark for identifying changes over time and for monitoring the effectiveness of the plan.

We do not know how many different homeless people use emergency shelters in the region over the course of one year or any other time period. While each individual shelter keeps its own records and some have fairly detailed statistics, there is no region-wide database of unique individuals using all shelters. Comprehensive long-term data on each individual who stays in the shelter system in the Lower Mainland would provide better information for understanding needs and for planning purposes. The Homeless Individuals and Families Information System (HIFIS) is intended to

accomplish this and is presently being used at some Lower Mainland facilities. It is anticipated that aggregate data will be available in May 2004, with approximately 70% of the shelters in Greater Vancouver reporting.[19]

Initial work is also underway through HIFIS to collect systematic information about the number and characteristics of people who are turned away from shelters each night. At present, only limited information is available from a few shelter providers who track this information. Good information on the number and characteristics of the population at risk of homelessness was obtained from the 1996 census and, when available, this should be updated with 2001 census information. It is expected that this work will be undertaken by the GVRD in November 2003.

Although there is a lack of information about the homeless population in Greater Vancouver, there is fairly comprehensive information about the facilities and services available to serve this population. This information is contained in the Regional Inventory of Facilities and Services. It is recommended that the inventory be accessible to agencies that work with people who are homeless and updated on a regular or ongoing basis. Another suggestion is that the agency responsible for supporting the work of the Regional Steering Committee on Homelessness invite groups to submit changes to them on an ongoing basis.

It should also be noted that while the need for information is great, so is the need to protect the privacy and confidentiality of the homeless people who are receiving services. Service providers throughout the region acknowledge the importance of confidentiality in their day-to-day work, and it is also important that this right be respected in research or data collection efforts. The *Freedom of Information and Protection of Privacy Act* governs the use of personal data for research purposes.

Gap # 4 – Lack of information about homeless people

There is a lack of information about people who are homeless and at risk of homelessness in the Greater Vancouver region.

Policy Statement

1) Information collected over a period of time about the number of people living in emergency shelters, on the streets, and those who are at risk of homelessness and their characteristics is necessary for policy development and planning purposes.
2) Information about the facilities and services available to homeless individuals is necessary for policy development and planning purposes.
3) Protecting the confidentiality of homeless people who use services and facilities is of paramount importance and should be reflected in day-to-day practice as well as research and data collection efforts.

Strategies

a) Support the development and maintenance of a database of information about people who use shelters. Continue to work with the Homeless Individuals and Families Information System (HIFIS) to ensure that it is inclusive of all groups of people who are homeless.
b) Encourage all Lower Mainland emergency shelters to participate in HIFIS.
c) Allocate resources to undertake a regular homeless count and develop a profile of people who do not use emergency shelters, but are 'street homeless' or who are otherwise not housed adequately.

[19] Susan Stevenson and Meredith Crawshaw, HRDC, September, 2003.

d) Explore the ability of HIFIS to implement a systematic way to collect and provide information about the number and characteristics of people who are turned away from shelters each night.
e) Develop and update estimates of the number and characteristics of people who are at risk of becoming homeless in Greater Vancouver and in each sub-region (e.g. using census information).
f) Update the Regional Inventory of Facilities and Services on a regular or ongoing basis and ensure that the inventory is accessible to agencies that work with people who are homeless.
g) Ensure that research undertaken conforms to the requirements of the *Freedom of Information and Protection of Privacy Act.*

4.1.2 Transition houses for women and children fleeing abusive situations

Violence against women is a cause of homelessness. This is because women fleeing abusive situations often find themselves with nowhere to go. A lack of affordable housing and long waiting lists for subsidized housing mean that many women are forced to choose between abuse at home and homelessness. According to the San Diego Regional Task Force on Homelessness, victims of domestic violence are particularly susceptible to homelessness because:

- They tend to be in households with financial problems – even though they are in every income level;
- The primary goal of the batterer is often to isolate the victim and make him or her dependent on the abuser for support; and
- Abusers often sabotage their victim's employment efforts by causing them to be late or absent or harassing them so they quit or are terminated.[20]

In a recent study of family homelessness in Canada that included interviews with close to 60 families, more than 40% of the families interviewed reported that family violence, (including attempted murder, assault, threats, harassment, rape, intimidation, and emotional, psychological and verbal abuse) was among the factors that caused them to leave their homes. In some cases, family violence was a factor in the breakdown of a marriage/relationship, which then led to a series of events that resulted in homelessness. However, 29% of the families reported that a violent incident within the family was the last straw that caused them to become homeless.[21]

In the 24-hour homeless snapshot survey 2002, 26% of respondents reported that abuse and/or family breakdown was the main reason why they were currently homeless.[22]

Domestic violence can have a devastating affect on the economic circumstances of women and children who leave their homes. In a study that involved 52 women in Durham Region, Ontario 89% of the participants described themselves as economically comfortable during their marriage, while 84% described themselves as low income after their separation.[23]

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[20] Jim Woodward and Associates Inc. et al. 2002. *Research Project on Homelessness in Greater Vancouver.* Greater Vancouver Regional District.
[21] Social Planning and Research Council of BC, Deborah Kraus and Paul Dowling. 2003. *Family Homelessness: Causes and Solutions.* Canada Mortgage and Housing Corporation, p. 32 and 39.
[22] Jim Woodward and Associates Inc. et al. 2002. *Research Project on Homelessness in Greater Vancouver.* Greater Vancouver Regional District. P.42.
[23] Violence Prevention Council of Durham Region. 2002. *Durham Response to Woman Abuse.* Durham Region.

Transition houses provide temporary housing in a safe, secure environment for women and their children leaving abusive relationships. Funded by the BC Ministry of Community, Aboriginal and Women's Services and operated by non-profit organizations, this form of housing usually includes support services. The maximum length of stay is generally up to 30 days.

As of August 2003, there were 187 beds in transition houses throughout Greater Vancouver. The largest share of transition house beds is located in Vancouver and South of Fraser. The number of transition house beds has remained virtually the same since 2000.

Table 7: Number of Beds in Transition Houses for Women and Children (fleeing abuse) - 2003

Sub-region	Regional Services & Facilities*	Aboriginal Services & Facilities**	Total	% Facilities
Vancouver	32	33	**65**	35%
South of Fraser	52	0	**52**	28%
Burnaby/New Westminster	20	0	**20**	11%
Richmond	10	0	**10**	5%
North Shore	18	0	**18**	10%
Northeast Sector	10	0	**10**	5%
Ridge Meadows	12	0	**12**	6%
Region wide	**154**	**33**	**187**	**100%**

*Includes transition houses identified in the 2003 Inventory of Services and Facilities. These are open to all women and children, and while they are not targeted to the Aboriginal population, Aboriginal women and children may stay there.
**Includes services delivered by an agency that has a Board of Directors with at least a majority of Aboriginal people. Services are targeted to Aboriginal people but may also be delivered to non-Aboriginal people.

Table 8: Beds in Transition Houses for Women and their Children (fleeing abuse) – Change in Number of Beds

Sub-region	# Beds for Women & Children 2000	# Beds for Women & Children 2003	Change	
			#	%
Vancouver	62	65	3	5%
South of Fraser	52	52	0	0%
Burnaby/New Westminster	20	20	0	0%
Richmond	10	10	0	0%
North Shore	18	18	0	0%
Northeast Sector	10	10	0	0%
Ridge Meadows	12	12	0	0%
Region wide	**184**	**187**	**3**	**2%**

Gap #5 – Inadequate supply of transition house beds for women and children fleeing abusive situations

Tables 9 and 10 below show that there is great demand for transition house beds, and that transition houses are unable to meet this demand.

There are several reasons why women seeking accommodation in transition houses may not receive shelter. One of these reasons is a lack of space or insufficient space to accommodate a family. Many women are also turned away because they are "outside the program mandate". This means, that although the women needed a place to stay, they were not fleeing abuse. This situation indicates a need for alternative places where women with or without children can go in a crisis, such as suitable emergency shelters. A third reason why women may be turned away from transition houses is due to special needs such as mental health issues, substance use, and physical accessibility issues. In addition, some women who contact a transition house for assistance do not arrive or decide not to use the service at that time.

According to information provided by most of the transition houses in Greater Vancouver, close to 75% of all women and children who sought shelter from a transition house in 2002/03 were not accommodated.[24] This includes women and children who were not served for any one of the above noted reasons. It should be noted that the numbers regarding women and children who are not served in transition houses require some qualification due to current limits in data collection. For example, if one woman contacted three different transition houses and was turned away by two of them, the data would record two women as being turned away and one woman as being served. Based on the limited data we have, there is evidence that the current capacity of transition houses is inadequate to meet the demand.

According to data collected for the homelessness plan, the number of women and children who received shelter in transition houses in 2002/03 is virtually the same as in the year 1999/00: 3,369 women and children in 1999/00 and 3,347 women and children in 2002/03. However, the total number of women and children who were not served (for any reason) increased by 42%, from 6,554 in 1999/00 to 9,325[25] in 2002/03.

[24] All the numbers in tables 9 and 10 are based on information from 12 of the 15 transition houses. Most of the information for 2002/03 was provided by transition houses that reported data for their fiscal year ending March 31, 2003. A few transition houses reported on the calendar year ending December 31, 2002.

[25] This is likely greater than the number of distinct individuals turned away in a given year.

As shown in Table 9 below, the percentage of women and children who were served in transition houses fell from 34% in 1999/00 to 26% in 2002/03.[26]

Table 9: Women and Children in Transition Houses – Served and Turned Away, 1999/00 and 2002/03[1]

			Change	
	1999/00	**2002/03**	**#**	**%**
Women Served	1,957	1,951	-6	0%
Children Served	1,412	1,396	-16	-1%
Total Served	3,369	3,347	-22	-1%
Women Turned Away	4,293	5,996	1,703	40%
Children Turned Away	2,261	3,329	1,068	47%
Total Turned Away[2]	6,554	9,325	2,771	42%
Demand Women	6,250	7,947	1,697	27%
Demand Children	3,673	4,725	1,052	29%
Total Demand[3]	9,923	12,672	2,749	28%
% Women Served	31%	25%		-6%
% Children Served	39%	30%		-9%
% Total Served[4]	34%	26%		-8%

[1] All numbers are for a one-year period. In the column for 2002/03, most of the transition houses reported data for their fiscal year ending March 31, 2003. A few provided data for the calendar year ending December 31, 2002.
[2] Turned away includes women and children who were not served regardless of the reason.
[3] Demand means the number served and turned away.
[4] % served means the number served compared to the demand.

As can be seen in Table 10, the percentage of women and children served compared to those turned away (for any reason) was lowest in the Vancouver, South of Fraser and Burnaby/New Westminster sub-regions where only 17%-24% of the demand by women and children was met. The percentage of women and children served in 2002/03 compared to 1999/00 dropped in all sub-regions except for Ridge Meadows. Information for the North East Sector was not available for the 2001 homelessness plan.

[26] It should be noted that the numbers in Tables 9 and 10 regarding women and children who were turned away includes all women and children who were turned away or not served regardless of the reason.

Table 10: Women and Children Served and Turned Away from Transition Houses – By Region, 1999/00 and 2002/03

	Total Served		Total Turned Away		Total Demand		% Total Served	
	1999/00	2002/03	1999/00	2002/03	1999/00	2002/03	1999/00	2002/03
Vancouver	209	**285**	927	**1408**	1136	**1693**	18%	**17%**
South of Fraser	1652	**1296**	3772	**4077**	5424	**5373**	30%	**24%**
Brurnaby/New Westminster	304	**532**	908	**2026**	1212	**2558**	25%	**21%**
Richmond	618	**245**	503	**381**	1121	**626**	55%	**39%**
North Shore	438	**434**	281	**726**	719	**1160**	61%	**37%**
North East Sector	N/A	**181**	N/A	**459**	N/A	**640**	N/A	**28%**
Ridge Meadows	148	**374**	163	**248**	311	**622**	48%	**60%**
Region Wide	**3369**	**3347**	**6554**	**9325**	**9923**	**12672**	**34%**	**26%**

In the sub-regional consultations for the plan update, participants agreed that more transition house beds are needed, but particular concern was expressed about the need to maintain existing facilities. The view was also expressed that additional beds in women's shelters would reduce some of the pressure on transition houses.

Regional Housing Needs	**Transition Houses for Women Fleeing Abuse**
GVRD Wide themes	**Most agree more transition house beds are needed. Need to maintain existing facilities. Expectation that additional beds in women's shelters would reduce pressure on transition houses to some extent.**
Cold Wet Weather Strategy	Maintain existing.
North Shore	Maintain funding.
Vancouver	Need additional 20-30 beds.
Burnaby/New Westminster	Need 10 new beds min.
Richmond	Need 5-10 additional beds
Langleys	*
Surrey, White Rock and Delta	*
Ridge Meadows	Need 20 additional beds.
North East Sector	Don't know.

* Blank cells are not an indication that there is not a need for the service, but rather that the topic was not identified during the sub-regional stakeholder discussions.

In the kitchen table discussions with homeless people, many participants identified a need for more transition houses that can accommodate women with and without children with a wide range of needs, including mental health issues, addictions to drugs and/or alcohol, and medical conditions.

The Aboriginal consultation process also identified a need for more transition houses for Aboriginal women fleeing abuse.

Gap #5 - Inadequate supply of transition house beds for women and children fleeing abusive situations

There are not enough transition house beds in Greater Vancouver to meet the needs of women (with and without children) fleeing abusive situations, and not enough transition houses are able to accommodate women who have special needs.

Policy Statement

There should be enough transition house beds in communities throughout Greater Vancouver to accommodate women with and without children fleeing abusive relationships who are dealing with a wide range of issues and who may have special needs.

Strategy

a) Obtain a commitment from the BC Ministry of Community, Aboriginal and Women's Services and BC Society of Transition Houses to continue to fund existing transition house beds and develop additional transition house beds to serve women with and without children fleeing abusive situations.
b) Request that transition houses receive sufficient resources and staffing so they can serve women with special needs, including mental health issues, addictions, and medical conditions.
c) Encourage the development of additional transitional/second stage housing so that women with and without children in transition houses can move to appropriate longer-term housing in less than 30 days. This would help to free up existing transition house beds more quickly so that more beds would be available to women with and without children in crisis.
d) Encourage development of the full range of housing and support services so that women fleeing abuse can live independently in the community.
e) Encourage expansion of the shelter capacity throughout Greater Vancouver to meet the needs of women with and without children who are in crisis but who may not be fleeing abuse.

Priority #2 Transitional housing

4.1.3 Transitional housing

While some homeless people simply need affordable housing, others, particularly those who have been homeless for any length of time, require the additional services and supports offered by transitional housing. Transitional housing, also called second stage housing, is affordable independent housing with supports, and is usually time limited for a period up to 2 to 3 years. A resident is typically expected to move to permanent housing upon stabilizing their living situation in second stage housing.

For many years, the only transitional housing units in BC were for women and children fleeing abuse, usually called second stage housing. In 2003, there were 72 of these units for women and children, and most of them were located in Vancouver. No second stage units were identified in Richmond, the

North Shore or Northeast Sector. The maximum length of stay in second stage housing is usually up to one year.

Table 11: Transitional (Second Stage) Housing for Women and their Children (fleeing abuse)

Sub-region	# Units for Women & Children 2000	# Units for Women & Children 2003	Change	
			#	%
Vancouver	14	43	29	207%
South of Fraser	11	11	0	0%
Burnaby/New Westminster	14	16	2	14%
Richmond	0	0	0	0%
North Shore	0	0	0	0%
Northeast Sector	0	0	0	0%
Ridge Meadows	2	2	0	0%
Region wide	**41**	**72**	**31**	**76%**

Note: In Vancouver, 28 of the additional units are at Helping Spirit Lodge-Spirit Way, which accepts Aboriginal and non-Aboriginal women.

Recently, 159 units of transitional housing were developed targeting formerly homeless people, again mostly in Vancouver. Most of these units were developed under the provincial government's multi-service housing program, which required that new emergency shelter facilities include some transitional housing units. SCPI has also funded new transitional housing projects.[27]

Table 12. Transitional Housing (Not Targeted to Women Fleeing Abuse)

Sub-region	Units 2003*
Vancouver	131
South of Fraser	20
Burnaby/New Westminster	8
Richmond	0
North Shore	0
Northeast Sector	0
Ridge Meadows	13
Region wide	**172**

* In the multi-service housing projects developed with funding from BC Housing, the number of units in this table includes only the transitional units and not the shelter beds funded by BC Housing. Numbers are not shown for 2000 because most of the projects were in the early stages of development at that time.

Transitional housing units are an important component of the continuum of housing and support, as they provide a place for clients to move upon exiting the shelter system. Without transitional housing, homeless people may spend more time in an emergency shelter than necessary, or move from shelter to shelter. Transitional housing is viewed as particularly important for formerly homeless youth and youth at risk of homelessness, who may not have the skills to live independently. Also many young people are unable to move directly to independent housing either because it is not affordable to them or they experience discrimination.

[27] See the Analysis of Financial Expenditures during Phase one of SCPI (attached Appendix A)

Gap #6 - Inadequate supply of transitional housing (stays from 30 days up to 2-3 yrs)

During the consultation for the plan update, transitional housing was identified as a priority for the next three years. Participants in virtually every sub-regional workshop noted this as a high priority. Stakeholders observed that emergency shelter clients with complex needs cannot find suitable housing upon leaving a shelter. An expanded supply of transitional housing would ease some of the pressure on emergency shelters. Because there is so little transitional housing in the region, the gap is for all sub-regions and all target populations, including women (with or without children), youth, families, mental health clients and those with addictions.

Regional Housing Needs	**Transitional Housing** (Number in brackets is # of units)
GVRD Wide themes	**Common priority around need for transitional housing as a place for shelter clients to move after exiting shelter. Would help reduce pressure on shelters. Gap for all target populations.**
Cold Wet Weather Strategy	Transitional housing especially for women.
North Shore	Transitional housing for all target groups to move to after shelter.
Vancouver	Transitional housing for people with complex needs such as mental illness, youth and FAS. Consider congregate housing.
Burnaby/New Westminster	Transitional housing for people with addictions, women and children fleeing abuse (10 units split between 2 cities), and families and singles.
Richmond	Transitional housing for women with children (10-12), youth (10), adults (10-12) and people with mental illness.
Langleys	Transitional housing (3-4) for women and children leaving transition houses, and transitional housing for mental health clients, especially those with multiple diagnosis.
Surrey, White Rock and Delta	Transitional housing for all.
Ridge Meadows	Second stage for women and children fleeing abuse, singles, and people with a mental illness.
North East Sector	Transitional housing (50) for women, people with addictions and with mental illness.

Participants in the youth consultations identified a particular need for transitional housing across the region. Some of the particular target groups they identified were Aboriginal youth, sexually exploited youth, and sexual minority youth.

The Aboriginal community has identified a need for transitional housing particularly for women, youth and parents with children. However, there is no ongoing funding mechanism for the capital (or operating) components of these projects now that the provincial government has shifted its focus from social housing to assisted living for the frail elderly and federal housing dollars are focused on seniors' supportive housing.

Gap #6 – Inadequate supply of transitional housing (stays from 30 days up to 2-3 years)

There is an insufficient supply of transitional housing for all client groups, including women (with and without children), youth, people with mental illness, HIV/AIDS, addictions, individuals with multiple diagnoses, and Aboriginal people. Homeless people in most communities have no access to transitional housing units locally.

Policy Statement

1) The number and range of transitional housing units for all client groups with unique needs should be expanded to meet needs.
2) Transitional housing should be distributed in all communities throughout Greater Vancouver based on need.

Strategies

a) Encourage the federal and provincial governments to increase the supply of transitional housing along with an increase in support funding from relevant ministries and health authorities.
b) Encourage local governments to: create partnerships among potential funders of transitional housing, provide any resources they can (e.g. leased land), and find other ways to promote the development of transitional housing.
c) Encourage the development of transitional housing for all the identified target groups in communities around the region where need has been demonstrated.

Gap #7 - Lack of funding for support services in transitional housing

In the past, BC Housing, through the provincial housing program HOMES BC, provided capital funding for transitional housing. Operating funds for supportive apartments for mental health consumers came from the Ministry of Health, Adult Mental Health. The same was usually true for Homeless At Risk Housing (HARH). However, there was no dedicated source of funding for the support component of these housing projects. Today, the difficulties associated with operating funding remains and there is no designated capital funding program available for most target groups. While the federal government through SCPI has contributed funding over the past few years, these partnership projects are extremely difficult to put together.

Participants in the sub-regional consultations identified a significant challenge of matching support dollars and staffing with housing, given the acute needs of some client groups.

Gap #7 - Lack of funding for support services in transitional housing

There is no dedicated source of operating funding for most formerly homeless and at risk populations requiring transitional housing. There is significant unmet need for transitional housing, particularly among certain groups with unique needs and in some communities around the region.

Policy Statements

1) Federal, provincial and local governments, regional health boards and others should act in a coordinated way to facilitate the development of new transitional housing for a range of client groups.
2) Funding sources should be in place and allocated for the support component of transitional housing for each client group.

Strategies

Encourage the provincial government to:

- Develop a dedicated source of funding for the support component of transitional housing.
- Provide needed funding for support services and programs in existing transitional housing facilities.
- Simplify and standardize agreements for the support component of transitional housing.

Priority #3 Supportive housing

4.1.4 Supportive housing

Supportive housing refers to affordable housing that includes ongoing supports and services to residents who cannot live independently and are not expected to become fully self-sufficient. This form of housing may be located in a purpose-designed building or in scattered site apartments. Added support services may include those that provide skills, training and support with housekeeping, meal preparation, banking support and access to medical care, counseling, referrals, crisis response and intervention. Supportive housing provides opportunities for individuals to stabilize their personal situation and re-establish connections with the community and is intended to be permanent. There is no limit on the length of stay.

Supportive housing is also an important resource for some people with special needs including those with severe and persistent mental illness. A 1997 study undertaken by the Clarke Institute of Psychiatry found that controlled studies of individuals with severe mental illness, including homeless people, show they can be housed in the community when provided with assertive case management services.[28] Research has also shown that supportive housing is effective in reducing homelessness and

[28] Health Systems Research Unit, Clarke Institute of Psychiatry. *Review of Best Practices in Mental Health Reform*. Prepared for the Advisory Network on Mental Health. 1998

the health care costs associated with homelessness.[29] Supportive housing is also an important part of the continuum of addiction treatment.[30]

Different types of supportive housing meet different needs. This form of housing can include supportive apartments in which tenants living in the same apartment building receive supports for similar concerns, and the Supported Independent Living Program (SILP) units in which individuals receive support in apartment units scattered in the private market. A more recent model in BC, the supportive hotel, serves individuals with a broad range of specialized needs, including those who were formerly homeless. In BC, the Homeless At Risk Housing (HARH) program was developed to specifically address this issue and to prevent people with difficult and challenging behaviors from 'falling through the cracks. However, this program has now been terminated.

There are over 2,300 units of supportive housing in Greater Vancouver, an increase of 367 units since 2000. The following tables illustrate the distribution of these units around the region. All the SIL and approximately half of the supportive apartments are for mental health consumers. Most residents in supportive hotels are also mental health clients. HARH units and some of the units in supportive hotels serve people with diverse needs.

Table 13: Supported Independent Living Program – Change in Number of Units

Sub-region	SIL Units 2000	SIL Units 2003	Change	
			#	%
Vancouver	289	306	17	6%
South of Fraser	134	194	60	45%
Burnaby New Westminster	156	187	31	20%
Richmond	46	53	7	15%
North Shore	49	72	23	47%
Northeast Sector	45	54	9	20%
Ridge Meadows	37	42	5	14%
Region wide	**756**	**908**	**152**	**20%**

Note: The total number of SIL units in 2003 includes 10 units for forensic clients in Vancouver, 10 units for youth in Vancouver and 10 units for youth in New Westminster.

The number of SIL units region wide has grown about 20% since 2000, with higher growth occurring in the South of Fraser and the North Shore sub-regions. Twenty SIL units are targeted to youth. The remaining types of supportive housing are predominantly located in the Vancouver area. The number of supportive apartments and HARH units also increased by about 20% over the period.

[29] Corporation for Supportive Housing. *Supportive Housing and its Impact on the Public Health Crisis of Homelessness*. Interim Report. May 2000. U.S. Available online: http://www.csh.org

[30] BC Ministry of Social Development and Economic Security. *Local Responses to Homelessness: A Guide for BC Communities*. October 2000.

Table 14: Supportive Apartments – Change in Number of Units

Sub-region	Supportive Apartment Units 2000	Supportive Apartment Units 2003	Change	
			#	%
Vancouver	324	391	67	21%
South of Fraser	36	37	1	3%
Burnaby/New Westminster	0	5	5	N/A
Richmond	24	24	0	0%
North Shore	0	0	0	0%
Northeast Sector	0	4	4	N/A
Ridge Meadows	0	0	0	0%
Region wide	**384**	**461**	**77**	**20%**

Table 15: Supportive Hotels – Change in Number of Units

Sub-region	Supportive Hotel Rooms 2000	Supportive Hotel Rooms 2003	Change	
			#	%
Vancouver	301	323	22	7%
South of Fraser	0	0	0	0%
Burnaby/New Westminster	0	0	0	0%
Richmond	0	0	0	0%
North Shore	0	0	0	0%
Northeast Sector	0	0	0	0%
Ridge Meadows	0	0	0	0%
Region wide	**301**	**323**	**22**	**7%**

Table 16: Homeless At Risk Housing – Change in Number of Units

Sub-region	HARH Units 2000	HARH Units 2003	Change	
			#	%
Vancouver	455	519	64	14%
South of Fraser	20	20	0	0%
Burnaby/New Westminster	28	28	0	0%
Richmond	0	0	0	0%
North Shore	0	42	42	N/A
Northeast Sector	0	10	10	N/A
Ridge Meadows	0	0	0	0%
Region wide	**503**	**619**	**116**	**23%**

Two thirds of supportive housing units are located within Vancouver and most of the Homeless at Risk Housing projects are located in Vancouver. SIL units are better distributed around the region than other types of supportive housing, which are concentrated in Vancouver. It is unclear to what extent this demand arises from residents from other Lower Mainland municipalities and how much of this is in response to the significant needs of Vancouver residents. However, increasingly, it is felt that despite the range of support services available in the Downtown Eastside, some people do not want to live there or are too vulnerable to the drug scene to live there safely. Supportive housing

needs to be developed in Vancouver outside the downtown core. In addition there is little supportive housing in Richmond, the North Shore, Northeast Sector and Ridge Meadows.

Gap #8 - Inadequate supply of supportive housing

Data from health authority waiting lists for supportive housing shows that there are at least 1300 individuals waiting for supportive housing in Greater Vancouver. This includes more than 1,100 mental health clients and 525 HIV clients. Most of the mental health and HIV clients have applied for housing in Vancouver. There is no waiting list for individuals with addictions who need supportive housing. The numbers for the Vancouver region are considered to be very accurate. In 2003 the Vancouver Coastal Health Authority created a centralized waiting list system for supportive housing for mental health consumers after completing a review of their existing system. The old system of self-referral and housing provider referral did not include an assessment of whether the individual qualified for supportive housing until the person was interviewed for a vacancy. The 2003 list now represents only those who have been assessed and meet the standards for the supportive programs.

The Canadian Mental Health Association of Richmond maintains the list of applicants for supportive housing in their community. They have also recently completed a review and determined that many individuals on a previous list did not qualify or had moved.

Table 17: Supportive Housing in Greater Vancouver

Sub-Region	Mental Health Number of clients waiting 2003	HIV Number of clients waiting 2003
Vancouver	750	
South of Fraser	186	
Burnaby/New Westminster	46	
Richmond	300	
North Shore	50	
North East Sector	57	
Ridge Meadows	22	
Region-wide		525*
Total	**1,111**	**525**

*The number of HIV clients waiting for housing is based on information from Wings and the McLaren housing societies. While the waiting list is intended to be for housing throughout the region, most of the clients are seeking housing in Vancouver.

In April 2002, HOMES BC (including Homeless at Risk Housing) was replaced by Independent Living BC. This program is intended to create 3,500 units of independent housing with some support services, and assisted living for those who need a greater level of care. However, this program is focused on seniors, and will do little to accommodate the supportive housing requirements of formerly homeless individuals or those with complex needs described here. There is no ongoing funding mechanism for the capital (or operating) components of supportive housing for the groups previously served through HOMES BC.

People with multiple issues, such as mental illness together with drug addiction, pose a particular challenge for a system where they may fall outside the mandate of individual program ministries.

Their needs are not well served in an environment where it is possible to treat only one challenging behaviour at a time. People who have experienced chronic homelessness may need the supports offered by supportive housing. Responding to the multi-faceted needs of these individuals requires a large degree of flexibility and coordination in the provision of housing and support services.

Supportive housing was identified as a priority for SCPI funding by sub-regional stakeholders in consultations for the plan update. Congregate housing was also identified as one type of supportive housing that should be considered. There is a need for supportive housing for a wide range of individuals as there is an insufficient supply for all client groups including youth, persons with mental illness, HIV/AIDS, people with addictions and multiple diagnoses, and seniors. The Aboriginal community identified a need for supportive housing for Aboriginal women and elders.

Regional Housing Needs	Supportive Housing (Number in brackets is # of units)
GVRD Wide themes	**Supportive housing for special needs populations a priority for some sub-regions.**
Cold Wet Weather Strategy	*
North Shore	Supportive housing need for all target groups.
Vancouver	Supportive housing for people with complex needs such as mental illness, youth and FAS. Consider congregate housing.
Burnaby/New Westminster	Second stage and supportive housing for people with addictions, women and children fleeing abuse (10 units split between 2 cities), and families and singles.
Richmond	Supportive housing for people with mental illness and seniors.
Langleys	Supportive housing for mental health clients, especially those with multiple diagnoses.
Surrey, White Rock and Delta	Supportive housing for people with addiction, mental illness or fleeing abuse.
Ridge Meadows	Supportive housing in mixed income neighbourhoods.
North East Sector	SIL (50) for people with mental illness and supportive housing for people with addictions (30-40).

* Blank cells are not an indication that there is not a need for the service, but rather that the topic was not identified during the sub-regional stakeholder discussions.

Gap # 8 – Inadequate supply of supportive housing

There is an insufficient supply of supportive housing for all client groups, including youth, persons with mental illness, HIV/AIDS, or addictions, individuals with multiple diagnoses, seniors, Aboriginal women and Aboriginal elders. Homeless people in several communities have no access to supportive housing units locally.

Policy Statement

1) Supportive housing units for all client groups with unique needs should be funded so that wait times are reduced to a reasonable level.

2) Supportive housing should be distributed in all communities throughout Greater Vancouver based on need.

Strategies

a) Encourage the federal and provincial governments to increase the supply of capital funding for supportive housing along with an increase in support funding from relevant ministries and health authorities.
b) Encourage local governments: to create partnerships among potential funders of supportive housing, provide any resources they can (e.g. leased land), and find other ways to promote the development of supportive housing.
c) Encourage the development of supportive housing in communities around the region where need has been demonstrated.

Gap #9 - Lack of funding for support services in supportive housing

As with the lack of funding for support services in transitional housing, participants in the sub-regional consultations expressed concern that there is no dedicated source of funding for supportive housing, including supportive hotels or housing for people with addictions. It is exceptionally difficult for groups to obtain operating funding (as well as capital funding) for supportive housing. While the federal government through SCPI has contributed some funding over the past few years, these partnership projects are extremely difficult to put together.

Participants in the sub-regional consultations identified a significant challenge of matching support dollars and staffing with housing, given the acute needs of some client groups.

Gap #9 - Lack of funding for support services in supportive housing

There is no dedicated source of operating funding for most formerly homeless and at risk populations requiring supportive housing. There is significant unmet need for supportive housing, particularly among certain groups with unique needs and in some communities around the region.

Policy Statements

1) Federal, provincial and local governments, regional health boards and others should act in a coordinated way to facilitate the development of new supportive housing for a range of client groups.
2) Funding sources should be in place and allocated for the support component of supportive housing for each client group.

Strategies

Encourage the provincial government to:

- Develop a dedicated source of funding for the support component of supportive housing.
- Provide needed funding for support services and programs in existing supportive housing facilities.
- Simplify and standardize agreements for the support component of supportive housing.

Priority #4 Independent affordable housing

4.1.5 Independent affordable housing

Independent housing refers to permanent affordable housing for individuals who can live autonomously in the community with little or no support services. Affordable housing for low and moderate-income households helps to prevent homelessness and it offers a way out of homelessness. Two strategies will help to ensure an adequate supply of affordable independent housing: developing new affordable housing and maintaining the existing stock of affordable housing. Community groups and service providers in the Vancouver region have consistently advocated for permanent affordable housing as a solution to homelessness.

Affordable housing is an important resource to help prevent homelessness for those 58,000 households in Greater Vancouver who are at risk of homelessness due to economic circumstances. There have been no federally funded social housing units produced since the federal government withdrew from the development of social housing in 1993. The private sector is producing few new affordable market rental units, and after several years of funding the development of social housing through HOMES BC, the BC government has shifted its focus to providing assisted living for the frail elderly, and will be using available federal dollars for this target group. The result is that there are currently no provincial or federal social housing programs available to help community groups build independent affordable housing in BC.

There were approximately 42,400 social housing units in Greater Vancouver in 2003, an increase of 2,000 units or 5% since 2000.[31] Almost half the permanent social housing in the region (built under federal/provincial housing programs or provincial housing programs) is located in Vancouver. The remainder is distributed throughout the region, with the next largest share located in Burnaby/New Westminster (16%) and South of Fraser (15%). This housing has traditionally been targeted mainly to families and seniors. The Low Income Urban Singles (LIUS) component of HOMES BC was for individuals at risk of homelessness as a result of the loss of SRO units. Most of the LIUS units that have been developed in Greater Vancouver are located in Vancouver.

Table 18: Independent social housing units in Greater Vancouver

Sub-region	Units 2000*	Units 2003*	Change	
			#	%
Vancouver	19,564	20,372	808	4%
South of Fraser	5,514	6,308	794	14%
Burnaby/New Westminster	6,864	6,766	(98)	-1%
Richmond	2,595	2,701	106	4%
North Shore	2,230	2,302	72	3%
Northeast Sector	2,813	2,896	83	3%
Ridge Meadows	915	1,076	161	18%
Region wide	**40,495**	**42,421**	**1,926**	**5%**

*Include LIUS units

Gap # 10 - Inadequate supply of affordable housing

[31] The 42,400 units includes all permanent housing for families, seniors, and single persons, including non-profit and co-op housing units, Urban Native housing units, and units directly managed by BC Housing.

The need for affordable housing is supported by figures from the Housing Registry waiting list for social housing in the Lower Mainland. Almost 10,000 households were on the waiting list for social housing as of June 30, 2003, approximately the same figure as in 2000.

Table 19: Housing Registry Statistics – Lower Mainland – June 30th, 2003

Applicant Type	Active	Under renewal[32]	Total
Family	5,520	613	6,133
Senior	1,628	145	1,773
Young Adults with Disabilities	1,396	117	1,513
Wheelchair Modified	73	9	82
Single Women	69	19	88
Waiting List Singles	16	3	19
Rent supplements	15	31	46
Market	115	17	132
Total	8,832	954	9,786

Source: Erin Smandych, Manager Housing Services, BC Housing, August 2003
Note: Figures based on where application made. Not all agencies participating.

Further evidence of need is provided by the number of households in core housing need and paying 50% or more of their income for housing who are considered to be at risk of homelessness. Close to 58,000 households region-wide or 8.4% of all households were in this situation in 1996.[33] This measure, while an imperfect one, is often used as an indicator of risk of homelessness. The figures below show that all sub-regions have households at risk. Between 6% and 10% of households were at risk of homelessness in 1996. Vancouver, South of Fraser and the Burnaby/New Westminster have the largest number of households at risk and the highest proportion of households in this situation compared to the other Greater Vancouver municipalities. In most sub-regions, renters formed the majority of at risk households, although there is a significant number of owner households at risk, almost 18,000 region-wide.

Table 20: Households at risk of homelessness in Greater Vancouver, 1996

Sub-regions	Renter households at risk 1996	Owner households at risk 1996	All at risk households 1996	% of all households 1996
Vancouver	18,800	4,165	22,965	9.5%
South of Fraser	7,460	5,520	12,980	8.9%
Burnaby/New Westminster	5,990	2,155	8,150	8.8%
Richmond	1,680	1,945	3,630	7.2%
North Shore	2,600	1,290	4,015	6.7%
Northeast Sector	2,385	1,690	4,075	6.5%
Ridge Meadows	890	770	1,655	6.8%
Region wide	40,025	17,665	57,690	8.4%

Source: GVRD Research Project on Homelessness in Greater Vancouver. July 2002.
Based on 1996 Census data.

[32] After 6 months with no contact, applications are put on renewal status for 60 days. If the applicant does not respond to a renewal card, the application is cancelled.
[33] Figures from the 2001 census are not yet available.

These figures suggest that homelessness can happen to households living anywhere in Greater Vancouver and that action needs to be taken in communities throughout the region to prevent it. One of the key ways to do this is to create new social and affordable housing.

In the consultations for the plan update, participants in every sub-region identified a need for more affordable housing, even though it was recognized that affordable housing was not eligible for funding under SCPI.

Regional Housing Needs	Affordable Housing
GVRD Wide themes	**Increased supply of affordable housing critical to preventing and alleviating homelessness, but not eligible as a priority for SCPI. Large waiting lists around the region. Singles housing needed in South Fraser.**
Cold Wet Weather Strategy	*
North Shore	Increase supply. Plays critical role.
Vancouver	Increase supply.
Burnaby/New Westminster	200 units per year.
Richmond	Increase supply, including seniors.
Langleys	Increase supply.
Surrey, White Rock and Delta	Non-market housing for single adults. Monitor and preserve existing afford housing.
Ridge Meadows	Increase supply.
North East Sector	Increase supply.

* Blank cells are not an indication that there is not a need for the service, but rather that the topic was not identified during the sub-regional stakeholder discussions.

Participants in the kitchen table sessions also identified affordable housing as a key priority for preventing and alleviating homelessness and one of the areas they wish to see resources allocated. They recognize the essential role played by this component of the continuum of housing and support. Homeless individuals themselves said that a range of housing options is needed, including subsidized housing, co-operative housing, Habitat for Humanity, and separate housing for people in recovery.

Participants in the youth consultations identified a need for subsidized housing throughout the region. It was also noted that some of the subsidized housing targeted to youth should be available to young families.

The Aboriginal community identified a need for affordable housing, particularly for elders, single parents, and women.

Gap # 10 - Inadequate supply of affordable housing

There is an inadequate supply of new social housing and affordable housing for low and moderate-income households. This is a direct cause of homelessness in Greater Vancouver.

Policy Statement

1) An adequate supply of affordable and social housing for low and moderate-income households is critical to meet needs and to help prevent homelessness in Greater Vancouver.
2) New social housing and housing affordable for low and moderate-income households should be distributed in communities throughout the region.

Strategies

a) Encourage the provincial government to restore its social housing supply program.
b) Encourage the federal government to expand funding for social housing.
c) Encourage the federal and provincial government to work together to build affordable housing in BC.
d) Encourage local governments to assist with the creation of new affordable and social housing through the use of density bonuses, secondary suite policies, leasing or selling land at below market rates and other means.
e) Promote the creation of partnerships to develop new affordable housing. Potential partners include all levels of government, the private sector, non-profit housing societies, and community-based organizations (including labour).
f) Encourage the development of new social housing and housing affordable to low and moderate-income households to meet needs in communities throughout the region.
g) Encourage the development of a regional rental housing supply strategy.

Gap # 11 – Erosion of supply of existing rental housing

A significant number of affordable rental units exist in the private market. They are located in older low-rise buildings, Single Room Occupancy hotels and rooming houses. The existing stock is a valuable resource for low-income renters and plays a critical role in preventing homelessness. However, rental units have been lost in the past few years, and there is concern that economic circumstances could change, resulting in increased pressure for redevelopment.

Different communities in the region have different types of rental housing stock and are facing different issues. In New Westminster for example, rental units comprise a large share of the housing stock, and most rental units are located in apartments under five stories. Many of these building were constructed with federal tax incentives in the 1960s, are reaching the end of their useful life, and will be subject to redevelopment. It has also been reported that whereas in some communities, single family homes provided an affordable option for rental housing, many of these homes are being sold, and are no longer available for rent. On a positive note, much work is being done to promote secondary suites as an option to provide affordable housing and accommodate population growth in Greater Vancouver.[34]

[34] A workshop on secondary suites: Barriers and Solutions was held by SmartGrowth BC on April 11, 2003. Proceedings should be available in the near future. This workshop was supported by the Tenants Rights Action

SRO hotels, which are of modest quality, play an important role in meeting the housing needs of low-income renters who have few alternatives in the private market. Most SRO units in the region are located in Vancouver, but Burnaby, New Westminster and Surrey each have this type of accommodation. While they may not be the preferred housing choice of many residents, some attribute the SRO stock with acting as a buffer for people at risk of homelessness, thereby limiting the number of people who actually become homeless. In fact, the City of Vancouver notes that in eight other North American cities they studied, homelessness increased when SRO stock was lost.[35] Unfortunately, these units are subject to continual redevelopment pressure, particularly in certain locations. In Vancouver, over 4,000 SRO units have been lost since 1970, and new social housing stock has not been able to replace all these lost units. One of the goals of the Vancouver Agreement, which involves the federal and provincial governments and City of Vancouver, is to improve living conditions in SROs.[36]

We know little about rooming houses, except that they are unregulated, are located around the region and provide affordable housing to low-income households. The issues around quality and insecurity of tenure are similar to those of SROs.

There is growing recognition of the need to preserve the existing rental housing in Greater Vancouver as this stock has a critical role to play in meeting affordable housing needs. It is also recognized that preservation of the existing rental housing stock will become more of an issue in the future as this stock continues to age and the economy improves and creates increased pressure for redevelopment. During the plan update, specific concerns were raised about the loss of affordable rental housing as follows:

- Richmond – the loss of 40 affordable rental units due to fire;
- Surrey – conversion (rental to strata) losses;
- Tri-Cities – could potentially lose 1000 units of affordable housing due to redevelopment; and
- Langleys – potential erosion of rental housing exists due to impending casino project.

Tension exists between the goals of preserving the existing stock and facilitating redevelopment and the creation of new rental stock. Measures that are designed to achieve the first objective may counteract the latter. While there has been some recent activity in the construction of new rental housing in Greater Vancouver, most of the units being developed are high-end rental. In this context, and given the lack of new social housing, the preservation of the existing affordable housing stock is critically important.

Although local governments have limited resources, and provincial and federal governments, with the exception of the federal Residential Rehabilitation Assistance Program (RRAP) have little to offer to preserve the existing affordable housing stock, the following are some tools and strategies that can be used to preserve the stock of affordable housing:

Coalition, BC Ministry of Community, Aboriginal and Women's Services, Greater Vancouver Regional District, and Canada Mortgage and Housing Corporation.

[35] City of Vancouver. Draft Housing Plan Downtown Eastside, Chinatown, Gastown and Strathcona. July 1998. P. 24.

[36] The Vancouver Agreement is a five-year collaboration involving the federal, provincial and municipal governments. Signed in March 2000, the agreement focuses on community health and safety, economic and social development, and community capacity building.

- demolition and/or conversion controls,
- policies of one-for-one replacement of SRO units,
- upgrading with RRAP for rooming houses and hotels,
- implementing and enforcing standards of maintenance by-laws,
- monitoring trends in number and condition of units and number of units lost, and
- public acquisition and conversion to non-profit management.

Few of these tools are used on a regular basis. According to research on local government housing initiatives, 16 local governments in BC have implemented demolition or conversion controls to limit the loss of affordable rental units. The City of Vancouver's SRO policy is to encourage one-for-one replacement, improved maintenance and management through standards of maintenance, non-market purchase of SRO hotels, density bonuses for SRO upgrading, and restoring advocacy services. The Tenants Rights Action Coalition (TRAC) has sponsored a research project to look at how to preserve this valuable resource entitled *Strategies to Preserve the Existing Rental Housing Stock in Greater Vancouver*, however it is not yet published.

Gap # 11 – Erosion of supply of existing rental housing

The existing stock of affordable rental housing is at risk of being lost due to redevelopment and conversion. In addition, some of this stock is aging and is of poor quality.

Policies

1) The existing stock of affordable housing is a valuable resource and preserving it is critical to reducing and preventing homelessness.
2) Replacing and/or upgrading SROs, rooming houses and low-rise apartment buildings in order to meet established standards of maintenance and management is the preferred approach.

Strategies

a) Encourage the federal government to maintain and expand RRAP for rooming houses, hotels and rental apartment units.
b) Encourage the provincial government to provide funding for non-profits to acquire existing private rental housing stock, including SROs where feasible.
c) Encourage local governments to:
    - Help maintain the existing stock of housing affordable to low and moderate-income households by implementing demolition and/or conversion controls, policies of one-for-one replacement of SRO units, standards of maintenance by-laws, and/or facilitating partnerships to upgrade or acquire this stock.
    - Monitor the stock and condition of housing affordable to low-income households including SROs, rooming houses and low-rise buildings.
    - Encourage a partnership approach to the public or non-profit acquisition of SROs.
    - Investigate the issues affecting low-rise apartments and develop a strategy to help preserve them.

Gap # 12 – Lack of a fully coordinated waiting list system for social housing

In the past, each social housing agency maintained its own waiting list of applicants for housing. People seeking social housing had to submit applications to several agencies, making access complicated and time consuming. In the past few years, organizations have been working together to develop a coordinated social housing waiting list to address this issue.

The Housing Registry Steering Committee has been working to develop a coordinated social housing waiting list registry in Greater Vancouver for some time. The Housing Registry is a current, centralized database of applicant information for housing providers in the lower mainland. It is a partnership that includes BC Housing, the BC Non-Profit Housing Association, non-profit housing providers, housing co-ops, lower mainland municipalities, information and referral service groups, and other community-based organizations. As of August 2003, participants included BC Housing, the Greater Vancouver Housing Corporation (GVHC), Affordable Housing Societies and several other non-profit housing providers in the lower mainland. More housing providers are expected to join the Housing Registry in the near future.

Gap # 12 – Lack of a fully coordinated waiting list system for social housing

The Housing Registry, a coordinated waiting list system for social housing, is not yet fully implemented.

Policy Statement

1) Access to social housing is best achieved through a coordinated social housing waiting list for Greater Vancouver.
2) Accurate information on the number of people on social housing waiting lists and their characteristics is essential for policy and planning purposes.

Strategy

a) Support the work of the Housing Registry Council to fully implement a coordinated social housing registry.
b) Encourage all housing providers to participate in the Housing Registry.

4.2 Adequate income

The need for households to have sufficient incomes to afford adequate housing is one of the key elements of the continuum of housing and support. This income can be from employment, transfer payments (such as income assistance, employment insurance and pensions) or a combination of these. Participants in the plan update consultations expressed concern that insufficient incomes are a growing gap in the continuum.

Incomes have not been keeping up with inflation. Average household incomes in Greater Vancouver decreased by 4% between 1990 and 1995, from $56,479 to $54,055 in constant real dollars[37]. The situation was worse for renter households who saw their annual income decline by 11% from $40,538 in 1990 to $36,178 in 1995.[38]

[37] City of Vancouver, based on data from Statistics Canada.
[38] Analysis of the 2001 census data is not yet available.

During the 1990 to 1995 period, the percentage of households in the region living below the poverty line increased from 18% to 23%.[39] In 1995, one in five families and two in five single persons were identified as poor. Certain types of households were more likely to be poor, including single parents (54%), recent immigrants (52%), aboriginal persons (49%), and unemployed persons (46%). More than half of all single elderly women (54%) were living in poverty. The average income for families living below the poverty line in 1995 was $14,700 per year.

The Research Project on Homelessness in Greater Vancouver completed in 2002 found that almost three quarters of the 58,000 households at risk of homelessness had incomes less than $20,000. The largest share of households at risk of homelessness had incomes between $10,000 and $19,999. Among all households at risk, the average household income was $16,303 compared to an average regional household income of $54,055. [40]

Almost half the population age 15 or over in these households cited employment as their major source of income (48%). Forty-two percent reported government transfers, and 9% reported income from other sources.[41]

In the 24-hour snapshot survey of 2002, 40% of the homeless participants in Greater Vancouver cited income from welfare or a training program as their major source of income, 21% reported that they had no income, 11% stated that income from employment was their major source of income, and 9% stated that disability benefits were their major source of income. The remaining 19% of participants reported income from a variety of sources.[42] A count of homeless people in Surrey conducted in May 2003 found that of the 108 individuals counted in the daytime, 28% reported that they had no income, 19% reported that welfare was their major source of income, 18% reported income from employment as their major source of income and 12% reported that disability benefits were their major source of income. The remaining 23% reported income from a variety of other sources or did not respond.

Priority #5 Employment assistance services and training

4.2.1 Access to employment

Unemployment rates in Greater Vancouver fell steadily from a high of 9.3% in 1993 to a low of 5.9% in 2000. However, since then, the unemployment rate for the region rose to 7.8% in 2002. The unemployment rate in Greater Vancouver was consistently lower than the rate for the province as a whole.

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[39] Canadian Council on Social Development. *Urban Poverty in Canada, A Statistical Profile*. April 2000. Poverty is defined using Statistics Canada's before-tax Low Income Cut-Offs (LICOs). LICOs are income cutoffs that were developed to identify households that would have to spend approximately 20 percentage points more of their income than would the average Canadian household to acquire the basic necessities of food, shelter and clothing (54.7% of their income to acquire basic necessities).

[40] Jim Woodward and Associates Inc. et al. 2002. *Greater Vancouver Regional District, Research Project on Homelessness.* P.14.

[41] Jim Woodward and Associates Inc. et al. 2002. *Greater Vancouver Regional District, Research Project on Homelessness.* P.22. Income from government transfers included Old Age Security/Guaranteed Income Supplement (8%), Canada Pension/Quebec Pension Plan (3%), Employment Insurance (4%), Child Tax Credits (1%) and other government sources (26%), for a total of 42%.

[42] Jim Woodward and Associates Inc. et al. 2002. *Greater Vancouver Regional District, Research Project on Homelessness.* P.78. These other sources included binning, panhandling, squeegee work and bottle collecting (6%), employment insurance (2%), pensions (2%) and other (9%).

Table 21: Unemployment rates, 1992-2002

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
BC	10.2%	9.7%	9.0%	8.4%	8.7%	8.4%	8.8%	8.3%	7.2%	7.7%	8.5%
Greater Vancouver	9.0%	9.3%	8.6%	7.9%	8.0%	8.3%	8.1%	7.8%	5.9%	6.6%	7.8%
Source: BC Statistics											

Gap #13 - Inadequate employment assistance and training programs for homeless individuals

Employment assistance programs consist of a wide variety of services, including training and education initiatives generally aimed at reconnecting individuals with employment. Services usually include some combination of:

- job search support
- job banks
- job placement
- education and academic upgrading
- pre-employment training
- life-skills counseling and training
- employment counseling and training
- work experience and on the job training
- supported employment (on the job support)

Employment assistance services are delivered through non-profit service organizations as well as the provincial government. Agencies may receive funding from the federal and provincial governments or through fundraising. Some employment programs are associated with labour market re-attachment strategies for individuals receiving income assistance benefits. The responsibility for skills training resides with the Ministry of Human Resources for those who are eligible for BC Employment and Assistance, job ready and looking for work. Since 2002/03, the Ministry has introduced a number of programs to assist clients find and maintain jobs, including employment counseling, job search assistance, work skills training, work experience, job placement and technical aids for persons with disabilities.[43]

The regional inventory identifies Greater Vancouver employment services targeted to homeless individuals and people with low incomes. As can be seen in the table below, most of the employment assistance services are in Vancouver, followed by the South of Fraser sub-region.

[43] BC Ministry of Human Resources. Fact Sheet, Employment Services Contracts Update, May 9, 2003. Online at http://www.mhr.gov.bc.ca/factsheets/2003/Employ_contracts.htm

Table 22: Employment assistance services in Greater Vancouver

Sub-region	Number of Services	% of Services
Vancouver	**37**	61%
South of Fraser	**12**	20%
Burnaby/New Westminster	**5**	8%
Richmond	**0**	0
North Shore	**5**	8%
Northeast Sector	**1**	2%
Ridge Meadows	**1**	2%
Region wide	**61**	**100%**

Table 23 below shows that while some programs are open to anyone seeking work, about one third of the services are targeted to youth. Another 20% are targeted to Aboriginal people, including Aboriginal youth. Other services are targeted specifically to people with special needs (9%), followed by women (6%) and immigrants or refugees (3%).[44]

Table 23: Employment assistance services for specific target groups

			Change	
Target Group	**2000**	**2003**	**#**	**%**
Adult men only	0	0	0	0%
Adult women only	1	4	3	300%
Adult men and women	6	9	3	50%
People with special needs	5	6	1	20%
New immigrants, refugees, and refugee claimants	2	2	0	0%
Seniors	0	0	0	0%
Youth	9	22	13	144%
Aboriginal business ventures	0	3	3	N/A
Aboriginal families, adults and youth	0	7	7	N/A
Aboriginal women	0	1	1	N/A
Aboriginal youth	0	2	2	N/A
All	0	9	9	N/A
Region wide	**23**	**65**	**42**	**183%**

[44] It should be noted that the number of services by target group differs from the number in table 22 because some agencies serve more than one target group. Also, in the "all" category, one of the services is targeted to Spanish speaking people and another provides counseling and referrals for sex-trade workers. Also, some of the additional services identified in 2003 may not be new, but may have been identified due to the increased emphasis on creating an inventory for youth and Aboriginal services.

Providing homeless individuals with employment opportunities is necessary to break the cycle of homelessness.[45] However, there is evidence that mainstream employment and training programs are not effective in connecting homeless individuals with jobs, and a more specialized approach is required.[46] There are some examples in Canada and other countries where employment initiatives are specifically targeted to homeless individuals, and are part of a long-term strategy to address homelessness. A variety of different approaches have been undertaken. Some initiatives involve partnerships with private sector companies that provide training and on-the-job paid work experience. In other cases, non-profit groups have created business ventures that provide paid training and work experience for individuals who were previously homeless. Tradebuilders and Option Youth Society's Picasso Café are some local examples that serve youth.

A community development approach was supported by the Toronto Mayor's Task Force to create jobs for people with extremely low incomes and social assistance recipients. This approach involved the creation of small businesses by a community group to enable poor and unemployed people to participate in their community and achieve greater economic independence. These businesses are unique in how and why they were established, how they are managed, working conditions, and the nature of profits. They aim to create a welcoming, supportive social location for their employees while improving their financial status. Community economic development can provide an alternative approach to job creation for homeless individuals.

It is clear from the literature, the sub-regional consultations and kitchen table sessions that homeless individuals face many barriers to employment. Fundamental issues such as housing, food, adequate health and safety need to be addressed before homeless individuals can successfully seek employment. It is virtually impossible to obtain employment without having a decent night's sleep, an alarm clock, a shower, a telephone and other conveniences of a home. In short, housing is a necessary first step to obtaining employment. The lack of dental services has also been identified as a serious barrier to employment. It was noted that it is very difficult for a person who is missing or has no teeth to get a job – particularly in the service sector. The lack of affordable childcare is another often-cited barrier to obtaining employment, particularly for single parent families. Inadequate public transportation was also identified as a barrier to employment and employment programs. Low self-esteem and mental health issues also need to be addressed before pursuing employment. The need for pre-employment services has been identified because it may be unrealistic to expect that finding employment can be the first step for a person who is homeless. There is a need to recognize that for some homeless individuals, obtaining employment will be a gradual process. The need for further research has been identified to determine ways to support this transition (e.g. through incentives or removal of structural barriers).

Many participants in the kitchen table sessions stated that they were willing to work, and need help to find jobs. One of the top three priorities identified in these sessions was the need for effective programs, services and support to help people find jobs. Participants expressed a need for job skills training and re-training, access to education (including post-secondary education), and co-op training programs. They thought it was important for employment programs to focus on their long term needs – so they could get a job that would pay a "living" wage – enough for them to afford food and housing and sustain them over the long term. They also identified a need for telephones, computers

[45] BC Ministry of Social Development and Economic Security and Ministry of Municipal Affairs. *Local Responses to Homelessness: A Planning Guide for B.C. Communities*. 2000

[46] Rog, Debra and C. Scott Holupka. "Reconnecting Homeless Individuals and Families to the Community." in Fosburg, Linda and Deborah Dennis (eds.) *Practical Lessons: The 1998 National Symposium on Homelessness Research*. US Department of Housing and Urban Development and Department of Health and Human Services. August 1999.

and bus passes to look for work and clean and appropriate clothing for job interviews. Concerns were expressed about discrimination due to gender, sexual identity and ethnicity. Several participants identified a need to promote peer employment, self-enterprises and small business e.g. bike repairs, arts and crafts, carving and painting.

Participants in the youth consultations identified a need for training grants and loans to be more accessible, more alternative schooling opportunities, more literacy programs, more employment training programs, career choice programs, transitional working programs for youth entering the work environment, and clothing banks and tools to support employment.

The Aboriginal community identified a need for more education and training initiatives, and programs to help people find work, particularly for Aboriginal youth and others looking for employment.

Gap# 13 Inadequate employment assistance and training programs for homeless individuals

There are not enough programs or services targeted specifically to people who are homeless to help them secure employment – either as an employee or through self-employment.

Policy Statement

1) Adequate housing, food, health and dental and child care as well as access to telephones, computers, public transportation, clean and appropriate clothing and other relevant supports are necessary prerequisites for obtaining and maintaining employment.
2) Employment assistance services should meet the needs of all individuals who are homeless or at risk.
3) Creating non-traditional employment opportunities and supporting small business development and self-employment opportunities for homeless individuals through non-traditional means is essential to reduce homelessness.

Strategies

a) Encourage all employment assistance programs to develop a plan to address the basic needs of their clients.
b) Encourage the development of regulated, quality, affordable child-care spaces.
c) Carry out research to identify ways to support a transition from reliance on income assistance to greater reliance on employment income.
d) Encourage expansion of the range of employment assistance programs and services to meet the needs of all individuals who are homeless or at risk. In particular, there is a need for improved access to training programs (including grants and loans), more alternative schooling opportunities, improved access to education (including post-secondary education), more literacy programs, more training and job finding programs, career choice programs, transitional working programs for youth entering the work environment, and supports to maintain employment.
e) Request that individuals be provided with the tools they need to find employment, including telephones, computers, bus passes, and clean and appropriate clothing for job interviews.
f) Encourage the development of new approaches that are specifically designed to create employment opportunities for people who are homeless and at risk. This should include non-traditional employment opportunities, supporting small business development and self-employment opportunities, and other community economic development initiatives.

g) Support regional strategies that would assist individuals working in low paying jobs to access higher paying employment opportunities through skill development and regional economic development.

The Research Project on Homelessness in Greater Vancouver found that more than three quarters (79%) of people living in at risk households were employed in the week prior to the 1996 Census. Twenty-one percent of those who were in the labour force were unemployed, compared to the rate of 7.9% for Greater Vancouver.[47] [48]

While the majority of homeless people are unemployed, there is some evidence that an increasing percentage of this population is employed. For example, a 1999 survey of B.C. shelter clients found that only 4% of homeless people received income from employment.[49] In the snapshot survey of homeless people in 2002, 11% of the homeless individuals stated that their main source of income was from employment. In the 2003 Surrey count, 18% of the homeless individuals stated that their main source of income was from employment. Service providers in some of the sub-regional consultations have also noted that increasing numbers of individuals using emergency shelters are employed.

If a lack of income is a critical factor in causing homelessness, assisting homeless people to find employment and earn income is an essential component of a strategy to reduce homelessness. However, one can be employed and still be at risk of homelessness. As noted in the Research project on Homelessness in Greater Vancouver, "employment does not prevent an individual from being at risk of homelessness, but rather those who work for low wages form a major share of the GVRD at risk population."[50]

Priority #6 Legislative reform to provide adequate levels of income

4.2.2 Income from employment

Gap #14 - Incomes of the working poor are inadequate to afford decent housing

In March 2002, changes to the Employment Standards Act were enacted that may have a negative impact on the ability of workers to receive an adequate income. For example, the concept of a "flexible" work week was introduced, which changes the rules governing hours of work and overtime pay. Instead of being required to pay overtime for work completed following a regular 8-hour day or 40-hour week, employers can now seek an agreement with employees whereby their hours of work are averaged over a two, three or four week period. Under this arrangement, an employee could work 60 hours in one week without receiving any overtime pay as long as this person did not work more than 20 hours the following week. Concerns have been expressed that employers may demand more

[47] Jim Woodward and Associates Inc. et al. 2002. *Greater Vancouver Regional District, Research Project on Homelessness.*
[48] Unemployed individuals are considered to be in the labour force if they have been looking for work or had arrangements for work inside a four week time period, or were on temporary lay-off.
[49] BC Ministry of Social Development and Economic Security and Ministry of Municipal Affairs. 2000. *Local Responses to Homelessness: A Planning Guide for B.C. Communities*.
[50] Jim Woodward and Associates Inc. et al. 2002. *Greater Vancouver Regional District, Research Project on Homelessness.* P.20.

"flexibility" from employees regarding their hours of work, which could create difficulties for workers with family responsibilities and those who need to use childcare.[51]

The Employment Standards Act also changed the rules regarding the minimum number of hours for which employees can be called in to work. Under the previous legislation, employers could not call an employee into work for less than a four hour period. Under the new legislation, the minimum number of hours has been reduced to two. Concerns have been expressed that this will have a significant impact on service sector employees, particularly in the retail and hospitality sectors. Employers will be able to require employees to come into work for just two hours, regardless of transportation costs, the disruption in schedule, or difficulty planning family life and childcare around such shifts.[52]

Effective November 1, 2001, the hourly minimum wage in B.C. was increased from $7.60 to $8.00 an hour. On the other hand, effective November 15, 2001, a "first job" or training wage of $6.00 an hour was introduced. This rate applies to the first 500 hours (approximately 3 months) worked in any job.[53] An individual receiving this rate of pay would earn approximately $910 per month. An individual who is paid $8.00 an hour and works 35 hours a week over 52 weeks each year would earn $1,213 per month or $14,560 per year. While the rate of $8.00 an hour is the highest minimum wage in Canada, because of high housing costs, most households earning this amount in Greater Vancouver would still be living below the poverty line based on Low Income Cut-Offs (LICOs) for the year 2002. These individuals are often referred to as the 'working poor'.

As can be seen in Table 24 below, the incomes of single parent households, and households where only one adult is able to obtain full-time employment at minimum wage would fall significantly below the poverty line. It would appear that households with two adults working full-time would be in a better financial position than a two-parent household where one parent is looking after the children; however, families with children would incur additional expenses for childcare. It has been estimated that child care fees in Vancouver can range from $6,440 to as much as $10,860 per year, depending on the age of the child and type of care.[54]

It is obvious that individuals earning the training wage of $6.00 an hour would be living well below the poverty line. Participants in the consultation process noted that the introduction of the training wage is disproportionately affecting youth.

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[51] SPARC BC. 2003. *A Path to Poverty: A Review of Child and Family Poverty Conditions in British Columbia.* Prepared for the B.C. Federation of Labour.
[52] SPARC BC. 2003. *A Path to Poverty: A Review of Child and Family Poverty Conditions in British Columbia.* Prepared for the B.C. Federation of Labour.
[53] Infoline Report, Feb 22, 2002. BC Stats
[54] SPARC BC. 2002. *Falling Further Behind: A Comparison of Living Costs and Employment and Assistance Rates in British Columbia.*

Table 24: Minimum wage compared to Low Income Cut-Offs

Family Size	LICO for the year 2002	Income if **1** person works 35 hrs/wk/yr at minimum wage of $8.00/hour	Income as percent of LICO	Income if **2** persons work 35 hrs/wks/yr at minimum wage of $8.00/hour	Income as percent of LICO
1	$19,261	$14,560	76%	N/A	N/A
2	$24,077	$14,560	60%	$29,120	121%
3	$29,944	$14,560	49%	$29,120	97%
4	$36,247	$14,560	40%	$29,120	80%
Source: Canadian Council on Social Development: 2002 Poverty Lines (online at http://www.ccsd.ca/factsheets/fs_lic02.htm)					

Table 25 below shows that most households earning minimum wage would have great difficulty finding market housing that they could afford, except in the case of two adults renting a 1 bedroom unit. Single persons, single parent households, and households where only one adult is able to obtain full-time employment would be at risk of homelessness, as they would be required to pay between 53% and 93% of their incomes to rent. All households are worse off compared to 2000 as average rents for bachelor, 1 and 2 bedroom units increased by 7% since then, whereas incomes based on the minimum wage have increased only 5%. Average rents for 3 bedroom units increased by 10% between the years 2000 and 2002.

Table 25: Annual income required to afford market rental housing

Unit Type	Average Monthly Rent Vancouver CMA 2002	Annual income required to afford unit at 30% of income	Income if **1** person works 35 hrs/wk/yr at $8/hour	Average rent as % of income with one full-time employee	Income if **2** persons work 35 hrs/wk/yr at $8/hour	Average rent as % of income with 2 full-time employees
Bachelor	$ 638	$25,520	$14,560	53%	N/A	N/A
1 Bedroom	$ 743	$29,720	$14,560	61%	$29,120	31%
2 Bedroom	$ 954	$ 38,160	$14,560	79%	$29,120	39%
3 Bedroom	$ 1,127	$ 45,080	$14,560	93%	$29,120	46%
Source: CMHC 2002 Vancouver Rental Market Report (October, 2002 survey)						

One way to ensure that working poor households can afford to obtain decent housing in the market place is to increase their disposable income. There are several ways this could be achieved, including increasing the minimum wage so that it is commensurate with housing costs, and introducing tax initiatives (such as tax credits and other methods) to assist households. Increasing the supply of social and affordable housing would also help to ensure working households can afford decent housing. The relationship between housing and poverty must be considered together. Some people view the lack of affordable housing as a housing problem (not enough affordable housing), whereas others look at it as an income problem (not enough income to pay for the housing). In any case, the issue is the same: the cost of housing is too expensive relative to household incomes.[55]

[55] Social Planning and Research Council of BC, Deborah Kraus and Paul Dowling. 2003. *Family Homelessness: Causes and Solutions.* Ottawa: Canada Mortgage and Housing Corporation.

Gap #14 Incomes of the working poor are inadequate to afford decent housing

For a significant portion of employees in the labour force, even if they work full time, their incomes are inadequate to afford housing in Greater Vancouver.

Policy Statement

Households with employment income should be able to afford safe, secure, and suitable housing.

Strategies

a) Request that the provincial government examine various strategies to assist working poor households to increase their disposable income through enhanced minimum wage, tax credits, improved employee benefits and other measures.
b) Request that the provincial government repeal changes to the Employment Standards Act, and specifically to: eliminate the $6 an hour training wage, repeal the provisions regarding a flexible work week for the purposes of calculating overtime, and return to a requirement to provide a minimum of four hours of work when calling in their employees.

4.2.3 Employment insurance

Gap #15 – Inadequate access to employment insurance

Unemployment rates have increased since the year 2000, and a significant number of Greater Vancouver residents are unemployed. Many of these individuals seek employment insurance benefits. Canada's Employment Insurance system is designed to provide income support to people who temporarily lose their jobs and to help them return to work. Changes to the employment insurance system since the 1990s have led to a dramatic decline in the number of BC residents who qualify for insurance benefits. In 1992, 77% of unemployed people in BC qualified for insurance benefits. By 1997, the percentage of individuals who qualified for these benefits fell to 49%. As of July 2000, only 37% of unemployed British Columbians qualified for employment insurance benefits and as of July 2003, only 35% of unemployed individuals in BC received employment insurance.[56] A recent study conducted by the Canadian Labour Congress has found that the changes to the EI program have affected women more than men. In 2001, just 33% of unemployed women in Canada received insurance benefits compared to a 44% rate of coverage for men, "and the gender gap is getting wider".[57] The changes to the employment insurance system had a significant impact on the provincial government's income assistance caseload. In 1996, one in six new income assistance cases involved an applicant whose EI benefits had run out, while many others applied for income assistance because they did not qualify under new eligibility criteria.

Another issue concerns the waiting period for obtaining EI benefits once approved. Although eligible individuals are entitled to benefits after a two-week waiting period, it may take as long as eight weeks before they receive a cheque.

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[56] Source: Statistics Canada. The number of people in receipt of employment insurance is from the Employment Insurance Statistics, Labour Statistics Division. As of June 2003, a total of 66,220 people in BC received employment insurance. According to the Statistics Canada Labour Force Survey (online), 189,800 people were unemployed in BC in July 2003.

[57] Canadian Labour Congress. Press Release re a new report on EI coverage, *Falling Unemployment Insurance Protection for Canada's Unemployed*, September 3, 2003.

Gap #15 – Inadequate access to employment insurance

A significant share of unemployed individuals are ineligible for benefits under Canada's employment insurance system. Those who are eligible face a lengthy waiting period before they receive their benefits. This may cause extreme hardship.

Policy Statement

1) Most unemployed individuals should be able to access EI benefits.
2) Policies and procedures should be developed to ensure that individuals who are eligible for benefits receive payment in a timely manner.

Strategies

a) Request that the federal government expand eligibility criteria for Employment Insurance benefits to ensure that at least 70% of employees who lose their jobs are eligible for benefits.
b) Request that the federal government reduce the amount of time it takes for eligible individuals to receive their benefits.

4.2.4 Income assistance

Significant changes were made to the income assistance program in BC since the Regional Plan was first prepared in 2001. The new program, called BC Employment and Assistance, was introduced into the legislature in April 2002. The government's stated intention was to redefine income assistance to focus on employment and self-sufficiency.[58] Under the current program, people who are considered employable must be actively searching for employment or participating in a job placement or training program to be eligible for assistance.[59] People who intend to apply for assistance must complete several forms, conduct a three-week work search, complete an orientation session while awaiting an intake interview, and attend an intake interview where an employment and assistance worker will determine the person's eligibility.

Several other significant changes were made, as set out below.[60]

1) Cuts to Rates and Benefits

As shown below, welfare rates were reduced for single employable adults ages 55-64, employable couples ages 55-64, single parents, and employable couples with children. Shelter allowances were also reduced for families with three or more people, by $55 to $75 per month. A number of other cuts were made, including the capping of crisis grants (food at $20 per person per month, shelter at one month's allowance, and clothing at $100 per person per year). Short-term homemaker services were also discontinued for those unable to care for themselves, a spouse or a dependent child, and many

[58] Ministry of Human Resources, News Release. New Acts Provide Assistance, Opportunity and Independence. April 15, 2003.
[59] Ministry of Human Resources. Applying for BC Employment and Assistance, July 2003. Online at http: www.mhr.bov.bc.ca/PUBLICAT/bcca/applying.htm
[60] Most of the information in this section is from the 2003 report prepared by the Canadian Centre for Policy Alternatives – BC Office and SPARC BC. 2003, *A Bad Time to Be Poor: An Analysis of British Columbia's New Welfare Policies.*

benefits were eliminated for people entering the workforce, such as money for work clothes or child care.[61]

Type of Recipient	2001 Benefit Rate[1]	2002 Benefit Rate[1]	Monthly Income Loss	2002 Benefits as a % of the "poverty line" (LICO)[2]
Single 'employable' adult age 18-54	$510	$510	$0	32%
Single 'employable' adult age 55-59	$557	$510	$47	32%
Single 'employable' adult age 60-64	$608	$510	$98	32%
'Employable' couple age 18-54 (no children)	$827	$827	$0	41%
'Employable' couple age 55-59	$921	$827	$94	41%
'Employable' couple age 60-64	$972	$827	$145	41%
Single parent, one child	$1,004	$961	$43	48%
Single parent, two children	$1,201	$1,111	$90	44%
'Employable' couple, age 18-54, one child	$1,118	$1,071	$47	43%
'Employable' couple, two children	$1,266	$1,221	$45	40%
Single adult, Disability Level I[3]	$608	$608	$0	38%
Single adult, Disability Level II[4]	$786	$786	$0	49%
Source: Canadian Centre for Policy Alternatives – BC Office and SPARC BC. 2003. *A Bad Time to Be Poor: An Analysis of British Columbia's New Welfare Policies.*				

[1] Amounts for families with children include the monthly BC Family Bonus ($107 in 2001, and $115 in 2002). The monthly income delivered by the federal government through the Canada Child Tax Benefit is not included in these calculations ($96 per month in 2002, compared to $92 in 2001).

[2] Statistics Canada before-tax Low-Income Cut-Offs (LICOs) in 2002, for cities of 500,000+ people.

[3] DBI now called Persons with Persistent Multiple Barriers to Employment (PPMB).

[4] DBII now called Persons with Disabilities.

2) Elimination of Earnings Exemptions and the Child Support Exemption

Prior to the reforms, single people without dependents were entitled to earn $100 per month without this income affecting the amount of their assistance. People with a disability, couples and single parents were entitled to earn $200 per month. Any income earned above this amount was deducted from the income assistance cheque at the rate of 75%. Under the current rules, earnings exemptions were eliminated for everyone except people with disabilities, and any income earned is deducted dollar-for-dollar from one's income assistance cheque. On the other hand, the earnings exemption for people with disabilities was increased to $400 per month.

[61] Canadian Centre for Policy Alternatives – BC Office and SPARC BC. 2003. *A Bad Time to Be Poor: An Analysis of British Columbia's New Welfare Policies.*

In addition, before the reforms, parents in receipt of income assistance who were receiving child support payments were entitled to keep $100 per month of this support. Under the current rules, all child support payments are deducted dollar-for-dollar from one's income assistance cheque.

3) Exemption for Single Parents with Young Children, and Cuts to the Child Care Subsidy

Under the new rules, employable single parents are expected to work when their youngest child reaches the age of three, as opposed to the age of seven under the previous rules. As of April 2002, this change affected about 8,900 single parent families.

At the same time, the maximum monthly income a family may have to be eligible for the child care subsidy has been reduced by $185, and the government will now claw back more of the subsidy from modest income families. The result is that the value of the subsidy has been substantially reduced for many families. For example, a single mother with one child in licensed group care with a gross income of $24,300 will now pay $1,534 more towards child care per year. It is estimated that over 10,000 families have lost all or part of their child care subsidy as a result of the reforms.

4) Employment Plans and the Three-Week Wait

When new claimants first go to an Employment and Assistance office, they must complete an Appointment and Enquiry form and a Reasonable Work Search Guideline form. They are also told to attend a pre-application orientation, and to return in three weeks with evidence of their work search. Only then will an application for assistance be reviewed to see if an applicant qualifies for benefits. The result is that applicants must wait at least three weeks before being eligible for assistance. They can no longer receive assistance right away, except perhaps in exceptional cases, and in fact, the review process may take more than three weeks.

New income assistance clients must also complete several forms that are used by caseworkers to identify a client's personal barriers to employment. An Employment Plan is then developed that sets out a client's work search and training obligations. The government monitors each client's progress through their Employment Plans. If clients do not comply with their Employment Plans, their benefits are reduced or suspended.

5) Two-Year Time Limits: Ending the Entitlement to Welfare

Under the new rules, employable participants may receive income assistance for a maximum of two cumulative years out of every five, starting after April 1, 2002. Once the two-year time limit has passed (April 2004), income assistance will be discontinued for employable singe persons and couples without children. Assistance will be reduced by $100 per month for single parents and by $200 per month for two-parent families.

6) Post-Secondary Students Unable to Access Welfare

Full-time students in programs eligible for BC Student Financial Assistance (student loans) are no longer eligible for income assistance – except for people with disabilities.

7) Two-Year Independence Rule

Applicants age 19 and over must demonstrate that they have been financially independent for two consecutive years before they are eligible to apply for income assistance or qualify for hardship

assistance. Some exceptions will be made for youth aging out of government care and other youth in special circumstances.

8) People with Disabilities

As of September 30, 2002, the Disability Level One benefit category (DBI) was replaced with the designation "Persons with Persistent and Multiple Barriers to Employment (PPMB). Recipients of DBI were required to reapply under the new PPMB criteria. Applicants had to pass an "employability screen" to be conducted by an Employment and Assistance worker, or be found to have a medical condition that prevents them from working. They also had to demonstrate that they had taken all reasonable steps to overcome their barriers to employment. Individuals who did not meet the requirements had their benefits reduced to the basic income assistance rate of $510 per month rather than the PPMB monthly benefit rate of $608 for a single person.

As of September 30, 2002, the Disability Level Two benefit category (DBII) was replaced with the new designation "Persons with Disabilities" (PWD). Approximately 19,000 individuals who were receiving DBII had to re-establish their eligibility by completing a 23-page reassessment. According to the Ministry of Human Resources, approximately 400 of the 19,000 persons were found to be ineligible. Persons found ineligible for PWD had their benefits reduced to the basic income assistance or PPMB rate rather than the PWD rate of $786 for a single person.

In addition, "unusual and continuous costs" are no longer part of the definition of disability. The result is that the amount of money individuals must spend on the care or management of their disability has no bearing on an application for assistance.

9) Sanctions

Failure to comply with an Employment Plan, quitting a job without cause or being fired for cause, and failing to demonstrate a reasonable work search may result in reduced assistance, the suspension of assistance for a period of time, or the termination of assistance.

10) Appeals

The process for appealing decisions about the denial, discontinuance, or reduction of welfare benefits has been significantly curtailed. Legal services are limited to a province-wide toll-free telephone service and online resources from the Legal Services Society.

Gap #16 Inadequate access to BC Employment and Assistance Benefits

The number of cases in receipt of income assistance has declined significantly, since 1999; however, it is not clear why. Is it because of general economic conditions or government policy? There is insufficient information to determine if more people are leaving the welfare rolls because they have found employment, if more people are having their benefits terminated, or if government policies have made it more difficult for people to access assistance. One thing that is clear, however, is that there has been a steady decline in income assistance cases in Greater Vancouver from July 2002 to June 2003, although there has been an increase in cases for people with disabilities and persistent multiple barriers.

Table 26: Income assistance caseloads

Date	Total cases	Percent change from previous year	Continuous assistance cases*	Percent change from previous year
July 2000	81,057	N/A	20,861	N/A
June 2001	79,940	-1%	23,277	12%
June 2002	72,083	-10%	24,749	6%
June 2003	62,772	-13%	31,771	28%

*Persons with disabilities, and persons with persistent multiple barriers
Source: Ministry of Human Resources, Communications Division

According to the Government of BC, one reason for the reduced caseload is that its job training and job placement programs have helped place clients in jobs. According to a most recent survey of former clients, more than two-thirds left income assistance for paid employment.[62] However, several problems have been identified with the government's system for tracking former income assistance recipients, as discussed in the report *A Bad Time to Be Poor.*[63] One of the key concerns is that the surveys are conducted by telephone. This means that it is unlikely to include responses from people who are homeless, mobile people without a steady phone number, or those who cannot afford a phone. In addition, survey participants include only people who have been without income assistance for six months, and it would be expected that these would be the people who have found employment. For these reasons, it has been argued that the survey findings over-state the success former clients have in finding employment. Finally, of the three surveys conducted to date, the first survey achieved a response rate of 33%, while the second and third surveys achieved response rates of only 32%. Of those sought for the surveys, 40%, 46% and 48%, respectively, did not have a phone number in service while another 20% to 25% were either "unavailable" or declined to be interviewed. Thus, there is no way to know what has happened to the majority of people who left the welfare rolls.

Participants in the consultations expressed strong concern that the new BC Employment and Assistance program has made it more difficult for households to access income assistance. Furthermore, they expressed concern about the reduction of rates for assistance that were already inadequate. It is believed that the cumulative effect of the changes is already causing increased homelessness. Some of the specific concerns that have been raised are the three-week waiting period to access assistance and the contradiction between telling applicants to get a job while at the same time implementing measures that work against this objective. For example, the elimination of earnings exemptions, cuts to child care, cuts to transition-to-work assistance and the $6 training wage all make it more difficult for individuals to find a job that will prevent homelessness. In addition, there is great concern that reduced eligibility for income assistance will reduce access to emergency shelters, so that more people will be forced on to the street.

Participants in the kitchen table sessions expressed concern about the inadequate income assistance rates and the need for support to help people become employable and find jobs. They expressed a need to be able to access financial support for specific items (e.g. clothing for a job interview, bus passes, or eye glasses) that can make the difference between finding employment and giving up all hope.

[62] BC Ministry of Human Resources, *Opinion Editorial,* March 5, 2003
[63] Canadian Centre for Policy Alternatives – BC Office and SPARC BC. 2003. *A Bad Time to Be Poor: An Analysis of British Columbia's New Welfare Policies.*

Interviews with service providers in Vancouver and Victoria conducted as part of a study of family homelessness in Canada reported that the income assistance changes assume applicants are work-ready and able to conduct a job search, which is simply not realistic for some individuals, including parents with young children who may be in crisis (e.g. fleeing abuse) or unable to find child care that they can afford. The key informants also expressed concern that the three-week waiting period is forcing more families into emergency shelters. Moreover, the combination of having to wait 3 weeks for assistance and the 30 day maximum length of stay in shelters makes it impossible for families to secure housing while they are in the shelter. [64]

Participants in the youth consultations reported that the recent changes to the income assistance program have resulted in youths experiencing much greater vulnerability to homelessness. In particular, they expressed concern about the requirement for two consecutive years of independent living before they can access income assistance. The three-week waiting period and bureaucratic language have also been identified as barriers to youth in need of assistance. Access to income assistance was identified as being most difficult for youth with mental health issues and Fetal Alcohol Syndrome/Effects, and Aboriginal and sexual minority youth.

The Aboriginal community expressed concern about the reduced income assistance benefits and identified a particular need for income support for single parents and elders.

Gap#16 Inadequate access to BC Employment and Assistance

Some people in need of income assistance are ineligible and cannot access housing or emergency shelter. Barriers prevent people with significant problems from applying for and maintaining benefits. In addition, eligibility criteria may result in people losing their benefits, which may place them at risk of homelessness.

Policy Statement

Income assistance programs should be inclusive and able to provide immediate support to people in need. This would help to prevent homelessness and the associated costs of homelessness.

Strategy

Request that that the provincial government expand eligibility and reduce barriers to obtaining income assistance.

Gap#17 – Shelter component of income assistance inadequate to afford suitable housing

Inadequate income assistance rates are too low to permit people to rent decent rental housing in the market place, particularly in the Lower Mainland. As can be seen below, there are very few bachelor units available within the current maximum monthly BC Employment and Assistance shelter allowance in the Vancouver CMA. [65] While a couple could find bachelor accommodation, they would be hard pressed to find a one-bedroom unit within the maximum shelter allowance. Similarly,

[64] Social Planning and Research Council of BC, Deborah Kraus and Paul Dowling. 2003. *Family Homelessness: Causes and Solutions.* Ottawa: Canada Mortgage and Housing Corporation.

[65] The CMHC survey includes permanent rental accommodation in apartments and row housing but does not include units in SROs or in single family dwellings (e.g. secondary suites). The shelter allowance covers actual provable shelter costs up to the maximum.

a couple with one child would have minimal access to a two-bedroom unit. A single parent with two children searching for a three-bedroom unit would have no access to these units.

Table 27: Proportion of market rental housing units available within BC Employment and Assistance shelter maximums

Number of People	Maximum Monthly Shelter Allowance*	Unit Type	Units Available		Total Number of Units	Average Rent Van CMA
			%	#		
1	$325	Bachelor	1.8%	197	11,057	$638
2	$520	Bachelor	22.6%	2,494	11,057	$638
		1 Bedroom	3.1%	1,985	64,676	$743
3	$555	2 Bedroom	.1%	39	26,364	$954
		3 Bedroom	0%	0	4,350	$1,127
4	$590	2 Bedroom	.3%	81	26,364	$954
		3 Bedroom	0%	0	4,350	$1,127

Source: Social Planning and Research Council of BC, August 2003, based on CMHC Rental Housing Market Report (October, 2002 survey).

* The rent ranges used were 0-$399 for one-person households, 0-$549 for two and three-person households, and 0-$599 for four-person households.

Households are unable to afford average monthly rents based on the amount they receive for shelter from BC Employment and Assistance. As can be seen below, average monthly rents would consume 123% of the shelter allowance for two persons seeking a bachelor unit. For single persons seeking a bachelor unit, a family of three seeking a three-bedroom unit or a family of four seeking a three bedroom unit, the average monthly rent would consume approximately double the amount they would receive for a shelter allowance. The situation is worse compared to the year 2000.

Table 28: Rent as a Share of BC Employment and Assistance Shelter Allowance

Number of People	Maximum Monthly Shelter Allowance	Unit Type	Average Rent Van CMA	Average Rent as % of Shelter allowance 2002	Average Rent as % of shelter allowance 2000
1	$325	Bachelor	$638	196%	184%
2	$520	Bachelor	$638	123%	115%
		1 Bedroom	$748	144%	134%
3	$555	2 Bedroom	$954	172%	146%
		3 Bedroom	$1,127	203%	168%
4	$590	2 Bedroom	$954	162%	137%
		3 Bedroom	$1,127	191%	157%

Accommodation that is affordable to income assistance recipients is typically a room in a SRO hotel or rooming house. People living in SRO units are considered to be 'at risk' of becoming homeless since many of these units are neither adequate nor affordable. The rooms are small, do not contain a bathroom and are of poor quality. These units used to be rented for about the same amount as the shelter component of income assistance ($325/month). However, the rents have been increasing. The average monthly rent for SRO units in the Downtown Core in March 2003 was $351, ranging from an

average of $345 in the Downtown Eastside/Chinatown/Gastown/Strathcona area to $380 in Downtown South. The average increase in rents between March 2001 and March 2004 was 5.4%, compared to 1.1% in the previous survey period. According to Low-Income Housing in the Downtown Core, 2003 Survey, by March 2003, only 27% of SRO units rented for $325 a month or less, compared to 49% in 2001, 54% in 1998 and 72% in 1992. [66]

Some concerns have been expressed that an increase in the shelter component of income assistance would not benefit recipients if landlords raised rents for these same units accordingly. However, as noted above, landlords have already been increasing their rents.

Gap# 17 Shelter component of income assistance inadequate to afford suitable housing

The shelter component of the BC Employment and Assistance program is insufficient to permit recipients to obtain decent housing in the marketplace.

Policy Statement

The shelter component of income assistance for all household sizes should reflect average market rents in Greater Vancouver.

Strategy

Request that the provincial government raise the shelter component of income assistance and consider mechanisms to mitigate against adverse impacts, for example, to prevent landlords from raising rents commensurate with the increase in the shelter component.

4.3 Support services

Priority #7 Prevention services

4.3.1 Prevention services

Prevention services are defined as programs or services aimed at helping to prevent people from becoming homeless. This is a particularly important area because the benefits of these services can help reduce future financial and human costs.

The most obvious way to prevent homelessness is to ensure that the full continuum of housing and supports are in place and that everyone has adequate affordable housing, income and support services. (Sections 4.1, 4.2 and 4.3. of this plan address the components of the continuum of housing and support.) Prevention efforts can be direct, as in helping a family that is about to be evicted because they can't afford next month's rent by providing them with the necessary funds, or providing counseling that helps prevent the breakdown of a family in crisis. Indirect prevention services address collective needs, such as advocacy work to protect tenants' rights.

Participants in the sub-regional consultations, including the kitchen table, youth and Aboriginal sessions identified the need for the following programs and services to be in place to prevent homelessness:

[66] City of Vancouver. 2003. *Administrative Report. Low-Income Housing in the Downtown Core, 2003 Survey.*

- Affordable housing - Access to affordable housing in each community so people don't have to move outside their "home" communities, affordable and subsidized housing in each new development, more SIL units, rent regulation, legal assistance when housing is threatened, financial assistance when housing is threatened (e.g. rent banks) and protection against discrimination.
- Financial assistance – Adequate incomes and emergency financial help "just at the right time".
- Employment assistance – Retraining, education, accurate job assessments, job creation, day care subsidies and hope.
- Counseling and support – Life skills (e.g. cooking, cleaning and money management), help with anger management, outreach and support to people who feel isolated. Youth identified a need for more support and counseling to deal with a variety of issues, including physical, sexual and emotional abuse, addiction, self esteem issues, psychological problems, in-school issues, family crises, parent and youth issues, and cultural identify and support.
- Addictions treatment and prevention – More treatment centres and recovery homes, help for drug users to become stable enough to access and maintain affordable housing, and focus on preventing addictions.
- Mental health services – Needs to have a much broader focus to help people with a range of issues.
- Advocacy – Help people access services, including helping people deal with lost identification (ID), without which they cannot access services.
- Family support – Family mediation, conflict resolution to help prevent the breakdown of families or to provide assistance following a breakdown.
- Early intervention – For youth (e.g. schools and community centres to identify and aid youths at risk of homelessness) and to support families.
- Improve access to services – Through co-location of services, assistance with transportation, and improved information about what services exists (e.g. one place to call for information about the full range of housing, income and support services).

Most of the issues identified above are discussed elsewhere in this plan.

Concerns have also been expressed about upcoming changes to the *Residential Tenancy Act* and the potential impact these changes will have on tenants. Some of the issues raised by the Tenants Rights Action Coalition (TRAC) are set out below:

- Under the new legislation, landlords will be able to increase rents a certain amount per year. Tenants will no longer have the right to dispute these increases at arbitration, even if they are living in substandard housing and the landlord refuses to do needed repairs.[67]
- Procedures have been changed regarding the return of a tenant's security deposit. If a tenant is unable to make one of two inspection times set by their landlord, they will forfeit their right to their security deposit. The result is that tenants may lose their deposits, even if they have not damaged their unit.

[67] Under the current system of rent protection, tenants can dispute rent increases they feel are unwarranted or unjustified and landlords must justify their costs if a rent increase is disputed in arbitration. Arbitrators will generally calculate what would be a fair increase based on the rate of inflation plus additional costs if major repairs and improvements were completed in the previous year or certain expenses increased above the rate of inflation (e.g. local government taxes). Under the new *Residential Tenancy Act*, a percentage for allowable rent increases will be set each year by the provincial government. Tenants will no longer have the right to dispute rent increases in arbitration if the increase falls within the regulations. Landlords can apply for arbitration to give rent increases above the percentage allowed for in the regulations.

- The new legislation allows landlords to prohibit pets and gives them the right to collect an extra deposit (up to half a month's rent) from the tenant if they do accept pets. This may pose an additional barrier for people with pets who are seeking accommodation.
- Under the current Act, tenants who are unable to pay rent within five days after receiving an eviction notice may ask an arbitrator for an extension of time to pay the rent. This provision gave some protection to tenants who had come upon hard times and gave some discretion to arbitrators not to evict families that were waiting for emergency assistance from welfare. Under the new legislation, this provision has been eliminated.

The new *Residential Tenancy Act* received Third Reading on November 26, 2002 but has not yet been implemented.

Gap # 18 - Inadequate assistance to prevent evictions and promote stable tenancies

Evictions are a fact of life in the lower mainland. Although data on the number of evictions is not available, 4,000 tenants in BC disputed a notice to end their tenancy in 2002-2003. The Tenants Rights Action Coalition reports that evictions are one of the largest reasons for calls to its Tenant Hotline, representing about 11-15% of calls (BC wide) from 1998-2000 and 15% of calls in 2001-2003.

At present, the only financial assistance available to households in Greater Vancouver who might be facing an eviction is through BC Employment and Assistance. If a household is in receipt of benefits, in a financial crisis, and is facing an eviction for non-payment of rent, the Ministry of Human Resources has some discretion to provide emergency assistance. As a longer-term strategy to prevent evictions the Ministry might recommend that the client have the shelter portion of income assistance paid directly to the landlord. If a household not in receipt of income assistance finds itself in a financial crisis and with an eviction notice for non-payment of rent, the Ministry of Human Resources has the ability to conduct an emergency assessment and provide expedited assistance to prevent an eviction. The Ministry is more likely to help a family with children than single individuals.[68] Rent banks that help provide loans or grants to pay rent arrears are not available in the lower mainland.

The regional inventory of facilities and services identified two services aimed at preventing evictions. The Seniors Housing Information Program (SHIP) provides information to both landlords and tenants on how to provide stable housing for seniors and prevent unnecessary moves. In addition, a client outreach worker works with tenants and landlords to mediate disputes, and will attend arbitration hearings with clients as necessary. This service is available for seniors (or older adults) and vulnerable populations (e.g. people with disabilities) in the lower mainland. In Vancouver, the Downtown Eastside Resident's Association, (DERA) helps individuals facing evictions in the Downtown Eastside by negotiating with landlords, helping clients prepare for arbitration hearings, and attending arbitration hearings with clients if necessary. DERA is also taking group action under the *Residential Tenancy Act* against landlords in the Downtown Eastside who follow "questionable" business practices.

In addition, the regional inventory of facilities and services identified three programs aimed at supporting stable tenancies, mostly by ensuring that tenants know their rights and responsibilities. The Residential Tenancy Office offers a 24-hour information line. Offices in Burnaby and Surrey provide information to landlords and tenants on their rights and responsibilities, and assistance with

[68] Conversation with Maryann Willing, Deputy Minister's Office, Client Calls, Ministry of Human Resources, August 29, 2003. Phone: 250-387-2325.

conflict resolution. The Vancouver office was closed in April 2002. The TRAC Hotline offers information to tenants on their rights regarding evictions, repairs, security deposits, rent increases and arbitrations. They also provide information about arbitrations and how to access legal advice. The New Westminster Tenants Association also provides information and advice to landlords and tenants about their rights and responsibilities.

Several other agencies provide advocacy and legal services that may assist households who are facing evictions. However, the legal assistance is limited to providing *advice* rather than *representation.* In 2002, the BC Government announced that funding for legal aid in BC would be cut by 38.8% over three years. The result is that legal representation for tenants facing eviction, unsafe housing conditions or unjustified rent increases, was terminated – although legal information is still available through the Legal Services Society law line and information can be obtained online.[69] Legal advice can also be obtained through the Salvation Army Pro Bono Program (created in November 2002), which provides basic legal advice through a network of lawyers who volunteer their time at various facilities throughout the province to individuals who cannot afford legal services and who are ineligible for legal aid. Western Canada Society to Access Justice is another service where volunteer lawyers provide free legal assistance in all areas of law to those who cannot afford legal services. Lawyers do not represent clients in court but do give legal advice and help clients prepare for court appearances. Neighbourhood law clinics are offered at various community locations.

Housing services that help people find housing can also prevent them from becoming homeless. The regional inventory identified 8 programs that help low-income households find affordable accommodation in Greater Vancouver. Three programs operate region-wide (the Housing Registry, Lower Mainland Community Housing Registry, and Seniors Housing Information Program). Both housing registries are available to all types of households, while the Seniors Housing Information Program is targeted to seniors. Three programs in Vancouver, one on the North Shore and one in Surrey help households find affordable housing, primarily through information and referral services. The program in Surrey is targeted to mental health consumers. One of the programs in Vancouver (MOSAIC) is targeted to recent immigrants and refugees.

[69] Legal Aid in BC is provided through the Legal Services Society, an independent non-profit organization that provides legal help for people in B.C.

Table 29: Prevention Services in Greater Vancouver, 2003

Sub-region	Preventing Evictions	Supporting Stable Tenancies	Housing Relocation Assistance and Referral	Advocacy, Legal and Other Information	Total
BC-Wide	BC Employment and Assistance	Residential Tenancy Offices	0	Housing and Homeless Network of BC	
	0	0	0	PovNet	
	0	0	0	Tenants Rights Action Coalition	
	0	0	0	End Legislated Poverty	
	0	0	0	Legal Services Society	
	0	Tenants Rights Action Coalition - Tenant Information Hotline	0	Salvation Army Pro Bono Program	**9**
Lower Mainland	Seniors Housing Information Program	New Westminster Tenants Association	The Housing Registry (through BC Housing)	Access Justice	
	0	0	Seniors Housing Information Program	Our Lady of Good Counsel	
	0	0	Lower Mainland Community Housing Registry Society	0	**7**
Vancouver	Downtown Eastside Residents' Association (DERA)	0	City of Vancouver - Tenant Assistance Program	Downtown Eastside Women's Centre	
	0	0	First United Church	Downtown Eastside Resident's Association	
	0	0	MOSAIC	ARA Mental Health Action Research and Advocacy Association of Greater Vancouver	
	0	0		Kettle Centre	
	0	0		First United Church	
	0	0		MOSAIC	
	0	0		St. Pauls Anglican Church	**11**
South of Fraser	0	0	Newton Advocacy Group - Mental Health Consumer Advocacy program	Newton Advocacy Group	**2**
Burnaby/New Westminster	0	0	0	0	**0**
Richmond	0	0	0	0	
North Shore	0	0	North Shore Community Resources	North Shore Women's Centre	
	0	0	0	North Shore Neighbourhood House	**3**
Northeast Sector	0	0	0	0	**0**
Ridge Meadows	0	0	0	0	**0**
Region wide	**3**	**3**	**8**	**18**	**32**

Gap # 18 - Inadequate assistance to prevent evictions and promote stable tenancies

There are not enough services to help people who are at risk of eviction or in need of rent assistance.

Policy Statement

Adequate attention should be given to preventing people from becoming homeless by preventing evictions, supporting stable tenancies, and providing housing relocation assistance and referral information.

Strategy

a) Fund research to determine the extent to which evictions contribute to homelessness in Greater Vancouver and factors that may lead to failure to pay rent.
b) Determine what additional programs, if any, should be developed to help households maintain existing tenancies, for example, rent banks and conflict resolution/mediation.
c) Encourage the provincial government to reinstate funding for legal aid so that low-income tenants facing eviction, unjustified rent increases, or living in unsafe housing conditions can obtain legal representation.
d) Encourage the provincial government to provide rent protection legislation that prevents unreasonable rent increases.
e) Encourage the provincial government to monitor the effects of its changes to the Residential Tenancy Act and to amend those sections that result in more unstable tenancies or evictions.

Gap #19 - Barriers to accessing services

While there appears to be a broad range of facilities and services in Greater Vancouver to address homelessness, accessibility is an issue. Agencies suggest that there are many good services, but their resources are stretched and in some cases people may not receive the attention they need.

The location of services has been identified as a significant barrier to accessing help (that might prevent homelessness) for several reasons. First, services (particularly in sub-regions outside downtown Vancouver) are often far apart, which means it takes a long time to travel from one to another. Second, the cost of public transportation can be an insurmountable barrier for people with low or no income. In addition, for homeless families, traveling with young children is also difficult. Finally, there is the problem of trying to get to services after the buses stop running. Several suggestions have been made to try and address this issue, including co-locating services, providing bus passes for people in need of transportation subsidies, and providing a shuttle bus between services.

A lack of information about services has been identified as another barrier. Similar to the idea of co-locating services, it has also been suggested that a one-stop phone service be introduced so that people requiring assistance need contact only one place for information about the full range of options for help with housing, income and support services. It should be noted that the United Way of the Lower Mainland is currently leading a process that will establish a system for use of the number 2-1-1 to provide universal access to information and referral for vital community services. This initiative will be province-wide and could proceed with CRTC approval. A 2-1-1 system is currently in operation in Toronto.

The lack of legal services has also been identified as a barrier to obtaining assistance. Cuts to legal aid mean that individuals can obtain legal representation for only certain criminal charges[70], serious family problems (e.g. child apprehension cases or being at risk of physical violence), or immigration problems (e.g. a refugee or deportation hearing). Tenants can no longer obtain legal representation and neither can women seeking custody or support for their children.[71]. Language barriers and physical accessibility issues can also prevent some services from being as accessible as they should be. In addition, discrimination has been identified as another issue that can particularly affect youth, families in receipt of income assistance, and ethnic minorities from accessing housing.

Gap #19 - Barriers to accessing services

People seeking services that might prevent homelessness often face significant barriers to accessing these services.

Policy Statement

The continuum of housing and services to address homelessness should be accessible to all households in need.

Strategy

a) Consider ways to make services more accessible to people who are homeless or at risk, including co-locating services, providing bus passes for people in need of transportation subsidies, and providing a shuttle bus between services.
b) Encourage implementation of a one-stop phone service, such as the system of a 2-1-1 number as proposed by the United Way of the Lower Mainland, so that people requiring assistance need contact only one place for information and referral to vital community services, including housing, income and support services.
c) Encourage the provincial government to develop meaningful and timely remedies for discrimination in the housing market.
d) Encourage the provincial government to reinstate funding for legal aid so that low income households can obtain legal representation for the same types of cases that were covered before the cuts in 2002.
e) Promote the provision of services in language(s) that are reflective of the population being served.
f) Consider ways to make buildings in which services are located physically accessible.

Gap # 20 - Inadequate support services for individuals and families

Homeless people often cite problems at home as their reason for becoming homeless. In some cases, this refers to marriage or common-law relationship breakdown. In other cases, particularly for homeless youth, parental abuse or neglect is the reason for homelessness. It may also be as simple as

[70] Legal aid will appoint a lawyer only for individuals who have been charged under the Youth Criminal Justice Act, or if the criminal case will result in a person going to jail or losing the ability to earn a living if convicted.
[71] Legal Services Society. *What legal problems are covered by legal aid*. Online at http://www.lss.bc.ca/legal_aid/problems.asp and PovNet. *Legal aid cuts hit family law.* Online at http://www.povnet.org/articles/mulgrew_legal_aid_cuts.htm

disagreements over a youth's rights and responsibilities. Or, a young single mother may have difficulty coping with the demands of parenthood and needs support that she is unable to get from her family.

Family breakdown is not the only contributing factor to homelessness. Low incomes, lack of affordable housing, and societal changes, including government policy changes, are all major contributors and create an environment that place many stresses and strains on families and individuals. Whole families are at risk of homelessness and can, and do, become homeless. These broader issues are dealt with in previous sections of the plan.

It is becoming recognized that people at risk of homelessness, who actually become homeless, often have limited or no social networks, family or friends to turn to in times of crisis. They may have exhausted these resources, or family and friends may have 'given up'. In other cases, particularly in the case of youth that are in state care, they have no support network to rely on.

Many studies, including Canadian research, report an over representation of people with a foster care history among the homeless.[72] For example, a study of homeless youth in Calgary found that 37% reported having had child welfare status at some point in their lives,[73] and a study of Vancouver street youth reported that over 40% had lived in a foster home or group home.[74]

Reasons include insufficient counseling or therapy to address the problems precipitating care, abusive foster care placements, multiple placements and others. With family breakdown preceding involvement in the child protection system, the obvious prevention issue becomes how to support families before the situation reaches a crisis, as well as improving the foster care system so that it is more able to meet needs.

A recent study of the connection between the child welfare system and homelessness among youth in Canada supports the findings of previous studies and shows that youth with more positive experiences of care were less likely to become homeless than other youth. Positive experiences with care included being placed in foster care as opposed to group homes, and having more stable placements. Another important factor in the connection between the child welfare system and homelessness was the age when youth left care. The younger the children were when they left, the more likely they were to become homeless. The study found that independence at the age of 18 or even 21 is premature. Having a significant personal relationship with someone also seems to be a critical factor in avoiding homelessness, be it a person from the care system or a relative. Finally, the study also found that for many homeless youth, while housing is a critical first step in ending homelessness, other supports are necessary to prevent future homelessness, including employment skills, education and social support.[75]

Social services can step in to fill these gaps to some extent and can take many forms, for example, counseling, childcare, home support, life-skills and employment training, but only if there are

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[72] Downing-Orr, Kristina. 1996. *Alienation and Social Support, A Social Psychological Study of Homeless Young People in London and Sydney*. Aldershot, England: Ashgate Publishing Limited.
Roman, Nan P. and Wolfe, Phyllis B. 1997. 'The Relationship between Foster Care and Homelessness.' *Public Welfare*. 55 (1).
[73] Kukfeldt, Kathleen and Barbara Burrows (eds). 1994. *Issues Affecting Public Policies and Services for Homeless Youth. Executive Summary.* Submitted to National Welfare Grants.
[74] McCarthy, Bill (1995) *On the Streets Youth in Vancouver*. Victoria: BC Ministry of Social Services.

[75] Serge L, M. Eberle, M. Goldberg, S. Sullivan and P. Dudding. 2002. *Pilot Study: The Child Welfare System and Homelessness among Canadian Youth.* Ottawa: National Secretariat on Homelessness.

sufficient resources and staff to do so. However, it is generally understood that the availability of social services has not kept pace with the increase in demand from a growing population, particularly in some of the faster growing areas in Greater Vancouver. This has produced a situation where social services agencies are not able to meet needs.

As noted earlier in this section, participants in the consultation process identified a need for a variety of counseling and support services that they feel could make a difference.

These services attempt to address complex problems and there are no simple answers. It is important, however, to point out the connection between inadequate social service capacity and homelessness. Although the regional homelessness plan cannot solve this issue, it is important that the plan raises the issue and points out that the provision of support services may help alleviate homelessness. It is beyond the scope of this plan to recommend specific policies or strategies to deal with these broad social issues except to promote a wider understanding of these relationships and suggest that further work is needed to obtain a better understanding of the role that social support plays in helping to prevent homelessness.

Gap #20 - Inadequate support services for individuals and families

There is a lack of social services to help support individuals and families, which may contribute to homelessness.

Policy Statement

Support services can play a critical role in supporting individuals and families and may help to prevent homelessness.

Strategy

a) Promote greater awareness of the critical role that social services play, as demonstrated in the research, in strengthening families and possibly reducing homelessness.
b) Advocate for increased funding to provide more counseling and support services to individuals and families at risk of homelessness, particularly youth.

Priority #8 Outreach services

4.3.2 Outreach services

Outreach services include programs or initiatives that are delivered by individuals who seek out and approach people who are homeless or at risk of homelessness. The goal is to establish rapport, and ultimately help people access the services they need. Outreach workers are often the first people to have contact with a homeless person and thus play a critical role in the continuum of housing and support. Street outreach workers generally walk the streets in designated areas. They identify homeless individuals, engage them in a positive way, assess their needs, help connect them with services (e.g. food, drug and alcohol treatment, health care, income assistance and shelter), maintain ongoing contact, and help facilitate a process of transition to enable them to obtain housing. Outreach workers aim to build a sense of trust with both the street population and service agencies. They also advocate for access to services on behalf of the individuals they work with.

Outreach can help bridge the gap between the street and mainstream communities. Outreach workers have a presence on the street. They know who is part of the street community, what is going on, and where people are staying. They understand the needs of their clients and try to help them get off the street. Outreach workers may provide assistance with keeping medical appointments, paying rent on time, other day-to day issues, and social support. Outreach workers can also help service agencies keep track of their clients and can help housing agencies keep track of individuals who may be on a waiting list so they can be contacted when a unit is available.

In the kitchen table focus group meetings with homeless people, participants expressed the view that if outreach workers were available in communities throughout the region, this would make it easier for people to get timely assistance in times of need/crisis and in their home communities. This could help prevent people from becoming homeless and also help people to remain in their home communities.

Outreach services may be targeted to specific populations, such as youth or individuals with mental health issues, or they could be provided to anyone on the street. Table 30 below shows that most of the outreach services currently operating are targeted to youth, particularly in Vancouver. The table also shows a significant increase in the number of outreach services targeted to youth in 2003 compared to 2000. This is more likely due to the extensive research conducted for the Youth inventory rather than an actual increase in services. Outreach services for youth outside Vancouver are more limited. According to table 30, there are no outreach services targeted to adults unless they have mental health issues, except for one program targeted to Aboriginal adults involved in the parole system.

Mental health clients throughout the region have access to outreach services through the mental health services system (e.g. Assertive Community Treatment see section 4.3.4). Some mental health housing agencies, such as the Mental Patients' Association and Coast Foundation Society also provide outreach services to this population. At the time of the 2001 Regional Homelessness Plan for Greater Vancouver, there was an Interministerial Program targeted to mental health clients in Vancouver who had also been involved with the criminal justice system. Case managers worked with about 10 clients at a time, and provided assistance with lifeskills issues, social support, helped individuals become more engaged in community activities, and helped connect individuals to services, including treatment and better housing. However, this program was terminated and is not included in the 2003 Inventory of Facilities and Services.

Table 30: Outreach Services in Greater Vancouver 2003 – By Sub-Region and Target Group

Sub-region	Youth 2003	Aboriginal Youth 2003	Aboriginal Adults, Families or All 2003	Mental Health 2003	All 2003	Total 2003	% Facilities
Vancouver	9	1	1	2	0	13	57%
South of Fraser	2	0	0	0	0	2	9%
Burnaby/New Westminster	5	0	0	1	0	6	26%
Richmond	1	0	0	0	0	1	4%
North Shore	1	0	0	0	0	1	4%
Northeast Sector	0	0	0	0	0	0	0%
Ridge Meadows	0	0	0	0	0	0	0%
Region wide 2003	**18**	**1**	**1**	**3**	**0**	**23**	**100%**
Region wide 2000	7	1	1	3	2	14	

Note: Some of the drop-in facilities may also provide outreach services that are not reflected here.
Note: The program for Aboriginal adults provides assistance in obtaining and planning parole services.

Gap #21 – Lack of outreach services

Several issues have been raised regarding the ability of current outreach services to meet the needs of people who are homeless. In the sub-regional and "kitchen table" meetings, there was consensus among both service providers and people who were homeless that there are not enough outreach services for adults in the region. Cutbacks in funding have forced agencies that used to provide outreach as part of their services to reduce the amount of time spent on this activity. Other programs, such as the Interministerial Program targeted to mental health clients in Vancouver were cut altogether. The loss of outreach services that had been provided by the Vancouver Recovery Club for about 5 years until the program was terminated in the spring of 2000 is still felt as a significant gap. Under the program, from one to 4 outreach workers (depending on the time of day) walked the streets in the downtown core from 9:00 a.m. until 11:00 p.m. seven days a week and provided information to homeless people about where they could obtain a free meal, shelter, medical care, and detox or treatment services.

The sub-regional consultations for the plan update identified a need for more outreach workers, and more outreach workers who are knowledgeable about specific populations including youth, seniors, women, immigrants and refugees, people from other cultures, people with mental health issues, addictions, and other special needs, and sexual minorities. In addition, they identified a need for outreach services to be available "around the clock", especially at night when no other support services are available.

Regional Services Needs	Outreach Workers
GVRD Wide themes	**Common gap and a priority in 3 sub-regions. Focus on special needs populations like mental health, addictions and youth. Concern that outreach workers have facilities or services to refer homeless people to.**
Cold Wet Weather Strategy	*
North Shore	Need for adults with mental illness and adults and youth with addictions.
Vancouver	24/7 for people with special needs. For specific areas (Robson, Commercial, Davie, East Broadway/Fraser.)
Burnaby/New Westminster	Need (6) for youth, seniors, women and children fleeing abuse.
Richmond	Need for youth, seniors, adults and people with mental illness.
Langleys	Need.
Surrey, White Rock and Delta	*
Ridge Meadows	Need, including after hours.
North East Sector	Need 2 per city for youth, mental health and addictions. RCMP only outreach now.

* Blank cells are not an indication that there is not a need for the service, but rather that the topic was not identified during the sub-regional stakeholder discussions.

The need for outreach workers to be well-trained, knowledgeable about the full range of existing services available and how to access services, was also stressed by participants in the sub-regional meetings and kitchen table sessions. Service providers suggested that agencies receive sufficient funding so they can build outreach services back into the services they used to provide but can no longer do because of insufficient staff. One advantage of this approach is that if outreach workers are attached to services that provide assistance in crises, this might help to ensure homeless individuals are more easily connected to appropriate services.

Participants in the kitchen table sessions expressed a need for outreach workers to be able to provide information on alternatives to the street life. They also felt outreach workers should be trained to deal with a variety of health and addiction issues, and noted that if outreach could provide some mental health first aid, this could help prevent people from losing their housing. Participants also identified a need for outreach workers to have smaller and more manageable caseloads so they could devote more time to each individual.

Participants in the youth consultations identified a need for more outreach workers to inform youths of available services, and help youth obtain identification. Some of the specific target populations identified included immigrant and refugee youth, sexual minorities, sexually exploited youth, and Aboriginal youth.

The Aboriginal community identified a need for more outreach workers particularly for youth. There is a particular need to connect urban Aboriginal people, particularly youth, with their traditional communities.

The issue raised most consistently by individuals providing outreach services is the lack of services in the community where they can refer clients. Once a homeless person has been engaged, what then? Most of the existing services are full and waiting lists are long. In addition to long waiting lists, outreach workers also noted that their clients face many barriers to services. For example, access to services may be denied if homeless individuals are not eligible for income assistance, if they have mental health issues, or if they have used alcohol or drugs within the last few days.

Gap #21 – Lack of outreach services

There are not enough outreach services to meet the needs of homeless people in Greater Vancouver.

Policy Statement

Outreach services are an essential component of the Continuum of Housing and Support and should be available in communities throughout Greater Vancouver for all homeless individuals.

Strategy

a) Encourage the provision of more outreach workers throughout Greater Vancouver to identify and work with all types of homeless individuals, engage them in a positive way, assess their needs, help connect them with services (e.g. food, drug and alcohol treatment, health care, income assistance, and shelter), maintain ongoing contact, and help facilitate a process of transition to permanent housing.
b) Encourage the provision of outreach services that meet the needs of homeless individuals 7 days a week/24 hours a day in areas where appropriate.
c) Encourage the provision of more outreach workers who are knowledgeable about specific populations including youth, seniors, women, Aboriginal youth and families, refugees, people from other cultures, people with mental health issues, addictions, sexual minorities, and other special needs.
d) Encourage the provision of sufficient training to outreach workers to ensure they are knowledgeable about the full range of existing services available and how to access services, are able to provide information on alternatives to the street life, and are able to deal with a variety of health, mental health and addiction issues.

Priority #9 Drop-In Centres

4.3.3 Drop-in centres

Drop-in centres can play an important role in the daily life of a person who is homeless. Along with outreach, drop-ins may be the first point of contact with services for a person who has become homeless. Drop-in centres usually offer people the ability to come in off the street where it is warm and dry, have a coffee, a meal, use a washroom and/or shower, wash clothes, obtain counseling and referral to other services, and obtain help with finding housing. Some centres offer life skills, employment and skills training as well. Some are stand alone facilities; others are part of an emergency shelter or other related service. Hours of service vary. Some are open only during the day, others offer evening only service, and a few are open 24-hours a day. Some drop-in centres permit clients to sleep on a mat or couch if necessary. They also differ in their willingness to serve people who are under the influence of drugs or alcohol, with some being more flexible than others.

The 2003 regional inventory identified 71 drop-in centres throughout Greater Vancouver. This is 47 more services than were identified in the previous inventory. The change is largely due to the extensive research conducted for the Youth and Aboriginal inventories. There were 30 more drop-in centres identified for youth, nine more for Aboriginal people, and five more for women and families.

However, there are still only three facilities that offer 24 hours of service daily. Two of these are in Vancouver. In Surrey, the facility is open 24 hours a day for specific services, but the drop-in itself operates from 5:00 p.m. to 7:00 a.m. With the exception of Richmond, there is at least one drop-in centre in each sub-region. However, most of drop-ins are located in Vancouver (49%). Most of the drop-in programs serve youth, including Aboriginal youth (51%). Fifteen percent of drop-in services are open to all individuals, while the rest of the services are targeted to specific populations, including Aboriginal adults (13%), women and families (11%), mental health consumers (7%), refugees and people from different cultures (1%) and people with addictions (1%). Information on the number of people served at each drop-in centre was not included in the regional inventory.

Table 31: Drop-in centres in Greater Vancouver by sub-region and target group

	Youth	Aboriginal Youth	Aboriginal Adults, Families or All	Women and Families	Refugees/ Multi-culture	Mental Health	All	Addictions	Total	% Facilities
Sub-region	2003	2003	2003	2003	2003	2003	2003	2003	2003	
Vancouver	14	2	4	4	1	3	1 (24 hr) 5	1 (24 hr)	35	**49%**
South of Fraser	6	0	2	1	0	0	1 (24 hr)*	0	10	**14%**
Burnaby/New Westminster	5	0	2	0	0	1	2	0	10	**14%**
Richmond	0	0	0	0	0	0	0	0	0	**0%**
North Shore	5	0	0	2	0	0	2	0	9	**13%**
North East Sector	3	0	0	0	0	0	0	0	3	**4%**
Ridge Meadows	1	0	1	1	0	1	0	0	4	**6%**
Region wide 2003	**34**	**2**	**9**	**8**	**1**	**5**	**11**	**1**	**71**	**100%**
Region wide 2000	4	1	1	3	0	4	10	1	**24**	

*Note: While the facility is open for 24 hours, the actual drop-in operates from 5:00 p.m. – 7:00 a.m. daily.

In addition to identifying drop-in centres, the 2003 inventory of services and facilities identified agencies that provide a wide variety of meal programs. Approximately 1,300 breakfasts, 3,900 lunches, and 3,500 dinners are served each week to people in the region who are homeless and or at risk of homelessness, for a total of about 8,700 meals per week. In addition, the Greater Vancouver Food Bank serves approximately 25,000 men, women and children each week. Since this was the first year information about food services was collected, it is not possible to compare these numbers with previous years. However, many service providers indicated that the number of meals they serve has been increasing.

Table 32: Number of meals served per week, 2003

Sub-region	Breakfast	Lunch	Dinner	Total
Vancouver	990	1,750	1400	**4140**
South of Fraser	0	445	525	**970**
Burnaby/New Westminster	130	1,000	920	**2,050**
Richmond	0	50	120	**170**
North Shore	0	330	0	**330**
Northeast Sector	0	40	115	**155**
Ridge Meadows	150	250	450	**850**
Region wide	**1,270**	**3,865**	**3,530**	**8,665**

Note: The number of meals served by the agencies that reported this information usually varies. This table shows the minimum number of meals served. In fact, the number of meals served ranged from 8,665 to 9,830.

Gap #22 – Lack of 24/7 drop-in facilities

The consultations for the plan update identified a lack of 24/7 drop-in facilities in the region and a need for more drop-in centres in particular sub-regions such as Vancouver, Burnaby/New Westminster, the Langleys, Ridge Meadows (for youth) and the North East Sector. Concern was also expressed about funding cuts and the loss of staff at existing facilities, while at the same time demand for drop-in centres has increased and they are often full. Even if facilities cannot be open on a 24/7 basis, there was consensus that drop-in centres should be open longer hours and have sufficient numbers of trained staff. In addition, there needs to be coordination among drop-ins so that if one centre is closed in a particular location, at least there will be another place where people who are homeless can go.

Regional Services Needs	Drop-In Centres
GVRD Wide themes	**Not a top priority overall although some sub-regions identified specific priorities. Concern about loss of staff at existing facilities due to funding cuts. Need to be open longer hours and staff need proper training to be effective.**
Cold Wet Weather Strategy	*
North Shore	*
Vancouver	Need 24/7. More trained staff at existing. Youth, people with addictions, gender specific.
Burnaby/New Westminster	Need one per community 24/7 with outreach.
Richmond	*
Langleys	Need. Could be integrated with shelter.
Surrey, White Rock and Delta	*
Ridge Meadows	Need 24/7 drop in for youth.
North East Sector	Need full service drop in(s) throughout area.

* Blank cells are not an indication that there is not a need for the service, but rather that the topic was not identified during the sub-regional stakeholder discussions.

Participants in the kitchen table sessions also identified a need for drop-in centres to be open at night "when the streets are active" and when no other services are open. They also identified a need for drop-ins to have trained staff who can provide services including first aid, counseling, and outreach.

Participants in the youth consultations also identified a need for services to be accessible late at night. Drop-in services were not identified as a priority during the Aboriginal consultations.

People who become homeless need access to drop in centres on a 24-hour/7 days per week basis for several reasons. They may not be aware of emergency shelters, there may be no emergency shelters close by, they may not be eligible to stay in an emergency shelter or they may be turned away from an emergency shelter that is full. 24-hour/ 7 days per week service is an important feature of a drop-in that is flexible and meets the needs of people who are homeless. This would enable those who are most vulnerable to find the services and support they need, when they need it. Homeless people, who must travel by public transit, find it is not possible to travel by bus to another drop-in at 4 am. At least one facility should provide 24-hour service in each sub-region where needs have been identified. This may mean converting an existing daytime only facility to one that provides 24-hour service.

Gap# 22 – Lack of 24/7 drop-in facilities

There are not enough 24/7 drop-in facilities for homeless people.

Policy Statement

People who are homeless should have adequate access to local drop-in centres 24-hours/7 days per week.

Strategy

a) Encourage the development of new 24-hour drop-in centres in communities around the region where needs have been identified.
b) Request the provincial government to provide sufficient resources to enable drop-in centres to add additional staff to permit 24-hour operation.
c) Encourage a greater link between drop-in and outreach services wherever possible.

Gap #23 - Drop-in centres are unable to serve individuals with unique needs

While region-wide there is a range of drop-in centres that are meant to serve the unique needs of women, youth, families, persons with mental illness or addictions and others with special needs, this is not the case in some communities around the region. Gender specific service can be extremely important to a woman who has been a victim of male violence. Likewise, drop-in centres that cater specifically to the distinct needs of youth by offering recreational programming and younger staff, are more likely to be frequented by youth. In addition, it may be better in some circumstances to keep youth separate from adults.

In the kitchen table sessions, participants were clear that drop-in centres are needed to provide safe places where people who are homeless can go. They also called for drop-in centres to be targeted to specific groups, including women, youth, people with mental health issues, people who are using drugs and alcohol, and sexual minorities. They pointed out that this would benefit the full range of people who are homeless. For example, members of the transgendered and transsexual community

stated that they feel unwelcome, isolated, scared and insecure in existing drop-ins. Others did not want to be in drop-in centres where people were using or under the influence of drugs or alcohol. On the other hand, the need was identified for a safe place where people who were using drugs or alcohol could go (e.g. sobering centres). Some participants, who had been barred from drop-in centres, expressed concern because they have nowhere else to go.

Participants in the youth consultations identified the need for drop-in centres that can provide a safe place for youth. They also noted a need for cultural, gender and sexuality awareness and safety.

Meeting diverse needs may not necessarily mean distinct centres for each group, but rather that services are designed to be flexible and to accommodate diverse needs. However, in some instances, specialized resources may be necessary. People who are under the influence of drugs or alcohol are not permitted to use some drop-in centres. Staff finds that they are too disruptive of other clients and/or they do not have the staff resources to deal with them. This results in a situation where people who are vulnerable and need the safety and protection offered by drop-in centres are not able to access them. A dedicated drop in centre serving individuals in this condition may be preferable.

Gap #23 - Drop-in centres are unable to serve individuals with unique needs

There are not enough drop-in centres that can address the unique needs of women, youth, families, people with mental illness and/or addiction issues, seniors, immigrants and refugees, sexual minorities and others with special needs. These individuals may not access drop-in services, which means that their basic needs are not being met.

Policy Statement

Drop-in centres or other suitable resources should seek to accommodate the diverse needs of people who are homeless.

Strategy

a) Identify funding for staff training to develop the expertise to serve individuals with a broad range of issues, including those with complex needs, in existing facilities.
b) Encourage the development of separate drop-in centres for each population group where appropriate.

Priority #10 Health services

4.3.4 Health services

For the purposes of this document, health services refer to the formal health care system, with a focus on primary health care, and does not cover alternative forms of health care, such as self-help or alternative medicine.

Studies have demonstrated that the lack of shelter and poor nutrition, combined with mental illness, addictions and the stress these conditions engender, result in more physical ailments and chronic

conditions for homeless individuals than are seen in the general population.[76] The 24-hour snapshot survey of the homeless, conducted in the GVRD in January 2002, requested information on general health.[77] Participants were asked if they possessed one or more of the following health conditions: a medical condition, a physical disability, an addiction, or a mental illness.[78]

Tables 33 and 34 record data on health conditions obtained during the survey. About two-thirds of the homeless people reported that they had at least one health condition. A greater percentage of street homeless reported having at least one medical condition compared to the sheltered homeless (72% compared to 63%).

Table 33: Incidence of health conditions, from the 24-Hour Snapshot survey, January 2002.

	Sheltered Homeless		Street Homeless		Total Homeless	
Health Condition	Number	Percent	Number	Percent	Number	Percent
No health conditions	198	37%	93	28%	291	34%
At least one health condition	335	63%	238	72%	573	66%
Total of respondents:	533	100%	331	100%	864	100%
Not stated	186		0		186	
Total	719		331		1,050	

More participants reported that they had an addiction (39%) than any of the other health conditions. About one third of all the respondents who commented on this issue reported that they had a medical condition, followed by mental illness (23%) and physical disability (15%).[79] A significant portion of those with a health condition had more than one health problem.

Table 34: Type of health conditions, from the 24-Hour Snapshot survey, January 2002.

	Sheltered Homeless		Street Homeless		Total Homeless	
Health Condition (more than 1 possible)	Number	Percent	Number	Percent	Number	Percent
Addiction	202	38%	135	41%	337	39%
Medical condition	132	25%	124	37%	256	30%
Mental illness	126	24%	69	21%	195	23%
Physical disability	64	12%	68	21%	132	15%
Total of respondents:	**533**		**331**		**864**	
Not stated	186		0		186	
Total	719		331		1,050	

[76] Mayor's Homelessness Action Task Force, *Taking Responsibility for Homelessness: An action plan for Toronto*, 1999. O'Connell, James J., *Utilization & Costs of Medical Services by Homeless Persons*, (Apr.1999): 3, online, Internet, 7 Jan 2001. McMurray-Avila , Marsha, *Medical Respite Services for Homeless People: Practical models*, (Dec.1999): 2,online, Internet, 6 Jan. 2001.

[77] Information on the 24-hour snapshot survey is from: GVRD, *Research Project on Homelessness in Greater Vancouver*, July 2002, p. 78 and 79.

[78] (It should be noted that this was self-reporting and not based on clinical diagnosis, and that under-reporting of conditions such as addictions and mental illness is the most likely bias of this data.)

[79] Ibid., p. 79.

Studies have found that illnesses commonly experienced by homeless people include abscesses, cellulitis, general foot and hand care issues, scabies, lice, arthritis, diabetes, endocarditis, bacteremia, hypertension, respiratory problems, liver disease, HIV/AIDS, TB, antibiotic resistant infections, drug or alcohol crises, and the consequences of trauma and violence. Death occurs at a far higher rate per age group than in the housed population.[80] In the Surrey 24 hour count that took place in May 2003, the most commonly reported medical conditions were: Hepatitis C, arthritis, asthma, and diabetes. Physical disabilities included a back injury, one eye and limited use of legs.

Many of the above conditions are treatable through primary health care. Primary health care is considered to be those services that are provided without referral. A number of sites in Greater Vancouver deliver primary health care to homeless individuals and those at risk. It should be noted, however, that to ensure full recovery of some illnesses, full treatment can involve further care such as seeing a specialists, staying in hospital, various clinical tests, a convalescent phase, and a range of social services.

The following services are available to provide primary health care to people who are homeless and at risk:

1) Hospital emergency departments

These are often the first point of contact for people who are homeless or at risk or who are transient and therefore without a primary care physician. Hospital emergency departments may be used even in areas that have public health clinics.

2) Public Health Clinics

a) Community Health Care Centres

The former Vancouver/Richmond Health Board, now Vancouver Coast Health Authority, believes that an individual's care is better administered in a clinic setting offering a broad range of services. To this end, they have established a number of community health care centres located throughout Vancouver. These centres offer a primary care clinic staffed by physicians. Several additional programs may also be offered, such as pre-and post-natal care, parenting, school and day care visits, and immunizations. Additional staff can include health and community care workers, such as occupational and physio-therapists, nutritionists and social workers. Drug and alcohol counseling is available through the centres or by referral.

Some health centres in Vancouver are located in areas where the homeless and at risk are known to live and congregate, and have been designed to serve this population along with the general population. Attempts have been made to make homeless individuals feel comfortable in the clinic's setting. Appointments are not required and primary care staff are trained to provide services specific to their needs. As well as medical care, services in these clinics may also include nutrition and housing information, drug and alcohol counseling, assistance with applying for a Care Card so that the individual may consult a specialist or obtain a medical test, and assistance with access to financial aid. In addition, some clinics sponsor life-style support groups.

Recently, the Fraser Health Authority has begun a planning process to consider establishing a primary care community health centre in Whalley that would deliver primary care to the homeless

[80] O'Connell, James J., Op. cit. 4.

and those at risk. A needs assessment is scheduled to begin in September 2003, followed by community consultation.

b) Clinics with specific targets

a. *Youth* – There are stand-alone youth clinics in both health regions though not in all sub-regions included in this Plan. Youth clinics serve individuals up to the age of 19, 21 or 25, depending on the clinic. The mandates of the youth clinics involve testing and treatment of sexually transmitted diseases, related counseling and health education, pregnancy tests, birth control information and the supervision of certain medications. These particular services are free, confidential and do not require a Care card.
b. *Substance Misuse* – Although this population is treated at many of the general clinics, there are a few that focus on substance misuse. An example is Sheway, a multi-disciplinary clinic in the Downtown Eastside, which cares for pregnant female substance misusers and their children up to 18 months. Staff at Sheway include an outreach worker, a social worker, drug and alcohol counsellors, and a nutritionist. Funding comes from the Vancouver Coastal Health Authority, the provincial Ministry of Children and Families, the YWCA, Vancouver Native Health and Health Canada. A Care card is not required.
c. *HIV Positive* – Several clinics in the GVRD have services targeted to this population. In Vancouver, services for this population at the Downtown and Pender Community Health Centres do not require a Care card, but services at the clinics located in Richmond and Surrey do.
d. *Immigrants and Refugees* – The Bridge Community Health Centre in Vancouver provides services to members of this population who do not have medical insurance. Once the immigrant or refugee is issued with a Care card, they must seek medical care at another facility.
e. *Mental Health Consumers* – A clinic in Surrey offers primary care to mental health consumers and their families who are connected to the mental health team.

Table 35 below shows the number of public and non-profit clinics in Greater Vancouver that require Care cards and the number that do not.

Table 35: Number of Public or Non-Profit Clinics in Greater Vancouver in 2003:

	General primary care; does not require Care card	General primary care; requires Care card	With a specific target population (e.g. HIV/AIDS or substance misuse); does not require Care card	With a specific target population (e.g. HIV/AIDS or substance misuse); requires Care card	Youth Does not require Care card
Vancouver*	5	7	5	1	10
South of Fraser	1	0	1	2	1
Burnaby/New Westminster	0	0	2	0	3
North Shore	0	0	3	0	3
Richmond	0	0	0	1	1
Northeast Sector	0	0	0	0	0
Ridge Meadows	0	0	0	0	1
Total	6	7	11	4	19

*Several clinics in Vancouver serve a general population as well as incorporating specialized services for a target population such as HIV/AIDS or substance misuse. These clinics are included in both columns, i.e. general (with or without Care cards), and in the column for target populations. A number of Vancouver clinics

require Care cards for their general primary care services, but do not require Care cards for their specialized services, such as harm reduction, a methadone program or services for youth.

c) Mobile and Outreach Services

Several agencies provide health outreach services. For example, in Vancouver, the Downtown Eastside Youth Activities Society (DEYAS), has a Health Outreach Van, and provides mobile health outreach services to high risk individuals such as dual diagnosis clients, IV drug users, street youth, and sex trade workers. The van provides services in shelters, hotels, drop-in centres, and on the street. Nurses provide primary care such as dressings, vaccinations, and attention to respiratory ailments, as well as emotional/psychological support during and after hospital stays, and meal delivery and nutritional aid. Staff make referrals to detox and mental health services, and provide follow-up care after discharge from hospital until home care services can be arranged. In 1999 demands on the Outreach Van almost tripled. In 2002, demands remained relatively steady from the year before, but providers note the Van is working to capacity.

Other agencies that provide health outreach services include the Vancouver Native Health Society (outreach services for people who are HIV positive), and the BC Centre for Disease Control (provides outreach nurses who provide free and confidential HIV testing and counseling, STD diagnosis and treatment, condoms, needle exchange, hepatitis vaccines, education and other services). In Surrey, the South Fraser Community Services – Street Outreach Program provides similar services. In addition, needle exchange vans travel in Vancouver and down the Kingsway corridor, and outreach nurses in Vancouver visit some shelters on a regular schedule.

Gap# 24 – Inability of health care providers to access medical histories

At present, it is difficult for health providers to obtain medical histories of their clients. Patients often do not remember details of their past care and there are a variety of heath services, clinics, emergency room and outreach services each keeping their own, separate records. The result is that health care providers are unable to discern medical patterns, and they have no accurate records of previous treatment, tests, medications and immunizations. The inability to access medical histories makes it difficult for health providers to give appropriate treatment. Too much or too little care can result. Several health care providers noted that some patients have been over-immunized as a result of providers not being able to access an individual's health records.

A number of health care providers have indicated that to treat patients properly they need a safe, secure, electronically-accessed site from which they can retrieve an individual's health record. Such a site would have to adhere to strict patient confidentiality, while still being readily available to providers. At the time of the publication of the *Regional Homeless Plan for Greater Vancouver,* the Vancouver/Richmond Health Authority had begun work on a record keeping system that would track immunizations. To date 40,000 individuals have been entered into the system, which is updated twice annually. All Community Care Centres in Vancouver, as well as St. Paul's Hospital, have endorsed the program and have signed an agreement to protect patient confidentiality. The program has proven highly successful in allowing health care providers to access at least this portion of a patient's record. However, this system is limited to tracking immunizations and it is available only in Vancouver.

Gap# 24 – Inability of health care providers to access medical histories

Health care providers are often unable to access a patient's complete medical record due to the number of different services available to a patient and the lack of a central database.

Policy Statement

There should be a complete patient record data base system(s), adhering to strict patient confidentiality and using the minimum data set necessary, which can be electronically accessed by health care providers so that they can give proper service to their patients.

Strategy

Encourage the health authorities to determine the need for a patient record data base system, and where appropriate, devise a suitable database that adheres to strict patient confidentiality while being readily usable to health care providers.

Gap #25 – Inadequate supply of convalescent beds for people who are homeless

In the housed population, an individual with an illness or a medical condition has a home in which to recover where food is readily available and medication can be kept under proper conditions and taken at the right time. Homeless people are unlikely to have an adequate place in which to convalesce from illness or trauma, either major or minor. A homeless individual suffering from a condition that in the housed population is easily treated might well need a place to recuperate to prevent that condition from flaring into a serious health concern requiring treatment that is far more extensive for the individual and far more expensive to the health care system. An individual living on the second floor of a walk-up, or in an SRO with a bathroom down the hall, who has broken his hip cannot go back to his room upon leaving hospital.

Convalescence is part of a continuum of care. The homeless should not be expected to recover in the streets or in inadequate housing. If full recovery is to be made and recurrence minimized, recuperation must include appropriate housing, food and nursing care. As well, convalescent beds in emergency shelters should not become a burden on the shelter. Such beds should be fully funded and be in addition to the shelter's capacity. In Vancouver, recuperating homeless individuals are sometimes placed in existing emergency shelter beds with support services brought in as needed via outreach staff. In the opinion of one provider, emergency shelters are becoming places that warehouse people who need medical care because there is no place else for them to go. There is a particular need for long term convalescent care for brain-injured individuals. These individuals often need to recuperate for longer than they can stay in a shelter.

It has also been noted that in the absence of convalescent beds, doctors may more readily admit the homeless to high-cost acute care hospital beds. An English study noted that the homeless population was being admitted to hospital for much milder conditions than the housed population.[81] Anecdotal evidence in Vancouver indicates that homeless patients may well be kept in hospital longer than is necessary because no adequate recuperative beds can be found for them. At present, there is evidence that homeless individuals in the Region are being discharged from hospital into shelters on an informal basis and it was noted that many of these shelters are not accessible to those with physical

[81] O'Connell, James J., *Utilization & Costs of Medical Services by Homeless Persons*, (Apr.1999): 4, online, Internet, 7Jan 2001.

disabilities. As well, there have been turnaways of discharged patients from the shelters. While service providers in the Region noted an enormous need for convalescent facilities, it was mentioned that in the Ridge Meadows sub-region, The Caring Place informally but adequately handles the convalescent needs of that area.

There are a number of options for recuperative or convalescent beds for people who are homeless. These might include:

- A medical unit;
- Emergency shelter-based models where the shelter contains a discrete 24-hour staffed unit, or where beds in the shelter are made available on request and then served by on-call staff;
- Motel/hotel units; or
- Referrals to continuing care facilities.

The hotel/motel option has been suggested as the most suitable for a homeless family where one member is ill.

Gap #25 – Inadequate supply of convalescent beds for people who are homeless

There are not enough convalescent beds for homeless individuals, including seniors, youth and those with unstable accommodation who are recovering from an illness or trauma.

Policy Statement

There should be adequate convalescent health services available to individuals who are homeless or in unstable accommodations throughout Greater Vancouver as needed.

Strategy

Encourage health authorities to determine where the need exists across Greater Vancouver and assess the best method(s) for providing convalescent care for the homeless or those at risk.

Gap #63 – Inadequate dental care for people who are homeless or at risk

Dental care is a necessary part of the continuum of health. Early detection of problems and good oral hygiene can avoid serious problems, such as tooth loss or dental abscesses. Periodontal disease can develop into infections that lead to strokes, heart attacks, respiratory diseases and premature babies.

Service to children is more readily available than service to low-income adults without dental insurance plans. Children who are 18 years if age and under who live in low and moderate income families not covered by any insurance plan, can obtain preventative dental (and vision) service through a provincial program called Healthy Kids. As well, outreach services exist in elementary schools and selected day cares. Dental hygienists and certified dental assistants also provide adults in group homes and long-term care facilities with similar outreach oral hygiene services.

However, providers of care to the homeless and those at risk have indicated a lack of dental services across Greater Vancouver for the adult population. A volunteer dentist is available one or two days a year in the communities of Richmond, Burnaby/New Westminster and the Langleys. In Vancouver the need for dental care for homeless and at risk families and seniors is partially filled by the Portland Hotel Society and the Strathcona Dental Clinic, and by Covenant House for youth. Providers in other

sub-regions have noted that there is a refusal by dentists to treat income assistance clients due to the low reimbursement rates. As well, anecdotal evidence suggests that adults who are homeless are more likely to receive invasive rather than preventative dental care.

Participants in the sub-regional consultations and kitchen tables identified the lack of dental care as a serious issue. In addition, missing or having no teeth is a significant barrier to employment. Youth also expressed concern about the lack of dental care. The Aboriginal community identified the lack of dental care services as an issue particularly for families and sex trade workers.

Gap #26 – Inadequate dental care for people who are homeless or at risk

There is a lack of dental health services in Greater Vancouver for adults who are homeless or at risk, and it is sometimes difficult for homeless children and those at risk to access adequate dental care.

Policy Statement
A full range of dental care, including preventive care, is part of good health care management and should be offered as needed to the homeless and those at risk in Greater Vancouver.

Strategies
Encourage health authorities to assess the need for dental care for the homeless and those at risk in Greater Vancouver, and establish services where needed.

Priority #11 Mental health services

4.3.5 Mental health services

Mental health services cover a broad range of inpatient and outpatient services and programs that are best delivered through an integrated system provided in each local mental health area. The system should encompass a continuum of services, and policies should be flexible enough to respond to the changing needs of clients. While health authorities are responsible for the delivery of both acute care and long-term clinical care mental health services, some homeless people living with mental illness choose not to use these services. Non-profit providers often deliver outreach services with a non-clinical approach. These services can be found in Section 4.3.2 Outreach Services and 4.3.3 Drop-in Centres.

There is general agreement among service providers that between one third and one half of individuals who are homeless suffer from a serious mental illness such as schizophrenia or bipolar disorder. The illness is often exacerbated by the difficulty of receiving appropriate mental health services while not living in permanent accommodation. Clients who are transient, or have unstable housing, present a unique set of challenges for the delivery of mental health services.

The over-representation among the homeless population of individuals with a severe mental health problem is one of the most visible manifestations of the failure in the 1970s and 1980s to co-ordinate deinstitutionalization with the development of a comprehensive range of community mental health resources. Although there is currently a wide range of services available, including emergency services, case management, outreach, and acute care, these services evolved in a piecemeal manner. The process has lacked focus and until the last few years, there has been minimal co-ordination among providers. Programs and services have been developed in ways that do not always accommodate complex and changing consumer needs. As well, beginning in December 2001, the

merger of the former Simon Fraser, South Fraser and Fraser Valley Health Regions into the Fraser Health Authority and the Vancouver/Richmond Health Board, North Shore and Coast Garibaldi Health Regions into the Vancouver Coastal Health Authority has led to a period of restructuring and change that has created some uncertainty for both staff and clients regarding future levels of funding for programs and services in the mental health system.

The situation is further complicated for multi-diagnosed clients, such as those with a long-term serious mental illness combined with substance misuse, drug and alcohol dependencies, Fetal Alcohol Syndrome/Effect and HIV/AIDS. Appropriate treatment and care for these individuals is often a shared responsibility across several provincial ministries, service agencies and the local health region.

While the health authorities in Greater Vancouver have made steady progress in the implementation of both best practices in mental health care and community-based delivery, the provision of these services to homeless people and those at risk continues to present serious challenges. Both health authorities have included the development of services for people at risk in their strategic planning, but outside of Vancouver these services are more limited.

Research and practice has demonstrated that appropriate specific treatments and services can be effective for mental illness. Many of the services and practices now in place in the region are derived from evidence-based research and work well. However, there is not adequate capacity throughout the system to meet the mental health needs of those with a serious and persistent illness. The 1998 BC Mental Health Plan clearly established the target population to be served and the range of services required, but for a variety of reasons adequate levels of funding have not been provided to support and increase the capacity of the system.

Gap #27 Inadequate community care resources in the mental health system

The tables below show several changes in primary mental health services that have occurred between 2000 and 2003. As can be seen, many sub-regions experienced a decline in services, except for the number of emergency shelter/short stay/crisis and respite beds.

Assertive Community Treatment (ACT)

ACT teams provide flexible comprehensive intensive services to individuals with complex needs. The target population has a serious and persistent mental illness, along with other functional disabilities and is an intensive user of services. ACT is different from other case management models for the delivery of mental health services because it uses a low staff-to-consumer ratio, a team approach, assertive outreach, continuous services (24-hours/day, seven days a week) and attempts to connect clients to stable housing. ACT teams are located in all the sub-regions and generally operate with a similar mandate and approach.

The primary function of ACT teams is to focus on the reduction and management of symptoms through skill teaching, clinical management and support within the client's community. Clients may have been homeless at times in their lives because of repeated evictions and/or inappropriate social behaviours. They likely have substance misuse problems of significant duration.

The ACT program is targeted at intensive users of acute care beds, Riverview Hospital, jails and forensic services. Although ACT is an expensive alternative to other forms of community care it is relatively inexpensive when compared to the costs of acute care hospital beds or Riverview Hospital. The program is not adequately funded to meet the demand of those who qualify for the service and

the situation has deteriorated since several ACT teams in the region were dismantled since 2000 due to funding shortfalls.

Table 36: Number of Assertive Community Treatment (ACT) Teams

Sub-region	Assertive Community Treatment 2000	Assertive Community Treatment 2003	Change	
			#	%
Vancouver	2	1	-1	-50%
South of Fraser	4	4	0	0%
Burnaby/New Westminster	2	1	-1	-50%
Richmond	0	0	0	0%
North Shore	1	1	0	0%
Northeast Sector	1	1	0	0%
Ridge Meadows	1	1	0	0%
Region wide	11	9	-2	-18%

Emergency Shelter/Short Stay/Crisis and Respite Beds

A person with mental health issues who is homeless in Vancouver, but not connected to the mental health system, and not in crisis, can be referred to the Triage and Lookout Emergency Shelters in the Downtown Eastside. Up to 15% of the Triage's and Lookout's clients come from other communities in Greater Vancouver. Both facilities are licensed, offer 24-hour emergency care, have staff with knowledge about mental illnesses, a staff nurse, and are closely linked to the mental health system.

Several facilities in Greater Vancouver provide emergency care or respite for individuals connected to the mental health system who are experiencing a crisis. Periodic or episodic decompensation, the return of psychotic symptoms, is a common experience for individuals with a serious and persistent mental illness.[82]

- Venture is a 20-bed community care facility located in Vancouver that provides 24-hour residential treatment for clients of the Vancouver Community Mental Health Services (VCMHS). It provides a structured therapeutic program in a homelike environment. The VCMHS also provides emergency response capacity through Mental Health Emergency Services – Car 87. The Vancouver Police Department and Vancouver Health Authority jointly fund this service. Car 87 is available from 7:00 pm. – 3:00 a.m. and includes a psychiatric nurse and a plainclothes police officer who undertake on-site assessments seven days a week. As well, an additional daytime car has been added that operates from 8:30 a.m. to 3:00 p.m. Referrals are taken from any source.

- Winston Manor in Vancouver is an eight-bed respite/step-down facility in which two of the beds are reserved for step down use for individuals leaving a hospital, but are not yet able to move to residential care or supportive housing. Six of the beds are intended for respite care for individuals living in a residential facility (24-hour licensed care) or mental health funded supportive housing, but who need temporary separation from their living situation.

[82] All these facilities are included in the 2003 Regional Inventory of Facilities and Services.

- Duke House, with five beds located in Vancouver, is also a step-down facility for individuals leaving hospital who require a period of time to stabilize and prepare to move on to supportive housing.

- Two Community Residential Short Stay and Treatment (CRESST) facilities are located in New Westminster (ten beds) and Surrey (twelve beds) to serve the Fraser Health Authority. These 24-hour licensed facilities provide emergency therapeutic and respite care in a structured environment. Referrals can come from acute care hospitals, licensed residential facilities or directly from psychiatrists. The Fraser South Area of the Fraser Health Authority has an emergency response unit, Car-67, which is similar to Car-87 in Vancouver.

- The licensed Magnolia House (six beds) provides crisis stabilization and respite care for the North Shore Health Services, Vancouver Coastal Health Authority. The North Shore also has an emergency response service that operates from 9:00 a.m. to 2:00 a.m.

- Scottsdale House located in Delta serves the Fraser South Area of the Fraser Health Authority, but takes referrals from other areas. It is staffed 24-hours a day and provides emergency short stay housing and respite care, but does not provide medical care. Clients must be stabilized and able to self medicate. Referrals come from hospitals, Social Services and Mental Health Services.

- Fraserdale is a new 10-bedroom home in Burnaby that provides short-term supportive housing for mental health clients. The length of stay is 1-14 days, but clients may be permitted to stay longer. SCPI funds were used to assist in the purchase of the house.

Table 37: Number of Emergency Shelter/Short Stay/ Crisis and Respite Beds

Sub-region	**Emergency Shelter/Short Stay/Crisis and Respite (beds) 2000**	**Emergency Shelter/Short Stay/Crisis and Respite (beds) 2003**	**Change**	
			#	**%**
Vancouver	103	103*	0	0%
South of Fraser	18	22	4	22%
Burnaby/New Westminster	10	20	10	100%
Richmond	0	0	0	0%
North Shore	6	6	0	0%
Northeast Sector**	0	0	0	0%
Ridge Meadows**	0	0	0	0%
Region wide	137	151	14	10%

*This includes 42 beds provided at the Lookout shelter (Alexander Street) and 28 beds provided by Triage. The Yukon shelter provides many of the same services as the other Lookout shelter, but it is not licensed.
**Northeast Sector and Ridge Meadows also have access to the New Westminster CRESST facility.

The current facilities and services that provide emergency and respite care to those who are connected to the mental health system are operating at or very near capacity all the time in Greater Vancouver. The emergency shelter system is operating at or above capacity and cannot provide appropriate care and assessment for all those who are homeless and have a serious mental illness.

Mental health centres and teams

Mental health centres and mental health teams are located in all sub-regions. Generally, staffing levels are similar, based on the caseload carried by each case manager. Teams include case managers, who typically have a social work or psychiatric nursing background, mental health workers and in some cases occupational therapists. Physicians, psychologists and psychiatrists usually, but not always, work on a part-time basis and are referred patients by the case managers. Teams provide treatment involving medication, supportive counseling and rehabilitation services to the client, and consultations with general practitioners to assist them with treatment of their patients.

The delivery of mental health treatment by teams/centres varies slightly from health region to health region. For example, in Vancouver and Richmond the teams are focused on clients with the most severe and persistent mental illnesses, although they also provide assessment and referral services to clients outside the criteria. In the other jurisdictions, mental health services are delivered through mental health centres where services are offered for a broader range of needs including less serious mental health problems.

The common denominator across the system is that most teams carry heavy caseloads that may preclude staff from providing the level of service that is required by their clients. Underfunding of the system forces providers to continuously juggle resources in an attempt to respond to needs that outstrip capacity.

Table 38: Number of Mental Health Centres

Sub-region	**Mental Health Centres 2000**	**Mental Health Centres 2003**	**Change**	
			#	**%**
Vancouver	8	8	0	0%
South of Fraser	5	5	0	0%
Burnaby/New Westminster	5	4	-1	-20%
Richmond	1	1	0	0%
North Shore	4	3	-1	-25%
Northeast Sector	1	1	0	0%
Ridge Meadows	1	1	0	0%
Region wide	25	23	-2	-8%

Participants in the sub-regional consultations identified a need for more outreach and emergency response services. In Vancouver, it was specifically recommended that the Car 87 service be expanded. Participants in the kitchen table sessions also identified a need for more mental health services and quicker access to the mental health system.

Gap - #27 Inadequate community care resources in the mental health system

The community care resources in the mental health system are inadequate to meet the needs of individuals who are homeless and at risk. In particular, there are not enough Assertive Community Treatment services, outreach, emergency facilities, and mental health teams to meet the needs of mentally ill individuals who are homeless or at risk. Emergency response systems are also inadequate.

Policy Statement

1) Assertive Community Treatment should be a priority response for individuals who need the program and are intensive users of acute care beds, Riverview Hospital, jails and forensic services.
2) Homeless people who live with mental illness or those at risk should have access to appropriately resourced emergency housing that includes access to mental health services throughout Greater Vancouver.
3) Adequate levels of primary mental health services are essential to meet the needs of individuals with mental health issues.

Strategy

a) Health planners should determine the demand for additional Assertive Community Treatment by requesting health authorities to demonstrate their need for additional ACT resources.
b) Health authorities should advocate that the Provincial Government meets the funding targets for programs and services outlined in the 1998 BC Mental Health Plan.
c) Encourage the development of appropriate emergency shelter, crisis services and respite beds for mentally ill clients throughout the region that include staff who are knowledgeable about mental health services in the community and are trained to provide mental health assessment and support.
d) Encourage the development of emergency responses systems to meet needs in each region (e.g. interest expressed in Car 87-type services for the region).
e) Encourage the provision of adequate levels of mental health services, including outreach, to meet the needs of individuals with mental health issues.

Gap# 28 – Demand for emergency psychiatric hospital beds exceeds supply

Over the last few years a number of factors have caused additional pressure on the acute care mental health system in the Lower Mainland. The number of individuals admitted to acute care hospital beds has increased and the seriousness of their illness is also increasing, requiring longer stays and blocking access to beds. The system has been operating at 100% capacity since 1996. In some hospitals patients have to stay in emergency ward beds because there are no available beds in the psychiatric ward. These resources are often in such demand that patients are sometimes released prematurely before being stabilized and/or housing and care resources in the community have been identified or are available. This outcome can lead to the individual becoming homeless or forced to live in inadequate accommodation that may exacerbate the illness.

The mentally ill homeless person is often a chronic user of hospital emergency services. The use of these resources to stabilize and assess those with a chronic illness is both the most expensive intervention option and often the least effective method of providing a lasting solution.

In the Vancouver Coast Health Authority, bridging teams/workers attempt to link hospital users to more appropriate community resources. The Fraser Health Authority has six and one half Hospital Admission Diversion Workers located in New Westminster and Maple Ridge who are responsible for finding alternative resources to hospital admission and following-up with their clients to determine if the placements are successful.

Although the bridging teams/workers provide the capacity to direct hospitalized patients away from emergency beds and into community mental health resources, the lack of available resources often delays discharge and therefore creates a backlog of patients who are waiting for admission to hospital

beds. However, there are issues related to the discharge of patients from a hospital psychiatric ward in one region into a community resource in another region. There are currently no protocol arrangements in place to accommodate the reciprocal movement of program funding between health authorities.

Table 39: Number of Hospital Psychiatric Acute Care Beds

Sub-region	Hospital Psychiatric Acute Care (beds) 2000	Hospital Psychiatric Acute Care (beds) 2003	Change	
			#	%
Vancouver	143	142	-1	0%
South of Fraser	74	74	0	0%
Burnaby/New Westminster	54	55	1	2%
Richmond	20	20	0	0%
North Shore	26	26	0	0%
Northeast Sector	0	0	0	0%
Ridge Meadows	15	14	-1	-7%
Region wide	332	331	-1	0%

Riverview Hospital is a provincial tertiary treatment facility. It is located in Coquitlam but serves individuals from all over BC, although predominantly from the Lower Mainland. Patients are referred for specialized assessment, diagnosis and treatment. Historically, Riverview was the only mental health resource in the province. Patients received treatment for varying periods of time and were discharged back to their community into the care of a mental health team or their doctor. At present, Riverview provides long-term refuge or sanctuary for many patients who for a variety of reasons cannot be returned to community care including those who are seriously ill with related behavioural issues. It has gone from 1,220 beds in 1987 to 808 beds in 2000, and to 600 beds in 2003, under a new model for the delivery of specialized mental health services based on best-practice evidence that patients respond better if tertiary care is provided in smaller community-based centres. As a result the province has been building new tertiary care facilities around the province, and this accounts for the reduced beds at Riverview. All the new facilities completed to date are outside of the GVRD. The Vancouver Coastal and Fraser Health Authorities have been actively planning the development of new facilities, but at this time neither has announced specific details of locations and number of beds. The process to implement the downsizing of Riverview (known as the Riverview Hospital Redevelopment Project) calls for 516 new specialized mental health beds to accommodate patients leaving Riverview and other mental health patients with similar needs by spring 2007.

Riverview's policy is to release patients into planned community care. There are always a substantial number of Riverview patients who have been treated and are ready to move to community care, but who must wait until housing and care becomes available. This has historically led to a waiting period for referrals from acute care beds in hospitals to Riverview and is partially responsible for the backlog the hospitals must manage. In short, the system is saturated.

Gap # 28 - Demand for emergency psychiatric hospital beds exceeds supply

There is a constant backlog in acute care psychiatric beds in hospitals in the region, and the system is saturated. The release of seriously ill individuals without planned or available community care in place often leads to/or perpetuates homelessness. There are inadequate community care resources in the mental health system to accommodate individuals who qualify for these services.

Policy Statement

1) Individuals with a persistent and serious mental illness who require acute care beds or the specialized resources of Riverview Hospital should receive timely treatment.
2) Adequate community care resources should be funded throughout Greater Vancouver so that people waiting for release to the community from acute care hospital beds and from Riverview Hospital have appropriate housing and support services or licensed care.

Strategies

a) Encourage the two health authorities in Greater Vancouver and Riverview Hospital to continue to improve co-ordination of admissions and discharges from Riverview while the downsizing planning progresses.
b) Encourage the provincial government to meet funding targets for programs and services outlined in 1998 BC Mental Health Plan.[83]

Gap #29 – Individuals who are not deemed to have a serious and persistent mental illness are falling between the cracks

In the early 70's the Greater Vancouver Mental Health Services Society (since merged with the Vancouver Coastal Health Authority) decided that the majority of the mental health resources should be directed to individuals with a serious and persistent mental illness. Those needing primary care (services provided without referral) with a less serious mental health problem such as depression or coping with a family crisis would be encouraged to use private doctors, psychologists and counsellors. In the other three health regions, these services continued to be available through mental health centres or specialized teams.

Both approaches have advantages and disadvantages. The primary advantage of the Vancouver model is that those with a serious mental illness have access to a more comprehensive menu of services. The disadvantage is that individuals with less serious mental health problems who are homeless or at risk may not be able to access the primary care that would help to stabilize their lives because the waiting period for a private psychiatrist is approximately six months. Mental health teams in Vancouver attempt to assess these clients when they come to the team and identify resources in the community that are appropriate, but because an individual can require a substantial amount of counseling time, options are limited.

Vancouver mental health centres in a number of locations include small teams (also known as Community Response Units) of health care workers who provide emergency response capacity to the system. They provide outreach services, which includes going into the field, undertaking assessments

[83] Ministry of Health and Ministry Responsible for Seniors, *Revitalizing and Rebalancing British Columbia's Mental Health System; The 1998 Mental Health Plan, pages 43-48.*

and working with clients who have less serious mental health problems. Team members are able to offer up to three months of treatment. They are also very knowledgeable about community resources and can marshal services from other providers. There is an Outreach Team attached to the Strathcona Mental Health team that provides similar services to the Downtown Eastside. This group spends most of its time in the community.

While the Fraser Health Authority places the highest priority on services for clients with a serious and persistent mental illness, they also provide services to those who have less serious mental health problems or who are experiencing a crisis. The Fraser South Area of the Fraser Health Authority operates a primary care clinic that provides mental health services to anyone with a mental illness. It also operates an intake and emergency response team out of the Surrey Central Mental Health Centre. The less seriously ill are often multi-diagnosed with presenting behaviours such as drug and alcohol misuse, attention seeking, suicidal gestures and personality disorders. These individuals are at risk of becoming homeless without mental health services, and the community supports and housing that will stabilize their lives.

Regardless of the services mentioned above, there are still not enough services for individuals who do not have a serious and persistent mental illness and who experience a crisis. This issue has been identified as a missing component of the mental health service system across the region.

During the sub-regional consultations, a lack of mental health services, particularly outreach, was identified as an issue. It was suggested that provision should be made for staff training so that all types of homeless services, including emergency shelters, would be able to assist mental health clients. The need for treatment for people with a dual diagnosis was also identified for adults as well as youth.

Participants in the kitchen table sessions also expressed a need for improved access to mental health services. They identified a need to serve people with a wide range of mental health issues that are not deemed to be "serious and persistent", including depression, anxiety and abuse. Many participants expressed frustration about not being able to access mental health services. Several suggestions were made for services including counselling clinics, compassionate centres that would provide showers, food, and healing – a calm place to rest and feel safe, and a drop-in facility where people with mental health issues can go for medication adjustments, and specific services to address the unique needs of sexual minorities. Rather than simply getting prescriptions for anti-depressants, one participant expressed a need to be able to address the issues underlying depression at a deeper, more psychological level.

Participants in the youth and Aboriginal consultation processes also identified a need for more mental health services.

It has been recommended that health authorities study models for the delivery of primary mental health care to individuals with mental health needs who are homeless or at risk. One option which has been suggested is to attach mental health care workers (e.g. person with mental health training such as a psychiatric nurse) to health clinics. Another option is to place mental health workers who are part of the mental health teams/centres in health clinics. The latter option has the advantage of providing direct access to the resources and backup of the team/centre.

Gap #29 – Individuals who are not deemed to have a serious and persistent mental illness are falling between the cracks

Individuals who are homeless or at risk who have mental health issues not deemed "serious and persistent" do not have consistent access to primary mental health services, and are "falling between the cracks".

Policy Statement
All homeless or at risk individuals who have mental health needs should have access to primary mental health services throughout Greater Vancouver.

Strategies
Health authorities should study models for the delivery of primary mental health care to individuals with mental health needs who are homeless or at risk, and fund pilot programs to demonstrate which models are most effective.

Priority #12 Addiction treatment and services

4.3.6 Addiction treatment and services

Homelessness and addiction are inextricably linked, although estimates of drug and alcohol addictions among the homeless vary widely. Data from the Research Project on Homelessness in Greater Vancouver showed that almost 40% of the homeless people that responded to this question in the 2001 snapshot survey either said that they had a problem with addiction or the interviewer noted a problem.[84]

Since the original plan was developed there have been changes in responsibility for addiction services. The overall responsibility for both adult and youth addictions services now rests with each individual health authority rather than the provincial Ministry of Children and Family Development. The province retains a limited provincial addictions planning role. In Vancouver, the Vancouver Coastal Health Authority (VCHA) is responsible for a variety of addictions services throughout the region and is in the process of developing a service plan for alcohol and drug services.[85]

Other levels of government have an interest in substance misuse issues. The Vancouver Agreement is a five-year collaboration involving the federal, provincial and municipal governments. Signed in March 2000, the agreement focuses on community health and safety, economic and social development, and community capacity building. It sets out an action strategy that includes dismantling the open drug scene in the Downtown Eastside, with the objective of decreasing preventable deaths, injuries and illnesses.[86]

The City of Vancouver's drug strategy[87] is a comprehensive, integrated strategy for addressing drug misuse and the illegal drug trade in the Downtown Eastside and throughout Vancouver. It was

[84] Jim Woodward and Associates Inc. et al. 2002. *Greater Vancouver Regional District, Research Project on Homelessness.*
[85] VRHB. *Adult Alcohol and Drug Services for Vancouver: A Health Reform Framework*. June 2001.
[86] Vancouver Agreement. *Integrated Strategic Plan*. 2003.
[87] City of Vancouver. *A Framework for Action. A Four Pillar Approach to Drug Problems in Vancouver*. April 2001.

developed by the City of Vancouver in 2000, and adopted by Vancouver City Council as policy in 2001. The strategy rests on the four pillars of prevention, treatment, enforcement and harm reduction. In addition, the Lower Mainland Municipal Association (LMMA), a group of 31 member municipalities from Hope to Lillooet, has prepared a regional substance misuse strategy.[88] It offers a framework for municipalities interested in a regional strategic approach to addictions and their consequences, recognizing that the provincial government and local health authorities are responsible for funding most of the recommended actions. The Action Plan has been adopted by the LMMA and member municipalities but requires funding to implement.

The following table shows the regional distribution of residential detox beds that offer managed withdrawal from alcohol or drugs. While there are many non-residential forms of treatment such as outpatient counseling or day treatment, people who are homeless are most likely to require treatment in a residential setting. However, there has been virtually no change in the number of residential detoxification beds since 2000, with the exception of an additional two beds in Vancouver. Table 40 shows that today, as in 2000, most detox beds are located in Vancouver.

Table 40: Residential Detoxification Beds – Change in number of beds

			Change	
Sub-region	**Beds 2000**	**Beds 2003**	**#**	**%**
Vancouver	62	64	2	3%
South of Fraser	0	0	0	0%
Burnaby/New Westminster	22	22	0	0%
Richmond	0	0	0	0%
North Shore	0	0	0	0%
Northeast Sector	0	0	0	0%
Ridge Meadows	0	0	0	0%
Region wide	**84**	**86**	**2**	**2%**

[88] LMMA. *Regional Action Plan to Reduce the Harmful Effects of Alcohol and Drug Misuse*. November 15, 2001.

Table 41: Residential Detoxification Beds – Target Groups Served

Target Group	Beds 2000	Beds 2003	Change	
			#	%
Adult men (single)	0	0	0	0%
Adult women (single)	0	0	0	0%
Adult men and women (single)	71	70	-1	-1%
Families with children (may include single women)	0	0	0	0%
People with special needs	0	0	0	0%
New immigrants, refugees, and refugee claimants	0	0	0	0%
Seniors	0	0	0	0%
Youth	13	16	3	23%
Aboriginal adult men and women	0	0	0	0%
Aboriginal families	0	0	0	0%
Aboriginal youth	0	0	0	0%
Region wide	**84**	**86**	**2**	**2%**

There are few specialized detox facilities for specific target groups and no spaces specifically for women and Aboriginal persons. Specialized detox facilities for youth are available in very limited numbers.

Table 42: Residential Treatment and Recovery Beds – Change in number of beds

Sub-region	Beds 2000	Beds 2003	Change	
			#	%
Vancouver	238	341	103	43%
South of Fraser	200	319	119	60%
Burnaby/New Westminster	62	80	18	29%
Richmond	9	9	0	0%
North Shore	0	0	0	0%
Northeast Sector	102	92	-10	-10%
Ridge Meadows	50	66	16	32%
Region wide	**661**	**907**	**246**	**37%**

Residential treatment programs provide addiction treatment to clients who stay on the premises for a period of time while recovery houses provide a less structured residential environment and many are unregulated. The number of residential treatment and recovery beds has increased significantly since 2000, an increase of almost 250 beds or 37%. Most of the increase has occurred in Vancouver and the South of Fraser sub-region. These two sub-regions also have the largest share of beds region-wide. There are no treatment or recovery beds located on the North Shore. It should be noted that some of these facilities are provincial resources, and while physically located in one municipality, are meant to serve a much larger area.

Table 43: Residential Treatment and Supportive Recovery Beds – Target Groups Served

Target Group	Beds 2000	Beds 2003	Change	
			#	%
Adult men (single)	397	582	185	47%
Adult women (single)	103	143	40	39%
Adult men and women (single)	117	99	-18	-15%
Families with children (may include single women)	0	0	0	0%
People with special needs	0	0	0	0%
New immigrants, refugees, and refugee claimants	0	0	0	0%
Seniors	0	0	0	0%
Youth	37	37	0	0%
Aboriginal adult men	7	22	15	214%
Aboriginal adult women	0	9	9	N/A
Aboriginal youth	0	15	15	N/A
Region wide	**661**	**907**	**246**	**37%**

Most residential treatment and recovery beds (64%) serve adult males while 16% are for adult women, 4% are for youth, and 5% are for Aboriginal persons. There has been some improvement since 2000 in the distribution of beds among the other target groups with additional beds for single women and various Aboriginal sub-populations.

Gap #30- Lack of residential addiction treatment capacity

The tables above show that there has been virtually no increase in the number of detox spaces since the original plan was adopted, and there has been some growth in the number of residential treatment and recovery spaces. While there is a fair degree of awareness of the issue and support for measures to address the problem around the region, there is very little funding for new residential treatment spaces. In addition there is a move towards non-residential forms of treatment that are more cost-effective but least helpful in serving the homeless.

The lack of spaces makes it difficult for people to access entry-level service when an individual expresses a wish to make some change in their drug/alcohol use patterns. When a person with an addiction experiences a crisis, a 'window' to treatment may open for a short period of time. However, if there is a significant delay, the window closes until the next crisis. In addition, as reported by the Lower Mainland Municipal Association,[89] addiction is a progressive condition and there is a better chance of successful treatment at an early stage. Currently, access to residential services is not available in a timely way due to a shortage of spaces. There is a central access point for detox services within VCHA and plans are underway to provide a central booking office for all drug treatment services.

[89] Lower Mainland Municipal Association. *Towards a Lower Mainland Crime and Drug Misuse Prevention Strategy, Needs Assessment and Identification of Issues*. 2000.

Various sub-groups, particularly people with multiple diagnoses, women, youth and Aboriginal people are not well served by existing residential addictions services. Aboriginal women are noted to be at high risk for drug use and associated problems such as HIV/AIDS. Street youth face a serious problem with methamphetamine use. People in these special populations experience difficulties in accessing treatment and recovery resources because these services are in short supply, have long waiting lists, services do not meet their needs, and/or programs have narrow eligibility requirements. In addition people from minority ethnic groups, in particular those for whom English is not their first language, experience difficulties in obtaining the help they need.

The co-occurrence of mental illness and addictions is frequent but facilities meant to treat one diagnosis are not able to treat the other. This might mean people are excluded from service on the basis that the second disorder is an obstacle to successful treatment of the first disorder. Recent research suggests that specialized facilities that offer treatments for both diagnoses concurrently are more promising.

It is not necessary for all services to be located in each sub-region. Some facilities will serve the region or the province. Different growth rates in some of Greater Vancouver's sub-regions over the past few years may mean that some sub-regions are under-represented. However, all residents must have access to adequate services region wide. Decisions on which resources should be region wide and which should be available to residents locally are important and require attention.

Sub-regional stakeholders identified addiction treatment services as one of the top priorities to address homelessness in the consultations for the 2003 plan update. They also identified a need for more addiction treatment services particularly for people with multiple diagnoses since they are very visible on the streets, and living in deplorable conditions.

Regional Services Needs	**Addiction Treatment Services**
GVRD Wide themes	**Common gap but a priority in 3 sub-regions. Multiple diagnoses population a target.**
Cold Wet Weather Strategy	More detox (especially for women), and multiple diagnoses treatment.
North Shore	Need.
Vancouver	Overwhelming need for detox and treatment, especially for youth and multiple diagnoses. Sobering centre.
Burnaby/New Westminster	Addiction treatment services for youth.
Richmond	*
Langleys	Detox for adults (5) and youth (5). Treatment for adults (6) and youth (4).
Surrey, White Rock and Delta	Need detox and treatment beds (including multiple diagnoses).
Ridge Meadows	Need.
North East Sector	Detox and treatment for adults and youth.

* Blank cells are not an indication that there is not a need for the service, but rather that the topic was not identified during the sub-regional stakeholder discussions.

Homeless persons who participated in the kitchen table sessions also identified addiction treatment services as a priority and called for "more detox, treatment centers, recovery houses and longer term supportive housing throughout the region". Gender specific services were noted specifically. In additions, there were some concerns about the quality of some recovery houses with respect to food, overcrowding and support levels. It was also recommended that multi-component structured treatment centres be developed that provide a range of programs including literacy, education, career planning, employment services and access to long-term housing options.

Participants in the youth consultations stressed the need for more detox facilities targeted to youth, as well as second stage alcohol and drug treatment services to be located outside Vancouver. Young women and young women with children were identified as a particular group in need of services.

The Aboriginal community also stressed the need for culturally appropriate addiction treatment services for Aboriginal people, including youth with addictions.

Gap #30 – Lack of residential addiction treatment capacity

There is a lack of residential addiction treatment capacity in the region and limited access to services for those sub-populations with special needs.

Policy Statement

1) A full range of alcohol and drug addiction treatment services and housing should be distributed in communities throughout Greater Vancouver to meet needs.
2) The range of core addiction services includes sobering centres, detox, outpatient treatment, counseling, residential treatment, methadone treatment, needle exchange and medium and long-term permanent supportive housing.
3) Residential addiction services should meet the diverse needs of all those with addictions.
4) People with addictions should have timely access to treatment.
5) Homeless people should have access to residential addiction treatment.

Strategy

a) Encourage implementation of the Lower Mainland Municipal Association Regional Action Plan to Reduce the Harmful Effects of Alcohol and Drug Misuse.
b) Determine needs and resources required in communities throughout the region.
c) Encourage the development of targeted detox and residential addiction treatment services to meet the needs of individuals with multiple diagnoses, women, youth and Aboriginal people, including Aboriginal women.

Gap #31 - Lack of transitional and supportive housing for individuals with addictions and those who are recovering

One of the most critical needs in the addiction services continuum in the region is supportive housing, a place for people recovering from addictions to go upon completion of a treatment program. This is particularly important in an environment where residential forms of addiction treatment remain unfunded. According to the former VRHB, "there is strong evidence that health and alcohol and drug treatment outcomes for people are significantly improved by linking supported housing with

treatment.'"[90] Such housing would provide an environment conducive to supportive recovery and increase the likelihood of success. Currently there is no supportive housing for people with alcohol and drug problems in the region. Portland, Oregon has a significant stock of alcohol and drug free, damp and wet supportive housing as part of its continuum of services and these are credited with aiding the city's successful effort to deal with a serious homelessness and addiction problem. Most of the 1,200 housing units operated by Central City Concern, a non-profit organization established to alleviate poverty and homelessness in Portland, are either independent or supportive housing units.[91] Homeless people who participated in the kitchen table sessions suggested that this type of housing should to be located away from people who are still using drugs or alcohol. At the same time, housing is also needed for those not interested in recovery.

Gap #31 – Lack of transitional and supportive housing for individuals with addictions and those who are recovering

People who are undergoing or have completed addiction treatment programs have few safe places to live with environments conducive to supportive recovery. People with addictions not undergoing recovery also need supportive housing to avoid eviction.

Policy Statement

1) A range of transitional and supportive housing conducive to recovery should be available for individuals recovering from addictions.
2) Access to transitional and supportive housing for individuals who are not seeking addiction treatment is also needed to avoid evictions.

Strategy

a) Encourage the development of a range of transitional and supportive housing options for individuals recovering from addictions and for others not seeking treatment.
b) Encourage health authorities to participate in funding the support component of transitional and supportive housing.

Gap #32 - Lack of harm reduction measures

Presently, there are few services for people who are actively involved in drug or alcohol use but yet need assistance in order that they do not harm themselves or others. The harm reduction approach aims to reduce the spread of deadly communicable diseases, prevent drug overdose deaths, increase substance users' contact with health care services and drug treatment programs, and reduce consumption of drugs on the street. It includes services to prevent the spread of illness and to counter psychological, economic and societal harm resulting from addictions. Harm reduction includes a range of strategies from total abstinence to providing safe injection sites. It recognizes that abstinence may not be a realistic goal for some users, at least in the short term, and is particularly applicable to those who are street entrenched. Harm includes physical harm such as HIV/AIDs, spread of illness, accidents and violence, psychological harm, societal harm and economic harm (such as the impact of the illegal drug trade).

[90] VRHB. 2001.
[91] BC Ministry of Social Development and Economic Security. 2000. *Local Responses to Homelessness: A Planning Guide for BC Communities*.

The inventory does not include harm reduction measures such as needle exchange programs and safe injections sites, although there are a few such services around the region. A safe injection site has recently opened in Vancouver.

Gap #32 – Lack of harm reduction measures

Some homeless people with addictions are not ready to enter treatment; they are prevented from accessing services yet they may harm themselves and others.

Policy Statement

Harm reduction strategies should be part of a comprehensive substance misuse strategy to help minimize the negative health and other consequences of substance misuse, contributing to homelessness.

Strategy

a) Collaborate with parties to the *Vancouver Agreement*, the Lower Mainland Municipal Association and the involved community to ensure that harm reduction strategies are incorporated in planning for addiction services.
b) Encourage the development of services and facilities, including a continuum of housing where use is permitted, to meet the needs of homeless people who are not ready to enter treatment.

Priority #13 Research, planning and capacity building

4.4 Research, data collection and dissemination

Significant research on homelessness has been completed through a variety of initiatives, locally, regionally, and nationally. Homelessness plans have been prepared for Burnaby, Greater Vancouver, Langley, Richmond, Surrey and the Tri-Cities. In addition, a great deal of knowledge about the homeless population in Greater Vancouver was collected through the 2002 GVRD Research Project on Homelessness. Several national studies have also been undertaken for Canada Mortgage and Housing Corporation and the National Secretariat on Homelessness. Some of these projects focus on specific target groups, such as women, families and youth.[92] Much of this research is available online. In addition, the Homelessness Research Virtual Library provides immediate access to past and current homelessness research documents from the province of British Columbia and the Yukon.[93] Because so much research has been undertaken recently, additional research has not been identified as a top priority at this time. However, strategies for using the research to increase public knowledge and understanding of homelessness would be beneficial.

[92] Examples include *Family Homelessness: Causes and Solutions*, *Pilot Study on the Child Welfare System and Homelessness among Canadian Youth*, and *On Her Own, Young Women and Homelessness in Canada*.
[93] The Homelessness Research Virtual Library is a partnership between the Institute of Health Promotion Research at the University of British Columbia, Human Resources Development Canada and Shelter Net BC. Their website is http://www.hvl.ihpr.ubc.ca

A great deal of progress has been made in obtaining information about the homeless population in Greater Vancouver. The 24-hour snapshot survey conducted as part of the Research Project on Homelessness in Greater Vancouver was the first step in estimating the number of homeless people (both in shelters and on the street) at a regional level. More recently, Surrey was the first municipality in the Region to conduct its own 24-hour snapshot survey, which provided vital information for the preparation of the city's homelessness plan. Both of these studies provide an excellent benchmark of information about the homeless population. However, periodic updates will be necessary to obtain current information, identify changes and trends over time, and help monitor the effectiveness of the homelessness plan.

As noted in the discussion regarding Gap #4 (lack of information about homeless people), there is also a lack of information about homeless people who use emergency shelters in the region. While each individual shelter keeps its own records and some have fairly detailed statistics, there is no region-wide database about the number of unique individuals using all shelters. Comprehensive long-term data about the number and characteristics of each individual who stays in the shelter system in the Lower Mainland would provide better information for understanding needs and for planning purposes. The Homeless Individuals and Families Information System (HIFIS) is intended to accomplish this and is presently being used at some Lower Mainland facilities. However, it is necessary for HIFIS to become fully operational so agencies can access the necessary data.

There is also a need to obtain information about homeless people who are turned away from shelters each night. While some shelters record the number of turnaways, region-wide information is not available. This plan supports initial work underway through HIFIS to collect systematic information about the number and characteristics of people who are turned away from shelters each night.

Good information on the number and characteristics of the population at risk of homelessness was obtained from the 1996 census. This will be updated with the 2001 census information, and will provide an excellent source of information.

The Regional Inventory of Facilities and Services provides useful information about what facilities and services are available in Greater Vancouver to assist people who are homeless. The inventory should be accessible to agencies that work with people who are homeless and should be updated on a regular or ongoing basis.

Specific recommendations about what is needed to obtain information about homeless people are contained in the strategy section of Gap #4.

5 Sustainability

Sustainability is typically understood as the maintenance of ongoing strength and vitality, whether economic, infrastructural, or in terms of human and community resources. Within the context of the Regional Homelessness Plan, sustainability means having sufficient resources within Greater Vancouver to continue to address homelessness and to implement the policies and strategies of each element of the housing, adequate income, and support services continuum that comprises the Plan. In terms of sustainability, the Regional Steering Committee on Homelessness will need to take into consideration that the Plan is viewed as a "living" document that encompasses a five to ten year time frame.

The Regional Steering Committee on Homelessness has identified partnership development and community capacity building as the essential elements to achieving sustainability for the Regional Homelessness Plan. During the 2003 Plan Update community consultations, along with supplemental interviews with sub-regional members, information was gathered on existing and potential partnerships, and on priorities and strategies for partnership development and community capacity building.

5.1 Partnerships

Partnerships assist in developing plans within the community context, as well as strengthening and enhancing individual projects to operate on a long-term basis. During the first three years of the Plan, a wide variety of partnerships were formed between community groups, service providers, and governments to support activities around homelessness.

5.1.1 Existing and Potential Partnerships

a. Existing Partnerships

The RSCH is perhaps the most visible of the community planning and development partnerships around homelessness, bringing together government, community organizations, and service providers from across Greater Vancouver.

The work of the RSCH is complemented and extended by further partnerships within the homelessness/housing steering committees/task forces that have been established in the following sub-regional areas of Greater Vancouver:

- The **Richmond** Steering Group on Homelessness brings together social service agencies and representatives from different levels of government. The Steering Group recently completed a study of the housing needs of Richmond's most vulnerable citizens.
- The **North Shore** Homelessness Task Force involves representatives from a wide range of organizations and sectors in the City and District of North Vancouver and the Municipality of West Vancouver.
- The **Tri-Cities** Community Committee on Homelessness involves a broad range of participants from the Coquitlam, Port Coquitlam and Port Moody areas.
- The **Surrey** Homelessness and Housing Task Force is composed of representatives from over 30 organizations. The Task force has completed an updated 24 hour count of homelessness in Surrey, a local plan, and has held public forums.

- The **Langley** Homelessness Coalition involves representatives from organizations in the City and Township of Langley.
- The **Ridge Meadows** Homelessness coalition involves a wide range of stakeholder groups from different sectors working in the areas of Maple Ridge and Pitt Meadows.
- The **Vancouver Urban Core Community Workers Association** involves 41 members from a wide range of social service agencies working in the Downtown Eastside that meets to share information, coordinate services, and to develop collective action on issues of homelessness as it affects the urban core area of Vancouver.

In addition to partnerships being forged across agencies and governments for the purposes of community planning and development, a number of partnerships have emerged around specific individual projects. These partnerships take a variety of different forms.

In several instances, one or more services providers and/or community organizations forged partnerships with municipal governments to find a location for services, facilitate the development process, assess local needs, or respond to a specific issue or problem at the municipal level. In some instances, municipal governments provided funding for the planned or existing facility or program. For several projects, partnership with the City was on a one-time basis for a specific project, although respondents noted that the connections exist should there be a need to reinitiate a more formal partnership. Municipal government partners have included the City of Burnaby, the City of New Westminster, the City of North Vancouver, the City of Richmond, the District of Maple Ridge, and the City of Vancouver.

Local governments have also been partners through endorsing the principals of the regional plan on homelessness (15 of the region's 21 municipalities to date), they have supported a Greater Vancouver Regional District Board resolution to endorse the regional plan and to lobby senior governments on actions recommended in the regional plan, and they have provided staff resources on actions around implementation of the regional plan, specifically affordable housing, poverty "report cards", and tracking the implications of recent provincial government program changes.

In addition to partnerships with municipal government, individual projects forged connections with other community groups and service providers, health authorities and community foundations, as well as with other municipal and provincial bodies including school districts, unions, and BC Housing.

b. Potential Partnerships

A wide range of potential partners were identified by stakeholders during the consultation. The following table shows sectors and target populations as either potential new partners or partnerships that could be enhanced.

Federal Government	Correctional Services of Canada; Justice Canada; HRDC, Job Creation Partnerships; Health Canada; Status of Women; Western Economic Diversification.
Provincial Government	Encourage MLAs to participate in process; enhance involvement of the Ministry of Child and Family Development (MCFD).
Health Authorities	Strengthen collaboration between the Vancouver Coastal and Fraser Health Authorities and the RSCH in working on the determinants of health. Better match health services to programs and facilities serving the homeless and those at-risk of homelessness.
Municipal Government	While most municipalities are involved, a few feel they do not have the resources to participate, which results in a loss of perspective and community

	capacity.
Schools and School Districts	Build connections between agencies and schools in order to raise awareness amongst young people.
Non-Profit / Non-Government Organizations	Ensure that Non-Profit and Non-Governmental Organizations have the appropriate resources to be able to continue participating.
Aboriginal Groups	Enhance the relationship between the RSCH and the AHSC; enhance partnerships between sub-regional planning committees/task forces and local Aboriginal organizations.
Private Sector	Business Improvement Associations, the Chamber of Commerce, the Urban Development Institute, the Real Estate Foundation, and other Foundations have been identified as potential partners. In some areas there is active involvement from small businesses but as public awareness expands there will be a need to seek out partnerships from large employers.
Unions	While the Vancouver and District Labour Council is a member of the RSCH, unions could play a greater role in promoting awareness about homelessness. To date there have not been many formal relationships with various unions and locals, although some union locals have been involved from an investment perspective. CUPE has been identified as a potential new partner.
Universities / Colleges	Universities and Colleges currently play a role in research. Beyond that, both SFU and UBC have housing projects underway, and the perception exists that neither have addressed issues of homelessness although they have at-risk populations and some absolute homeless. There is a need for them to become more involved in the regional process, as well as initiating their own processes.
Service Clubs	Rotary Club, Lions Club, Soroptimist, Kinsman, Kiwanis
Faith Groups	This sector plays an important role in homelessness issues and the relationship could be strengthened in some sub-regions.
Media	The local media have generally been responsive to homelessness issues throughout the region and there is a desire to partner with the regional media in encouraging them to report some of the successes occurring in the region.
Professional Associations	Medical doctors could play an important role in identifying areas that need to be addressed. Legal professionals would be a help with respect to legal aid issues and could play a case advocacy role for particular target groups.
Homeless Individuals / Families	Kitchen Table Focus Groups were held throughout the region as one component of the Community Plan Assessment and Update process.
Offenders / Ex-Offenders	Expand the partnership with the Elizabeth Fry Society and the John Howard Society.
People with Addictions	The Vancouver Area Network of Drug Users (VANDU) and From Grief to Action were identified as potential partners.
Persons with Disabilities	The Burnaby Association for Community Inclusion has been identified as a potential new partner. The link between learning disabilities and the Justice System has been formalized in recent years, but a similar link has not been established with homelessness. The Learning Disabilities Association of BC has been identified in this regard.
People with FAS / FAE	The FAS Community Roundtable (Tri-Cities / Burnaby Chapter) has been identified as a potential new partner.
People in the Sex Trade	Children of the Street and PEERS are potential new partners.
Recent Refugees / Immigrants	The Working Group on Poverty is currently involved. Potential partners could include SUCCESS; MOSAIC; Immigrant Services Society.
Victims of Domestic	Ensuring that organizations have the resources (financial and human) to be

Violence	active partners.
Youth at Risk	McCreary foundation was identified as a possible partner.

5.1.2 Barriers and Solutions to Partnership Development

The principal barrier to creating and sustaining partnerships mentioned by respondents is funding. Insufficient financial resources were highlighted as an issue for community agencies, service providers, as well as municipalities. Many respondents felt that provincial funding cuts over the last two years and those anticipated in the coming year will have a significant impact on non-profit and community organizations. The stretching of resources in community agencies reduces their capacity to participate in the planning and development process.

Other specific barriers mentioned by respondents include the challenge for small communities and/or organizations in meeting all of the requirements for developing proposals. While consultants could assist in providing the human resources and expertise, such an approach requires financial resources. It was also noted that smaller sub-regions find it difficult to partner with large, regional associations whose broad focus extends beyond the conditions within their particular communities.

5.1.3 Partnership Priorities

a. Enhancing Existing Partnerships

In light of the above mentioned focus on financial resources, it is not surprising that an important precondition for enhancing existing partnerships emphasized by respondents is securing adequate funding. Sufficient financial capacity is also linked to maintaining adequate staffing/human resources. Respondents noted that partnerships would be strengthened if participants were able to build partnership activities into their regular work plans, along with requisite training and educational activities. This would provide greater long-term stability and increased awareness. Such stability would also help to ensure that partnerships endure beyond the particular players involved at the time of formation.

Respondents also noted that the responsibilities of each partner needs to be clearly defined in order to ensure that members have a clear understanding of what is expected. This was considered to be particularly important in light of social service and health restructuring in BC.

b. Expanding and Building New Partnerships

Expanded partnerships with service providers and community groups were identified as an important tool in spreading and enhancing awareness of the causes of homelessness, and strategies to address this problem. Respondents recognize that some organizations have not become involved in initiatives around homelessness because of a lack of understanding of how their organizational work relates to homelessness or risk of homelessness. Partnerships were seen as a way to assist organizations in identifying risk factors and populations with their own communities or target populations, although capacity in this area is also linked to financial stability and the availability of funding.

1. Enhancing relationships with the Aboriginal community was identified as an important area of work. The Aboriginal Homelessness Steering Committee is comprised of a broad range of stakeholders, and is the lead organization on homelessness as it impacts the urban Aboriginal community. While cross-over representation has been well established between

the RSCH and the AHSC, it was felt that the nature of the collaboration could be more extensive. In addition, enhancing partnerships with Aboriginal organizations at the local and sub-regional level was also seen as being important. Such partnerships at the local level should include engagement in community development, planning, and project development.

2. People with addictions were also mentioned as a specific group with whom partnerships are needed given the more limited development of services for that population. Respondents suggested that partnerships could be a vehicle to build capacity within this sector, and to extend the reach of available services.

3. The role of the private sector was also highlighted, particularly in terms of the contribution they could make through providing in-kind donations for capital projects (including building space, construction materials, and labour). Respondents also noted the potential for community private sector groups to support action on homelessness at the local level.

4. Finding ways to further engage with the foundation sector was also seen as important. Stakeholders felt it would be very useful if a "funders" table could be developed that would identify ways to better coordinate both the planning, application, and monitoring processes in shared funding arrangements.

5.1.4 Project Sustainability

Sustainability was also identified as an important aspect at the project level. The application guide for project proposals required sustainability action plans that addressed the capacity of the organization, current confirmed partnerships, additional partners required to sustain the project, confirmed funding sources, additional funding sources required to sustain the project, and expected timelines for confirmation.

5.2 Community capacity building

Capacity building is an ongoing process that strengthens the ability of individuals, agencies, networks, and the broader community to develop a meaningful and sustainable response to homelessness.

5.2.1 Capacity Building Priorities

The Regional Steering Committee has identified sustainability, networking, and community awareness as the three priority areas to work on over the next three years. The following table briefly describes the nature of the priority and the activities that will be undertaken to address that priority.

Priorities	**Activities**
Sustainability: Develop a Sustainability Committee and workplan, seek out innovative funding partnerships, and actively expand the range of funders and potential contributors at community planning and implementation tables	The RSCH will be an active partner on the BC/Yukon region Sustaining Community Partnership Committee, and will provide information to the sub-regional committees on potential funders. The RSCH will encourage all levels of government and their appropriate Ministries or Departments to come to the table to address the issue of homelessness.
Networks: Assist agencies to develop networks to undertake joint activities and coordinate their services, support agency networks to work with other sectors to achieve common goals and provide better service to clients, and link agencies and networks with potential partners for funding and other resources	Much of this activity will take place at the sub-regional homelessness and housing planning committees/task forces. It will be important to ensure that all stakeholders are on board and working together in a functional way by recognizing that all sectors are working with constrained funds and that the networks need to be one of mutual support. It will be important to link with other community involvement tables at the local level such as the Vancouver Agreement.
Awareness: Further develop community awareness of homelessness	Ensure that existing research and studies are available in formats that are accessible to the general public. Success depends heavily on people understanding what the problem is and the issues related to the problem. Such awareness can help bring a community on board and can help address NIMBYism.

6 Communications strategy

Communication is an important element in ensuring the success and the sustainability of the Regional Homelessness Plan. Because the Plan is a long and complex document it is particularly important to capture the messages of the Plan clearly and simply in all communications. The communications strategy sets out the key messages or facts about homelessness in Greater Vancouver that must be understood by all target audiences. The communications strategy is also designed to reflect the actions taken to ensure the whole process of developing and implementing the Plan is open and inclusive by identifying the range of target audiences and the activities that will be used to reach them. Lastly it is designed to support the long-term implementation of the Plan by enabling the development of partnerships and building of community capacity.

6.1 Goals

The following are the communication goals for the Regional Homelessness Plan:

1. To provide broad community access to the updated Greater Vancouver Regional Homelessness Plan
2. To provide broad community access to each of the Greater Vancouver SCPI Calls for Proposals
3. To foster community support for the Regional Homelessness Plan
4. To increase citizen awareness and interest in the societal causes, costs and solutions to homelessness as a way of building community capacity
5. To increase awareness and interest among the corporate and philanthropic sectors to develop community and project partnerships
6. To provide support to community groups to address NIMBY issues and gain community support for initiatives
7. To communicate with groups working on adequate income and affordable housing issues

6.2 Target audiences

The target audiences listed below include those that were part of the process of development of the Regional Homelessness Plan and others that were not involved but have been identified as key to the development of sustainable solutions to the homelessness issue.

- Municipalities:
  - Mayors and Councils
  - Social Planners/Housing staff/Parks and Recreation staff
  - Business, Economic Development and Bylaw Enforcement services
- Organizations working to support people who are homeless or to prevent homelessness for people at risk:
  - Emergency Shelter providers
  - Transition House providers
  - Safe House providers
  - Transitional and Supportive Housing providers
  - Mental health and addictions facilities providers
  - Support services providers (food, clothing, outreach, drop-in, health and dental, counseling and early intervention, employment assistance, etc)
  - Police and Emergency services
  - School boards

    - Park and Recreation Boards/Commissions
    - Affordable housing organizations
    - Food security groups
    - Advocacy organizations
    - Income, support services, and housing networks
- Potential partners:
    - Federal government e.g. Corrections Canada
    - Provincial government
    - Health Authorities
    - Universities / Colleges
    - Community support / funding organizations
    - Faith communities
    - Service clubs
    - Community Foundations
    - Financial institutions (Banks, Credit Unions, Trust Companies)
    - Housing sector
    - Business
    - Labour Unions
- Media
- Individual members of the public
- Homeless people and people at risk of homelessness

The communications strategy reflects that the scope of the Regional Homelessness Plan, in addressing the needs of people who are homeless or at risk of becoming homeless, serves all of the following target groups:

- Aboriginal people
- Youth at risk
- People with mental health problems
- People with addictions
- People with multiple diagnoses
- People with disabilities (developmental, physical, brain injured)
- Victims of domestic violence
- Sexually exploited people
- People with FAS/FAE
- People with HIV/AIDS
- People in the sex trade
- Offenders / ex-offenders
- Immigrants and refugees
- Visible minorities
- People with low income
- Seniors
- Sexual minorities
- People with literacy issues
- Other groups as identified

6.3 Key messages

To achieve the communication goals, the following key messages or facts about responding to homelessness in Greater Vancouver must be known and used by all target audiences. As such they

will form the framework for all communications. At the same time however each of the target audiences will require some specific communications strategies that deliver focused messages reflecting particular concerns and areas of interest.

1. **Homelessness in Greater Vancouver is a complex and growing problem**
   - Increasing number of people both absolutely homeless and at risk of becoming homeless
   - Homeless shelter capacity has increased but use keeps growing
   - Diversity of homelessness population
   - Many different entry points to homelessness
   - Root causes for homelessness are many, and complex in their interconnectedness. In Greater Vancouver, contributing factors include:
     - the inadequate supply of transitional and supportive housing facilities;
     - the insufficient amount of new private purpose-built rental housing in the region for at least a decade;
     - the dwindling stock of existing affordable housing because of redevelopment and conversion, and the loss of aging affordable rental stock to disinvestment;
     - the demand for social housing consistently outstripping supply;
     - the high cost of housing;
     - the low vacancy rates for rental housing;
     - the lack of funding for community supports that were to have accompanied deinstitutionalization policies;
     - the lack of discharge planning for people leaving hospitals, prisons and transition houses;
     - the inadequate capacity of residential detox and addiction treatment beds;
     - the inadequacy of social and income supports in preventing family breakdown;
     - changes in the labour market corresponding to changes in levels of personal and household income; and
     - a growing incidence of poverty in the region.

2. **Homelessness in Greater Vancouver costs communities**
   - homelessness gives rise to direct societal costs including:
     - shelter
     - food
     - clothing
     - counseling
   - homelessness undermines the stability of individual lives and communities resulting in untold levels of indirect societal costs including:
     - higher health care costs
     - increased costs of police and emergency services
     - increased correctional system costs
     - increased costs for social assistance
     - increased costs related to children who are not education ready or don't graduate from high school
     - higher cost of shelter housing i.e. it costs more to fund emergency beds than social housing
   - studies have shown that it is more cost effective to deal with prevention than intervention

3. **Homelessness in Greater Vancouver is best addressed through a regional approach based on the three elements of housing, income and support services**

- although the region currently possesses a significant array of housing, income and support services, there are certain components that are not sufficiently developed in some areas, and wherever there is a gap individuals 'fall through the cracks'
- although increasing the supply of independent, affordable housing is a cornerstone of the solution to homelessness, there will always be some people with special needs that require permanent supportive housing
- the need for development of a regional plan was identified by stakeholders as essential to help guide and coordinate community and government efforts, set priorities, and more effectively target scarce resources to alleviate homelessness and its contributing causes
- a broad cross section of stakeholder representatives including municipalities, shelter and service providers, community support organizations, labour, the provincial government, and the federal government, were involved in the original development and recent update of the Regional Plan
- the Regional Homelessness Plan of Greater Vancouver provides a formal framework for the regional coordination and development of services and facilities that address homelessness and will guide decisions on allocation of funding under the SCPI program

4. Reducing and preventing homelessness in Greater Vancouver requires your involvement and continuing commitment to implementation of the plan

There are many ways to become engaged in the implementation of the Regional Plan:

- For Municipalities:
  - endorse the plan (adopt six principles)
  - use the plan as a reference and guide when:
    - considering new services or facilities
    - developing longer term plans
    - revising housing policies or redesigning social programs
    - making funding decisions
    - identify opportunities to create affordable housing including donating available government land
    - assist in forging partnerships
    - design approval processes that are user friendly
    - help local community groups to deal with NIMBY
- For Community Groups:
  - endorse the plan (adopt six principles)
  - use the plan as a reference and guide when:
    - considering new services or facilities
    - developing longer term plans
    - making funding decisions
    - actively seek out opportunities for inter-sectoral collaboration and partnership
    - reference the research and plan when advocating for needed projects and services

- For Potential Partners:
  - actively seek out investment opportunities that reflect the plan priorities
- For Media:
  - define the homelessness issue based on the research and the solution according to the three major elements and six principles contained in the plan
- For Individual members of The Public
  - write your MLA and Member of Parliament
  - join a movement committed to action
- For homeless people and people at risk of homelessness

- write your MLA and Member of Parliament
- join a movement committed to action

6.4 Activities

The above key messages will be transmitted to the above target audiences through the following methods and activities:

GOALS	ACTIVITIES
To provide broad community access to the updated Greater Vancouver Regional Homelessness Plan	- Distribute electronic and printed versions of the Plan - Post on Greater Vancouver homelessness website with email announcement of same - Arrange for links to Greater Vancouver homelessness website to be established on websites of target audiences e.g. municipalities, housing and service providers, non-profit funding agencies - Review current Regional Homelessness Plan Summary and update if required - Prepare fact sheets reflecting findings of updated Regional Homelessness Plan
To provide broad community access to each of the Greater Vancouver SCPI Call for Proposals	- Early announcement in Newsletter - Mail out of Notices across Greater Vancouver - Email distribution of Application Forms and Information Guides - Extended distribution through RSCH member networks - Conduct EOI information workshops in different areas of Greater Vancouver - Provision of phone/email EOI enquiry service
To foster community support for the Regional Homelessness Plan	Regional Homelessness Plan endorsement: - update electronic and hardcopy presentation materials - identify speakers - contact target organizations Regional Steering Committee on Homelessness (RSCH): - develop communications to support inclusion on RSCH of all sectors e.g. advocacy groups / agencies, service providers, other sector tables (youth, family violence, aboriginal), homeless and at risk peoples - develop communications to support open and transparent RSCH process for recommendation of project proposals to HRDC
To increase citizen awareness and interest in the societal causes, costs and solutions to homelessness as a way of building community capacity	'3 Ways to Home' Information Bulletins: - publish up to four annually - feature success stories to demonstrate that taking action can help to reduce and prevent homelessness - highlight wide range of homelessness research available - maintain current email and mailing contact information for all target audiences Regional Homelessness Plan webpage: - review efficacy of current site and update accordingly

	- periodic posting of new information - email announcement when new information posted Newspaper inserts: - explore feasibility of producing insert features for community newspapers on the Regional Homelessness Plan News releases: - coordinate preparation of selected news releases with HRDC - create 'cheat sheet' of key messages and particular messages for particular audiences - identify spokespersons for media interviews Media relations: - contact selected journalists - provide background information on homelessness issue - coordinate media relations with RSCH members
To increase awareness and interest among the corporate and philanthropic sectors to develop community and project partnerships	Regional Homelessness Plan partnerships: - liaise with BC/Yukon region Supporting Communities Partnership Committee (SCPC) - coordinate development of presentation materials with SCPC - identify speakers - contact target organizations
To provide support to community groups to address NIMBY issues and gain community support for initiatives	Participate in homelessness-related public hearings, discussion forums, etc: - speak at public meetings - write letters to the Editor - participate on request in partnering discussions Encourage involvement of homeless people and people at risk of homelessness in communications activities: - develop 'tips sheet' on how to reach out to and involve homeless and at risk people
To communicate with groups working on adequate income and affordable housing issues	- Distribute Information Bulletins and other communication materials to relevant advocacy and support service organizations - Participate on panel discussions concerning these issues

7 Evaluation strategy

The evaluation and monitoring strategy is based on the experience of completing the assessment of the first phase of the SCPI program and from completing this plan update. It is assumed that several of the reporting mechanism used in phase one of SCPI will be used, perhaps with some modifications, in this second phase of SCPI.

Inventory of facilities and services

The inventory of facilities and services has been an important source of information to determine the assets that exist in both the sub-regions and the region as a whole. The inventory completed for the initial plan provided base-line information and the 2003 update provided information that was used to analyze the changes in resources and services. From a planning perspective, it would be very useful if the regional inventory of facilities and services was updated on a regular (annual) basis. Given that the inventory is available electronically, it would be a relatively straight forward procedure for organizations to update their information as changes occur. Some resources would be required to analyze the overall changes prior the next announcement of the request for Expressions of Interest. The analysis of the changes in the inventory would help inform any changes in gaps and priorities.

Investment Analysis

The financial information for the investment analysis of projects funded in the first phase of SCPI was somewhat more problematic than anticipated. One of the key issues was attempting to analyze financial information by each priority area. Many projects covered several priorities (e.g., housing facilities and support services) but it was not possible to assign specific dollar amounts to each priority given how the information was gathered and the integration of many services. Recognizing the difficulty in assigning specific dollar amounts, we suggest that a relatively simple financial form be developed that funded projects could use to assign, by percentage, the project's budget to each priority covered by that project. The form would also ask funded projects to identify the other specific sources of funding provided to the project also broken into priority areas by percentage. Such a financial form could also contribute to the national investment analysis. This information should be gathered shortly after contracts are completed, and should be analyzed annually. The financial analysis could then be used to supplement the changes analyzed through the update of the inventory of facilities and services.

The investment analysis also provides information that is helpful in articulating responses to homelessness at both the sub-regional and regional level. This information could also be used in communicating the results of funding activities to address homelessness at both the regional and sub-regional level.

Plan Review

The RSCH should undertake an annual review of the updated Plan. The specific nature of this review will need to be developed and it is suggested that an evaluation task group be formed to determine what kinds of information will be useful to undertake the review. Ideally, national information requirements and/or reporting templates will be developed early in this second phase of SCPI. The Greater Vancouver region will then have a clear understanding of what information needs to be gathered and what additional information will be important to meet its ongoing planning needs.

While the inventory and investment analysis provides reasonably concrete information on assets to address homelessness, it cannot provide concrete information on demand and gaps in services. Hopefully more systematic information on people who use emergency accommodation and turn-a-ways will be available as the HIFIS system becomes operationalized. We would also suggest that transition houses be added to the HIFIS system once it is operational. Such information would greatly assist policy makers and planners in responding to people who use or attempt to use emergency accommodation.

The Updated Plan is organized around 32 gaps and each gap has a suggested strategy. The RSCH could examine the extent to which some or all of the strategies have been undertaken on specific gaps. Given the number of gaps and strategies, the evaluation task group may want to consider initially focusing on those gaps where there has been some known activity. In the longer-term, it will need to develop a strategy that examines all of the gaps in the report. It is suggested that the evaluation task force be responsible for developing a specific plan or approach to undertake this review in a timely and cost-efficient manner.

The evaluation task group should also consider the desirability of obtaining information on the viability and sustainability of the partnerships that were developed at the project level, how findings from research concerning homelessness in the Greater Vancouver region have been used to update and monitor the regional plan and setting investment priorities, and how "collateral" activities of members of the RSCH have contributed to addressing homelessness in the region.

8 Community Contribution

Each project proposal submitted as part of the Expression of Interest is to identify other sources of funding. Federal / Provincial discussion has produced the following

1. The Province will provide a summary of its contributions to homelessness for the Phase 2 period of the federal homelessness initiative.

2. Both MHR and BC Housing will be communicating to SCPI Committee Chairs regarding their participation with the federal homeless initiative.

3. The sustainability of SCPI projects remains a concern for both the federal and provincial governments, in particular regarding capital projects.

4. The concept of a Funders Table was discussed.
- additional funding partners are needed to address the sustainability of SCPI projects
- building on existing networks is recommended
- the federal and provincial governments do not want to add a secondary review or an additional level of approval
- SCPI Committees may wish to link with the work of the Regional Private Partnerships Advisory Group

5. The federal and provincial governments will strengthen their communication, e.g.
- mutual sharing of information on proposals, e.g. capital and cold/wet weather projects.
- SCPI timelines

6. HRDC clarified its ability to provide 3-year operating funding.

7. An invitation was extended to the Provincial Government to be involved in the upcoming SCPI Committee Chairs meeting scheduled for September 17th.

9 Aboriginal homelessness

This is an abridged version of the *2003 Aboriginal Homelessness Study*, prepared by the dbappleton research team with support from the Aboriginal Homelessness Steering Committee (AHSC), homeless people, service providers, and agency personnel, members of the community and staff from a variety of government agencies. Staff from Arrows to Freedom, Surrey Aboriginal Cultural Society and the Aboriginal Mother Centre deserve much gratitude for their role in the study, as does the Social Planning and Research Council of BC (SPARC BC) and sub-consultants and Access Youth Society.

The complete report is available by contacting Lu'ma Native Housing or dbappleton.

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INTRODUCTION

The Aboriginal community in the Greater Vancouver Regional District (GVRD) is reportedly the third largest Aboriginal community in Canada, after Winnipeg and Edmonton. As a large community within an urban area, it faces significant challenges that are distinct from smaller urban or rural centers throughout Canada. However, this unique situation has resulted in a highly complex and stratified Aboriginal community in Vancouver with dramatically different cultures, beliefs, traditions, and socioeconomic status, and by extension, different basic needs. Solutions designed to target this distinct population should also appropriately address its diversity.

Homelessness as an issue significantly affects the Aboriginal population in the GVRD. Perhaps the most compelling evidence is the apparent disproportionate number of Aboriginal people in the Downtown Eastside and other urban homeless population concentrations throughout the GVRD. Furthermore, determining homelessness and its impact on the Aboriginal population is compounded by the lack of any definitive statistics on the number of homeless people, let alone any demographic distribution within these numbers. Only estimates of the Aboriginal homeless population exist.

Notwithstanding these limiting factors, the Aboriginal Homelessness Steering Committee (AHSC) distributed $2.5 million to Aboriginal service providers to address the 16 clusters of focus identified in the *2001 GVRD Homelessness Study*. In addition, the Aboriginal community was to receive priority access to the GVRD's mainstream funding. In practice however, the decision-making process was uncoordinated with the AHSC and therefore did not include the 16 clusters. This oversight has served to de-emphasize the Aboriginal side of the equation. Furthermore, Aboriginal programs and services remain limited in focus, regionally uncoordinated and in most cases, are solely dependent on federal funding for survival.

The AHSC, as a requirement, has updated the 2001 plan in 2003 and the result is this document. HRDC has mandated this study and its recommendations relevant to the Aboriginal community be embedded in the GVRD report as well. This requirement should ensure consistency and continuity between both streams of research.

The purpose of this report is two-fold: (1) to examine existing assets that the community has and; (2) to identify, through consultation with the community, the priorities in addressing homelessness. This process required an examination of gaps in services provided to homeless community and the identification of target areas of action to address those gaps. This included:

- Objectives – where the community wants to be in 2006
- Assets – existing services
- Gaps – services that do not yet exist but are needed
- Priorities – areas that have the greatest need

Supporting strategies identified to continually prevent and alleviate homelessness include:

- Sustainability Plan – measures to ensure the continuity of programs
- Communication Strategy – action plan to ensure information is managed and optimally used

The broad recommendations of this report should serve to advance the knowledge and understanding of Aboriginal homelessness in the GVRD and should set the stage for building sustainable solutions. However, by 2006 the urban Aboriginal community, coordinated through the AHSC, will need to have developed sufficient partnerships and diversified funding streams to maintain their programs.

GEOGRAPHIC AREA

To fulfill the criteria under the Supporting Communities Partnership Initiative (SCPI) terms and conditions, a clear enunciation of the geographic area under which a community plan will apply is required, including any changes that have taken place since 2001. This section will outline some of the changes that have taken place in the Greater Vancouver Regional District (GVRD) since the publication of the *2001 Aboriginal Homelessness Study* including:

- Municipalities and reserves in the GVRD
- The Aboriginal population of the GVRD
- Estimated Aboriginal homeless population in the GVRD
- Cultural factors in population statistics
- The three sub-regions
- Urban Aboriginal neighbourhoods in the GVRD

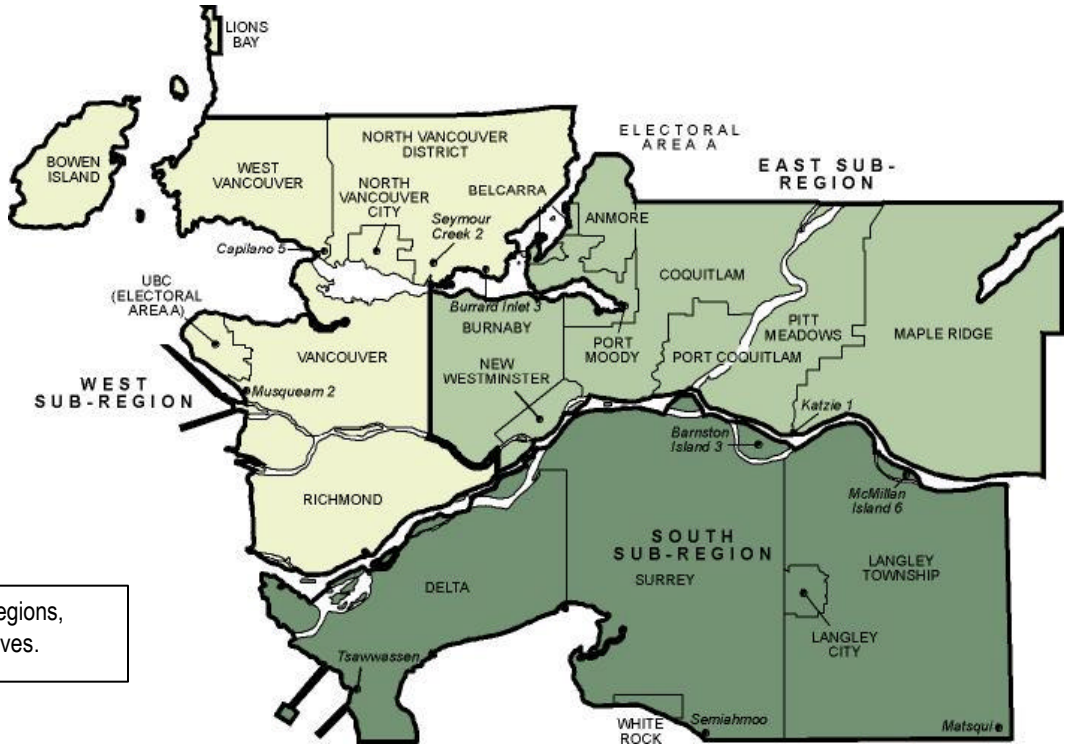


Figure 2.1: GVRD sub-regions, municipalities, and reserves.

Municipalities in the GVRD

There have been no changes in the member municipalities of the GVRD since 2001. The geographic area in which the study covers is composed of the municipalities found in Table 2.1.

TABLE 2.1: URBAN ABORIGINAL POPULATION[94] IN THE VANCOUVER CENSUS METROPOLITAN AREA BY MUNICIPALITY

Municipality	Population	% Change	Municipality	Population	% Change
Vancouver	10,440	-5%	Surrey	6,895	+36%
Burnaby	3,145	+25.8%	New Westminster	1,590	+15.6%
Coquitlam	1,480	+19.4%	Richmond	1,165	-3.9%
Langley Township	1,950	+68.8%	Langley City	485	+53.6%
Maple Ridge	1,085	+43.3%	Delta	1,495	+73.8%
North Vancouver City	1,015	+42%	North Vancouver Dist.	830	+40.7%
Port Coquitlam	1,030	+44.3%	Port Moody	480	+37.1%
West Vancouver	100	+33.3%	Bowen Island	10	N/A
Pitt Meadows	310	+63.2%	White Rock	165	-6.1%
Anmore	0	N/A	Belcarra	0	N/A
Electoral Area A	165	+135.7%	Lions Bay	0	N/A
Vancouver Census Metropolitan Area (CMA)				**36,855**	**+18.4%**

Source: Statistics Canada. The 1996 Census undercounted Aboriginal people because many did not participate or self-identify as Aboriginal. The growth rate, therefore, between the 1996 and 2001 Aboriginal population in Greater Vancouver is somewhat exaggerated, as more Aboriginal people self-identify in the census, but the numbers are more accurate than any previous statistics.

Aboriginal Population in the GVRD

While the *2001 Aboriginal Homelessness Study* used Statistics Canada census data from 1996 to identify how many Aboriginal people reside in each municipality. This 2003 report was able to obtain more recent data based on the Statistics Canada 2001 census. A comparison of the two bodies of information indicate an overall population growth.

TABLE 2.2: ON-RESERVE ABORIGINAL POPULATION[1] IN THE VANCOUVER CENSUS METROPOLITAN AREA BY RESERVE

Reserve	Population	% Change	Reserve	Population	% Change
Burrard Inlet 3	245	+36.1%	Musqueam 2	520	+5.1%
Capilano 5	535	+10.3%	Semiahmoo	50	-2%
Katzie 1	205	+28.1%	Tsawwassen	210	-4.8%
McMillan Island 6	55	+10%	Matsqui	30	+100%
Barnston Island 3	45	N/A	Seymour Creek 2	25	N/A

Source: Statistics Canada. The 1996 Census undercounted Aboriginal people because many did not participate or self-identify as Aboriginal. The growth rate, therefore, between the 1996 and 2001 Aboriginal population in Greater Vancouver is somewhat exaggerated, as more Aboriginal people self-identify in the census, but the numbers are more accurate than any previous statistics.

[94] This is a grouping of the total population of non-Aboriginal or Aboriginal population, with Aboriginal persons further divided into Aboriginal groups, based on their responses to three questions on the 2001 Census form. Included in the Aboriginal population are those persons who reported identifying with at least one Aboriginal group, that is, "North American Indian", "Métis" or "Inuit (Eskimo)", and/or who reported being a Treaty Indian or a Registered Indian, as defined by the Indian Act of Canada, and/or who reported they were members of an Indian Band or First Nation. Source: Statistics Canada.

Estimated Aboriginal Homelessness Population in the GVRD

In 2002, it was estimated that approximately 17% of homeless people in Greater Vancouver were Aboriginal. An interesting statistic, however, is that approximately 12% of people in homeless shelters were Aboriginal while 27% of people out on the streets without shelter were Aboriginal (Woodward, et al, 2002). This estimation was based on a 24 hour survey of homeless people on city streets and in service provider facilities.

TABLE 2.3: ESTIMATED ABORIGINAL HOMELESS POPULATION IN THE GVRD

Ethnicity	Sheltered Homeless		Street Homeless		Total Homeless	
	Number	Percent	Number	Percent	Number	Percent
Caucasian	386	69%	177	69%	562	69%
Aboriginal	70	12%	70	27%	140	17%
Other	64	11%	7	3%	17	9%
Asian	21	4%	4	1%	25	3%
Black / African	19	3%	1	0%	20	2%
Total	560	100%	529	100%	819	100%

Source: Woodward, et al. Research Project on Homelessness in the GVRD. 2002.
http://www.gvrd.bc.ca/homelessness/pdfs/research_project.pdf

While these numbers are not entirely accurate, they do provide a rough guide to the number of Aboriginal homeless people in Greater Vancouver.

Cultural Factors in the Aboriginal Population

Generally, many Aboriginal people have not participated in census reporting in the past. Yet with each census conducted, more and more Aboriginal people are beginning to participate attributing, to a degree, a reported population growth.

However, where under-reporting continues to occur is in the extended family unit that is central to most Aboriginal cultures. Some family members are not reported on census cards for fear that the number of people in the home may exceed local bylaws or because the family member may be staying at the home on a temporary basis only. Many Aboriginal people travel back and forth from reserves, which may skew census reporting because those individuals may be counted in the community they identify with the least, and may be counted twice or not at all.

Limitations Associated with Current GVRD Aboriginal Population Data

Statistics Canada data related to Aboriginal populations frequently indicates those reports are undercounted due to a variety of cultural factors and that researchers using this data must take this into account. With this limitation in mind, researchers for this study were able to identify clear trends in the geographical distribution of the Aboriginal population in the GVRD.

The Three Sub-Regions

For the purpose of this report, and simply due to the sheer size and diversity of the GVRD, three sub-regions were identified in order to recognize the unique qualities that characterize

different areas within the region. It is important to note that since the *2001 Aboriginal Homelessness Plan*, some of the boundaries of the sub-regions have changed. The cities of Burnaby and New Westminster, which were part of the West sub-region in the 2001 study, have since been moved to be part of the East sub-region. This change was issued to better reflect Aboriginal demographics as well as socioeconomic differences between Burnaby and New Westminster and the cities that make up the West sub-region.

9.1.1.1.1.1.1 TABLE 2.4: SUB-REGIONS IN THE GVRD

West Sub-region		East Sub-Region		South Sub-region	
9.1.1.2 Municipality	Reserve	Municipality	Reserve	Municipality	Reserve
Vancouver	Musqueam 2	Burnaby	Katzie 1	Surrey	Tsawwassen
U.E.L.	Burrard Inlet 3	New Westminster		Langley City	Semiahmoo
North Vancouver City	Capilano 5	Coquitlam		Langley Township	McMillan Island 6
North Vancouver District	Mission 1	Port Coquitlam		Delta	
West Vancouver		Port Moody		White Rock	
Bowen Island		Belcarra			
Lions Bay		Anmore			
Richmond		Maple Ridge			
		Pitt Meadows			
Total Aboriginal Population: 15,395		Total Aboriginal Population: 9,325		Total Aboriginal Population: 11,305	

Aboriginal Neighbourhoods in the GVRD

Data collected from the 2001 census indicated a number of neighbourhoods in the GVRD that have a high proportion of Aboriginal people. These areas are important to this study because they may represent a concentration of Aboriginal people that need to access homelessness services.

The three major Aboriginal neighbourhoods are:

1. Central Vancouver
   - Mt. Pleasant
   - Downtown Eastside
   - East Hastings Corridor
2. Edmonds Town Centre/New Westminster
3. Surrey City Centre

These three areas will be referred to in more detail throughout the report. For more information, refer to the **Priorities** section.

PARTICIPANTS

The purpose of this section is to identify the level of representation, the viewpoints of specific organizations and the level of consultation carried out for this study. This chapter will outline the individuals and organizations who participated in the *2003 Aboriginal Homelessness Study.*

The Definition of an Aboriginal Person

For the purposes of this report, Aboriginal persons are defined as a person who identifies themselves as a North American Indian, Métis or Inuit. The study did not include the on-reserve Aboriginal people because reserves are responsible for their own services and do not fall into the jurisdiction of the National Homelessness Initiative (NHI); however, this group is not excluded from participating on the AHSC and from applying for funding.

Clients

Both Aboriginal homeless persons and Aboriginal people who are at-risk of being homeless were consulted in the study. For the purpose of this study and according to the *2001 Aboriginal Homelessness Study*, these participants are defined as follows:

1. Characteristics of an urban Aboriginal Homeless Person (meets any of the criteria listed below):
    - Those who have no security of tenure beyond a 30-day period
    - Those who suffer from family violence or family breakdown and who have no security of tenure
    - Those who 'couch surf' (frequently stay at the homes of friends or family for no more than a few days) for a period of more than thirty days with no security of tenure
    - Those who are frequently living on the street
    - Those who are living in inadequate, substandard and unsafe accommodations that do not meet the minimal housing standards established by the United Nations or other local government agency such as the Canada Mortgage Housing Corporation
    - Those who rely on emergency shelters as primary residences
    - Anyone released from a mental health facility or prison with no security of tenure
    - Those who are prevented from leaving a mental health facility or prison because of lack of security of tenure (including those women and men who are unable to have children returned to them by the Ministry of Children and Family Development (MCFD) for want of decent affordable housing)
    - Those who flee their home as a result of sexual abuse (regardless of age) and who have no security of tenure
    - Those who alternate between sheltered and unsheltered (whether those shelters are hospitals, hostels, single room occupancy hotels or otherwise)
    - Those who suffer from discrimination and cannot hold security of tenure for any reasonable period of time as a result of such discrimination
2. Characteristics of an Urban Aboriginal Person At-risk of Being Homeless (meets any of the criteria listed below):
    - Those who pay more than 25% of their income for accommodations (United Native Nations, 2001)
    - Those who suffer from acute life crisis such as: family violence, divorce, eviction, release from institutions
    - Those who are at-risk of losing their accommodations as a result of lack of income, overcrowding, redevelopment, or unemployment
    - Those whose income is below the Low Income Cut-Off established by the Government of Canada

- Those whose education level would place them in social distress or poverty below the Low Income Cut-Off
- Those who suffer from substance abuse, mental illness, or those who suffer from structural or personal barriers that may lead to homelessness
- Those who are denied an opportunity to acquire social housing to meet their socio-economic needs
- Those who are hard to house for whatever reason
- Those whose income requires them to use food banks to supplement their income for prolonged periods of time
- Those who are entrenched in the sex trade on the streets
- Those who, because of systemic barriers, are unable to acquire accommodation of any kind

(Pranteau, 2001)

Participating Agencies and Individuals

Delivering programs and services through the National Homelessness Initiative (NHI) involves the partnership of many organizations. In the case of examining homelessness in the Aboriginal community for this report, only Aboriginal organizations were consulted. Aboriginal organizations are defined as those that were incorporated, managed, staffed by and serving Aboriginal people, the only time when non-Aboriginal organizations were not consulted was in the targeted interviews (see **Methodology**).

Organizations and individuals who participated in this study include:

- All individuals and organizations who participated in the consultation process
- All Aboriginal individuals and/or organizations involved in implementing the recommendations in this study
- The specific involvement of Aboriginal organizations and/or people
- Individuals involved in approving projects funded by Supporting Communities Partnership Initiative (SCPI)
- The specific involvement of Aboriginal youth and organizations serving Aboriginal youth

For the purpose of anonymity, kitchen table participants are not named in the list of *Specific Involvement of Aboriginal Organizations and/or People* (see **Appendix II**).
As this study relates only to the homelessness issue in the Aboriginal community, the list of *Individuals Involved in Approving Projects* (see **Appendix III**) also includes Aboriginal individuals and organizations that will be involved in the implementation of the community plan. Youth participation in the study was ensured through direct consultation with Aboriginal youth as well as representation from organizations that provide services to them (see **Appendix IV**).

METHODOLOGY

This section provides an overview of the techniques used for the development of the *2003 Aboriginal Homelessness Study*. Information based on past studies, consultation sessions with key stakeholders, workshops, interviews, and an asset analysis were used to gather data for this report.

Literature Review

Through extensive literature research, many studies that addressed issues related to urban Aboriginal people in Canada were found. Among these were Aboriginal homelessness studies conducted in other Canadian cities. This information was useful in shedding light on specific issues – associated with homelessness – such as mental health and transportation – as well as providing a framework for comparing the homelessness issue in other areas. A complete list of these documents can be found in the **Bibliography**.

The purpose of the literature review was to find commonalities and differences among published literature around homelessness issues in Canada. This information provides unique perspectives that may have been overlooked by those directly involved in the Aboriginal homelessness issue in the GVRD.

Summary of the 2001 GVRD Aboriginal Homelessness Study Methodology

During the 2001 consultation, the participants engaged in a concept mapping exercise to develop a framework for identifying gaps and priorities. This framework provided a definitive list of 16 clusters representing the priorities for the prevention and alleviation of homelessness in the urban Aboriginal community within the GVRD. The list of clusters provided below are not arranged in any priority:

- Cluster 1 – Prevention
- Cluster 2 – Outreach/Assessment/Client Identification
- Cluster 3 – Housing
- Cluster 4 – Advocacy/Education Services
- Cluster 5 – Mental Health Services
- Cluster 6 – Health and Dental Services
- Cluster 7 – Community Family Supports
- Cluster 8 – Peer Support
- Cluster 9 – Employment/Income Support
- Cluster 10 – Services and Programs
- Cluster 11 – System Coordination
- Cluster 12 – Staff Training
- Cluster 13 – Transportation
- Cluster 14 – Research
- Cluster 15 – Regional Issues
- Cluster 16 – Funding/Partnerships/Continuity of Service

* For a specific breakdown of each cluster see the **Gap Analysis** section.

When data collected for this report was organized based on the 16 clusters and according to sub-region, inherent nuances and similarities became evident. For details on the sub-regions, refer to the **Geographic Area** section.

Consulting Methodology

Because a diversity of participants were consulted in this report, a variety of data gathering techniques were used. The research team implemented kitchen table sessions, consultation

sessions with service providers, a workshop with the Aboriginal Homelessness Steering Committee (AHSC) and targeted interviews. The sessions were conducted based on a questionnaire developed in partnership by the Social Planning and Research Council of BC (SPARC BC) and the research team. The 16 clusters, as well as a number of other culturally appropriate questions, were integrated into the questionnaire to ensure Aboriginal components were adequately acknowledged during the consultations. To see a sample questionnaire, go to the National Homelessness Initiative (NHI) website at http://www21.hrdc-drhc.gc.ca.

In the kitchen table sessions, researchers interviewed Aboriginal individuals who were homeless or at-risk of being homeless, otherwise known as "clients". The interviews were conducted at locations the clients felt most comfortable in, such as a drop-in centre, at least once in each sub-region. These clients were consulted because they face homelessness on a daily basis. The clients also have unique knowledge of what is needed to alleviate their situation and therefore could provide insight to the research team regarding the priorities and where gaps in services have been filled and where they still exist. Clients were offered a

Figure 3.1: Focus Group Sessions in the Greater Vancouver Regional District. Source: Author.

small financial incentive to participate in the study. To ensure participants provided unbiased opinions, details about the study were kept to a minimum. A total of 42 clients participated in the kitchen table sessions.

The service provider sessions, were jointly held with the kitchen table sessions during regional workshops that occurred at least once in each sub-region. Service providers participating in the session were asked to evaluate both the 27 gaps identified in the GVRD homelessness report and the 16 clusters (priorities) of the Aboriginal report. Participants

were able to contribute valuable insight to this study because they have in-depth knowledge of the issues surrounding Aboriginal homelessness and are informed about services currently available. For the purpose of this study, SPARC modified the NHI template and tailored it to suit the GVRD study. The 16 clusters were also integrated into the questionnaire to ensure it was culturally appropriate.

In addition, the research team attended a number of homelessness workshops held by SPARC in order to ensure that any Aboriginal individuals or organizations that attended those sessions had an opportunity to provide input into that plan.

In the Aboriginal Homelessness Steering Committee (AHSC) workshops, each participant – who also represents a particular Aboriginal organization in the GVRD – provided input based on their experience as providers and administrators of programs and services. As the decision-making body for Aboriginal homelessness in the GVRD, the AHSC is responsible for allocating funding and ensuring the long-term sustainability of Aboriginal homelessness projects. Their extensive knowledge of Aboriginal homelessness issues and the progress made to fill program and service gaps identified in 2001 was invaluable for this report.

During an afternoon workshop planned as part of their regular, monthly meeting, both participants and the research team facilitated the questionnaire process with their individual groups and were also available for questions and/or comments following the session.

The purpose of conducting the targeted interviews was to evaluate the initial findings collected by the research team and to identify strategies for filling service gaps that had become evident in the other consultation sessions. Participants were invited to contribute their insight in the report based on their role in administering municipal and provincial social services, and a perspective not directly related to Aboriginal homeless people. Included in this target group were representatives from municipal social planning departments, municipal police forces, BC health regions and local hospitals.

Participants were sent a summary of conclusions based on the kitchen table and service providers sessions and AHSC workshop. Researchers conducted targeted interviews with each individual participant who were asked to answer three key questions:

1. Are the conclusions consistent with your viewpoint of the current homelessness issue in the GVRD?
2. If you answered no to Question 1, what is your viewpoint on the issue?
3. In your opinion, what is needed to address the homelessness issue?

Asset Analysis Methodology

Two techniques were used to collect information regarding the assets available to the Aboriginal community in the GVRD: the Aboriginal service inventory and the financial roll-up analysis.

The Aboriginal service inventory provides a complete list, description and contact information for all Aboriginal organizations in the GVRD that provide programs and services

to alleviate homelessness. This tool served to highlight where there are service gaps in the GVRD. The research team and SPARC contacted relevant Aboriginal organizations in order to develop and update this inventory.

The financial roll-up analysis examined the projects specifically initiated under the SCPI funding since the *2001 Aboriginal Homelessness Study*. It provides an illustration of what clusters have received more attention than others and allows for an analysis of the spending levels in each of the three sub-regions. Lu'ma Native Housing Society issued two Expressions of Interest (EOIs) at the direction of the AHSC. When the analysis was completed, the research team categorized the information according to funding levels by cluster and sub-region.

Conclusion:

The intent of the methodological approach used for this study was to be inclusive, ensuring representation for all target groups and to cover all major areas across the GVRD. As a result, different types of data was collected and analyzed by the research team. See the **Conclusion** for more methodology recommendations to advance future studies.

The **Assets, Gaps** and **Priorities** sections provide specific findings. A summary of these findings and recommendations drawn from them can be found in the **Conclusion**.

BEST PRACTICES AND CULTURALLY APPROPRIATE SERVICES

The challenges of delivering services to Aboriginal homeless people remain as significant today as they were when the original Supporting Communities Partnership Initiative (SCPI) funding was announced to address homelessness in 2001. From the Aboriginal people's perspective, it is equally important to re-examine the critical nature of culturally appropriate services to ensure that programs and services are optimally positioned for success in 2003.

The acknowledgement of cultural differences between Aboriginal and non-Aboriginal is a necessary first step in understanding the issue of cultural appropriateness and best practices for Aboriginal homelessness. Yet, this must be followed by an analysis and understanding of these differences and how they should impact the development and delivery of homelessness initiatives. The identification of cultural differences between Aboriginal and non-Aboriginal communities in the basic process of developing government initiatives has not played a profound role beyond a front-line service level. This is largely due to the fact that the objectives are placed as the common ground between non-Aboriginal and Aboriginal aspirations.

One area of agreement among government and service providers is that Aboriginal services need to be delivered by Aboriginal people. This acknowledges the fact that an individual's receptivity and willingness to learn and change is fostered by their affiliation with others engaged in similar life experiences and struggles. The shared history of colonization and its many modern-day effects (racism, family violence, institutionalized poverty, etc.) offer a sense of shared understanding and sensitivity.

Indeed, an understanding of the role of cultural values demonstrates that best practices needs to be identified at all levels of activity, from the training and hiring of front-line workers all the way up to the development of large scale collaborative policy frameworks and funding directions. There is no way to bypass the fundamental role traditional community values can play when developing initiatives to prevent and alleviate homelessness in the Aboriginal community. This could lead to a strategy that addresses homelessness not based on money to develop services but into processes that empower the community as a source of positive living. In this view, services are only one aspect of an intricate web of community assets.

Mainstream Canadian institutions approach health and social policy based on the classical western European value and practice of healing individuals (individualism). From this perspective, to heal is to define and administer corrective measures for an individual's disease. The focus for this approach is the individual himself/herself, whose disease is measured against an assumed ideal state of health or social adjustment. On this basis, mainstream services and intervention attempt to address deficits in the individual, often with no real involvement of community or culture.

In contrast, current research on negative social realities of Aboriginal people suggests that an individual's capacity or willingness to achieve a balanced self-affirming lifestyle is in many ways almost wholly determined by the community's level of health, cultural development, cultural continuity and self-determination/affirmation. For example, the Dakota Ojibway Tribal Council Health Initiative states that mental health as holistic health:

> …is more than the absence of illness, disease or dysfunction – it is the presence of a holistic wellness of the mind which is part of the full circle of mind, body, emotion and spirit. When there is balance between these four elements, this gives rise to creativity, imagination, and growth, which enable individuals and communities to interact and function harmoniously. Holistic wellness further enhances the capacity for individuals, families and communities to deal with stress, adversity, and conflicts in a balanced way.

Indeed, much of the failure of social policy development related to Aboriginal issues is a reflection of the fact that treating individuals in isolation from the community and culture is not only ineffective but actually serves to further ratify the fragmentation of the Aboriginal community and culture. Individualism as a cultural value of mainstream western society is in direct contrast with the almost universally held indigenous value of the individual as inter-dependent with the community, family and culture.

This view has been upheld in many fields including the Supreme Court of Canada in the Delgamuukw decision, which recognizes Aboriginal culture and community as a collectivity. This is not to suggest Aboriginal values are better than neo-European. It only means that Aboriginal values have proven to be better for Aboriginal people. Best practices for Aboriginal homelessness might not lie simply in the continuous development of services for Aboriginal individuals but in community strengthening (capacity building) strategies. As such, an identification of best practices for Aboriginal homelessness services would not be

limited to specific program development but would necessarily include development of community governance and services.

The result would be that the community could respond to the issues from a place of collective community values and norms that are not easily or readily accomplished through mainstream initiative development and policy frameworks. The value of collectivity is simultaneously an effective background, as well as, a goal of culturally appropriate homelessness services.

This sense of collectivity has yet to impact directly on how initiatives are developed and delivered before they are brought ready-made to the community. Collectivity as a community value is an uncomfortable fit with the mainstream manner of program development. The Royal Commission on Aboriginal Peoples (1996) observes that:

> …initiatives have taken the form of inviting Aboriginal input in decision making in non-Aboriginal programs…These measures to secure Aboriginal input often result in improved relations between Aboriginal communities and those responsible for service delivery. In addition, there is some evidence that the effectiveness of some programs has improved because Aboriginal input has led to better decisions and greater community acceptance of decisions. Yet, the improvements in program effectiveness are often far from dramatic. Moreover, opportunities for Aboriginal input often rely on informal arrangements that depend on the interest and goodwill of individual officials in mainstream agencies. Because they seldom become institutionalized, these arrangements often remain in effect for only a limited time.

Collectivity acts as both a background from which to begin developing programs and policy frameworks, as well as, a goal for Aboriginal communities who seek to find alternatives to the mainstream ways of conducting business. It is therefore false to assume, which government officials and mainstream homeless service providers often make, namely that all homeless individuals have the same basic needs and that being served by the dominant culture is therefore the same as being served by the Aboriginal community. The fact that many Aboriginal people access mainstream homelessness services may simply be the result of the disproportion between the percentage of homeless individuals who are Aboriginal, and the number of Aboriginal-run homelessness services.

Research into homelessness in the broad sense generally assumes a non-culturally specific or multicultural methodology (sometimes attempting to include Aboriginal-sensitive elements). When this comes to primary research, the question of Aboriginal status generally serves to distinguish individuals into loose generic piles. Yet, without an in-depth analysis of the current community, community of origin and relationship to family and culture, research into Aboriginal homelessness will generate generic conclusions. Moreover, the key determinants and solutions for Aboriginal homelessness will be missed, including the development of community strengthening strategies and Aboriginal specific governance, development and delivery of homelessness resources.

While more research on the phenomena of homelessness needs to happen, it is safe to say that homelessness is a multi-faceted phenomenon that cannot be reduced to easily identifiable causes. Homelessness is no doubt a reflection on inadequate housing policy/resources. However, any response to homelessness must also simultaneously address a host of other directly related issues such as, health, justice, children and family, woman's issues, and culturally appropriated services, etc.

A cursory look at the experiences of Aboriginal homeless individuals also lends some insight into this complex issue. For example, Aboriginal people often move easily between their communities of origin and the urban environment. This is not to say that either of these destinations is healthy or any less likely to result in homelessness. Indeed many Aboriginal people exist in a constant state of transition between these two environments. Interlaced with this is contact with extended family, often resulting in more transitional states, couch surfing and the constant state of being at-risk of homelessness.

Here the role of the extended family, the community and transitional states can be used and developed. Add to this a background of traditional values and means of building relations, viewing families, woman and youth, and some significant unique aspects of Aboriginal life that can be integrated into the development of Aboriginal homelessness services are revealed. This in turn only makes sense in an environment that is itself developed and governed by the Aboriginal community. Thus, the hope for best practices is interwoven with the aspirations of cultural continuity from 'on-the-ground practices' all the way up to the need to develop large-scale collaborative policy frameworks based on traditional values. In this regard, the Aboriginal community and each Aboriginal organization has to define for itself what 'best practice' means as well as what it means to provide culturally appropriate services based on some clearly agreed upon principles and standards.

The Royal Commission on Aboriginal Peoples' findings strongly support the view that programs for Aboriginal people must be developed specific to the needs of its Aboriginal clientele. While existing mainstream models may serve in the interim, summative evaluation of the Aboriginal homelessness initiatives must occur to identify best practices and culturally-based programming in this area.

See the *2003 Aboriginal Homelessness Study* for more information about best practices and culturally appropriate services, including an outline of the essential features for best practices and 18 identifiable practices to address the integration of culture as a resource for helping children and families.

OBJECTIVES

The community's objectives are intended to provide an illustration of where it would like to be in March 31, 2006. By clarifying the objectives, planning groups can start working towards the examination of gaps and the development of priorities. Identified objectives should be broad goals to ensure that the community can continue to sustain its initiatives.

Supporting Communities Partnership Initiative (SCPI) requires that the Government of Canada's two long-term objectives on homelessness be made a part of the community's objectives. The community is then able to develop its own objectives at it sees fit.

Homelessness Initiative Strategic Objectives (Government of Canada)

1. To develop a comprehensive continuum of supports to help homeless Canadians move out of the cycle of homelessness and prevent those at-risk from falling into homelessness by providing communities with the tools to develop a range of interventions to stabilize the living arrangements of homeless individuals and families – encouraging self-sufficiency where possible – and prevent those at-risk from falling into homelessness
2. To ensure sustainable capacity of communities to address homelessness by enhancing community leadership and broadening ownership, by the public, non-profit and private sectors, on the issue of homelessness in Canadaommunity Plan Objectives

Community Plan Objectives

The community plan objectives were drawn from the community during the extensive public consultation sessions and endorsed through the Aboriginal Homelessness Steering Committee (AHSC). These objectives are the guiding principles for identified priorities and are intended to be an illustration of how the Aboriginal community in Greater Vancouver will take care of its own people who face homelessness.

By March 31, 2006, the Aboriginal community, consisting of the AHSC and service providers, will:

1. Effectively articulate the Aboriginal position on homelessness to the Greater Vancouver Regional District (GVRD) to ensure that Aboriginal issues are brought to the forefront of discussions
2. Ensure that the findings of this report are embedded into the GVRD report to ensure that projects intended for Aboriginal people adhere to the priorities and criteria illustrated in this report
3. That the Aboriginal community coordinate efforts throughout the GVRD to better deliver services to Aboriginal clients to prevent overlap and duplication of services and to effectively address identified gaps in services
4. Maximize ownership and control over social service delivery to Aboriginal people to ensure that services remain culturally appropriate, and capacity is built within the Aboriginal community
5. Develop partnerships and work with non-Aboriginal organizations to achieve effective coordination

ASSETS

This section examines homelessness projects and funding that have been developed for the Aboriginal community in the Greater Vancouver Regional District (GVRD). The 16 clusters of the Aboriginal Continuum of Care have been applied to examine the projects funded through Lu'ma Native Housing, the host agency of the AHSC, thereby providing a more culturally appropriate analysis of the homelessness issue in the GVRD. This section will

provide a complete inventory of existing assets held by the Aboriginal community in its effort to prevent and alleviate homelessness in the GVRD. Specifically, this section will examine the following issues:

For the purpose of this study, the term "assets" refers to all existing services, programs and resources available to the Aboriginal community in preventing and alleviating homelessness.

- The geographical distribution of Aboriginal services that prevent and/or alleviate homelessness
- Assets by service type
- New projects developed and available between October 2002 and August 2003

Geographical Distribution of Aboriginal Services for Homeless People

There currently exists a correlation between the location of service providers and the largest concentrations of Aboriginal homeless people in the three large Aboriginal neighbourhoods: Central Vancouver, Edmonds Town Centre/New Westminster and Surrey City Centre. Services for Aboriginal homeless people are mainly concentrated in Central Vancouver, where the highest number of Aboriginal people resides. Among suburbs in the GVRD, Surrey has the most Aboriginal services available while Burnaby and New Westminster have some services available. Many of these programs and services are funded by the Supporting Communities Partnership Initiative (SCPI) and are a direct result of the *2001 Aboriginal Homelessness Study*.

Assets by Service Type

This section provides the complete Aboriginal service inventory by type. The housing services in the GVRD are almost exclusively found in the central and east Vancouver areas. The two exceptions are housing projects in the Kitsilano area and in Surrey City Centre. Drop-in centres are more evenly distributed across the GVRD than housing services. All three of the major Aboriginal communities (Central Vancouver, Edmonds/New Westminster and Surrey City Centre) have at least two drop-in centres in their neighbourhoods offering a variety of services and programs from food to drug and alcohol counselling. Aside from an organization in Surrey and one on the North Shore, all employment and education services specifically for the Aboriginal community are located in the Central Vancouver neighbourhood. The majority of health services – four facilities – are located in Central Vancouver. In this area there are two addiction service centres, one physical health service centre and one mental health service centre. Surrey and West Vancouver each have one facility offering addiction service and physical and mental health services, respectively. There are currently eight advocacy, legal and information service facilities in the GVRD. Thought somewhat evenly distributed in Central Vancouver and Surrey, there are no such services available in the Burnaby/New Westminster neighbourhood. Of the cultural and family support service facilities in the GVRD, 62% are located in Central Vancouver. The remaining facilities are available in West Vancouver, North Vancouver and Surrey.

New Projects from October 2002 to August 2003

During the period between October 1, 2002 and August 30, 2003, more than $2.5 million was allocated to 10 Aboriginal homelessness projects in the GVRD. The purpose of examining these new projects is to assess how funding allocation has been directed. Doing this, the research team may identify which clusters have received the most attention and whether there are regional trends in funding levels. Only projects that were approved are examined in this section.

An examination of funding allocation according to region indicates the West sub-region has received the majority of resources while the East sub-region obtained the least. The West sub-region received the largest share of resources, receiving approximately 51% of the funding. The South sub-region was allocated approximately 43% of funding (84% of the funds was allocated to a single large capital project). The East sub-region received a small fraction of total funds available with 6% of the total funding.

Most service providers and relevant organizations provide programs and services that apply to numerous clusters. While it is impossible to accurately dissect a program or service to assess how much money within its budget was allocated to a particular cluster, the research team examined the number of programs and services that addressed each of the 16 clusters thereby assessing the degree of attention given to those priorities. Most projects address the following clusters:

- Prevention
- Outreach/Assessment/Client Identification
- Services and Programs
- Staffing/Training
- Funding/Partnerships/Continuity of Services

There were nine programs and services that addressed each of the above-mentioned clusters. However, the least attention – based on number of programs and services (two each) – were in place to address the Employment/Income Support and System Coordination clusters.

This section has illustrated that the majority of the Aboriginal homeless population reside near locations that have several services available. Based on this, and since funding allocation has largely been distributed to the West sub-region, it is highly possible that the Aboriginal homeless population will continue to grow in that area. Gaps, priorities, and funding allocation are all important factors to prevent and alleviate homelessness in the GVRD. Culturally appropriate efforts need to be in place if current and potential programs and services are to be effective.

GAP ANALYSIS

This section focuses on the 16 clusters of the Aboriginal Continuum of Care as identified in the *2001 Aboriginal Homelessness Study*. These clusters are based on best practices that have been employed all over the world specifically in addressing homelessness within Aboriginal communities. They are the identifiable priorities and gaps in the prevention and alleviation of

Aboriginal homelessness in Greater Vancouver. During the consultation sessions for the 2003 study, homeless individuals stated there is still a need for all 16 clusters to be given more attention; both service providers and the representatives from the Aboriginal Homelessness Steering Committee (AHSC) felt that since 2001, the clusters, as gaps, had only been partially filled at best and most were not filled at all.
For the complete gap analysis and consultation findings, refer to Appendix V. Quantitative results, such as statistics and cross-tabulations, can be found in the *2003 Aboriginal Homelessness Study*.

Cluster 1: Prevention

Prevention encompasses any initiative, program or service that proactively addresses issues that often leads to homelessness. Prevention initiatives often involve activities that are addressed in the other fifteen clusters. It is widely believed that prevention initiatives are more cost-effective in the long-term than other, more reactive, initiatives because they prevent people from needing to access the reactive services (Pranteau, 2001). Service providers and the AHSC felt parent-teen mediation programs and the expansion of outreach services for Aboriginal people have been effective to a certain degree. However, participants also indicated there are still many gaps to be filled.

Cluster 2: Outreach/Assessment/Client Identification

Outreach services, both fixed site and mobile, are defined as those programs focused on identifying Aboriginal homeless and at-risk people who are not using the available services. These programs aim to establish rapport between the outreach workers and the homeless or at-risk person and eventually engaging the individual in a service or services they need. Fixed site outreach services are based in a particular location and serve the surrounding community. Mobile outreach services move around the region for the purposes of identifying potential clients that may not have access to a fixed site service.

A continuum of care is a model where an individual's needs are assessed and the necessary resources and/or services are employed to best help that individual. This model is defined as a continuum because it requires a co-ordinated effort on behalf of many individuals and organizations in order to move people from a current state (in this case, homelessness) to a state of independence and self-sufficiency. (SIIT, 2000)

Outreach workers are often the first-line of contact that an organization has with homeless individuals. The outreach workers consulted for this report believe their programs are the first step towards preventing and alleviating homelessness and therefore appropriate services need to be situated in locations easily accessible by existing and potential clients.

Cluster 3: Housing

While it is obvious that a lack of shelter can inflict a variety of negative physical and mental effects creating numerous health problems (see Cluster 6: Health and Dental Services), there is also a risk of severing the link between an individual and his or her community. There are two main approaches to the housing issue relevant to homelessness in the GVRD: affordable housing (proactive) and the Continuum of Housing (reactive).

Affordable housing is a preventive measure to address homelessness. It allows people with lower incomes to continue to live independently with minimal reliance on outside assistance. The lack of affordable housing in Vancouver was an issue identified at all levels of consultation. There are four stages in the Continuum of Housing – emergency shelters, transition houses, supportive housing and independent housing – and it addresses the needs of those individuals who have already become homeless. While some participants cited new housing projects that have been developed since the National Homelessness Initiative (NHI) began, a majority of respondents identified the need for more housing as a key priority.

Cluster 4: Advocacy/Education

Advocacy and education can involve many different types of initiatives, from community education to education for the at-risk population to advocacy for capacity building in the community. Participants in the consultation sessions felt this gap had been partially filled through modest education campaigns. However, service providers in particular cited a lack of time and trained staff to advance advocacy and education initiatives.

Cluster 5: Mental Health Services

According to the *2001 Aboriginal Homelessness Study*, mental health issues disproportionately affect the Aboriginal community. Participants in the 2001 study felt this was often due to discrimination, which led to misdiagnosis resulting in a lack of proper treatment. The downsizing of mental health treatment centres in the late 1980s and early 1990s has resulted in a larger number of people with mental health problems being forced into the streets without proper treatment or support. During the 2003 consultation sessions, participants indicated mental health services are among the highest priority in alleviating homelessness and that some improvements have been made to address the issue in the Aboriginal community over the past three years.

Cluster 6: Health and Dental Services

One of the most serious consequences of homelessness is the impact on the physical and dental health. During the kitchen table sessions, 75% of homeless participants reported they had received health care services in the past year; only 53% of the same group said they had received dental service in the same timeframe.

Cluster 7: Community and Family Supports

Members of the AHSC who participated in the study feel Aboriginal people traditionally care for their families very well and have strong family networks. It is believed that those with healthy families and informal community support networks have a greater capacity to take care of themselves in an independent way. Both service providers and participants in the targeted interviews believe financial resources need to be earmarked specifically for culturally appropriate family healing programs. Service providers and members of the AHSC indicated the lack of community support is a serious gap existing and recommend the development of repatriation assistance for urban Aboriginal people so they could re-connect or re-integrate with their communities of origin where possible.

Cluster 8: Peer Supports

One of the essential components of developing the capacity for an Aboriginal community to deal with homelessness is the development of substantial peer supports. The underlying premise is that a community can develop its own informal support services by strengthening and facilitating the development of friendships. Achieving this would lead to a greater understanding of homelessness issues and services by the community as a whole. Participants felt that the lack of peer supports within the Aboriginal homeless community disproportionately affects youth, who, if family breakdown occurs, have few or no role model and support services to fall back on. Drop-in centres need the capacity to encourage more peer support programs.

Cluster 9: Employment and Income Support Services

Rising rent in the GVRD is making it increasingly difficult for unemployed and/or low-income people to pay for housing. As the consultation sessions found, Aboriginal homeless people believe access to suitable employment and training opportunities, rather than simply money, would empower them to support themselves. Service providers that specialize in employment training and education play a special role in achieving this goal of self-sufficiency. Some service providers and clients cited a need for new and innovative employment programs be provided specifically for homeless people, because homeless people are without a permanent address or any way to be contacted by potential employers. Therefore, mainstream employment methods are ineffective.

Cluster 10: Services and Programs

It is believed that the ability for Aboriginal people to own and operate institutions which provide food, clothing, addiction treatment, in-home visits and cultural programming is essential to the alleviation and prevention of homelessness. During the consultation sessions, respondents indicated there is still a gap in specialized services and programs serving Aboriginal homeless people; addiction treatment services and safe injection sites were frequently cited.

Cluster 11: System Coordination

Some Aboriginal studies on the homelessness issue have found that services are most effective when delivered in a coordinated manner; specifically, in an environment where the roles and responsibilities of service providers is clear and coordinated with funding sources, all levels of government and the private sector. While service providers believe the AHSC has significantly improved their abilities to network with other Aboriginal service providers and provided a forum to share ideas and coordinate service delivery, they cited difficulty in making effective referrals in the client identification process; these respondents feel more networking needs to occur in order to effectively coordinate services.

Cluster 12: Staffing/Training

Training for service providers must be specialized to be appropriate for addressing homelessness and culturally appropriate for the Aboriginal community. However, recruiting and retaining staff who meet both criteria is a significant challenge in the GVRD.

Participants believe the lack of funding to maintain and expand staff training programs, as well as low wages, is a key challenge.

Cluster 13: Transportation

Lack of adequate transportation can negatively affect the level of services accessible to clients or their ability to obtain adequate employment. Most clients rely on public transportation, and services can be distant or difficult to access via transit. Respondents find it difficult to access appropriate transportation between locations offering necessary services; this opinion was particularly prevalent in Surrey where transit service is lower and service providers are more spread out in locations not easily accessible via the public transit system.

Cluster 14: Research

Research examining Aboriginal homelessness can allow for better insight to the complex issues that surround the situation. During the course of this report participants raised a number of important topics they feel needed more research. Participants in all three levels of the consultation process strongly support more research into homelessness to better understand the various inter-related issues facing Aboriginal homeless people.

Cluster 15: Regional Issues

The Greater Vancouver Regional District (GVRD) is a large and diverse region in which each sub-region has their own unique set of issues related to homelessness. One unique aspect is the concentration of services for homeless people, both Aboriginal and non-Aboriginal, in central Vancouver, specifically the Downtown Eastside. The lack of adequate services in some sub-regions is forcing members from those communities to travel to the Downtown Eastside, something kitchen table participants made clear they did not want to do.

Cluster 16: Funding/Partnerships/Continuity of Services

Continuing to deliver programs that alleviate and prevent homelessness in the Aboriginal community requires a sustainable level of funding through partnerships with other organizations. Participants feel the annual funding process currently in place often leaves many organizations short of adequate resources in the winter months, affecting the availability of services to clients when they often need those services the most.

PRIORITIES

Identifying service gaps is useful for evaluating the kinds of issues that have been addressed and those that need more attention and support. From the consultation sessions and gap analysis, the research team identified key principles that were used as a framework for identifying the priorities.

1. *The Need to Deliver Services to Aboriginal People in their Own Communities*
A common theme repeatedly identified at all levels of consultation was the need to expand support services to urban Aboriginal communities outside of Vancouver. The logic behind this action is that the Downtown Eastside in Vancouver is not the initial cause of homelessness – rather, the starting point occurs where people live. Homeless people often

make the journey to the Downtown Eastside to access support services unavailable in their own communities.

2. *Provincial Changes to the Welfare Act*
In April 2001, the BC government cut back on income assistance for all recipients and introduced the BC Employment and Assistance Act (BCEAA), which emphasized "employment over assistance" (Reitsma-Street, 2002, p.2). These changes may disproportionately affect individuals in the Aboriginal population where income assistance is often the only source of income. During the consultation sessions for this report, many Aboriginal participants indicated they are concerned with the potential effects of changes to income assistance. These changes and potential effects must be considered when evaluating proposals and developing policy regarding the homelessness issue.

3. *The Need for More Research*
Throughout the consultation sessions, participants felt there has been little research into homelessness, Aboriginal issues and therefore the Aboriginal homeless people. Lack of knowledge about these issues may hinder the effectiveness in addressing them. Specifically, research should be conducted on topics such as demographics and best practices. To this end, this study will be available to all stakeholders and members of the Aboriginal community in hopes of facilitating a discussion of appropriate actions toward preventing and alleviating homelessness in the Aboriginal community.

4. *The Need to Recognize Youth as a Top Priority*
Both the BC Aboriginal HIV/AIDS Task Force (1999) and the Canadian Medical Association (2002) have reported that alcohol and drug abuse, sexual contact and violence are associated with higher rates of HIV in Aboriginal people. Homeless Aboriginal youth are at an even greater risk of substance abuse and physical illnesses. Placing a high priority on empowering Aboriginal youth with tools and support to lead healthier lifestyles is necessary if the Aboriginal community is to increase their capacity for a better future.

5. *A Focus on the Proactive Approach*
It is not enough to alleviate the pain of being homeless. The Aboriginal community needs to prevent homelessness by addressing its cause. In the long-term, this approach will also alleviate the financial burden on service providers.

6. *The Need to Develop Extensive Partnerships*
A change in government and/or the termination of funding can negatively affect the services and programs needed to address homelessness in the GVRD. Partnerships with a variety of public and private organizations can therefore help sustain and expand these programs and services.

7. *Culturally Appropriate Services*
Services delivered to Aboriginal people need to be culturally appropriate if they are to be effective. Participants in the consultation sessions all voiced strong support for more culturally appropriate services of all types.

8. *The Need to Maintain Existing Service Levels*
Many new services have been developed since the *2001 Aboriginal Homelessness Study*, such as the Bannock on the Run program and Helping Spirit Lodge's Mental Health Behavioural Support program. While it is clear these services have been well-received, participants believe the AHSC must make it a priority to maintain existing services before expanding into new areas and services.

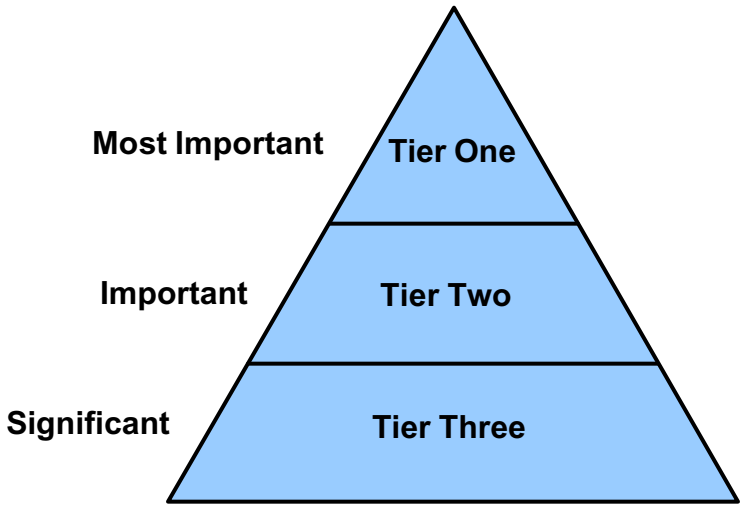
Prioritization of the 16 Clusters

Throughout the consultation process, all participants believed that the original 16 clusters developed in the *2001 Aboriginal Homelessness Report* are still relevant. Participants in the consultation sessions believe there are still gaps existing in all 16 clusters identified in the Aboriginal Continuum of Care. While all clusters were deemed as priorities, varying degrees of importance emerged. Three tiers of importance were identified: most important, important, and significant.

Tier One – Most Important
- Housing
- Community and Family Supports
- Employment/Income Support

Tier Two – Important
- Prevention
- Outreach/Assessment/Client Identification
- Mental Health Services
- Health and Dental Services
- Peer Support
- Services and Programs
- Research

Tier Three – Significant
- Advocacy/Education
- System Coordination
- Staffing/Training
- Transportation
- Regional Issues
- Funding/Partnerships/ Continuity of Services



Tier One is composed of the three fundamental supports that people need to remain secure and avoid becoming homeless. If these supports are all in place, individuals are far less likely to end up on the streets. The key focus of Tier One is being proactive – preventing homelessness by building a strong support network for Aboriginal people, families and communities. A proactive response to housing is the preservation of the low-income and rental housing stock. Rising housing prices can push people from being comfortable to being

at-risk or even homeless.

Most of these services are considered reactive because they help Aboriginal people after they have become homeless. Tier Two clusters are also primarily (but not completely) service-oriented because while many are services that most people need, homeless people often have difficulty accessing them. These are support systems that can alleviate the hardships Aboriginal people face when they are already homeless and informal support systems are weak.

Tier Three clusters are primarily focused on the underlying support for homelessness projects. These clusters ensure support services are delivered in an appropriate and effective manner to the Aboriginal people who need them. Transportation is the only exception because it is a specific service rather than a support for programs.

While the tiers have been identified, participants were clear in indicating all 16 clusters continue to be very important and are necessary in addressing the homelessness issue in the GVRD.

For a complete description of priorities identified during the consultation sessions and **recommendations for immediate action**, see the **Priorities** section in the *2003 Aboriginal Homelessness Study*.

SUSTAINABILITY

The National Homelessness Initiative (NHI) defines sustainability as, "The concept of the future state of a project receiving SCPI funding." Non-profit organizations depend on support from outside organizations in order to sustain the programs and services they provide. Support for the Aboriginal Homelessness Steering Committee (AHSC) has been extended in monetary donations, volunteering expertise and the provision of necessary resources and materials.

This section identifies three methods with which the AHSC fosters sustainability; these methods include:

- Existing partnerships
- Potential partnerships
- Community capacity

Existing Partnerships (See Appendix VI)

The AHSC has been successful in acquiring support from a variety of sources, including all levels of government, service providers, community volunteers, health and law enforcement entities and the business sector. This support contributes to the delivery of a broad set of programs and services, which help to prevent and alleviate homelessness and the social issues often related to it. These projects that were implemented in the GVRD follows the continuum of housing, which was identified as a key priority.

Potential Partnerships (See Appendix VI)

Appendix VI also identifies opportunities to broaden existing partnerships. Members of the steering committee are separated into categories such as municipal government representatives, addiction services, and community volunteers. Each member was identified based on their ability to contribute to existing or future projects. The appendix also indicates the various ways these organizations can contribute to preventing and alleviating the homelessness issue.

Community Capacity

Each city or town involved with SCPI has had a group of representatives (advisory committee) from varying sectors working and giving advice to either the Community Entity or HRDC staff. Building community capacity will help to ensure the sustainability of the planning and decision-making processes and consequently, of the services that are provided for the people who are homeless or at-risk of being homeless.

There are three areas of capacity building:

- Increase social capacity
- Increase financial capacity
- Increase human capacity

There are also seven benchmarks used to assess community capacity.

They are:

- Sense of community
- Shared vision
- Communication
- Participation
- Leadership
- Resources, knowledge and skills
- On-going learning

Community, for the purpose of this study, is defined as that group of people who have an interest and stake in the area of homelessness. Building community capacity is an intentional activity to enhance the existing infrastructures by way of building resources in the form of an advisory committee.

The Community Capacity Tool and a corresponding scale was used to asses the methods used to increase capacity. For the purpose of this study, Dave Pranteau, Chair of the Aboriginal Homelessness Steering Committee (AHSC) completed the assessment. The results are compiled to get an average for each of the areas. The higher the average, the more sustainable the process is in each category. For a complete breakdown of the results, refer to the Aboriginal Homelessness Study 2003.

Summary of Community Capacity Assessment

The ability to increase social capacity was well rated. Social capacity has increased due to the work of the steering committee members, not because of any additional funding for this specific area. In order to further increase social capacity, increases of invested resources and monies are needed.

The assessment showed the community is perfectly capable of sustaining an increase of financial capacity. To further increase financial capacity, regular networking between small and large businesses are essential.

The lowest rating in the assessment was in the ability to increase human capacity. Mr. Pranteau recommends a systematic approach to examine the best practices and implementing an educational program for the general public, including potential partners.

For a community to be sustainable, all members of the community and advisory committee need to feel as if they are a valued part of the activity that is happening. Sense of community received a perfect rating in the assessment for community capacity, with a recommendation to encourage leadership from within organizations such as the Canada Mortgage and Housing Corporation (CMHC).

Shared vision in the community indicates the degree of cohesiveness in the community process, for which the community received a high rating. "The community owns the vision; therefore, the community initiates responsibility and decision-making. The only weakness within this system is the lack of formalized governance," said Mr. Pranteau.

Mr. Pranteau also found that there needs to be more opportunities to share information and ideas. The community received a moderately high rating in the assessment of its communication ability.

Participation or the opportunity to participate is vital to the sustainability of an agency or community process. The community received a moderately high rating in its ability to engage participation, but in order to maximize participation in the future, Mr. Pranteau recommended barriers such as transportation be eliminated and the process must extend beyond committee members.

While the community received a high rating for its leadership capacity, presently, there is no formal leadership training process in place. Mr. Pranteau believes leadership is important for sustainability and should come from the community.

Every community has a wide array of resources, knowledge and skills from which they can draw. Mr. Pranteau gave the community a moderately high rating on this category and suggested a systematic way with which to access and use available resources.

In any community process there needs to be on-going learning and adaptability. The community received an above average rating for its ability to facilitate on-going learning and adaptability. Members want to learn; however, the ability to have adequate resources is limited.

COMMUNICATION STRATEGY

The communication strategy outlines the objectives, audiences, key messages and tactics to be employed in the development and maintenance of an external media, community and government relations and communications program.

While there has been no formal communications strategy introduced previously, there have been numerous informal successes in information sharing. The steering committee itself has evolved into an exceptional mechanism for the distribution of information to the wider urban Aboriginal community, with particular effectiveness in reaching Aboriginal service providers and their respective clients. It might be expected that the AHSC would have a great deal of control over distributing information. In reality, this is not the case. While some members of the steering committee have made a conscious effort to distribute information, many have not had the capacity or the mechanism to do so effectively, resulting in an effort lacking strategy and consistency.

The recommended solution is for the AHSC to adopt a much more visible and proactive position in the discussion of its own issues, expectations and plans. While various levels of government will determine much of the final decision, the steering committee will base their decisions on the information available to them, creating an opportunity for the Aboriginal community to affect the decision-making process. As a result, it is critical for the AHSC to communicate extensively and effectively with its constituency and concurrently with the non-Aboriginal side and various government funding levels.

The purpose of any communication strategy is to provide and generate critical information to an audience or from an audience and will include these objectives.

Objectives

- To position the AHSC as the primary contract for all incoming and outgoing homelessness information (pertaining to Aboriginal people)
- To communicate to the urban Aboriginal homeless individuals, the service delivery community (Aboriginal and non-Aboriginal), government decision-makers and community partners, the key messages regarding accomplishments, opportunities, needs, and issues associated with homelessness
- To generate a sense of pride and achievement within the urban Aboriginal community regarding homelessness
- To reinforce the name of the AHSC as the go-to entity for anything related to homelessness
- To identify and promote the role played by the AHSC and the greater urban Aboriginal service delivery community in addressing homelessness within the GVRD
- To develop systemized mechanisms for effective collection and distribution of information to the urban Aboriginal community
- To effectively use facilities and resources in carrying out this communication effort

Audiences

- Government: First Nations, civic, provincial, federal
- Aboriginal Homelessness Steering Committee (AHSC)
- Urban Aboriginal service providers
- Urban Aboriginal community
- Non-Aboriginal service providers
- Local and special interest media

- Aboriginal Homeless individuals of all ages
- Private sector

Strategic Approach

The AHSC must now define an on-going communications program to actively promote the homelessness strategy and the related challenges and successes to the identified key audiences – government, the service delivery community and the homeless people themselves. In doing so, and given the staff and budgetary limitations, it must look to its unique advantages to have an impact. Some of the advantages include:

- A close-knit community of Aboriginal service providers
- Clear roles and responsibilities of the host agency (Lu'ma) related to the homelessness initiative and steering committee system coordination
- Clear HRDC support and active participation in the process
- Traditional values of respect for the individual and the group
- A collective willingness to work together to solve the problem of homelessness
- A high level of volunteer involvement by Aboriginal stakeholders
- A collective belief that the Aboriginal community is best positioned to solve its own issues

The major advantages of this approach are the AHSC's ability to control its own information and connect credibly with the urban Aboriginal community and the larger community. The communication plan must combine both of these advantages to ensure its messages prevail.

Key Messages

The key messages for the AHSC are as follows:

- The Aboriginal community has mobilized a homelessness steering committee made up primarily of Aboriginal service providers. This steering committee has been in existence for over four years
- The AHSC has disseminated over $2.5 million to Aboriginal homelessness projects in the GVRD
- The AHSC has, and continues to work closely with the Regional Steering Committee (RSC) ensuring a co-ordinated approach to addressing homelessness in the GVRD
- Programs for Aboriginal homeless people within the GVRD have been increased by 50% since the introduction of SCPI funding

Based on an assessment of the current communications structure, the research team has recommended particular tactics that would raise awareness about Aboriginal homelessness, increase the profile of service providers and related organizations and explore collaborative opportunities with key stakeholders. These recommendations include:

- Efforts to enhance online presence
- Create ready-made collateral materials and a distribution plan to convey key messages to targeted audiences
- Information sharing and structured communications with key stakeholders
- Media relations
- Government relations
- Promotions
- Advertising

- Evaluation

The complete communications strategy and recommendations for collateral materials, branding opportunities and PR and communications tactics can be found in the *2003 Aboriginal Homelessness Study*.

CONCLUSION

It is clear from this report that there are significant concerns that the Aboriginal homelessness issue has not been regarded with the same degree of urgency than other sub-populations of homeless people in the GVRD. Research that explores more intricate and complex aspects inherent within the Aboriginal homeless population is necessary to support the need of allocating more resources for Aboriginal Homelessness.

Information collected and compiled for this report can be used to further advance more in-depth research into Aboriginal homelessness. Before funding ceases in 2006, it is recommended additional research be conducted in the following areas:

1. Determine, within the continuum of homelessness, the regional Aboriginal homeless population distribution (overall numbers, gender, age, sub-group) against an accurate enumeration of the incidence of Aboriginal homelessness within the GVRD. With accurate demographic information, the AHSC will be better positioned to understand and communicate the magnitude of this issue
2. Determine how cultural factors impact efforts to collect accurate population data within the Aboriginal homeless community
3. Determine how mobility is a factor for on and off reserve homeless people within the GVRD
4. Explore the link between homelessness and a range of social and economic problems including, HIV/AIDS, poverty, lack of education and employment opportunities, and identify appropriate policies to address these issues
5. Review stories of Aboriginal people who have successfully stabilized their lives and transited the continuum of housing for best practices; circulate these findings to the Aboriginal service delivery community and incorporate the information into future EOI processes to ensure funds are allocated effectively

Recommendations:

In addition to collecting the information necessary for completing the prescribed Supporting Communities Partnership Initiative (SCPI) template, this report generated a series of broad recommendations. The challenge from a research point of view was not to prescribe ‘quick fix solutions’ or push the recommendations beyond the methodology employed. With these cautions in mind, a number of themes have emerged based on a general synthesis of the information collected. These themes form the basis for the following AHSC recommendations which are outlined below. See the *2003 Aboriginal Homelessness Study* for complete recommendations:

- The AHSC should establish an official model of governance to formalize principles that drive initiatives and increase capacity, legitimacy, sustainability and strengthen the AHSC
- Stabilize support to carry out basic tasks and activities
- Diversify and expand partnerships
- Apply the 16 clusters in the Aboriginal Continuum of Care and Three-Tier approach as the basic framework for setting priorities to address the homelessness issue
- Provide access to equal services within common locations for Aboriginal sub-populations
- Cross-reference the 16 clusters with the Aboriginal sub-populations to determine whether or not a full-range of services is offered in locations with the highest concentrations of Aboriginal homeless people
- Consider co-locating a full range of homeless services in a few common service centre locations in communities that have the highest number of Aboriginal people: The Downtown Eastside, Surrey City Centre, Edmonds Town Centre/New Westminster
- Coordinate joint promotion of the *2003 Aboriginal Homelessness Study* with the Regional Steering Committee (RSC) 2003 GVRD Homelessness Plan to ensure the communication and awareness of Aboriginal priorities relevant to the homelessness issue in the GVRD
- Develop collaborative initiatives with the service delivery community, government agencies and other target audiences within the private sector under one structured approach
- Adopt a strategic internal and external communication strategy and maximize opportunities to raise awareness, convey important key messages to target audiences and present a much more visible and proactive position in the discussion of its own issues, expectations and plans

Final Conclusion

In addition to adopting the previous recommendations, the Aboriginal community has a number of strengths that should help the Aboriginal Homelessness Steering Committee (AHSC) achieve its mandate. These include a tradition of strong extended family, sense of community and spirituality. While these may vary in degree and practice between Aboriginal peoples, the overarching commonalties provide a strong identity and connection that can be effective for the purposes of collaborating and mobilizing efforts to prevent and alleviate homelessness. Clarity of knowledge and thorough research combined with coordinated action and long range planning is the right course of direction for the AHSC to pursue. Only from this strategic perspective and approach will the AHSC develop a substantive response to successfully address the issue of Aboriginal homelessness in the GVRD by 2006.

Appendices

Clients

Aboriginal people who are homeless or at-risk of homelessness and use services and programs delivered by service providers.

Cluster

According to the *2001 Aboriginal Homelessness Study*, a cluster is a priority identified as: (1) a factor in preventing and alleviating homelessness and; (2) a component within the Aboriginal Continuum of Care. The clusters are:
Cluster 1: Prevention
Cluster 2: Outreach/Assessment/Client Identification
Cluster 3: Housing
Cluster 4: Advocacy/Education Services
Cluster 5: Mental Health Services
Cluster 6: Health and Dental Services
Cluster 7: Community and Family Supports
Cluster 8: Peer Support
Cluster 9: Employment and Income Supports
Cluster 10: Services and Programs
Cluster 11: System Coordination
Cluster 12: Staffing and Training
Cluster 13: Transportation
Cluster 14: Research
Cluster 15: Regional Issues
Cluster 16: Funding, Partnerships and Continuity of Services
*(Refer to the **Gaps** section for more details)*

Appendix IV :: Specific Involvement of Youth Organizations

Name of Organization or Individual	Role in Plan Development	Extent of Involvement
Cameron McBeth	Planning Committee	Planning
Dave Pranteau	Needs identification, Planning Committee	Planning
Surrey Aboriginal Cultural Society	Needs identification, Planning Committee	Participated in regional workshops and steering committee session
Métis Provincial Council of British Columbia	Needs identification, Planning Committee	Participated in steering committee session
Stepping Stone Vision	Needs identification, Planning Committee	Participated in steering committee session
Lu'ma Native Housing	Needs identification, Planning Committee	Participated in steering committee session
BC Aboriginal Network on Disability Society	Needs identification, Planning Committee	Participated in steering committee session
Urban Native Youth Association	Needs identification, Planning Committee	Participated in steering committee session
Arrows to Freedom	Needs identification, Planning Committee	Participated in regional workshops and steering committee session
Helping Spirit Lodge Society	Needs identification, Planning Committee	Participated in steering committee session
Kekinow Native Housing Society	Needs identification, Planning Committee	Participated in steering committee session
Human Resources Development Canada	Planning Committee	
ACCESS	Needs identification, Planning Committee	Participated in steering committee session
Aboriginal Mother Centre	Needs identification, Planning Committee	Participated in regional workshops and steering committee session
Circle of Eagles Lodge Society	Needs identification, Planning Committee	Participated in steering committee session
Vancouver Aboriginal Friendship Centre	Needs identification, Planning Committee	Participated in steering committee session
Vancouver Aboriginal Council	Needs identification	Facilitated kitchen table session
Aboriginal people who are homeless and at-risk of being homeless	Needs identification	Participated in kitchen gable session
St. Paul's Hospital	Scope identification	Participated in targeted interview
Vancouver Police Department	Scope identification	Participated in targeted interview
Anonymous Social Planner	Scope identification	Participated in targeted interview
Powell Place Emergency Shelter	Scope identification	Participated in targeted interview
Crabtree	Scope identification	Participated in targeted interview
Atira Women's Resource Society	Scope identification	Participated in targeted interview

Name	Organization	Representation
Sue Duggan	Downtown Eastside	Aboriginal low income and homeless
Lorelei Hawkins	Stepping Stone Vision	Aboriginal low income and homeless
Stephen Lytton	BCANDS	Disabled Aboriginal people
Jerry Adams	Urban Native Youth Association	Aboriginal youth
Dave Pranteau	Chair	
Wally Awasis	Arrows to Freedom	Aboriginal low income, homeless
Bernie Whiteford	Helping Spirit Lodge Society	Aboriginal women with children
Beverely Dagg	Kekinow Native Housing Society	Aboriginal homeless
Suzanne Noel	Surrey Aboriginal Cultural Society	Aboriginal youth, low income, and homeless
Conrad Desjarlais	Métis Provincial Council of British Columbia	Métis
Cameron McBeth	Lu'ma Native Housing	Aboriginal homeless
Sharon Bowcott	First Nations Employment Services	Aboriginal individuals seeking employment, Aboriginal youth
George Holem	United Native Nations	Aboriginal People
Wayne Clark	Eastside Alcohol & Drug Rehab Society	Drug & alcohol rehabilitation
Ken Clement	Healing Our Spirit	Aboriginal people
Lou Demerais	Vancouver Native Health	Aboriginal health
Ken Drury	Metis Provincial Council of BC	Métis
Tara Gilbert	ACCESS	Aboriginal individuals seeking employment and Aboriginal youth
June Laiter	Kekinow Native Housing Society	Aboriginal low income, and homeless
Laura McDiarmid	Musqueam Band	Musqueam Band
Wally Lavigne	Cwenengitel Aboriginal Society	Aboriginal low income, and homeless
Verna Semotuk	Greater Vancouver Regional Steering Committee on Homelessness	GVRD
Marcel Swain	Lu'ma Native Housing	Aboriginal low income, homeless
Penny Kerrigan	Aboriginal Mother Centre	Aboriginal women, low income
Barb Lawson	Urban Native Youth Association	Aboriginal youth
Michael Sadler	First Nations Employment Services	Aboriginal individuals seeking employment, Aboriginal youth
Lillian George	United Native Nations	Aboriginal people
Shelly Gladstone	Healing Our Spirit	Aboriginal people
Nicole Calihoo	ACCESS	Aboriginal individuals seeking employment and Aboriginal youth
Jo-Anne Ross	Aboriginal Mother Centre	Aboriginal women, low income
Bonni Hanuse	Musqueam Band	Musqueam Band
Arthur Smith	Cwenengitel Aboriginal Society	Aboriginal low income, and homeless
Kelly L'Hirondelle	Arrows to Freedom	Aboriginal low income, homeless
Blair Harvey	Vancouver Aboriginal Council	Aboriginal people
Chris Casey	Vancouver Aboriginal Council	Aboriginal people
Marcel Swain	Lu'ma Native Housing	Aboriginal low income, homeless
Mary Uljevic	Lu'ma Native Housing	Aboriginal low income, homeless
Sue Hammel	Surrey Aboriginal Cultural Society	Aboriginal youth, low income, and homeless
Doreen Sinclair	Helping Spirit Lodge	Aboriginal women with children
Marjorie White	Circle of Eagles Lodge Society	Aboriginal people, ex-offenders
Merv Thomas	Circle of Eagles Lodge Society	Aboriginal people, ex-offenders
Ken Fisher	United Heritage Métis Association	Métis
Fraser McDonald	United Heritage Métis Association	Métis

Representative	Organization Represented	Role in Implementation	Extent of Involvement
Jerry Adams	Urban Native Youth Association	• Proposal review • Recommendations and/or decisions on funding allocations • Evaluation	Participated in consultation
Suzanne Noel	Surrey Aboriginal Cultural Society	• Proposal review • Recommendations and/or decisions on funding allocations • Evaluation	Participated in consultation, hosted Regional Workshop

Appendix V: Gap Analysis based on 16 Clusters

Cluster 1: Prevention

Prevention encompasses any initiative, program or service that proactively addresses issues that often leads to homelessness. Prevention initiatives often involve activities that are addressed in the other 15 clusters. Some examples of preventative initiatives are listed below:

- Helping people/families in financial difficulty
- Rent assistance
- Addressing family breakdown
- Early intervention
- Access to housing
- Preventing and treating substance abuse/misuse
- Preventing child abuse and neglect
- Building community capacity to be in charge of its own solutions (Pranteau, 2001)

It is widely believed that prevention initiatives are more cost-effective in the long-term than other, more reactive, initiatives because they prevent people from needing to access the re-active services (Pranteau, 2001).

2003 Consultation Findings

- Service providers and the AHSC felt parent-teen mediation programs and the expansion of outreach services for Aboriginal people have been effective to a certain degree
- Both the AHSC and service providers indicated that there are still many gaps to be filled
- The AHSC and service providers believe preventive initiatives tend to be ignored when funding levels become tight
- Some service providers felt preventive initiatives are difficult to implement given that many homeless people do not try to access their services until it becomes a necessity– when they are already homeless
  - *Participants cited a clear need for more referral programs in order to facilitate service providers to deliver the necessary services in a co-ordinated manner*

Cluster 2: Outreach/Assessment/Client Identification
Outreach services are defined as those programs focused on identifying Aboriginal homeless and at-risk people who are not using the available services. These programs aim to establish rapport between the outreach workers and the homeless or at-risk person and eventually engaging the individual in services they need.

There are two types of outreach services:

1. Fixed-site – these services are based in a particular location and serve the surrounding community.
2. Mobile – those services which can move around the region for the purposes of identifying potential clients that may not have access to a fixed site service.

2003 Consultation Findings
Outreach workers are often the first-line of contact that an organization has with homeless individuals. The outreach workers consulted in this study believe their programs are the first step towards the prevention and alleviation of homelessness, therefore appropriate services need to be situated in locations easily accessible by existing and potential clients. The consultation sessions produced the following qualitative findings:

- *Just over half of all clients who participated in the kitchen table sessions reported some degree of contact with an outreach worker in the past year, suggesting a slim majority of Aboriginal homeless or at-risk individuals have access to the outreach/assessment/identification cluster in the continuum of care*
- Many service providers and the Aboriginal Homelessness Steering Committee (AHSC) cite a strong need to identify and deliver services to Aboriginal youth before the situation deteriorates to a point where assistance becomes difficult
- Service providers expressed frustration with their inability to reach all potential clients due to "couch surfing" – staying with family or friends when they are without a home, the individuals do not consider themselves "homeless" – common in the Aboriginal community, preventing contact with outreach workers or the identification of underlying problems.
- Service providers stressed a need for more and better assessment of clients to identify those factors that require special treatment, such as mental illness, HIV/AIDS, physical disabilities and drug and alcohol addition

Cluster 3: Housing
While it is obvious that a lack of shelter can inflict a variety of negative physical and mental effects creating numerous health problems (see Cluster 6: Health and Dental Services), there is also a risk of severing the link between an individual and his or her community. Without a strong connection to one's community, an individual's capacity to actively participate in and access available services is drastically reduced (Hamilton Executive Director's Aboriginal Coalition, 2001).

There are two main approaches to the housing issue relevant to homelessness in the Greater Vancouver Regional District (GVRD): (1) Affordable housing (proactive) and; (2) The Continuum of Housing (reactive)

1. *Affordable housing* is considered a proactive approach to addressing homelessness because it is a preventive measure that allows people with lower incomes to continue to live independently with minimal reliance on outside assistance. Preventive approaches to housing are also cost-effective, creating opportunities to use money and resources in other forms of housing and/or social services. St. Paul's Hospital reports a nightly cost of $800 - $1000 for patients they do not discharge because they have no place to go.

The lack of affordable housing in Vancouver is an issue identified at all levels of consultation. As rent increases in urban centres, people with low incomes must spend a larger proportion of their income on housing, putting them at-risk of becoming homeless. Rising housing costs and the decline in rental housing are affecting Aboriginal people disproportionately because they are far more likely to be below the poverty line than non-Aboriginal people (Indian and Northern Affairs Canada, 2003)

2. *The Continuum of Housing* – the reactive approach – addresses the needs of those individuals who have already become homeless. This continuum of housing has four stages as indicated by Figure 10.1.

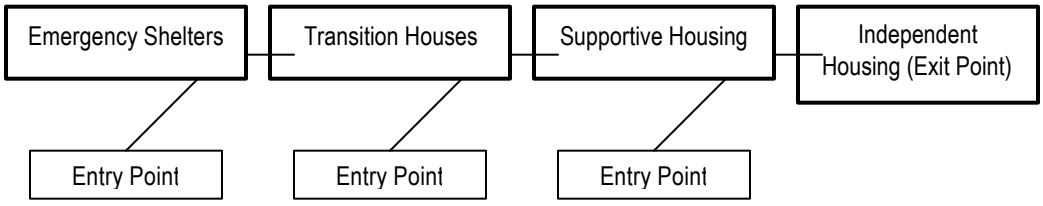


Figure 10.1: The Continuum of Housing

Stage 1: Emergency shelters – usually single or shared bedrooms for up to one month. Hostels can also be considered a form of emergency shelter.

Stage 2: Transition houses – intended for women and children who are escaping abusive situations

Stage 3: Supportive housing – intended for individuals who are making the transition from emergency shelter to permanent housing. This kind of housing includes the provision of support services, usually with an education and training component, medical care, counseling and other services

Stage 4: Independent housing – permanent, affordable housing (Woodward, et al, 2001). Note: It is not within SCPI jurisdiction to provide affordable housing, however participants frequently highlighted the issue during qualitative discussion sessions.

2003 Consultation Findings

- *Both AHSC members and homeless individuals (83% of homeless respondents) identified the need for more housing as a key priority*
- Members of the AHSC cited a number of housing projects that had been developed since the NHI began, indicating a degree of effectiveness in addressing the housing issue. These projects include the new Urban Native Youth Association Safe House, the new Urban Native Youth Hostel and the new Circle of Eagles Lodge Society

Women's House (Anderson Lodge)

- There is a need for innovative and creative methods of maintaining the stock of low-income and rental housing in order to pro-actively approach the homelessness issue
- Kitchen table participants cited emergency shelters as the highest priority of three types of housing identified by SCPI
- In all levels of the consultation process, some participants noted there are virtually no housing services for youth in the South Fraser Region – a situation of particular concern to service providers in Surrey who personally know a large number of homeless Aboriginal youth
- The following population groups were identified as at-risk individuals lacking appropriate housing assistance:
    - Women not fleeing abuse
    - Single fathers and mothers
    - Youth
    - Youth fleeing abuse
    - Elders
    - Women fleeing abuse
    - Mentally ill
    - Drug/alcohol addicts

Cluster 4: Advocacy / Education

Advocacy and education can involve many different types of initiatives, including:

- *Community education* – raising awareness of and educating the community about the issues, such as mental illness, HIV/AIDS or housing, facing Aboriginal people who are homeless or at-risk of becoming homeless
- *Education for the at-risk population* – education for at-risk Aboriginal people on a variety of issues including teenage pregnancy, access to programs and drug abuse; according to the BC Aboriginal HIV/AIDS Task Force, education about HIV/AIDS is of utmost importance because Aboriginal youth are far more susceptible to infection than non-Aboriginal youth (1999)
- *Advocacy for capacity building in the community* – various levels of advocacy including direct support for families who open their homes to homeless people and securing resources for more homelessness initiatives

2003 Consultation Findings

- *The AHSC and service providers felt this service gap has been partially filled with modest education campaigns*
- Service providers indicated a need for stay-in-school initiatives for youth because lack of education is a major cause of homelessness and difficult to overcome
- AHSC members and service providers expressed a desire for education programs addressing teenage pregnancy, as well as, programs for young women who have become pregnant
- Service providers feel they are so overburdened with delivering immediate services that they lack time and staff to advance advocacy and education initiatives

Cluster 5: Mental Health Services

According to the *2001 Aboriginal Homelessness Study*, mental health issues disproportionately affect the Aboriginal community. Participants in the 2001 study felt that this was often due to discrimination. Many Aboriginal people who have mental health conditions are misdiagnosed as, and categorized with, substance abusers and therefore are not provided with the appropriate treatment. As a result, many Aboriginal people with mental illness suffer long-term emotional damage, which can contribute to homelessness. In addition, Aboriginal people also face inter-generational trauma attributed to residential schools and generations of deterioration in the family structure. This community is also at a higher risk of HIV/AIDS; mental health problems have been shown to lead to a higher rate of HIV/AIDS infection (BC Aboriginal HIV/AIDS Task Force, 1999).

The downsizing of mental health treatment centres in the late 1980s and early 1990s has resulted in a larger number of people with mental health problems being forced into the streets without proper treatment or support. Service providers have attempted to properly assist these individuals but lack adequate resources.

2003 Consultation Findings

- *Participants felt that a particular strength within the Aboriginal community is found in the way it provides informal support networks to members who are suffering from mental health problems*
- Respondents believe improvements have been made to address mental health issues in the Aboriginal community over the past three years. These improvements include:
    - A greater number of advocacy services related to mental health are available
    - Information services for people with mental health problems help direct them to appropriate services
    - The dual-diagnosis of drug and alcohol treatment with mental health services
- *During kitchen table sessions, Aboriginal homeless participants indicated mental health service is among the highest priorities in alleviating homelessness*
- AHSC members felt that funding cuts for services are especially hurtful to members of the Aboriginal community who have special needs and/or mental health problems
- In situations with a dual-diagnosis client, participants and the AHSC emphasize the need to avoid dealing with only one condition. Participants felt that in general, more emphasis needs to be placed on dual-diagnosis clients

Cluster 6: Health and Dental Services

One of the most serious consequences of homelessness is the impact on the physical and dental health of those who are homelessness or at-risk of homelessness. Aboriginal homeless people face greater barriers to accessing health care services, which can turn an otherwise easily treatable illness or injury to a very serious medical problem (Pranteau, 2001). First Nations Health Benefits can provide for many health services but these benefits are difficult to access and available only to status Indians.

1. *Physical health* - The Vancouver/Richmond Health Board conducted a literature review on the correlation between health and the lack of adequate housing. It found that homeless persons are at a much greater risk for infectious disease, premature death, acute illness,

suicide, mental health and alcohol and drug problems than the general population. The findings also indicate that homeless individuals are also more likely inflicted with the following health problems (Pranteau, 2001):

- Seizures
- Chronic obstructive pulmonary disease
- Arthritis and other musculoskeletal orders
- Hypertension
- Diabetes and anaemia, inadequately controlled and often undetected for long periods of time
- Respiratory tract infections
- Skin and foot problems
- Impetigo
- Scabies
- Body lice
- Tuberculosis
- HIV infection
- Sexually transmitted diseases
- Violence
- Overdose of drugs and alcohol
- Unintentional injuries often the result of falls or being struck by motor vehicles

2. *Dental health* - Due to limited access to basic dental care – even toothbrushes and toothpaste – dental health can become a very serious problem for Aboriginal homeless people. Poor dental health can lead to nutritional deficiencies and self-esteem issues. (Pranteau, 2001)

According to McMurray, Gelburg and Breakey, quality dental care for homeless people is composed of six main elements:

- Prevention: dental hygiene, education, free toothbrushes, toothpaste, and floss
- Assessment: exams and screening
- Emergency care: emergency extractions, treatment of infection
- Restorative care: fillings, root canals, crown and bridge work
- Prosthetics: dentures and partials
- Oral surgery: for more complex cases that require a specialist (1998)

2003 Consultation Findings

- Service providers reported that some health and dental gaps had been filled in the last few years but that there is still a need for more services
- During the kitchen table sessions, 75% of homeless participants reported they had received health care services in the past year; only 53% of the same group said they had received dental service in the same timeframe
- AHSC members and service providers noted that preventive dental care for homeless people is much more cost-effective in the long-run because much of the extreme surgery involved with delayed treatment is far more costly

Cluster 7: Community and Family Supports

Community and family are essential for the development of stronger, informal support systems in the Aboriginal community. Not surprisingly, those with healthy families and informal community support networks have a greater capacity to take care of themselves in an independent way.

There are two components to this cluster:

1. *Community supports* – the need for urban Aboriginal people to retain some contact with communities of origin as well as extended families.
2. *Family supports* – the need for Aboriginal people to support other members of their families as well as supports for those families to allow them to continue to care for their family members.

2003 Consultation Findings

- Members of the AHSC who participated in the study feel Aboriginal people traditionally care for their families very well and have strong family networks. This value, they believe, has helped to fill some gaps left by formal support systems
- Drop-in centres were cited as the most helpful service to homeless people by clients during the consultation sessions. Respondents believe that in ways similar to their own Aboriginal communities, drop-in centres provide a place for them to access everything from social networking to meals to cultural events and access to others with like experiences, alleviating the sense of isolation
- Aboriginal youth and women respondents overwhelmingly cited family breakdown as the largest cause of their homelessness; this breakdown can be attributed to generations of abuse at residential schools and increasing financial difficulties resulting in a serious erosion in the capacity for many Aboriginal families to care for their members
- Respondents indicated a need to develop more effective support services to families, including:
    - Financial supports
    - Emotional supports–more family counselling, residential school victim counselling
    - Cultural supports–reconnection with Aboriginal culture and family practices
- Both service providers and participants in the targeted interviews believe money needs to be earmarked specifically for cultural family healing programs
- Service providers and members of the AHSC indicated a lack of community support is a serious gap existing and recommended the development of repatriation assistance for urban Aboriginal people so they could reconnect with their communities of origin
- Acknowledging that many urban Aboriginal people identify their community of origin as the Vancouver area, participants recommended programs that allow people to visit land-based First Nations communities and learn about Aboriginal cultures
- Since drop-in centres were widely regarded as community support, participants identified a need to expand those services by adding:
    - More locations, especially in the South Fraser region
    - Longer hours (24-hour service)

- More staff on-site to support longer hours and to offer better support
- Mechanisms to deal with different clientele types to make people feel more comfortable

Cluster 8: Peer Support

One of the essential components of developing the capacity for an Aboriginal community to deal with homelessness is the development of substantial peer supports. The underlying premise is that a community can develop its own informal support services by strengthening and facilitating the development of friendships. Achieving this would lead to a greater understanding of homelessness issues and services by the community as a whole.

2003 Consultation Findings

- Participants felt that the gap in peer support has been partially filled, but that more actions need to be taken
- Drop-in centres have filled this need to a certain degree because they are a place to meet people and exchange information and ideas
- The lack of peer supports within the Aboriginal homeless community disproportionately affects youth; if family breakdown occurs, youth have few or no role model and support services to fall back on; drop-in centres need the capacity to encourage more peer support programs

Cluster 9: Employment and Income Support Services

Rising rent in the Greater Vancouver Regional District (GVRD) is making it increasingly difficult for unemployed and/or low-income people to pay for housing. Aboriginal homeless people believe access to suitable employment and training opportunities, rather than simply money, would empower them to support themselves. Service providers who specialize in employment training and education play a special role in achieving this goal of self-sufficiency.

2003 Consultation Findings

- Service providers and members of the AHSC felt the gap in employment and income support services had been somewhat filled; the First Nations Employment Services Society is cited numerous times as being particularly helpful to this end by connecting Aboriginal people with employment
- Clients of Aboriginal homelessness services did not want to be given money by the government; they want to find work and earn a living
- An overwhelming number of clients indicated employment and training are the best ways for them to be self-sufficient and acquire housing
- Youth issues were a focus of discussions about employment support; a high rate of school drop-outs are considered at-risk of homelessness because their lack of education and training inhibit their ability to obtain adequate employment and income
- Some service providers and clients cited a need for new and innovative employment programs be provided for homeless people; for example, without a permanent address or any way to be contacted by potential employers mainstream employment methods are ineffective
- During the consultations, service providers stated that recent cuts in government

programs, have negatively affected both employment and income programs and therefore the people they are meant to help
- Service provider respondents also believe that while welfare and disability payments have never been enough to live on, the cuts have made it far more difficult for homeless or at-risk individuals in the Aboriginal community to get by; lack of a solution poses significant barriers to improve the ability of those individuals to enter the labour market

Cluster 10: Services and Programs
It is believed that the ability for Aboriginal people to own and operate institutions which provide food, clothing, addiction treatment, in-home visits and cultural programming is essential to the alleviation and prevention of homelessness.

2003 Consultation Findings
- Drop-in centres were cited once again, as a service that is appreciated in the Aboriginal community and considered somewhat effective in filling the services and programs gap
- During the consultation sessions, respondents indicated there is still a gap in specialized services and programs serving Aboriginal homeless people; addiction treatment services and safe injection sites were frequently cited
- Service providers were particularly concerned with the absence of addiction treatment services and drug and alcohol treatment centres in the South Fraser Region

Cluster 11: System Coordination
Some Aboriginal homelessness studies have found that services are most effective when delivered in a coordinated manner; specifically, in an environment where the roles and responsibilities of service providers is clear and coordinated with funding sources and all levels of government and the private sector.

2003 Consultation Findings
- *While service providers believe the AHSC has significantly improved their abilities to network with other Aboriginal service providers and provided a forum to share ideas and coordinate service delivery, they cited difficulty in making effective referrals in the client identification process; these respondents feel more networking needs to occur in order to effectively coordinate services*

Cluster 12: Staffing/Training
Training for service providers must be specialized and culturally appropriate for the Aboriginal community. However, recruiting and retaining staff who meet both criteria is a significant challenge in the Greater Vancouver Regional District (GVRD). Specifically, agencies need to recruit, train and supervise staff to develop knowledge and skills in the following areas:
- Mental health
- Substance abuse
- Health
- Youth and families

- Engaging and developing trusting relationships with homeless clients
- Psychosocial assessments
- Individualized service planning
- Crisis intervention
- Suicide assessment and prevention
- A comprehensive knowledge of local services and resources
- Specific case management approaches and method
- HIV/AIDS education and prevention
- Prevention of burnout

2003 Consultation Findings

- Participants felt the gap in staffing and training has been filled somewhat, mostly through the development of new programs to help staff gain appropriate and specialized skills
- The lack of funding to maintain and expand staff training programs, as well as low wages, is a key challenge identified during the consultation sessions
- More research needs to be conducted into addressing this priority

Cluster 13: Transportation

Lack of adequate transportation can negatively affect the number of services accessible to clients or their ability to obtain adequate employment. Most clients rely on public transportation; and, services can be distant or difficult to access via transit.

2003 Consultation Findings

- Participants in the South Fraser region, Burnaby/New Westminster and Vancouver believe that cost is the most significant barrier affecting their access to public transportation; they believe the further they live from Vancouver, the more acute the effect of cost for public transportation
- Respondents cited as an example, a client in Surrey needing a service available only in Vancouver must pay $8.00 return fare each trip
- One possible solution raised during the workshop is to include free bus tickets with welfare cheques
- Undesirable pick-up and drop-off points along transit routes was also cited
- Respondents find it difficult to access appropriate transportation between locations offering necessary services; this opinion was particularly prevalent in Surrey where transit services is lower and service providers are more spread out in locations not easily accessible via the public transit system

Cluster 14: Research

Research examining Aboriginal homelessness can allow for better insight to the complex issues that surround the situation. During the course of this report, participants raised a number of important topics they feel needs more research.

2003 Consultation Findings

- Research regarding Aboriginal homelessness have mainly focused on health issues such as HIV/AIDS; service providers and the AHSC felt the gap has been partially

filled, but much more research is needed in other areas
- Participants in all three levels of the consultation process strongly support more research into homelessness to better understand the various inter-related issues facing Aboriginal homeless people
- Clients who attended the kitchen table sessions who were faced with immediate problems, such as evictions and drug abuse, noted that they want to see more research done as a long-term solution to homelessness
- Participants from the AHSC felt that while some progress has been made to conduct proper research, there are still gaps, particularly in demographic and tracking studies, drug and alcohol research and family violence research
- Another important gap noted is the time available to perform necessary research; within the homeless population, knowledge of research initiatives is poor with nearly 80% of kitchen table participants reporting they had not been aware of any studies on homelessness issues conducted in the past three years

Cluster 15: Regional Issues

The Greater Vancouver Regional District (GVRD) is a large and diverse region in which each sub-region has their own unique set of issues related to homelessness. One such unique aspect is the concentration of services for homeless people, both Aboriginal and non-Aboriginal, in central Vancouver, specifically the Downtown Eastside.

2003 Consultation Findings

- AHSC members and service providers believe the gap in addressing regional issues has been partially filled, with some resources being allocated to the South Region, especially Surrey
- Insufficient services available were cited in the East sub-region, particularly in Burnaby and New Westminster where only a few services are available to their communities; the South sub-region is still lacking many basic homelessness services
- For the Aboriginal population, homelessness services are difficult to access outside of Vancouver, even in rapidly developing areas like Surrey, where there is a significant Aboriginal population
- The lack of adequate services in sub-regions is forcing members from those communities to travel to the Downtown Eastside, something kitchen table participants made clear they didn't want to do
- Clients also made it clear they want to be able to access services in their own communities
    - *AHSC members and service providers expressed a need to provide more appropriate services in areas where Aboriginal people live, by extension, where the causes of their homelessness are rooted*

Cluster 16: Funding/Partnerships/Continuity of Services

Continuing to deliver programs that alleviate and prevent homelessness in the Aboriginal community requires a sustainable level of funding through partnerships with other organizations.

2003 Consultation Findings

- Respondents believe this gap has been partially filled, based on a few new partnerships developed in the past few years; an example is the recent collaboration with the Squamish First Nation to develop a safe house for Aboriginal people in the North Shore
- Respondents echoed sentiments originally communicated during the 2001 study that homelessness is not a short-term issue and funding must therefore speak to a long-term commitment; participants in both studies also indicated a desire to improve projects already in place
- Continued funding to maintain and expand projects through partnerships is necessary so that service providers and the Aboriginal community can continue to prevent and alleviate homelessness
- Participants feel the annual funding process currently in place often leaves many organizations short of adequate resources in the winter months, affecting the availability of services to clients when they need them the most
- The largest gap is in developing partnerships to maintain programs before SCPI funding expires on March 31, 2006; inability to establish these partnerships result in a risk that services will be cut

Appendix VI: Existing and Potential Partnerships

TABLE 12.11: PARTNERSHIPS IN HOMELESSNESS PROJECTS						
9.1.1.3 Partnerships	**Continuum of Supports (Number of Projects)**					
	Prevention of Homelessness (8)	Emergency Youth Hostel (1)	Youth Recovery Housing for Women (1)	Supportive & Transition Housing (1)	Housing for Males with Addictions (1)	Housing for Aboriginal Mothers with Children (1)
Municipal Departments	✓	✓	✓	✓	✓	✓
Provincial Departments	✓	✓	✓	✓	✓	✓
Federal Department and Agencies	✓	✓	✓	✓	✓	✓
Other Funders [i.e. United Way, other Foundations]						
Homelessness Service Providers	✓	✓	✓	✓	✓	✓
Housing Providers		✓	✓	✓	✓	✓
Addiction Services	✓	✓	✓		✓	
Mental Health Services	✓		✓			
Other Health Services	✓					
Services for Abused Women			✓			✓
Community Volunteers	✓	✓	✓	✓	✓	✓
Individuals and Families who have been affected by Homelessness	✓	✓	✓	✓	✓	✓
Hospitals and Health Institutions						
Police, RCMP, Legal Clinics						
Service Clubs [e.g. Kiwanis]						
Unions						
Corporations [i.e. Banks]						
Local Businesses	✓		✓			✓
Media	✓			✓		
Employers						
Other - Specify						

TABLE 12.12: POTENTIAL PARTNERSHIPS IN HOMELESSNESS PROJECTS		
	Ongoing Membership on Planning Committee or Subcommittee	**Another Partnership Capacity**
Municipal Government Representatives	**Verna Semotuk – Chair** GVRSC** **Jim Sands – Project Coordinator** GVRSC** **Margaret Condon – Project Coordinator** GVRSC**	~ May be able to provide meeting space, administration support, and technical expertise.
Provincial Government Representatives		
Federal Government Department Representatives	**Penny Desjarlais – Federal Urban Aboriginal Strategy Coordinator** Department of Justice	~ Potential funding and technical expertise
	Sara Clemmer – HRDC Community and Policy Unit City Facilitator Human Resources Development Canada	~ Technical expertise and HR resources
Aboriginal Government	**Conrad Desjarlais – Board Member** Métis Provincial Council of BC **George Holem – President** United Native Nations **Laura McDiarmid – Social Development** Musqueam Indian Band **Bonni Hanuse – Social Development Chair** Musqueam Indian Band	~ Leadership, advocacy, and potential funding leads ~ Potential meeting space
Housing Providers	**Marcel Swain – Consultant** Lu'ma Native Housing **Mary Uljevic – Office Manager** Lu'ma Native Housing **Lillian George – Vice President** United Native Nations **June Laiter – Vice President** Kekinow Native Housing Society **Beverly Dagg – President** Kekinow Native Housing Society	~ Expertise in housing and housing related issues ~ Potential meeting space
Addiction Services	**Wayne Clark – Self Employed** Eastside Alcohol & Drug Rehab Society **Wally Lavinge – Project Coordinator** Cwenengitel Aboriginal Society	~ Social development and addiction expertise ~ Potential meeting space
Homelessness Service Providers	**Blair Harvey – Coordinator** Vancouver Aboriginal Council **Chris Casey – Assistant to Coordinator** Vancouver Aboriginal Council	~ Distribution of information ~ Potential meeting space
Mental Health Services		

Other Health Services	**Lou Demerais – Executive Director** Vancouver Native Health - Drop in Clinic, Diabetes Program **Ken Clement – Executive Director** Healing our Spirit **Shelly Gladstone – Healing Foundation Coordinator** - Treatment and support for Aboriginals affected by AIDS/HIV **Stephen Lytton – Board Member** British Columbia Aboriginal Network on Disability Society	~ Distribution of information ~ Potential meeting space
Services for Abused Women		
Community Volunteers	**Sue Duggan – Volunteer** Freelance Advocate **Lorelei Hawkins – Volunteer & Founding Elder** Stepping Stone Vision	~ Distribution of information ~ Potential support
Individuals and Families who have been affected by Homelessness		
Universities/Colleges		
Hospitals and Health Institutions		
Employment and Training	**Tara Gilbert – Executive Director & CEO** ACCESS* **Michael Sadler – Executive Director** First Nations Employment Services **Sharon Bowcott – Centre Manager** First Nations Employment Services	~ Potential recruitment for future projects ~ Technical expertise and potential meeting space
Service Clubs		
Unions		
Corporations [e.g. Banks]		
Local Businesses		
Youth Services	**Jerry Adams – Executive Director** Urban Native Youth Association **Barb Lawson – Residential Coordinator** Urban Native Youth Association **Sue Hammell – Executive Director** Surrey Aboriginal Cultural Society **Suzanne Noel – Project Coordinator (Homelessness)** Surrey Aboriginal Cultural Society	~ Technical expertise on youth issues ~ Distribution of information ~ Possible volunteer recruitment ~ Potential meeting space
Other	**Penny Kerrigan – Executive Director** Aboriginal Mother Centre **Jo-Anne Ross – Executive Assistant** Aboriginal Mother Centre - Services single mothers with children	~ Technical expertise on women's issues

* ACCESS – Aboriginal Community Career & Employment Services Society
** GVRD – Greater Vancouver Regional Steering Committee on Homelessness

10 Youth homelessness

Introduction

The Regional Homelessness Plan for Greater Vancouver was created in 2000, with the intention of providing a framework for decision making when addressing the growing problem of homelessness in the region. The 2000 Plan included a commitment to engage with homeless and at-risk youths in order to ensure their needs and concerns are addressed in the process of developing and providing services.

Community Youth Homelessness Plan Development

In early 2003, the Youth Working Group of the Regional Steering Committee on Homelessness decided to initiate a series of consultations with street involved and at-risk youths from across the region. The purpose of the consultations was to identify the barriers that exist to youths attempting to access services, any gaps in services that hinder youths attempting to avoid or escape the streets, and to identify and train some youths who are interested in engaging with the issue of homelessness on an ongoing basis. At the end of the youth consultations, a larger 'Stakeholders' workshop was held, which brought together youths, service providers and government representatives to discuss the outcomes of the youth discussions and to develop some conclusions about the scope and priorities for addressing the needs and gaps in the region.

The youth consultations took place between May 10th and June 4th 2003 in Vancouver, Surrey, Coquitlam, and New Westminster. Three explored the issue in a broad context, and four explored the concerns and perspectives of specifically vulnerable sub-populations of youths in the region, including aboriginal youths, women, sexual minority[95] youths and a group of 'at-risk' youths who were attending an alternative school. The stakeholders workshop, held on June 26th 2003 brought together youths, shelter and support service providers, and representatives from all three levels of government to discuss the outcomes of the youth consultations and try to identify any further issues or gaps in services, and to determine some degree of scope and priorities for the updated plan. Attendance at the consultations and workshop included over 70 youths, representatives from the three levels of government and over 38 community organizations.

The consultations built on research that has been done in the past few years on the needs and circumstances of street-involved and homeless youths in the region. There is a high degree of commonality between the outcomes and recommendations of the various research projects and the recommendations that arose through the consultation process leading up to this plan.

Implementation of the Plan

The Regional Steering Committee on Homelessness (RSCH) in Greater Vancouver is responsible for implementing the Regional Homelessness Plan, which includes the youth chapter. In the past recommendations regarding youth funding have been made by a Youth Subcommittee. A new model is being developed in which the youth aspects of decision making and implementation will be reviewed by the Youth Working Group on Homelessness (YWG). The YWG includes government representatives and community groups, and will develop a model of youth engagement in the decision making process.

[95] The term 'sexual minority' is intended to be as inclusive as possible of youths whose gender or sexual orientation has resulted in some form of marginalisation or vulnerability. Alternative terms include GLBTQ (Gay, lesbian, bisexual, transgendered, questioning).

Geographic Area

The Youth Homelessness chapter of the updated regional plan covers the entire Greater Vancouver Regional District.

Principles of the Updated Plan

The Regional Homelessness Plan for Youth is built on the principle that solutions to homelessness are based on three essential elements, which are adequate income, support services, and an integrated housing continuum. These "3 Ways to Home" reflect the holistic approach needed to address youth homelessness in a region as large and diverse as Greater Vancouver.

The Housing Continuum

The Housing Continuum denotes the full range of housing types, from absolute homelessness at one end, to permanent and secure housing at the other. For the purposes of analysis and effective service provision, the continuum has a number of stages, each of which reflect a different level of independence and stability.

Emergency shelters, safe houses, and transition houses for women fleeing abuse form the first stage of the youth housing continuum. These facilities generally house youths for up to, but no more than, thirty days. They range from single and shared bedrooms to dormitory-style sleeping arrangements. Safe houses specifically serve underage youths, while shelters usually serve youths over the age of 18, though some accept people as young as 16.

Transitional (as opposed to transition) housing is defined as the next stage along the housing continuum for youths leaving the streets.[96] A youth will stay in a transitional housing unit for more than thirty days and up to 2 years, though this varies depending on individual circumstances. Transitional housing usually consists of single units, and youths develop increasing levels of independence and responsibility as their stay progresses. Transitional housing usually includes training and lifeskills services as well. Generally, the goal of transitional housing is to prepare youths for reintegration into the community, and to develop the capacity for independent living in permanent housing.
Supportive housing is a significantly different housing type, in that it provides ongoing supports and services to residents who cannot live independently and are not expected to become fully self-sufficient. There is usually no limit on the length of stay in supportive housing.

Housing that is permanent, adequate and affordable is the most important stage of the housing continuum. Most of the population of Greater Vancouver lives in some form of permanent, stable, secure housing. Within that segment of the population, a number of individuals are at-risk of homelessness, meaning they spend more than half of their net income on housing costs. Many youths fall into this category, either because they live in low-income family households or they live independently with a low income.[97]

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[96] Transitional housing is sometimes referred to as '2nd stage' housing.

[97] The strict definition of 'at-risk of homelessness' is income based, but many youths are at-risk of homelessness for other reasons such as family breakdown. The Youth Homelessness Plan defines at-risk youths as those who are in danger of becoming homeless for any reason, including the income/housing ratio.

Adequate Income

There are many direct links between income levels and homelessness. Individuals who cannot afford to pay rent become homeless and those who spend a disproportionate amount (more than 50%) of their gross income on housing are considered to be 'at-risk' of homelessness. Without adequate income, the rest of the service and housing continuum addresses only a part of the problem, and is ultimately unsustainable.

Strategies and programs that support adequate incomes include job training and preparation programs, education, Income Assistance, Employment Insurance and other programs that concentrate on improving and stabilizing the income of at-risk and homeless individuals.

Other income related aspects of homelessness include the costs associated with accessing services. Many services, including identification services, some health services and transportation all cost money, which effectively puts them out of reach for low-income youths.

Support and Prevention

The support continuum is a major factor associated with an integrated approach to solving youth homelessness. Support and prevention programs and services are wide ranging and diverse, in order to fit the needs and requirements of individual homeless and at-risk youths.

- Prevention services focus on helping people avoid homelessness. These include rent banks, advocacy work, landlord-tenant mediation, housing registries, and social programs designed to prevent family breakdown.
- Outreach services focus on identifying youths that are homeless or at-risk and directing them to the appropriate programs. Support workers often perform outreach services, as well as assist and coach youths in accessing services.
- Drop-in centres offer a variety of services to homeless and at-risk youths. The target populations and goals of individual drop-in centres vary, but services include laundry, employment assistance, support and outreach workers, washrooms, showers, recreation opportunities, and counselling services.
- Health services include drop-in clinics, emergency wards, street nurses, mobile clinics, and dental care.
- Mental health services include assessment, counselling, treatment, rehabilitation, referrals, crisis response, case management and medication management.
- Substance misuse services include detox facilities, sobering centres, residential treatment programs, supportive recovery homes, counseling, methadone treatment, needle exchanges, and medium and long-term supportive housing.

Summary

Each of the '3 Ways to Home' represents a different aspect of a co-ordinated approach to addressing homelessness. Concentrating resources on one or two of the aspects without addressing the third will not be as effective in preventing and solving youth homelessness in the region. By identifying existing services in each category, and comparing them with identified needs, it is possible to focus on specific gaps and priorities and determine where resources will be most effective at addressing the urgent needs of homeless and at-risk youths in the region.

Priorities, Gaps and Assets

Homeless and at-risk youths have specific barriers and issues that exacerbate their vulnerability to homelessness, and thus require specific consideration when addressing homelessness overall. Within the youth population there are diverse sub-populations that are particularly vulnerable to homelessness, including aboriginal youths, sexual minority youths, refugee and immigrant youths, and 'youths in care'. Other youths with specific needs include sexually exploited youths and pregnant or parenting young mothers. All of these populations have specific needs that must be recognized and accounted for when addressing the issue of youth homelessness in the region.

Regional Themes

Two overarching themes must be considered when addressing the problem of youth homelessness in Greater Vancouver. The first involves the tension that exists between a strong demand for increased youth services in the downtown Vancouver sub-region and a strong need for youth services in the rest of the region. Currently, the majority of services and shelters for low-income and homeless youths are in downtown Vancouver. This concentration of services in downtown Vancouver draws youths out of their communities and away from their personal support networks. On the other hand, a large proportion of homeless youths in downtown Vancouver arrive from outside the region, many from outside the province.[98] Demand would exist for youth oriented services in Vancouver even if every community in the region had a complete set of shelters and services. However, when making decisions it is important to consider the tension between a pressing need for services and shelters in Vancouver, and a pressing need for services and shelters in the rest of the region.

The second theme to be considered is the existence of a clear need for sub-population specific services. Youths in vulnerable sub-populations often do not feel safe or welcomed at 'mainstream' services. Sexual minority youths, aboriginal youths, youths in care, young women with children, sexually exploited youths and others all have specific needs that in many cases are not effectively addressed by existing services, and require special attention. Therefore, planning and decision making must consider the tension between a need for sub-population specific services across the region, and the reality that such services cannot be uniformly applied across the region due to limitations in resources and capacity.

Housing Continuum

The availability of housing and housing supports are central to the issue of youth homelessness. The accessibility and locations of youth shelters and safe houses throughout the region are a major factor in the youth plan. Although youths live at-risk of homelessness throughout the region, most sub-regions are completely without youth shelters or safe houses, and are similarly lacking transitional housing options for youths.

Emergency Shelters and Safe Houses

Youth shelters and safe houses act as the first step for a youth attempting to leave or avoid the streets. They provide much needed stability and security for youths that are temporary or long-term homeless, as well as serving their immediate need for a safe place to sleep and shower. The research and consultations that contributed to the development of this plan identified a strong need for low-barrier emergency youth housing in every sub-region, so that youths in crisis will

[98] McCreary Centre Society. *No Place to Call Home: A Profile of Street Youth in BC*. 2001. p9.

not be forced to relocate to the downtown Vancouver area. Forcing youths to move detaches them from their personal support networks and increases their vulnerability to other hazards of homeless life.

In some cases, vulnerable sub-populations need specific housing and shelter services that suit their safety and/or cultural needs. For example, homeless and at-risk aboriginal youths require culturally appropriate and sensitive shelters in order to provide a direct connection to aboriginal cultures and community. Similarly, there is a need for a sexual minority or "Queer positive" shelter for youths that feel unsafe or unwelcome at many existing shelters.[99] This raises the difficult question of identifying the most appropriate location for population specific shelter services within the context of overall and specific needs.

Table 1.1 Youth Shelter/ Safe House needs and assets by sub-region

Region/ Sub-region	Identified Priority Needs (Gaps)	Existing Assets (beds)[100]
GVRD Wide	• More shelters needed in communities (decentralized) • At least 1 youth shelter or safe house in each sub-region	66 beds
North Shore	• Safe house needed (currently in operation but needs ongoing support)[101]	12
Vancouver	• 10-24 youth shelter beds downtown south area needed • Shelters need to have the capacity to shelter pets	54
Richmond	• Emergency youth housing needed[102]	0
Burnaby/New Westminster	• Minimal barrier shelter and youth safe house needed	0
Langleys	• Minimal barrier/ emergency youth housing needed	0
South of Fraser (Surrey, White Rock, Delta)	• Low barrier safe house/shelter for street youth 13-18 needed[103]	0
Ridge Meadows (Maple Ridge/Pitt Meadows)	• Minimum barrier emergency shelter for youths needed	0
North East sector (Coquitlam, Port Coquitlam, Port Moody)	• Need a youth shelter (10 beds)	0
Vulnerable Sub-populations (included in above totals)	• Identified need for 1 male and 1 female safe house for sexually exploited youths • Shelter beds for young women with children needed • Aboriginal safe houses and/or shelters needed in the region • Strong need for shelter for sexual minority youths, particularly transgendered[104]	• Young women (5 beds) • Aboriginal youth (25 beds, 8 restricted to aboriginal youths)

[99] De Castells et al. No Place Like Home: Final Research Report on the PrideHouse Project. 2002
[100] Inventory of Facilities and Services for Youth: Continuum of Housing and Support, 2003.
[101] North Shore Youth Safe Shelter Committee. *Youth Outreach Worker Questionnaire Responses*. Oct. 2000
[102] CitySpaces Consulting Ltd. *"It's My City Too!" A Study of the Housing Needs of Richmond's Most Vulnerable Citizens.* City of Richmond. May 2002
[103] Surrey Social Futures. *Surrey Homelessness Plan*. The Interim Homelessness Task Force, Community Solutions. July, 2002.

The needs identified in Table 1.1 are in addition to existing services, with the exception of the need for a youth safe house on the North Shore, which is currently being met by the North Shore Youth Safe house. Research and consultations identified the creation of a youth shelter in Surrey as a particularly high priority.

The needs of vulnerable sub-populations can be met with a careful combination of specific services where possible, combined with gender, cultural and sexuality awareness training for staff at every youth shelter to help ensure these youths are able to fully access needed shelter. Since the adoption of the 2000 Regional Homelessness Plan, there have been a number of changes in the availability of shelter services. There was an increase of 10 aboriginal youth shelter beds, and 14 youth shelter beds in the region. Some services were lost, such as the 2-bed youth safe house run by the Lower Mainland Purpose Society, while others gained capacity.[105] The North Shore Youth Safe House also opened, which added 12 beds to the inventory. However, there are numerous anecdotal reports from service providers of a significant increase in the demand for youth shelter beds, and increases in the number of nightly turnaways at each shelter.

Transitional Housing

Research and consultations identified a strong need throughout the region for transitional youth housing, which provides supports for youths attempting to leave the streets that are not ready to live independently. Some consultation participants suggested that part of the high demand for youth emergency shelters and safe houses results from inadequate capacity at the transitional housing level. When youths have nowhere to go at the end of their thirty days in an emergency shelter, they are often forced to return to the shelter, which creates an unnecessary strain on the emergency shelter system, and artificially inflates the demand on that sector of housing services.

A major component of transitional housing is that it provides some degree of support services that move the youths towards independent living. These supports include lifeskills training, counselling, education, job finding skills, access to medical care, referrals, intervention and other supports. Transitional housing provides an opportunity for youths to re-establish ties with the community through employment and recreation, and youths are generally expected to move into permanent, stable housing and independent living once they leave these facilities.

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[104] De Castell, Suzanne et al, *No Place Like Home: Final Research Report on the Pridehouse Project.* Submitted to HRDC by the PrideCare Society Oct. 31, 2002.
[105] Analysis of Inventory

Table 1.2 Transitional Housing Needs and Assets[106]

Region/ Sub-region	Identified Priority Needs (Gaps)	Existing Assets (Beds)[107]
GVRD Wide	• More transitional youth housing beds needed region wide.	135 Beds in total
North Shore	• Transitional youth housing needed[108]	0
Vancouver	• More transitional housing needed	80
Richmond	• Transitional youth housing needed[109]	0
Burnaby/New Westminster	• Increase transitional housing for youths	36
Langleys	• Increase transitional youth housing[110]	0
South of Fraser (Surrey, Delta, Whiterock)	• Increase/create transitional housing for youths	19
Ridge Meadows (Maple Ridge/Pitt Meadows)		0
North East sector (Coquitlam, Port Coquitlam, Port Moody)	• 10 transitional housing beds for youths needed.	0
Vulnerable sub-populations, identified needs. (Region-wide)	• Need transitional housing for Sexual minority[111], Aboriginal and sexually exploited youths[112]	• Pregnant/parenting teens (5 beds) • Ex-street involved/sexually exploited women (12 beds) • Group Home (underaged youths) (7 beds)

Needs and priorities outlined in Table 1.2 are in addition to already existing services in the region. Table 1.2 presents a picture of inadequate transitional housing across the region. Lacking appropriate transitional housing in a sub-region can have a similar effect as a shortage of emergency shelter, in that it can force youths that are unable to live in independent housing to move to the downtown Vancouver. Inadequate transitional housing also contributes directly to the high pressure on the emergency shelter and safe house system. Youths leaving a shelter after thirty days need somewhere to go, and consultations encountered a strong desire for that to be outside the downtown Vancouver area whenever possible.

The consultations and research identified the South of Fraser sub-region as having a particularly pressing need for youth transitional housing. Other priorities include creating at least ten

[106] Blank cells in the table do not imply that no need exists in that sub-region. Existing needs in those regions were not identified in the consultations and research, but may be identified through other processes.
[107] Inventory of Facilities and Services for Youth: Continuum of Housing and Support, 2003.
[108] North Shore Youth Safe Shelter Committee. *Youth Outreach Worker Questionnaire Responses*. Oct. 2000
[109] CitySpaces Consulting Ltd. *"It's My City Too!" A Study of the Housing Needs of Richmond's Most Vulnerable Citizens.* City of Richmond. May 2002
[110] Woodward, Jim & Associates with Kraus, Deborah. *Langley Study on Homelessness & Action Plan*. Langley Stepping Stone Rehabilitation Society. May 2002.
[111] De Castell, Suzanne et al, *No Place Like Home: Final Research Report on the Pridehouse Project.* Submitted to HRDC by the PrideCare Society Oct. 31, 2002.
[112] Justice Institute of BC. *Commercial Sexual Exploitation: Innovative Ideas for Working with Children and Youth.* Social Services and Community Safety Division, Justice Institute of British Columbia. March, 2002.

transitional beds in the Northeast sub-region, and ensuring that adequate transitional housing exists for sexual minority, aboriginal and sexually exploited youths.

Supportive Housing

Little information about the needs for supportive housing in the region arose in the consultations or research that contributed to this plan. However, this does not mean that needs do not exist. Further research to identify specific supportive youth housing needs and assets in the region is strongly recommended by the Youth Homelessness Plan.

Independent Housing

Youths encounter particular barriers when attempting to access safe, secure and affordable permanent housing in Greater Vancouver. The cost of rental housing in Greater Vancouver is high, as is the demand.[113] The 2000 Regional Homelessness Plan identified landlord discrimination as an obstacle to youths hoping to access affordable housing, and this situation continues as well.

Social and subsidized housing are important aspects of the youth housing continuum, providing much needed stability and security for low-income and at-risk youths in the region. Young parents in particular have a strong need for access to social housing, and some participants in the youth consultations reported three and four year waiting lists for social housing units.

Table 1.3: Permanent Affordable Housing Needs [114]

Sub-region	Identified Youth Priorities Needs (Gaps) for affordable housing
North Shore	
Vancouver	• Need for subsidized housing away from downtown
Richmond	
Burnaby/New Westminster	
Langleys	• Need single parent housing[115]
South of Fraser (Surrey, Delta, Whiterock)	
Ridge Meadows (Maple Ridge/Pitt Meadows)	
North East sector (Coquitlam, Port Coquitlam, Port Moody)	• Increase the supply of affordable housing
Populations	• More low income housing for families

Ultimately, low-income housing is one of the most important factors in creating solutions to homelessness. Unless affordable, adequate and safe housing is available to youths when they are leaving transitional housing, or their family homes, the housing continuum will be incomplete and the cycle of homelessness will continue.

Solutions that help increase the number and availability of adequate affordable housing in the region vary. They include approaches such as the creation of social housing through the

[113] Canadian Mortgage and Housing Corporation, *2002 Vancouver Rental Market Report*, 2002.
[114] Blank cells in the table do not imply that no need exists in that sub-region. Existing needs in those regions were not identified in the consultations and research, but may be identified through other processes.
[115] Woodward, Jim & Associates with Kraus, Deborah. *Langley Study on Homelessness & Action Plan*. Langley Stepping Stone Rehabilitation Society. May 2002.

construction of new units, or initiatives such as policies promoting secondary suites, zoning tools such as density bonuses, affordable housing funds. Municipalities can provide subsidies to encourage the creation of affordable housing, or can support developments that include affordable housing options.

Youths tend to have lower wages than average as a result of having less experience and fewer employment choices. The 'training wage', which allows employers to pay a reduced wage for the first 500 hours of work, is currently $6/hour. Minimum wage is $8/hour. A youth earning $10/hour, in a forty-hour week, will earn net wages of 1291.10 per month after deductions. The average monthly rent of a bachelor apartment in Greater Vancouver is $638/month. [116]

Very few youths are fortunate enough to find employment that pays more than the minimum wage when they first leave home. Given that a youth earning $10/hour is likely to spend almost half of his or her income on housing, a youth earning the 'training wage' or even minimum wage is spending well over half, and is by definition at-risk of homelessness. When such a large proportion of income is spent on housing, it becomes difficult to save money, eat nutritious food, and pay for essential services such as dental care and prescription medications. The affordability and availability of adequate housing particularly impacts youths as a result of their lower earning capacity. The Youth Homelessness Plan strongly recommends developing efforts to increase the supply of affordable housing throughout the region.

Youth Housing Conclusion

Developing an integrated and complete housing continuum remains one of the most important aspects of the strategy to address youth homelessness in Greater Vancouver. Research and consultations identified a coordinated, graduated and integrated approach to youth housing in the region as a high priority. A homeless or at-risk youth needs to be able to access the housing continuum at whatever point is appropriate, and encounter a clear process that will support that youth in achieving financial independence and moving into permanent, stable, safe and affordable housing.

Another essential element of developing and implementing a strategy to address youth housing is the involvement of youths at every stage of the process. Engagement in the decision making and planning for the youth housing continuum will help ensure that resources are relevant and appropriate to youths, and do not inadvertently alienate or create barriers to access. This is particularly the case for youths from vulnerable sub-populations, as services targeted to the general youth population might be inappropriate or unsafe for them to access. Youth involvement in the development and implementation of housing strategies and programs is crucial to building successful solutions to youth homelessness in the Greater Vancouver Region.

Adequate Income

Income and homelessness are linked in ways that are more complex than what is initially apparent. Income Assistance rates and eligibility are certainly important, but income and homelessness is also related to employment availability, education, training and literacy. Income is also linked to homelessness and poverty through costs involved with accessing health services, getting necessary identification, and taking transit or driving to where education, employment and services are located.

[116] Canadian Mortgage and Housing Corporation, *2002 Vancouver Rental Market Report*, 2002.

Research and consultations identified a number of key points where income and homelessness are most closely linked for youths in the Greater Vancouver Region, and which are consequently the most important income related priorities for the Youth Homelessness Plan.

Income Assistance

Income Assistance is a crucial buffer between poverty and homelessness for many people. A consistent theme that arose in the consultations was the perception that recent changes in policy and eligibility rules have resulted in youths becoming much more vulnerable to homelessness. Specifically, youths identified changes in eligibility that require two consecutive years of independent living with a minimum income level in both of those years before they are able to access Income Assistance, with exceptions for youth aging out of government care or youth in special circumstances. Other Income Assistance policies identified as increasing youth vulnerability to homelessness include a three week waiting period to access benefits, an insufficient shelter allowance, and bureaucratic language that functions as an indirect barrier to access for many youths.

The issue of 'bureaucratic' barriers to youths attempting to access Income Assistance is important. Youths that are particularly likely to be impacted and marginalised through the imposition of difficult procedures are those who suffer from some form of mental illness or disability. For example, a homeless youth with Fetal Alcohol Syndrome or Fetal Alcohol Effects is more likely to have difficulties in navigating the paperwork and application process involved in accessing Income Assistance. This can result in youths not receiving help they need and making them more vulnerable to homelessness and less able to escape the streets.

Research indicated that vulnerable sub-populations feel particularly alienated by the Income Assistance system. Aboriginal youths and sexual minority youths in particular expressed concerns about accessing Income Assistance. In the case of sexual minority youths, a specific need for sensitivity to privacy concerns was identified, as youths reported feeling uncomfortable with the possibility that they might be 'outed' to their families or communities.

Further information is required on the effects of the 'Youth Agreement' aspects of Income Assistance, and how current policies reduce or increase youth vulnerability to homelessness.

Table 2.1 Income Assistance Related Issues and Recommendations

Income Assistance Priorities	Recommendations
GVRD Wide	• Increase youth access to Income Assistance, revise the institutional language to make it more youth friendly • Address Income Assistance policies that put youths at-risk. (3-week waiting period, 2 year independence rule, insufficient shelter allowance) • Provide youth self-advocacy training for dealing with IA
Vulnerable Sub-populations	• Need supports for people with mental illness or disabilities applying for Income Assistance • Remove barriers to Income Assistance for aboriginal youths • Income Assistance workers need sexuality awareness training

The application and development of Income Assistance policies is outside the focus of the Regional Homelessness Plan. However, it is important to recognize the impact of current

policies, and address them within the GVRD as much as possible, and to work towards changing policies that directly or indirectly increase youth vulnerability to homelessness.

Employment and Education

Other income related priorities identified in the research and consultation relate to employment and education. Youths and service providers identified a variety of barriers that make it more difficult for youths to access training and education, particularly when they are homeless or at-risk of homelessness.

Table 2.2 outlines youth employment and education related concerns and priorities, as well as existing services across the region. When comparing the number of youth employment services available in each region, it is important to remember that the table does not identify the relative capacity of each service. Some youth employment services might be open for 3 hours per week, while others may be open every day. The purpose of the table is to give an idea of existing services, and provide a starting point on which to build or expand services where needed.

Table 2.2 Youth Employment and Education Needs and Priorities[117]

Region/ Sub-region	Identified Priority Needs (Gaps)	Services in Place[118]
GVRD Wide	• Make training grants and loans more accessible to youths • Improve and expand alternative schooling opportunities for youths • Expand literacy programs • Expand career choice programs • Create transitional working programs for youths entering the work environment • Create banks of clothing/tools to support employment • Hours for employment services need to reflect youth lifestyles (not during school hours)	• 1 regional employment initiative
North Shore		• 2 youth employment services
Vancouver		• 23 youth employment services
Richmond		
Burnaby/New Westminster	• More employment and training programs for youths attempting to enter the employment world	• 2 youth employment services
Langleys		
South of Fraser	• Need for skills training programs • Youths need more opportunities to access training and education in the sub-region	• 7 youth employment services
Ridge-Meadows		• 1 youth employment service
North East sector		• 1 employment service, includes youth

[117] Blank cells in the table do not imply that no need exists in that sub-region. Existing needs in those regions were not identified in the consultations and research, but may be identified through other processes.
[118] Inventory of Facilities and Services for Youth: Continuum of Housing and Support, 2003

Vulnerable Sub-populations		• Employment services for specific populations: 1 for sex trade workers, 3 for aboriginal youths, 1 for Hispanic youths, 1 for youths with mental health problems

The region-wide priorities give a picture of important steps that need to be taken to help homeless and at-risk youths improve their employability and ensure they do not become homeless. The sub-regional needs reflect specific gaps identified through the consultation process, and provide some specificity on where best to apply resources.

Service and Transportation Costs

The costs associated with transportation and accessing services are an important consideration when addressing the links between income and homelessness. Transportation in particular was a major issue raised in consultations, especially outside of the downtown Vancouver area. Low-income youths in areas such as the South of Fraser sub-region expressed frustration at the time and difficulties involved in attempting to access services that were spread out across a wide geographic area.

Youths wishing to attend schooling, apply for Income Assistance, and acquire needed medical services often spend much of their time walking from one location to another if they cannot afford a bus. Support workers at the consultations provided anecdotal reports of having to spend much of their time driving youths to appointments and services, which they identified as a frustrating and inefficient allocation of time and resources.

Transportation costs can be addressed in two complementary ways. Planning for the co-location of services to make accessing services less dependent on transportation is one potential solution. Concurrently, youths identified some form of transportation supports as a necessary tool to ease access to the housing, and service continuum, as well as education and employment.

Consultations also identified significant barriers to service and housing access for youths that lack identification, which in many cases costs money to acquire. Health, shelter, employment and education services all require some form of identification, which may be hard to acquire for homeless youths, and hard to keep once they have acquired it if they are living on the streets. Recommendations include eliminating or subsidizing the costs involved in acquiring identification and providing some services to youths that lack identification.

Income related health costs, such as dental care, Medical Service Plan payments, and the cost of prescription medications are all significant issues for homeless and at-risk youths, particularly those who are ineligible for Income Assistance. This problem is a priority, and possible strategies to address these income related gaps could include a mobile dental health clinic, support for the completion of MSP subsidy applications, and a non-profit prescription program for at-risk and homeless youths.

Income Conclusion

Income is necessarily a major aspect of any integrated strategy to address youth homelessness in the Greater Vancouver region. The Youth Plan recommends addressing Income Assistance policies that place youths at greater risk of homelessness. The Plan also recommends developing

creative approaches to removing income related barriers to employment, service access and basic medical care. Transportation is an important aspect of accessing housing and employment, and the Plan recommends developing strategic partnerships to address transportation concerns.

Support Services

An integrated range of support services is necessary to meet the needs of homeless and at-risk youths in the region. Support services range from abuse counseling, drug and alcohol counseling, education, outreach, drop-in services, mentoring, early intervention, support workers, social workers, high school youth workers, residential drug and alcohol treatment centres, advocacy groups and many other aspects of the continuum of care. Every youth case is unique, so the services youths access need to have the capacity and integration to assess the situation and provide timely and appropriate supports.

Throughout the youth consultation process, youths expressed a significant degree of frustration at the lack of coordination between services. There was a strong and repeated desire by youths to not go through repeated orientations and referrals, with reams of confusing paperwork, in order to access services they need. Developing an integrated service continuum that has the capacity to share information between services as a youth moves through the system is a strong priority of this Plan.

Another key issue that arose in the consultation process was related to the difficulties experienced by youths attempting to access services as they transition into adulthood. Variations in eligibility for services were reported for youths between the ages of 18 and 22 in particular. This was the source of significant frustration for some youths at the consultations, as they found themselves newly ineligible for some services after a birthday, and either ineligible or unaware of services that might be in place to fill the gap. This particular problem is specific to the youth population, and results from insufficient coordination between services to ensure that individual cases do not slip through the cracks in the support continuum.

Prevention

Prevention and prevention services are some of the most important factors in addressing youth homelessness. Rent banks, housing registries, intervention, and other services can help prevent a youth from ever becoming homeless or street entrenched. Early intervention and education in schools and community centres can identify and aid youths that are at-risk of homelessness.

Many youths end up homeless because they feel they have nowhere to go, and few options. Once a youth, or anyone, becomes homeless they run the risk of becoming street entrenched, and continuing a downward spiral. Arresting that process as early as possible through timely assistance and appropriate services is one of the most effective means of addressing the problem of youth homelessness.

Table 3.1 Outlines the Youth Homelessness Prevention needs and Assets identified in the Research and Consultation process. The assets listed are deliberately narrow, in that almost all services in the support continuum serve some form of homelessness prevention role. However, the organizations listed have very specific roles in preventing and advocating for vulnerable populations, particularly youths.

Table 3.1 Youth Homelessness Prevention Needs and Assets[119]

Region / Sub-region	Identified Priority Needs (Gaps)	Prevention Services in place (Assets)[120]
GVRD Wide	• Devote adequate attention to preventing addictions, supporting stable tenancies[121] • Expanded family mediation/ conflict resolution to prevent family breakdowns recommended • Improve and expand rent assistance programs for families in need[122] • Youth justice needs to avoid confinement as a form of addressing youth crime and explore alternatives to incarceration • Efforts need to be made to address landlord discrimination against youths[123] • Educate youths about the realities of addictions • Improving and expanding school counselling services strongly recommended to prevent youth homelessness and intervene in crises • Prevention and intervention programs need to happen as early as possible[124]	• 10 advocacy groups • 2 housing referral agencies • 1 youth ombudsman
North Shore		• 1 referral service
Vancouver		• 1 advocacy group (women) • 3 housing referral services
Richmond		
Burnaby/New Westminster		• 1 housing support system
Langleys	• School programs for youths recommended in local plan[125]	
South of Fraser		• 1 referral service
Ridge-Meadows		
North East sector	• Research identified a need for a rental housing emergency strategy (tenants rights, mediation with landlords, rent grants/loans, alternative accommodation)[126]	• 1 advocacy group
Vulnerable Sub-populations	• Specific supports for vulnerable populations required in homelessness prevention efforts[127] • Young women need assistance for accessing low-income housing[128] • Need realistic, school based drug education as a prevention	• 1 youth in care advocacy group • 1 aboriginal youth advocacy group • 1 sexual minority

[119] Blank cells in the table do not imply that no need exists in that sub-region. Existing needs in those regions were not identified in the consultations and research, but may be identified through other processes.
[120] Inventory of Facilities and Services for Youth: Continuum of Housing and Support, 2003.
[121] Woodward, Jim, Margaret Eberle, Deborah Kraus, and Michael Goldberg. *Regional Homelessness Plan for Greater Vancouver.* Greater Vancouver Regional District, Burnaby BC. 2001.
[122] Kraus, Deborah & Dowling, Paul. *Family Homelessness: Causes and Solutions.* CMHC/SCHL. Feb. 2003.
[123] Woodward, Jim, Margaret Eberle, Deborah Kraus, and Michael Goldberg. *Regional Homelessness Plan for Greater Vancouver.* Greater Vancouver Regional District, Burnaby BC. 2001.
[124] McCreary Centre Society. *No Place to Call Home: A Profile of Street Youth in BC.* 2001.
[125] Woodward, Jim & Associates with Kraus, Deborah. *Langley Study on Homelessness & Action Plan.* Langley Stepping Stone Rehabilitation Society. May 2002.
[126] Talbot, John & Associates. *Homelessness Study Project for the Tri-Cities.* Prepared for Homelessness Study Project Steering Committee. May 2001.

	strategy, along with early intervention for high-risk youths • Schools have an important role to play in the prevention/ resolution of sexual exploitation[129] • Youth need to be educated from a young age about the realities of life on the streets • Create prevention materials that educate young men and parents that the sex trade is a form of abuse[130]	advocacy group

The gaps and recommendations identified in Table 3.1 reflect both specific needs and general recommendations. Prevention services are probably the most effective way to arrest or prevent the downward cycle of poverty and despair that many youths experience once they become street entrenched. Early intervention in schools can help identify and address the needs of at-risk youths before they develop in full-blown crises and homelessness. Advocacy groups, as well as housing referral agencies and rent support programs can intervene at crucial times and help a youth avoid becoming homeless as a result of a temporary situation. Each of these service types fills a crucial role in an integrated plan to eliminate youth homelessness in the region.

Transportation is another aspect of the service continuum, and is closely linked to the transportation issues identified in the Income section. The location of services is a significant barrier to access, and in sub-regions outside downtown Vancouver transportation support is an urgent need for youths hoping to avoid homelessness. The transportation barriers inherent in a large region such as the GVRD can be addressed in two parallel manners. The first is to co-locate services, to minimize travel times and costs for youths accessing those services. The second is to provide or develop some means for aiding youths in travelling between services that are not close together. Suggestions for possible strategies for helping youths overcome transportation barriers include a shuttle bus between services, bus passes for youths in need, and transportation subsidies for vulnerable youths.

Detox and Alcohol/Drug Services

Substance misuse is endemic in the homeless population, and the links between addiction, poverty and homelessness are strong and mutually reinforcing. In order for many homeless youths to escape the streets and reintegrate with the community, an integrated support system must have the capacity to assist them as they deal with the problems of addiction and substance abuse. Research and consultations identified significant gaps in alcohol and drug services for youths in the region, as well as shortages of detox facilities that serve youths.

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[127] McCreary Centre Society. *Between the Cracks: Homeless Youth in Vancouver.* The McCreary Centre Society, Burnaby, BC. 2003.

[128] Novac, Sylvia, Serge, Luba, Eberle, Margaret & Brown, Joyce. *On Her Own: Young Women & Homelessness in Canada.* Canadian Housing & Renewal Association. Status of Women Canada. March 2002.

[129] Justice Institute of BC. *Commercial Sexual Exploitation: Innovative Ideas for Working with Children and Youth.* Social Services and Community Safety Division, Justice Institute of British Columbia. March, 2002.

[130] Justice Institute of BC. *Commercial Sexual Exploitation: Innovative Ideas for Working with Children and Youth.* Social Services and Community Safety Division, Justice Institute of British Columbia. March, 2002.

Table 3.2 Youth Drug, Alcohol and Detox Services Gaps and Assets[131]

Region / sub-region	Identified Priority Needs (Gaps)	Youth Alcohol and Drug/ Detox Services in Place (Assets)[132]
GVRD Wide	• More youth detox beds needed throughout the region • transitional Alcohol & Drug services should be outside Vancouver	
North Shore		• 3 non-residential Drug & Alcohol services
Vancouver	• Need detox services that accept people with dependents • More youth oriented detox services • Need a detox facility for youths under 16 • Need long-term support/relapse prevention after detox	• 34 residential treatment beds. • 12.5 youth detox beds • 3 needle exchanges. • 6 non-residential Drug & Alcohol services
Richmond		
Burnaby/New Westminster	• Need more youth Drug & Alcohol services in New Westminster	• 22 male residential treatment beds • 3 youth detox beds • 1 needle exchange • 2 non-residential Drug & Alcohol programs
Langleys	• Need more youth Drug & Alcohol services • Need detox beds for youths	
South of Fraser (Surrey, Delta, Whiterock)	• More residential treatment & supportive recovery beds for youth[133] • Need more youth drug & alcohol services, particularly in Cloverdale	• 7 female (12-18) residential treatment beds • 1 youth residential treatment bed • 1 needle exchange • 2 non-residential Drug & Alcohol treatment programs
Ridge-Meadows	• Need a needle exchange	
North East sector	• Youth detox beds needed in the sub-region • Need more youth Drug & Alcohol treatment services, especially in Coquitlam	• 1 non-residential Drug & Alcohol program
Vulnerable Sub-populations	• Detox services need to be gender and sexuality and culturally sensitive and aware [134] • Need detox for young women with children • Need more addiction treatment for young women • Ensure women leaving detox have somewhere to go.	• 5 aboriginal beds • 3 young mothers beds • 9 young women (residential treatment facility beds region-wide)

Priorities identified in Table 3.2 are in addition to existing services, although they might be met through expanding the capacity of those services.

Youths in the consultations expressed an inability or unwillingness to access detox services focused on adult users. Reasons of safety and personal security often serve as barriers, as well as

[131] Blank cells in the table do not imply that no need exists in that sub-region. Existing needs in those regions were not identified in the consultations and research, but may be identified through other processes.
[132] Inventory of Facilities and Services for Youth: Continuum of Housing and Support, 2003.
[133] Surrey Social Futures. *Surrey Homelessness Plan*. The Interim Homelessness Task Force, Community Solutions. July, 2002.
[134] De Castell, Suzanne et al, *No Place Like Home: Final Research Report on the Pridehouse Project.* Submitted to HRDC by the PrideCare Society Oct. 31, 2002.

high demand and low availability of the services. This plan strongly recommends the creation and expansion of specifically youth oriented and designed detox facilities, with sufficient capacity to intake youths when they decide to seek help. It is also very important to ensure youths have access to detox and other substance misuse services outside the downtown Vancouver area as the concentration of services and addicts in the Vancouver sub-region makes relapse much harder to avoid.

The period since the 2000 Regional Homelessness Plan saw an increase of 3 youth oriented detox beds, all of which were in the Vancouver sub-region. The same period saw no change in the number of residential supportive recovery beds for youth in the region.[135] The need for these services continues to rise, and the Youth Homelessness Plan recommends increasing the availability of detox and residential treatment beds for youths in the region.

Drop-In Services

Drop-ins function in many cases as a place of refuge for at-risk and homeless youths. The level and capacity of services vary, but they provide a range of services that can include laundry, employment assistance, support and outreach workers, washrooms, showers, recreation opportunities and counselling services. In many sub-regions, drop-ins are one of the first places that youths are introduced to available services. As such, youth drop-ins are an important aspect of the youth support continuum.

Table 3.3 Youth Drop-in Services Needs and Assets

Region/ Sub-region	Identified Priority Needs (Gaps)	Existing Youth Drop-in Services (Assets)[136]
North Shore	• Services need to be accessible at difficult hours (late night etc)	• 5 youth drop-ins.
Vancouver		• 16 youth drop-ins
Richmond		
Burnaby/New Westminster		• 5 youth drop-ins.
Langleys	• Need an integrated youth services/resource centre focusing on 12-19 yrs[137]	
South of Fraser	• Drop ins need to be in safe locations.	• 6 youth drop-ins.
Ridge-Meadows		• 3 youth drop-ins (1 for youth 11-18)
North East sector		• 1 youth drop-in
Vulnerable Sub-populations	• Drop ins need to ensure cultural, gender and sexuality awareness and safety[138]	• Sexual Minority drop-ins: 1 in Inner Municipalities, 1 in the Northeast Sector, 1 South of Fraser • Vancouver drop-ins: (1 male sex trade workers, 1 Vietnamese youth, 1 Sexual Minority, 1 francophone, 1 sex trade workers, 1 female francophone, 1 Aboriginal Sexual Minority, 1 Aboriginal)

[135] Inventory Analysis
[136] Inventory of Facilities and Services for Youth: Continuum of Housing and Support, 2003.
[137] Woodward, Jim & Associates with Kraus, Deborah. *Langley Study on Homelessness & Action Plan*. Langley Stepping Stone Rehabilitation Society. May 2002.
[138] De Castell, Suzanne et al, *No Place Like Home: Final Research Report on the Pridehouse Project.* Submitted to HRDC by the PrideCare Society Oct. 31, 2002.

In the case of many of the drop-in services that focus on vulnerable sub-populations, they provide a safe place in which youths can express themselves without fear of marginalisation or exclusion. This is particularly valuable in cases where vulnerable youths experience racism, sexism or homophobia on a regular basis, which impacts self-esteem and health in negative ways. Drop-in facilities need to be responsive to the unique needs and values of vulnerable sub-populations of youths.

The drop-in facilities identified in Table 3.3 have a wide range of capacity, from a few hours per week to round the clock availability. The main purpose of listing the services is to provide an initial view of the existing level of services, which can be built upon and added to where necessary.

Outreach Services

Outreach workers are the link between at-risk and homeless youths and needed services, and serve to identify youths in need and refer them to whatever services might be able to meet those needs. Outreach is a crucial bridge between homeless youths and the service community, and is a major aspect of the service continuum. Outreach workers help people make necessary appointments, deal with institutional hurdles, and support individuals as they struggle to reintegrate with the community.

Outside the downtown Vancouver area, youths in the consultations consistently identified a need for more outreach workers to inform them of what services and programs are available. Youths expressed frustration about not knowing where to go when they are in crisis, or if they do know where to go, being frustrated with the limited availability of youth workers.

Outreach is a particular concern for vulnerable sub-populations of youths who may be alienated or feel unsafe, or have confidentiality concerns about many services (particularly in the case of sexual minority youths). In these cases, a strong need exists for targeted outreach services for aboriginal, sexual minority and sexually exploited youths that find themselves marginalised by mainstream services. Outreach workers need to be conscious of the needs of these youths, and have knowledge and information about services and programs that exist for these populations.

Outreach for vulnerable populations of youths is particularly challenging given the geography of the region. In order to ensure that vulnerable youths are not inadvertently marginalised in some areas, outreach workers in sub-regions that do not have specifically targeted programs must be trained and aware of cultural, sexuality and gender issues.

Table 3.4 Outreach Services Needs and Assets[139]

Region/ sub-region	Identified Priority Needs (Gaps)	Youth Outreach Services in Existence[140]
GVRD Wide	• More outreach workers needed to inform youths of available services[141] • Support for youths lacking identification • Need at least 2-4 youth outreach workers in every city	
North Shore		• 1 Youth Outreach service
Vancouver		• 10 Youth Outreach services
Richmond		• 1 Youth Outreach Service
Burnaby/New Westminster	• Need more outreach services New Westminster and Burnaby	• 5 Youth Outreach services
Langleys		
South of Fraser	• More support/outreach workers (at least 2 per area of Surrey) • Need a 24/7 youth drop-in centre Surrey	• 2 Youth Outreach services
Ridge-Meadows	• Increased youth outreach services needed	
North East sector	• High priority for ten or more youth outreach workers in this region	
Vulnerable Sub-populations	• Need for outreach to Korean and Iranian youths • Need to be sensitive to sexual minority and cultural needs[142] • More outreach for vulnerable populations • Outreach workers need to be aware of aboriginal services • Increase outreach and programs for sexually exploited youths[143]	• Youth Outreach services in Vancouver include 1 for aboriginal youths and 1 for youths in the sex trade

The gaps in Table 3.4 are in addition to existing services. Also, the youth outreach services listed in the 'Assets' column have widely varying levels of capacity and represent a foundation of existing services with which it may be possible to fill remaining gaps. In many cases these gaps in youth outreach may be filled through expansion of existing services, or possibly training of current outreach workers. In other cases new services are needed, particularly in sub-regions that lack specific youth outreach workers.

Early outreach and identification of at-risk youths will contribute significantly to preventing youth homelessness. If a youth is aware of and able to access a needed service before becoming homeless, crisis and homelessness may be averted, and the cost and complexity of service and care needed in the long-term will be significantly reduced. The creation and expansion of youth

[139] Blank cells in the table do not imply that no need exists in that sub-region. Existing needs in those regions were not identified in the consultations and research, but may be identified through other processes.
[140] Inventory of Facilities and Services for Youth: Continuum of Housing and Support, 2003. (number of services, not individual outreach workers)
[141] Justice Institute of BC. *Commercial Sexual Exploitation: Innovative Ideas for Working with Children and Youth*. Social Services and Community Safety Division, Justice Institute of British Columbia. March, 2002.
[142] De Castell, Suzanne et al, *No Place Like Home: Final Research Report on the Pridehouse Project.* Submitted to HRDC by the PrideCare Society Oct. 31, 2002.
[143] Justice Institute of BC. *Commercial Sexual Exploitation: Innovative Ideas for Working with Children and Youth*. Social Services and Community Safety Division, Justice Institute of British Columbia. March, 2002.

outreach services throughout the region, and particularly outside the downtown Vancouver area, is a high priority in the support service continuum of the Youth Homelessness Plan.

Health and Mental Health Services

Homeless youths tend to have a much higher risk of disease and poor health, and simultaneously have significantly reduced ability to access health services.[144] Lack of shelter, poor nutrition, addiction, stress and violence all combine to endanger the health of homeless youths throughout the region. In cases where prescription medications are needed, youths might need assistance in purchasing them, especially if they are ineligible for Income Assistance. Recovery from ailments is also compromised when youths do not have a warm safe place to sleep and recover or food is not readily available. However, there are very few options for convalescent care available to homeless youths, and they often end up trying to recover on the streets, which can further compromise their health.

A BC Care Card is required to access most health services in the Greater Vancouver region. The cost of acquiring and keeping a card can be prohibitive for a youth. While subsidies are available for low-income individuals the eligibility process can be time consuming and may act as a barrier for many youths. As a result, homeless youths often do not have a Care Card and their access to health care is often limited. Supports are needed to assist youths in acquiring and retaining access to the health care system.

Dental health care is particularly difficult to access for homeless and at-risk youths, because it is not covered by the public health care system. However, the need for dental health services exists throughout the region.

Mental health is a particular issue for homeless youths. A disproportionately high percentage of homeless youths suffer from some sort of mental illness and the situation is complicated further by concurrent factors including addiction, lack of shelter and poor nutrition.[145] Prescription medications are often required and difficult to acquire for homeless youths with mental health problems and many youths in the consultation process identified serious mental health related difficulties in fulfilling the deadlines, schedules and bureaucratic processes involved in accessing services and shelter.

Health and mental health services are aspects of the support service continuum that need to be available throughout the region. Youths in outlying sub-regions that are unable to access services in their home communities are sometimes forced to move into downtown Vancouver, away from support networks and in many cases into more desperate circumstances. Provision of health and mental health services for youths includes street nurses, youth clinics, mental health clinics, emergency services, and mainstream health and dental care. All of these need to be available and effective for homeless and at-risk youths to provide a base of good health, which is an essential prerequisite for effective reintegration into society and out of homelessness.

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[144] McCreary Centre Society. *Between the Cracks: Homeless Youth in Vancouver.* The McCreary Centre Society, Burnaby, BC. 2003.
[145] McCreary Centre Society. *Between the Cracks: Homeless Youth in Vancouver.* The McCreary Centre Society, Burnaby, BC. 2003.

Table 3.5 Youth Health and Mental Health Priorities, Gaps and Assets.

Region / Sub-region	Identified Priority Needs (Gaps)	Health/ Mental Health Existing Assets[146]
GVRD Wide	• Help with non-MSP services (dental etc) • Need a mobile health van outside Vancouver, that does not require MSP	
North Shore	• Expand youth Mental Health services[147] • Need a permanent youth clinic[148]	• 2 Mental Health programs • 3 youth clinics.
Vancouver	• Need more dual diagnosis youth facilities	• 1 dual diagnosis program • 8 Mental Health programs • 13 youth/street clinics
Richmond		• 1 Mental Health clinic • 1 youth clinic.
Burnaby/ New Westminster		• 1 Mental Health program • 4 youth clinics
Langleys	• Need a permanent youth clinic[149]	
South of Fraser	• Need a better youth clinic in Surrey • Also need a native health clinic for youths	• 4 Mental Health programs • 1youth clinic
Ridge-Meadows		• 1 Mental health program
North East sector	• Need a permanent youth clinic in Port Moody	• 1 dual diagnosis program • 1 youth clinic
Vulnerable Sub-populations	• Mental Health services need to be culturally and linguistically sensitive • Need dual diagnosis services for women	• 1 aboriginal youth clinic (Vancouver)

A particularly urgent need exists for expanded dual diagnosis youth facilities, as many existing alcohol and drug treatment facilities lack the capacity to support and help mental health patients, while many mental health services are unable to handle youths with addictions. As a direct consequence, youths suffering from a combination of mental health and addiction problems have a very limited range of services available, and are particularly vulnerable to becoming and remaining homeless.

Support and Counselling

At-risk and homeless youths are often limited in their capacity to function within the community, for a variety of reasons including poverty, education, life skills, literacy, transportation limitations, and alienation. It is often the case that homelessness can be avoided with crucial supports at the appropriate time. What supports are needed varies depending on the youth and the circumstance, ranging from sexual abuse counselling to something as simple as advocacy in a dispute with a landlord.

In the research and consultation process, youths regularly identified a need for more support workers in most of the sub-regions. Youths outside downtown Vancouver expressed frustration

[146] Inventory of Facilities and Services for Youth: Continuum of Housing and Support, 2003.
[147] North Shore Youth Safe Shelter Committee. *Youth Outreach Worker Questionnaire Responses*. Oct. 2000
[148] North Shore Youth Safe Shelter Committee. *Youth Outreach Worker Questionnaire Responses*. Oct. 2000
[149] Woodward, Jim & Associates with Kraus, Deborah. *Langley Study on Homelessness & Action Plan*. Langley Stepping Stone Rehabilitation Society. May 2002.

at not knowing how to access services, or what services would be the most appropriate for them. In some cases, youths referred to recent cuts in the hours and availability of in-school youth workers as significant shortages that increased the risk of crisis. Some support workers reported massive caseloads that make it difficult to ensure youths receive adequate attention to avoid or defuse crises.

Counselling services are an integral aspect of the youth support continuum. A large proportion of homeless and at-risk youths have experienced some form of family breakdown or abuse. Counselling services vary from treating the effects of physical, sexual and emotional abuse, alcoholism, addiction, self-esteem issues, psychological problems, in-school counselling, family crisis mediation and counselling, parental and youth counselling, cultural identity and cultural support, and any other specific issues that need to be addressed for a youth to feel safe and comfortable in adult life. A major recommendation of the Youth Plan is to ensure that necessary counselling services are in place to address youth issues before, during, and after crises in order to prevent and reduce homelessness among vulnerable youths.

The separation between outreach and support workers is somewhat arbitrary in many cases. Often, youth workers fill many roles, including support and outreach. However, the services are qualitatively different in many ways, and a need exists for both service types to operate in conjunction with an integrated youth homelessness plan in the region.

Table 3.6 Support and Counselling Gaps and Assets[150]

Region / Sub-region	Identified Priority Needs (Gaps)	Support and Counselling Services Existing (Assets)[151]
GVRD Wide	• More access to support workers throughout region • Peer support programs preferred • Family mediation/ conflict resolution to prevent breakdowns [152]	• 2 support counselling services
North Shore		• 2 support / counselling services
Vancouver		• 13 support services
Richmond		
Burnaby/New Westminster	• Need more support workers • More counselling services, particularly in schools	• 6 support services
Langleys		
South of Fraser	• More support workers needed for coaching (helping youths navigate the system) and other assistance	• 4 support services
Ridge-Meadows		• 2 support services.
North East sector	• More support workers, social workers and counsellors needed for youths	• 2 support services

[150] Blank cells in the table do not imply that no need exists in that sub-region. Existing needs in those regions were not identified in the consultations and research, but may be identified through other processes.
[151] Inventory of Facilities and Services for Youth: Continuum of Housing and Support, 2003.
[152] Woodward, Jim, Margaret Eberle, Deborah Kraus, and Michael Goldberg. *Regional Homelessness Plan for Greater Vancouver.* Greater Vancouver Regional District, Burnaby BC. 2001.

Vulnerable Sub-populations	• Service design should ensure confidentiality for sexual minority youths that fear being 'outed' by accessing services [153]	• 1 aboriginal youth support service • 1 pregnant / parenting teen support service • 1 young parents support service • 1 young moms & aboriginal moms support service • 1 teen mothers support service • 1 sexual minority youth support service

Support Services Conclusion

The Support Continuum is a central aspect of the Youth Homelessness Plan. Youths have specific needs and concerns when accessing support services, particularly in the case of youths from vulnerable sub-populations. An integrated, coordinated youth service system is needed in the region, to help at-risk youths avoid homelessness, and homeless youths reintegrate into the community. The life experiences and individual circumstances of each youth are different, and require a careful and unique approach. The support service continuum needs to have the capacity to identify vulnerable youths, determine their needs and provide necessary services as efficiently and effectively as possible.

Summary

The Three Ways to Home are the main branches of the integrated Youth Homelessness Plan for Greater Vancouver. In order to address youth homelessness effectively across the region, each branch requires adequate attention in decision making about immediate steps and goals. Each sub-region needs an adequate amount of housing, income and support services to effectively reduce and eliminate youth homelessness. Youths need to be able to access needed services in their home communities, where their support networks are strongest, before they end up moving to downtown Vancouver and further straining the system in that sub-region. An integrated approach to addressing youth homelessness must effectively balance the needs of homeless and at-risk youths in downtown Vancouver with the needs of homeless and at-risk youths in the rest of the region.

Sustainability

It is essential that projects and programs developed with the Youth Homelessness Plan are sustainable. The Youth Plan outlines short and long term priorities and strategies for addressing the issues of youth homelessness. In order for those strategies to be effective, programs developed must have the capacity and partnerships to sustain themselves into the future and beyond any single funding source.

Facilitating sustainability in the regional approach to youth homelessness involves developing strategies to integrate service provision and organisation to ensure resources are used effectively.

[153] Justice Institute of BC. *Commercial Sexual Exploitation: Innovative Ideas for Working with Children and Youth.* Social Services and Community Safety Division, Justice Institute of British Columbia. March, 2002.

It also means developing strategies to increase community awareness of youth homelessness issues and activities, and increase community involvement and support in developing integrated and combined youth programs.

Partnership Building

Sustainability also includes developing common activities and partnerships between organizations and governments in order to strengthen ties and develop effective strategies for increasing awareness and services for homeless youths. Community involvement in the development, structure and planning of projects is essential in creating sustainable programs.

Sustainable youth homelessness projects must be a coordinated effort within the community and fill an identified need. The projects will have a clear plan for sustained operation, innovative and flexible resource utilization, a clear idea of resource gaps, and strategies in place to fill gaps in resources needed for the project. Importantly, sustainable project plans will be connected to the broader community effort through partnerships and collaboration and will be a part of the integrated community plan to address youth homelessness.

Capacity Building

The capacity of the community to effectively engage with homelessness issues is an important aspect of sustainability. Programs and plans to build community capacity through communications, engagement, training, public awareness and information are important contributors to the long-term sustainability of the Youth Homelessness Plan and specific youth programs. Involvement of community members and groups in the development of strategies to address local homelessness is a necessary aspect of a sustainable plan, and strategies to develop that process are crucial to the overall success of the Youth Homelessness Plan.

Engagement

Youth engagement in the development and implementation of sustainable community strategies to address youth homelessness is a high priority. In order to ensure that implemented strategies and programs are relevant and appropriate to the youth population they are attempting to serve, youths must be involved in the development, implementation and organization of youth homelessness programs. In the case of programs intended to serve vulnerable sub-populations of youths, involving representatives from those populations is an integral requirement for ensuring the program is relevant, appropriate and effective.

Youth engagement contributes to community capacity and sustainability through the direct involvement and training of youths in the processes and planning involved in implementing the Homelessness Plan. The research review and consultation process that contributed to the creation of the Youth Homelessness Plan found strong support for direct youth engagement in the development, implementation and design of programs in the region, as well as in the region-wide process of addressing the issue of homelessness. A sustainable program of youth engagement in the regional decision-making and program evaluation process is a strong recommendation of this plan.

Communications Plan

The Youth Working Group will coordinate with the Regional Steering Committee and the governance entity to create and implement a Youth Plan communications strategy, within the framework of the communications strategy of the overall Regional Homelessness Plan. The

youth portion of the communications strategy will focus on gaining endorsement and participation from youth oriented organizations and government bodies, including school boards, provincial and federal agencies, youth groups and service providers.

Evaluation Strategy

The evaluation of the Youth Homelessness plan will be a part of the evaluation of the Regional Homelessness Plan, and will follow the same process. It will focus on youth issues and determine the effectiveness of the youth oriented strategies and programs in meeting the identified gaps and contributing to the integrated effort to eliminate youth homelessness.

Glossary

1. **Assertive Community Treatment** (ACT) – Alternative, intensive care for individuals with complex needs. This program is designed for those with a serious and persistent mental illness who have other functional disabilities and are frequent users of mental health acute care beds, Riverview Hospital, jails and/or forensic services.
2. **At-risk of Homelessness** – see under Homelessness
3. **BC Employment and Assistance** – Income support programs for individuals and families in British Columbia. They include: Income Assistance, Disability Benefits,the Family Maintenance Program, and others.
4. **Best Practices** – The most successful activities and programs of a given sector, (e.g. mental health, homelessness, etc.) gleaned from an extensive review of the best possible evidence available.
5. **Bridging Teams** – Mental Health teams that assist with the discharge of patients from hospital and their transition into the community.
6. **CMHC** – Canada Mortgage and Housing Corporation, the Government of Canada's national housing agency.
7. **Community Response Units (CRU)** – Small teams of outreach health care workers that provide emergency response capacity to the Vancouver Coastal Health Authority mental health system. They assess and work with individuals who are not considered to have a serious and persistent mental health diagnosis.
8. **Community Care Health Centres** – Comprehensive medical centres set up by the Vancouver Coastal Health Authority, encompassing a wide variety of health and community care under one roof. Services include a primary care clinic, infant and childcare, immunizations, nutrition, physiotherapy, and occupational therapy.
9. **Continuum of Housing and Support** – A framework that sets out the essential components of what is needed to address homelessness. It includes: emergency shelters, transition houses, safe houses, transitional housing, supportive housing, independent housing, employment, employment insurance, income assistance, outreach, drop-in centres, health, mental health, substance misuse, and prevention services.
10. **Convalescent Beds** – For the purpose of this document, convalescent beds refer to beds in either a stand-alone facility or as part of another facility such as an emergency shelter, where homeless individuals or those who live in sub-standard housing can convalesce from an illness or hospital stay.
11. **Couch surfing** – A term used to describe temporary, transitory residence with friends or family.
12. **Damp Housing** – See under Wet, Damp and Dry Housing
13. **Detox** – Detoxification units. Safe places where individuals undergo managed withdrawal from alcohol or drugs.
14. **Density Bonus** – A system that allows for variations to zoning in exchange for community amenities or beneficial housing. An example would be allowing a developer to increase the floor space in a development in exchange for some amenity or housing bonus to the community.
15. **Drop-In Centres** –These offer homeless individuals the chance to come in off the street, have a coffee, a meal, take a shower, wash clothes, and obtain counselling and referral to other services. Drop-in centres can provide activities and/or programs to build life skills or increase the quality of life.
16. **Dry Housing** – See under Wet, Damp and Dry Housing
17. **Emergency Shelters** – Provide accommodation to the homeless for up to one month. Sleeping arrangements may be in dormitories, or in shared or single bedrooms. Some shelters can accommodate families, or alternatively, families may be placed in motel rooms. Included

as emergency shelters are youth safe houses and MHR funded SRO beds. Services (e.g. meals, medical aid, rehabilitative and social services, etc.) vary depending on the shelter. Accommodation in most emergency shelters is restricted to individuals who are eligible for BC Employment and Assistance benefits.

18. **Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE)** – Caused by alcohol consumption during pregnancy. Damage to the child occurs over a wide continuum depending on factors such as volume of alcohol consumed and timing during pregnancy. Mild FAS/FAE may result in some loss of IQ, attention deficit disorder, and problems with vision and hearing. Severe FAS can result in severe IQ loss, facial deformities, heart defects, difficulty remembering, deafness, impairment in self-control, reasoning and judgment, as well as lead to a wide range of other physical and mental defects and even to death.
19. **Four Pillar Approach to Drug and Alcohol Misuse** – Contained in a draft framework for a drug strategy for the City of Vancouver. The four pillars are prevention, treatment, enforcement and harm reduction.
20. **Hard To House** – Individuals of all ages who because of their situation or vulnerabilities have difficulty maintaining stable housing and who are therefore at risk for becoming or remaining homeless. Many of these individuals have mental and/or physical health problems.
21. **HARH – Homeless/At Risk Housing** – A part of the Homes BC program which provides housing for individuals who are homeless or at risk of becoming homeless. HARH has been expanded on a pilot basis to include projects that combine transitional housing and emergency shelter beds within a single development or building.
22. **Harm Reduction** - An approach that attempts to reduce harm to the community and to individuals who are involved in alcohol or drug use. It includes services to prevent the spread of illness and to counter psychological, economic and societal harm. Harm reduction includes a range of strategies from total abstinence to providing safe injection sites.
23. **Healing Circles** – A circle run by an individual who has a pipe, does sweat lodge ceremonies, and carries a medicine bundle. The participants must be there by choice and once a circle is started it cannot be broken until all those who want to speak have done so. Healing circles can be used for, among other concerns, the alleviation of oppression, abuse, mental and physical health concerns, and addictions. The teachings are sacred, and a fee cannot be charged.
24. **Health Authorities** – Public bodies created by the *Health Authorities Act* of British Columbia to govern, manage and deliver health services to a defined geographic area under a regional health plan.
25. **HIFIS – Homeless Individuals and Families Information System** - A CMHC pilot initiative designed to assist local authorities with collecting data on homeless shelter clients. The data will identify: the unique characteristics of the shelter population; the services this population uses most frequently; the situations that led to their homelessness; and the types of support and services required. The aim of HIFIS is to enable better planning, monitoring and evaluation of programs.
26. **HOMES BC** –A housing program that was funded by the Province of British Columbia. It supported the construction of affordable non-profit or co-op housing through loans, and provided ongoing subsidies so that low and moderate-income individuals and families can live in these units.
27. **Homelessness** –The United Nations defines two categories of homelessness.
    - **Absolute homelessness** refers to those without any physical shelter. This would include those who are **living rough**, (i.e. outside, in parks or on the beach, in doorways, in parked vehicles, or parking garages), as well as those staying in emergency shelters or in transition houses for women fleeing abuse.
    - **Relative homelessness** refers to the **Homeless at risk**. These are individuals or families whose living spaces do not meet minimum health and safety standards, and do not offer security of tenure, personal safety and/or affordability. Homeless at risk individuals or

families spend more than 50% of their income on housing. The homeless at risk population also includes the **Invisible Homeless**, those who are difficult to quantify, such as individuals who are "couch surfing" (see above).

28. **HRDC Human Resources Development Canada** - A department of the federal government. Included in its programs and activities are Employment Insurance Income Benefits, Human Resources Investment, and Income Security. HRDC reviews all proposals for SCPI funding, and administers the contribution agreements for each project funded.
29. **IDU** – Injection drug users
30. **Independent Housing** – Permanent, affordable housing for individuals who can live independently without need for support services provided in conjunction with the housing.
31. **LIUS** –**Low-Income Urban Singles**. These include working poor, persons on income assistance and pensioners. They make up a large population of the homeless at risk.
32. **Living Rough** – see Homelessness
33. **Lower Mainland Cold/Wet Weather Strategy** – A partnership among service providers, community agencies, health boards, and municipal and provincial governments to increase emergency shelter capacity throughout the region by opening winter-only shelters and creating temporary beds or mats during extreme weather.
34. **Lower Mainland Municipal Association (LMMA)** – A sub-group of the Union of BC Municipalities comprised of municipalities from the Lower Mainland.
35. **Low Income Cut-Offs (LICOs)** – LICOs were developed by Statistics Canada to identify households that would have to spend approximately 20 percentage points more of their income to acquire the basic necessities of food, shelter and clothing than would the average Canadian household. LICOs are considered a measure of poverty.
36. **MCFD** – The British Columbia Ministry of Children and Family Development. Its programs and services include: Child Protection, Guardianship, Family Support, Child and Youth Mental Health, and Community Living for Adults.
37. **Methadone Treatment** – A long-term option for treating heroin addition. Methadone acts as a substitute for heroin. It enables users to stabilize their lives and avoid the side-effects of addiction. Methadone Treatment works best when combined with social and rehabilitative services.
38. **Minimal Barrier –** Access to flexible, non-judgmental service based on need, without restrictions to lifestyle, condition (e.g. intoxicated), eligibility or number of times receiving the service, in a building that is accessible to everyone, regardless of physical condition, while acknowledging that acuteness of health needs, behaviour, or level of intoxication may limit the ability of the provider to give service.
39. **MHR** – The British Columbia Ministry of Human Resources administers BC Employment and Assistance.
40. **Multiple Diagnosis** – (Sometimes called Concurrent Disorders) Refers to the condition where individuals with a long-term mental health diagnosis have one or more other disorders such as a mental handicap, Fetal Alcohol Syndrome, HIV/AIDS or a drug and/or alcohol dependency.
41. **Needle Exchange Program** –A service that provides free, clean needles, needle cleaning supplies and condoms to intravenous drug users and sex trade workers. Client confidentiality is a priority.
42. **Outreach** –A service focused on finding homeless individuals and establishing rapport, with the goal of engaging them in a service(s) they need
43. **Prevention Services** – Programs or services aimed at keeping people from becoming homeless. These include counselling to prevent family breakdown at times of crisis, a rent bank and mediation services to prevent eviction, and advocacy work to protect tenants rights.
44. **Primary Health Care** –Care delivered without the need for referrals. This includes care by a general practitioner, new baby care, nutrition services for certain diseases, care after

discharge from hospital, and the basics: housing needs, water supply and food. There are also three other levels of care:

- Secondary Care is that care delivered by specialists.
- Tertiary Care is the care given by further referral. It is the care delivered at Riverview hospital and by such physicians as heart or neuro-surgeons.
- A fourth level of care refers to such specialties as transplants.

45. **Psychosocial Rehabilitation** – Psychiatric rehabilitation services for those with a serious and persistent mental illness to enable them to manage their illness, compensate for functional defects and participate in community life. These include case management, crisis, social and housing services, vocational rehabilitation, substance misuse treatment and peer and family support.
46. **Refugees** - There are two categories of refugees:
    - **Sponsored Refugees** apply overseas and are 'landed' at the border with official immigration status.
    - **Refugee Claimants** arrive at the border of Canada and make a refugee claim that is then determined by the Immigrant and Refugee Board.
47. **Rent Banks** – A preventative service that provides financial assistance to cover rent arrears in the short-term. Rent banks address the crisis faced by tenants forced to spend significant amounts of their income on rent who then experience unforeseen expenses or loss of income, resulting in the prospect of eviction.
48. **Residential Addiction Treatment** – A residential setting that provides addiction treatment to clients who stay on the premises for a period of time.
49. **Respite Facility** – Provides beds in 24-hour licensed care facilities or in a supported unit for the care of mental health clients who need to be separated for a period of time from their current living situation.
50. **Riverview Hospital** – The provincial tertiary care facility for those with a serious and persistent mental illness who need specialized assessment, diagnosis and treatment
51. **RRAP (Residential Rehabilitation Assistance Program)** – A program of CMHC that provides assistance to landlords owning existing affordable housing or existing rooming houses to enable them to finance mandatory repairs to self-contained units occupied by low income tenants.
52. **Safe Houses** – Provide temporary homes for youth aged 13-18 who require safe overnight accommodation to escape the street, and/or the sex or drug trade. Length of stay varies across the province, ranging from a few days to six months. These facilities are funded by MCFD and operated by community agencies.
53. **SCPI (Supported Communities Partnership Initiative)** – A component of the federal government's National Homelessness Initiative (NHI) to combat homelessness. Through SCPI the government will provide $258 million over three fiscal years, 2003-2006. The National Homelessness Initiative also includes specific funding for Aboriginal people living in urban areas (see below)
54. **Second-Stage Housing** – See transitional housing.
55. **Secondary Suite** – A self-contained suite in a single-family dwelling.
56. **Sexual minorities** – Includes individuals who are gay, lesbian, bisexual, transsexual, transgendered, or questioning.
57. **Shelter Net BC** – An umbrella organization of shelter/hostel providers in BC working to increase shelter capacity throughout the province, and to improve funding for services to the homeless.
58. **SILP – Supported Independent Living Program** – A partnership between the British Columbia Ministry of Health, BC Housing, and provincial Health Authorities. SILP is a supported housing program that enables people with a severe and persistent mental illness to live independently in affordable, self-contained units with the assistance of outreach services.

The Adult Mental Health Division of the Ministry of Health funds the shelter component of SILP, BC Housing administers the rent supplement portion of the program and staff from Mental Health Centres across the province select the participants. The SILP support and case management services are administered through Regional Health Authorities.

59. **Social Housing** – Housing built under federal/provincial or provincial programs, or by a non-profit society, where some or all of the units are made affordable to low and moderate-income tenants. Most of the subsidized units are rent-geared-to-income. In the 1970's social housing, with its mixture of tenants, replaced the old notion of public housing projects occupied solely by those with low incomes.
60. **SRO (Single Room Occupancy)** – Hotels, motel and rooming house rooms renting by the week or month. Typically, SROs are one small room without bathroom or kitchen facilities.
61. **Step-down Facility** – A facility that provides beds to mental health clients leaving hospital to allow them to stabilize and prepare to move on to supported housing.
62. **Supportive Housing** – Affordable housing with no limit on the length of stay. Includes ongoing supports and services to residents who cannot live independently and are not expected to become fully self-sufficient. This form of housing may be located in a purpose-designed building or in scattered site apartments. Added support services may include those that provide skills, training and support with housekeeping, meal preparation, banking support and access to medical care, counseling, referrals, crisis response and intervention.
63. **Transition Houses** – Safe, secure but time-limited housing (30days) for women and children fleeing abuse or for persons leaving addiction treatment. This housing may include safe houses in private family homes and government-funded shelters.
64. **Transitional Housing** – Transitional, time-limited housing where people can remain for 30 days to 2-3 years. Support services are generally provided to help people move towards independence and self-sufficiency. Includes second stage housing for women fleeing abuse, as well as housing for youth and people with addictions.
65. **Wet, Damp and Dry Housing** – Housing stock that is part of the continuum of housing and support for those recovering from addictions who need a place to go upon completion of treatment.
    - **Wet** refers to housing where substance misuse is tolerated and is not considered a reason to bar or discharge the person.
    - **Damp** refers to housing that tolerates substance misuse off-site and provides support to help make the transition to abstinence.
    - **Dry** refers to housing that expects abstinence.
66. **UEL (University Endowme nt Lands)** – A neighbourhood contiguous to but separate from the University of British Columbia. It operates as a local government under the jurisdiction of the Minister of Municipal Affairs.
67. **66. Urban Aboriginal Homelessness (UAH) program** – $45 million has been allocated over three years under the NHI to provide flexibility to meet the needs of homeless Aboriginal people through culturally appropriate services.
68. **Urban Aboriginal Strategy** – This strategy has been renewed and $25 million has been allocated over three years to develop pilot projects in 8 priority urban areas, including Vancouver.
69. **Youth** – For the purpose of this document, youth are usually considered to be between the ages of 16 and 24.
70. **Vancouver Agreement** – A five-year agreement dated March 9th, 2000 between the governments of Canada, British Columbia and Vancouver to cooperate in promoting and supporting sustainable economic, social and community development in the city of Vancouver, focusing initially on the area known as the Downtown Eastside.

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Appendix A: Analysis of Financial Expenditures under Phase One of SCPI

Introduction

During the first phase of funding for Human Resource Development Canada's Supporting Community Partnerships Initiatives (SCPI), $25,061,015 million was directed to projects addressing homelessness in Greater Vancouver.[154] This funding was distributed across six sub-regions to projects addressing the need for both housing and support services for homeless and at-risk persons, as well as research and planning around homelessness.

The framework within which action on homeless has unfolded in Greater Vancouver is the Regional Homelessness Plan. Completed in March 2001, this document set out a series of priorities for responding to homelessness in the region in the areas of housing and support services.[155] The three priorities included in the Plan under the housing category are minimal barrier emergency shelters, transitional housing, and supportive housing. In the area of support services, six priorities were identified: outreach services, drop-in services, health services, mental health services, addiction services, and prevention services.[156] An additional priority for research and planning around homelessness was also noted in the plan.

This document reviews the first three years of SCPI funding (2000-2003) in the Greater Vancouver region. Analysis of SCPI projects and funding is provided in the following areas:

- The distribution of projects across Regional Homelessness Plan priorities
- The distribution of funding across Regional Homelessness Plan priorities
- The distribution of funding across the six Greater Vancouver sub-regions
- The contributions of funding partners
- The outcomes produced by projects

[154] The SCPI funding figures used in this analysis are calculated from the amount that Human Resources Development Canada actually contributed to each project, not on the initial value of project contracts.
[155] The Greater Vancouver Regional Homelessness Plan also notes the importance of adequate income for homeless and at-risk individuals and families, as well as the need for a sufficient stock of permanent affordable housing. Insofar as these priorities fall outside of the scope of the SCPI funding mandate, there have been no projects that have explicitly addressed them.
[156] There were no projects whose primary purpose was to provide health services. Accordingly, this priority has not been included in this analysis.

I. SCPI Projects by Homelessness Plan Priority

The following tables list SCPI funded projects in Greater Vancouver by Regional Homelessness Plan priority. Although the tables classify each project under one of the specific priorities enumerated in the Homelessness Plan, it is important to recognize that the boundaries between these priorities are somewhat fluid. For example, a project listed under the priority of mental health could involve the creation of housing for persons with mental health conditions. Similarly, an emergency shelter may include both emergency beds and transitional housing beds. Given this blurring of the lines between different areas of activity on homelessness, the classification included below links each project with the priority that best describes the *primary* purpose of the initiative in question.

a) Housing Projects

Homelessness Plan Priority	Project Name and Description	Sponsor Organization	Year
Minimal Barrier Emergency Shelter[157] – Year Round (10)	Caring Place, Maple Ridge ▪ purchase and renovate building for new shelter providing 14 emergency beds, 5 transitional housing beds, and a 2 bedroom unit for either emergency or transitional housing	Salvation Army Mountain View Community Church	2001
	North Shore Emergency Shelter ▪ assist with the construction of a year round shelter on the North Shore ▪ the shelter will provide 25 year round beds and 15 seasonal beds	Lookout Emergency Aid Society	2002
	Nova House, Richmond ▪ purchase building to secure a permanent location for the 10 bed transition house for women and children	Chimo Crisis Services Society	2002
	Minimal Barrier Emergency Shelter and Transitional Housing Project, Surrey ▪ purchase land for the construction of a replacement shelter providing 35 emergency beds and 20 transitional housing beds, as well as support services	OPTIONS Services to Communities Society	2000
	Minimal Barrier Emergency Shelter and Transitional Housing Project, Surrey ▪ construct the above described shelter	OPTIONS Services to Communities Society	2001
	Fifth and Yukon Shelter, Vancouver ▪ capital costs for the construction of a new shelter providing 36 emergency beds, 25 seasonal cold wet weather beds, 37 units of transitional housing, as well as a range of support services	Lookout Emergency Aid Society	2000

[157] The Greater Vancouver Homelessness Plan identified *minimal barrier* emergency shelters as a priority for action on homelessness. The projects listed here have been included under this priority because they involve action on emergency shelters. However, the degree to the *minimal barrier* component of the Plan priority has been satisfied varies by project.

	Covenant House, Vancouver ▪ add 4 beds to existing shelter for youth ▪ renovations to support expansion	Covenant House Vancouver	2000
	St. Elizabeth Home, Vancouver ▪ capital funding for a shelter for women and children providing 32 emergency beds and 12 transitional beds, as well as outreach and support services	St. James Community Service Society	2001
	Dunsmuir House Replacement Facility, Vancouver ▪ assist with capital costs for the construction of a new shelter providing 84 emergency beds and 102 transitional housing beds, as well as support services	Salvation Army	2002
	Fineday House Enhancement, Vancouver ▪ renovate and improve existing facility	VI Fineday Family Services Society	2002
Minimal Barrier Emergency Shelter[158] – Seasonal (10)	Caring Place, Maple Ridge ▪ provide 30 seasonal beds until the completion of renovations at the year round shelter	Salvation Army Mountain View Community Church	2002
	Harvest Project, North Shore ▪ provide 20 seasonal beds for the North Shore (until a year round shelter facility is available)	Save the World Foundation	2000
	North Shore Cold Wet Weather Shelter ▪ provide 25 seasonal beds for the North Shore (until a year round shelter facility is available) ▪ provide a variety of support services	Lookout Emergency Aid Society	2001
	North Shore Cold Wet Weather Shelter ▪ provide 25 seasonal beds for the North Shore (until a year round shelter facility is available) ▪ provide a variety of support services	Lookout Emergency Aid Society	2002
	Aboriginal Youth Safehouse, Vancouver ▪ rent and furnish a house to provide 10 seasonal beds and 5 transitional housing beds for youth	Urban Native Youth Association	2000
	Marpole Shelter, Vancouver ▪ continue to provide 50 seasonal beds (until a year round shelter facility is available) ▪ enhance support services available at existing shelter	Lookout Emergency Aid Society	2000
	The Umbrella, Vancouver ▪ create 16 seasonal beds for women ▪ provide a variety of support services	St. James Community Service Society	2000

[158] See footnote 4 above.

	Marpole Shelter, Vancouver ▪ continue to provide 50 seasonal beds (until a year round shelter facility is available) ▪ provide a variety of support services	Lookout Emergency Aid Society	2001
	The Umbrella, Vancouver ▪ create 20 seasonal beds for women ▪ provide a variety of support services	St. James Community Service Society	2001
	The Umbrella, Vancouver ▪ create 20 seasonal beds for women ▪ provide a variety of support services	St. James Community Service Society	2002
Transitional Housing (9)	Cliff Block, New Westminster ▪ purchase building to preserve housing ▪ create 16 transitional housing beds and 7 supportive housing beds	Lookout Emergency Aid Society	2000
	W.I.N.G.S. Second Stage Project, New Westminster ▪ purchase house to create an 11 bed second stage transition house for women and children	W.I.N.G.S. Fellowship Ministries	2000
	Cliff Block, New Westminster ▪ operate 26 transitional housing beds and 7 supportive housing beds	Lookout Emergency Aid Society	2001
	North Shore Youth Safehouse ▪ create and operate youth safehouse on the North Shore providing 12 transitional housing beds	St. James Community Services Society	2002
	A Place to Sleep, Something to Eat, and Someone Who Cares, Vancouver ▪ renovate existing sub-standard housing units to create 4 transitional housing beds for young women in the sex trade	Prostitution Alternatives Counselling & Education	2000
	Powell Street Rooming House, Vancouver ▪ purchase Sakura So rooming house to preserve housing ▪ create 38 transitional housing beds	Lookout Emergency Aid Society	2000
	Princess Rooms, Vancouver ▪ purchase existing single room occupancy hotel to create 47 transitional housing beds for high risk homeless persons ▪ provide a variety of support services	Triage Emergency Services	2000

	YWCA Crabtree Corner and Sheway Redevelopment, Vancouver ▪ predevelopment activities for the creation of a new combined space for Crabtree and Sheway programs to replace existing buildings	YWCA	2000
	YWCA Crabtree Corner and Sheway Redevelopment, Vancouver ▪ capital costs for the new site for Crabtree and Sheway programs (including 12 new transitional housing units)	YWCA	2002
Supportive Housing (1)	Restoration of the Pennsylvania Hotel, Vancouver ▪ renovate existing vacant building to preserve housing, and to create 44 supportive housing units	Portland Hotel Society	2000

b) Support Services Projects

Homelessness Plan Priority	Project Name and Description	Sponsor Organization	Year
Outreach (4)	Outreach worker, New Westminster ▪ hire outreach worker to provide support, referrals, and interventions to clients accessing the Garfield Hostel	Salvation Army (New Westminster)	2000
	First Baptist Outreach, Vancouver ▪ hire outreach worker to provide follow-up advocacy, referrals, and consistent management of the existing shelter	First Baptist Church	2000
	Triage Outreach, Vancouver ▪ hire additional outreach workers to provide a variety of supports to homeless and at-risk individuals	Triage Emergency Services	2000
	First Baptist Outreach, Vancouver ▪ hire outreach worker	First Baptist Church	2002
Drop-In (3)[159]	The Front Room Drop-In Centre, Surrey ▪ renovations to accommodate increasing usage of Centre services ▪ hire support workers	South Fraser Community Services Society	2000

[159] In addition to the three drop-in projects listed here, Family Services of Greater Vancouver initially received $175,000 from the Regional Steering Committee on Homelessness for the Dusk to Dawn Youth Resource Centre, a project that also received $825,000 from the Youth Sub-Committee on Homelessness. Due to community concerns, parts of the Dusk to Dawn project have been withdrawn, resulting in a corresponding reduction in the amount of funding delivered to Family Services for this project to $280,000. The remaining funds have been reallocated to other homelessness projects, resulting in a number of changes to individual project funding amounts. Funding changes due to this recent round of reallocations are not reflected in this roll-up analysis.

	The Front Room Drop-In Centre and the Gateway Emergency Shelter, Surrey ▪ purchase of existing society building housing the drop-in centre, shelter, and other programs and services	South Fraser Community Services Society	2002
	Programs for Independence, Vancouver ▪ enhance staffing and conduct renovations and site improvements to existing youth support service facility	Family Services of Greater Vancouver	2001
Mental Health (4)	Fraserdale House, Burnaby ▪ purchase of 10 bedroom house for short-term, supported housing for mental health clients	Fraserside Community Services Society	2001
	Ibsen House, New Westminster ▪ purchase of 5 suite house for supportive housing for mental health clients	Fraserside Community Services Society	2000
	Calcutt House, Port Coquitlam ▪ purchase of fourplex (four two bedroom apartments) for supportive housing for mental health clients	Fraserside Community Services Society	2002
	Dual Diagnosis Assertive Community Outreach Team Pilot Project, Vancouver ▪ initiate specialized dual diagnosis component to the existing outreach program providing case management	Triage Emergency Services	2001
Addiction Treatment (2)	Purchase of Existing Julien House building, New Westminster ▪ purchase of leased premises to provide a permanent, stable home for existing program	Julien House Society	2002
	Phoenix Drug and Alcohol Centre, Surrey ▪ purchase of leased premises to provide a permanent, stable home for existing program	Phoenix Drug and Alcohol Recovery and Education Society	2002
Prevention (2)	Seniors' Client Outreach, New Westminster ▪ hire client outreach worker	Seniors Housing Information Program	2000
	Seniors' Client Outreach, New Westminster ▪ hire client outreach worker ▪ conduct research on homeless and at-risk seniors in Greater Vancouver	Seniors Housing Information Program	2001

c) Research and Planning Projects

Homelessness Plan Priority	Project Name and Description	Sponsor Organization	Year
Research/ planning (12)	Burnaby Homelessness Plan ▪ created a Homelessness Plan	Progressive Housing Society	2000
	Greater Vancouver Homelessness Plan ▪ created a Homelessness Plan	Greater Vancouver Regional District	2000

	Langley Homelessness Plan ▪ created a Homelessness Plan	Langley Stepping Stone Rehabilitative Society	2001
	Richmond Homelessness Plan ▪ created a Homelessness Plan	City of Richmond	2001
	Surrey Homelessness Plan ▪ created a Homelessness Plan	Surrey Social Futures Society	2001
	Surrey Homelessness Plan Implementation Strategy ▪ hire implementation strategist	Surrey Social Futures Society	2002
	Tri-Cities Homelessness Plan ▪ created a Homelessness Plan	SHARE Family and Community Services Society	2000
	Feasibility Study, Vancouver ▪ study on implementing an intervention program targeted at homeless, street involved urban aboriginal youth	Urban Native Youth Association	2000
	Implementation of HIFIS system in shelters ▪ purchase computer systems for shelters in Greater Vancouver to better coordinate the collection of data on homelessness	Shelter Net BC Society	2001
	Greater Vancouver Regional Coordinator for Shelter Providers ▪ hire coordinator to develop a network between shelters in Greater Vancouver	Shelter Net BC Society	2002
	Extreme Weather Preparedness Planning for Greater Vancouver Communities ▪ increase capacity to respond to additional needs during extreme weather conditions	South Fraser Community Services Society	2002
	Administration, coordination and evaluation of the Regional Steering Committee on Homelessness	Social Planning and Research Council of BC	2002

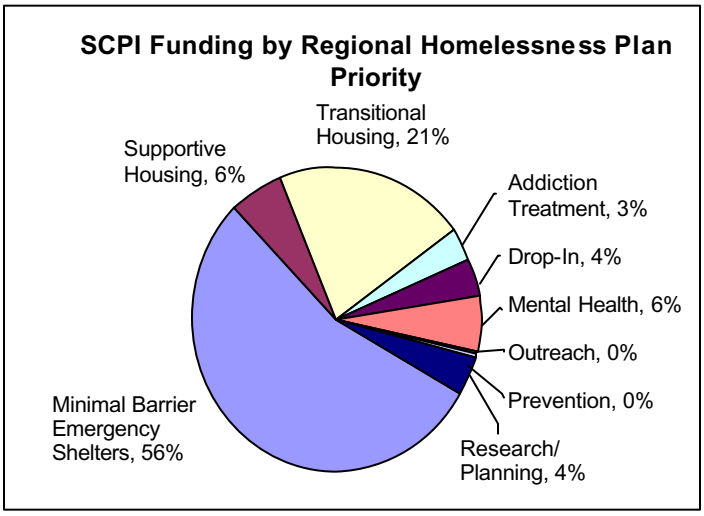
The above tables illustrate that the majority of SCPI projects in Greater Vancouver have involved the creation and/or maintenance of various forms of accommodation for homeless individuals and families, and those at high risk of homelessness. A total of 30 projects have addressed priorities in the area of housing, compared to 15 in support services, and 12 research and planning initiatives.

II. Distribution of SCPI Funding by Homelessness Plan Priority

As noted above, the total amount of funding provided by Human Resources Development Canada to phase one SCPI projects in Greater Vancouver was $25,061,015. The table and chart included below illustrate how this funding was distributed across the nine Regional Homelessness Plan priorities that fall within the funding mandate of the SCPI program, and on which some action has been taken between 2000 and 2003.

Homelessness Plan Priority	Amount of SCPI Funding[160]
Minimal Barrier Emergency Shelters	$13,755,816
Transitional Housing	$5,367,534
Supportive Housing	$1,540,000
HOUSING TOTAL	**$20,663,350**
Outreach Services	$116,892
Drop-In Services	$905,719
Mental Health Services	$1,428,141
Addiction Services	$843,500
Prevention Services	$81,459
SUPPORT TOTAL	**$3,375,711**
RESEARCH/PLANNING TOTAL	**$1,021,954**
Total SCPI Funding	**$25,061,015**

As the above table clearly indicates, the vast majority of phase one SCPI funding has been directed to projects addressing the three housing priorities of minimal barrier emergency shelters, transitional housing, and supportive housing – a fact that underlines the immediacy of the need for accommodation within Greater Vancouver. Fully 83% of SCPI funding has been distributed to projects creating additional capacity, or improving existing capacity, in housing.



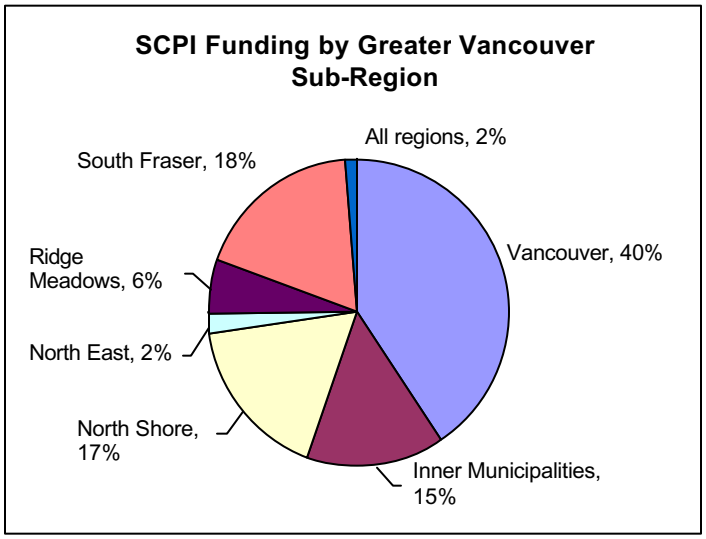
A combined total of 13% of SCPI funding has gone towards the provision of support services, with close to half being directed to the four mental health services projects that have been undertaken in Greater Vancouver. Outreach and prevention services have been very small components of SCPI project funding during phase one.

Twelve research and planning projects received SCPI funding in Greater Vancouver. The overall amount of funding directed towards this area is proportionately small – only 4% of all SCPI funding for the region.

[160] As per footnote 6 above, there may be some differences between the funding totals listed in this report, and the actual amounts of funding delivered to homelessness projects by Human Resources Development Canada. These discrepancies are due to the recent reallocation of funding originally delivered to Family Services of Greater Vancouver for the Dusk to Dawn Youth Resource Centre.

III. SCPI Funding by GVRD Sub-Region

SCPI funding was distributed across six sub-regions: Vancouver, the Inner Municipalities (Burnaby, New Westminster, Richmond), the North Shore, the North East (the Tri-Cities – Coquitlam, Port Coquitlam, Port Moody), Ridge Meadows (Maple Ridge, Pitt Meadows), and South Fraser (Delta, Langley, Surrey, White Rock). The follow charts outline how SCPI funding was distributed across these regions.



As is apparent from the chart to the left, the City of Vancouver received the most funding among the six Greater Vancouver sub-regions (40%). This is unsurprising given that Vancouver is home to the largest percentage of income assistance recipients in BC, as well as the well-documented crisis situation confronting low income residents of the downtown eastside.

Within the Inner Municipalities sub-region, the majority of funding has gone to New Westminster (10%), with Richmond receiving 3% and Burnaby 2%. In the South Fraser Region, virtually all funding has gone towards projects in Surrey, with a small amount being directed to a research and planning initiative in Langley.

In the above chart, the category 'All Regions' refers to projects whose application extends beyond the homeless or at-risk population within any specific sub-region. Half of the projects that addressed the research and planning priority identified by the Regional Homelessness Plan fall within this category.

IV. SCPI Funding Partners

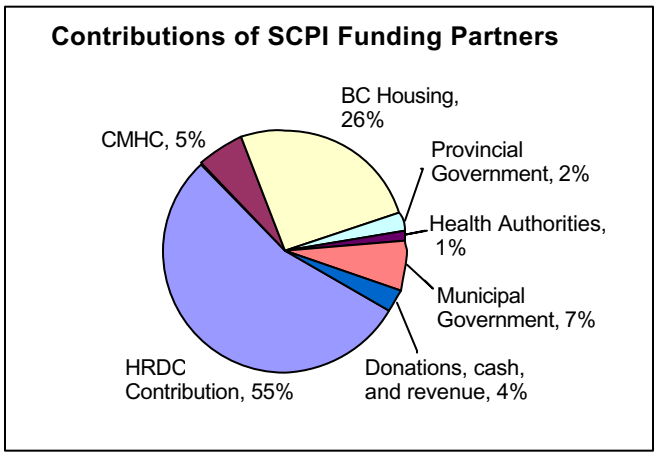
As noted above, the total contribution of Human Resources Development Canada to SCPI projects in Greater Vancouver was $25,061,015. In addition to this amount, individual SCPI projects successfully leveraged an additional $20,634,642. This brings the total investment in the first phase of SCPI to $45,695,657.[161]

Funding Source	Funding Amount	Percent
HRDC Contribution	$25,061,015	54.8%
BC Housing*	$11,851,478	25.9%
Municipal government (land and cash)	$3,021,964	6.6%
Canada Mortgage and Housing Corporation	$2,509,000	5.5%
BC Ministry of Human Resources**	$1,081,153	2.4%
Applicant Cash***	$642,593	1.4%
BC Health Authorities	$618,112	1.4%

[161] These figures do not include $16,449,920 contributed to the Salvation Army Dunsmuir House project by the applicant. This sum was generated through the sale of the facility that previously housed the Dunsmuir House shelter. It has not been included because the disproportionate size of this one-time, unique contribution does not provide an accurate indication of the financial resources leveraged by SCPI projects as a whole.

Foundations and charities	$455,189	1.0%
In Kind (from applicant)****	$316,371	0.7%
Donations	$80,439	0.2%
In Kind (donations)****	$36,010	0.1%
Revenue (from project activities)	$10,000	-
BC Provincial government (other Ministries)	$7,000	-
Private Sector	$5,333	-
TOTAL	$45,695,657	

* The amount included for BC Housing covers capital funding delivered to several phase one SCPI projects, as well as $2.3 million in annual operational funding. For the purposes of this report, BC Housing operational funding has only been included for the 2002-2003 year of the SCPI program. However, it is important to note that there may be some projects that received operational funding in 2000-2001 and 2001-2002. BC Housing has committed to providing operational funding for 35 years.
** Includes funding delivered by the previous Ministry of Social Development and Economic Security (MSDES), now the Ministry of Human Resources.
*** As indicated in footnote 8 above, the applicant cash total does not include $16,449,920 contributed to the Salvation Army Dunsmuir House project by the applicant.
**** In kind support is likely significantly underreported insofar as it is difficult for many organizations to accurately quantify all of the in kind support they provide. The above chart includes only in kind support reported through the SCPI process.



For the purposes of the chart on the left, some funding sources listed in the above table have been grouped together. The category 'Donations, cash, and revenue' includes cash and in kind resources provided by project applicants, funding from foundations and charities, and any remaining cash or in kind donations. The category 'Provincial government' includes funding from the Ministry of Human Resources and other provincial government Ministries.

The above table and chart indicate that the province has been an important SCPI partner, providing a combined total of 28% of funding for phase one projects. The majority of provincial funding – over $11.8 million – was delivered through BC Housing, a crown corporation that develops, manages and administers a wide range of subsidized housing options across the province.

In addition to the significant financial contributions delivered through Human Resources Development Canada, another source of funding at the federal level was the Canada Mortgage and Housing Corporation (CMHC). The CMHC is an organization that advances housing quality, affordability, and choice through a variety of program areas.

The CMHC funding listed in the chart was delivered to SCPI projects under the auspices of the Canada-BC Affordable Housing Agreement. In addition to this funding, CMHC provided additional financial support to projects through two other housing assistance programs, the Shelter Enhancement Program and the Residential Rehabilitation Assistance Program. This additional funding totaled approximately $1,424,000.

V. Project activities and outcomes

a) Housing

The housing projects funded by SCPI in the Greater Vancouver region involved a number of different activities, including purchasing land, securing appropriate permits and licenses, construction and/or renovation of facilities, and enhancement of the services/amenities available through housing projects. In addition, these housing initiatives succeeded in addressing the diverse clientele in need of temporary shelter assistance, including youth, aboriginal persons, women, persons with issues around addictions, and persons with mental health issues.

Projects addressing the Regional Homelessness Plan housing priorities of minimal barrier emergency shelters, transitional housing, and supportive housing resulted in the creation of a number of new shelter beds for homeless or at-risk individuals and families. In Greater Vancouver, the 30 housing projects initiated between 2000 and 2003 created additional capacity in each of these three areas.

Number of new Year Round Emergency Shelter beds: 242[162]

Emergency shelters provide persons in immediate need of accommodation with a place to live for up to 30 days. In addition to basic clothing, food, and hygiene services, many emergency shelters provide various additional supports to residents, including counselling, assistance with job and apartment searches, access to health care services, access to a fax/phone, transportation assistance, and so on. Although residents' tenure at emergency shelters is typically up to 30 days, some permit flexibility in terms of length of stay according to individual needs.

A subset of emergency housing is transition houses that serve women and children escaping abusive situations. They offer refuge and shelter and provide specific counselling and advocacy services. Two projects created first stage transition housing for women and children for a total of 42 emergency beds.

Number of new Seasonal Emergency Shelter beds: 195[163]

Seasonal emergency shelter beds are only available for all or part of the cold wet weather season of November 1 to March 31. The number of seasonal shelter beds created with the assistance of SCPI funding is difficult to count for two reasons. First, since the number of seasonal beds is dependent on the amount of funding available each year, capacity in this area is not static. In some instances, SCPI funded shelters reported that they would like to expand their services to include cold wet weather beds, but the financial capacity to implement this plan remains uncertain.

Second, some shelters funded during the first phase of SCPI provided seasonal cold wet weather beds as an interim measure while year round shelters were unavailable. These interim beds are now no longer available, having been replaced by year round shelter beds.

[162] One facility has a two bedroom unit that can be used for either emergency shelter or transitional housing. To date, project representatives report that the unit has been used on an emergency basis, so these two beds have been included in the year round emergency shelter bed total.

[163] This includes the number of beds created by individual projects across all of years of operation. For example, although the North Shore Emergency shelter project created 25 cold wet weather beds in each of 2001 and 2002, only the 25 beds sustained by the project across each year of its operation are included in the total provided here.

The Marpole Shelter operated 50 cold wet weather beds in 2000 and 2001. These beds were replaced when the Yukon Shelter opened in April 2003 offering 36 year round emergency beds and 25 seasonal cold wet weather beds.[164]

The North Shore Task Force created cold wet weather beds as an interim measure while working towards the creation of a year round shelter for the North Shore.[165] In 2000, these beds were operated by the Save the World Foundation through the Harvest Project. In each of 2001 and 2002, the number of cold wet weather beds increased to 25, and they were operated by the Lookout Emergency Aid Society.

Number of new Transitional Housing beds: 321

Transitional housing is a combination of services and accommodation the goal of which is to provide stability and foster self-reliance and self-sufficiency. Residents have access to a range of services provided on site or through partnering agencies, including substance abuse treatment, financial counselling, employment assistance, and so on. The tenure of transitional housing is usually up to two or three years.

A total of 102 transitional housing beds were created by a single project – the Salvation Army Dunsmuir House shelter. This project received significant cash support from the applicant organization – over $16 million – as a result of the sale of the building previously housing the shelter. In evaluating SCPI outcomes, it is important to recognize that the large number of transitional housing beds created in Greater Vancouver is partly due to this large, one-time funding contribution.

Second stage transition housing for women and children fleeing violence is a subset of transitional housing. Two projects addressing the priority of transitional housing created a total of 17 transition house beds. One project that created 4 transitional housing beds in year one of SCPI has now closed. The total of 321 beds created includes these four units.[166]

Number of new Supportive Housing beds: 51

Supportive housing is defined as housing with some form of support component provided on site or through partnering agencies. Housing of this type is typically intended for people with some form of chronic ailment or disability who cannot live independently in the community. The tenure of supportive housing may be long-term, or even permanent.

b) Support Services

The 15 support services projects that received SCPI funding in Greater Vancouver included activities that ranged from purchasing land to construct new service delivery facilities, renovating existing facilities, enhancing existing support service provision, and hiring new or additional support service workers.

Housing activities were also a component of some projects initiated under various support service priorities identified in the Greater Vancouver Regional Homelessness Plan. Some of these projects have created new accommodation, while others involved the purchase of leased buildings in order to secure

[164] The Yukon shelter also provides 37 units of transitional housing.
[165] Funding now has been received for the construction of the year round North Shore shelter, and development is beginning. It is hoped that the year round shelter will be open for winter 2003.
[166] As per footnote 7, there are two beds that have been included in the year round emergency shelter bed count that could also be used for transitional housing.

permanent homes for existing programs. Building purchases also permitted organizations to redirect money previously spent on lease/rental fees to program and service delivery and/or enhancement.

Most notable with respect to building purchases are several new housing projects that provide emergency, transitional, or supportive accommodation for persons with mental health or addiction treatment issues. However, some housing capacity has also been created under the priority of drop-in services.

Drop-In Services

- The 2002 Front Room Drop-In Centre and Gateway Emergency Shelter project of the South Fraser Community Services Society involved the purchase of the existing leased building housing the centre and shelter in order to ensure a permanent home for these programs. The Gateway shelter has provided 36 cold wet weather beds for women and men since 1997.

Mental Health Services

- In 2000, Fraserside Community Services Society received SCPI funding for the purchase of a 5 suite house in New Westminster to provide supportive housing for mental health clients.
- In 2001, SCPI funding was awarded to Fraserside Community Services Society for the purchase of a 10 bedroom home in Burnaby. Fraserdale House provides short-term accommodation and support services to mental health clients.
- Fraserside Community Services Society received SCPI funding in 2002 for the purchase of Calcutt House, a fourplex (four 2 bedroom apartments) in Port Coquitlam that provides supportive housing to mental health clients.

Addiction Treatment Services

- The 2002 Phoenix Drug and Alcohol Recovery and Education Society project involved the purchase of the leased property currently housing the Drug and Alcohol Centre in order to establish a permanent, stable home for the existing program. The Centre provides 10 beds for men recovering from drug and alcohol misuse.
- SCPI funding for the Julien House Society in 2002 went towards the purchase of the existing leased site providing 9 beds to women recovering from substance abuse. Once a permanent, stable home has been established for the existing program, the Society hopes to expand.

c) Research and planning

Of the 12 research and planning projects funded by SCPI in Greater Vancouver, seven involved the production of reports on homelessness within specific areas, including the Greater Vancouver Region, Burnaby, Langley, Richmond, Surrey, and the Tri-Cities. Two other projects involved the development of a network among shelters, and the implementation of HIFIS (Homeless Individual and Family Information System) in shelters across Greater Vancouver. The remaining research and planning initiatives involved various administration, planning, and program development activities.

Appendix B: Participants in Sub-regional Workshops, Kitchen Table Discussions, and Youth Focus Group

Overview of Participants in Sub-Regional Workshops

Sub-region	Total	Target Groups													Sectors	
		Women	Women with Children	Families	Men	Immigrants/Refugees	Health	Mental Health	Addictions	HIV/AIDS	Youth	Seniors	Municipal Gov't	Provincial Gov't	Housing	Community
Burnaby / New Westminster	10		2	3	1			1		1	1	2	2			1
Cold Wet Weather Strategy	6		3												3	
North Shore	14	2	1		2		1	1			5		4			2
Langleys	6	2	1	1	1			1						2	1	
Richmond	11	3			2				1	1		1	1	1	1	2
Ridge Meadows	6	1			1								2	1	1	1
Surrey / Delta / White Rock	5	1			1			1					1			2
Tri-Cities	7			2	1			2	2				1	1		
Vancouver General	15	1		2		1		2			4	1	2		3	1
Vancouver Downtown Eastside	14	4		1	1			3	4				1		2	1
TOTAL	**94**	**14**	**7**	**9**	**10**	**1**	**1**	**11**	**7**	**2**	**10**	**4**	**14**	**5**	**11**	**10**

Overview of Participants in the Youth Focus Groups

Youth Focus Groups	Total
Vancouver	25
Burnaby / New Westminster	3
Surrey / Delta / White Rock	17
Tri-Cities	13
Aboriginal	9
Female	5
North Shore	
Langleys	
Richmond	
Ridge Meadows	
TOTAL	72

Youth Stakeholder Workshop	48

Overview of Participants in Kitchen Table Discussions

Sub-region	# of Kitchen Tables	# of Participants	Gender		Target Group									
			Men	Women	Families	Women & Children	Aboriginal People	Special Needs	Seniors	Mental Health	Immigrants &Refugees	Addictions	Trans-gendered	Youth
Burnaby / New Westminster														
North Shore														
Langleys														
Region-Wide	1	6	4	2				X	X					
Richmond														
Ridge Meadows	1	5	3	2	X	X	X		X	X	X			
Surrey / Delta / White Rock	2	25	21	4			X	X	X	X		X		
Tri-Cities														
Vancouver General	2	15	14	1			X	X	X	X	X	X		
Vancouver Downtown Eastside	7	53*	25	25			X	X	X	X	X	X	X	X
TOTAL	13	104	67	34										

Note: Most kitchen tables included people in more than one target group.

*Three participants identified as transgendered and therefore their numbers are not reflected in the gender breakdown.