

SURREY  
VULNERABLE  
WOMEN  
GIRLS +  
RESEARCH  
PROJECT

**In Their Own Words.** A service and housing needs assessment for vulnerable women and youth in Surrey.

Funded by:



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Women and Girls Working Group  
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## vulnerable

“being susceptible to risk factors and vulnerable populations are those that do not have equitable access to protective factors and societal resources that lead to resiliency”<sup>1</sup>

<sup>1</sup> Pruegger, VJ & Richetr-Salamons, S. (2012).





# In Their Own Words

This research project has resulted in a wealth of input and ideas from the 50 women and female youth and 12 service providers in Surrey who participated in a focus group or interview from November 2014 to February 2015. The women and youth who participated in the study are either currently living on the street, have recently exited a street engaged life, or have stabilized and are moving on in their lives. The service providers are front-line staff who work with these populations. The findings are presented in detail in the body of the report. The following list of emerging themes has been drawn from the full report and provides a synopsis of the content.

## Central Themes

### STIGMA

Stigma and discrimination are common barriers for accessing services in Surrey for women and female youth who are street engaged, dealing with addictions and/or mental illness, and participating in the sex trade. Participants report that professional staff in many services in Surrey need more training for working with street engaged populations, especially doctors, nurses, emergency responders, police officers and government ministry workers.

### SAFETY

Participants report that life on the streets in Surrey is not safe for vulnerable women and female youth. They suggest that safe, women only drop-ins are needed, especially at night-time in Surrey. Access to free emergency cell phones and more outreach workers and police officers who have received training on how to work with vulnerable women and youth on the street are also needed to improve street safety.

### MENTAL HEALTH

Accessing mental health services and trauma counselling is very important for many women and female youth who wish to leave a street engaged life or exit prostitution. Many focus group participants report that childhood trauma and/or ongoing violence and abuse have had a significant and ongoing impact on their lives. Service providers also report high levels of trauma related conditions and mental health concerns in the female street-engaged population. Both participants and service providers feel that the trauma and mental health concerns need to be addressed through counselling and therapy to support positive transformation and stabilization. Unfortunately focus group participants report having great difficulty accessing mental health and counselling services in Surrey in a timely manner. Youth are also finding it very difficult to access free/low cost trauma counselling and mental health services.

Focus group participants and service providers also suggested that mental health services be provided “in community” in more informal settings rather than at the Surrey Mental Health offices. They feel this may help people who recently have been street engaged to access those services more successfully.



## **ADDICTIONS**

There are a range of effective addictions services in Surrey, and many focus group participants report good experiences using these services; however, waitlists and gaps in between services (detox, treatment and recovery) reduce the successes for women who are struggling with addictions. Inadequate or short term housing also creates challenges for women who are attempting to stay clean and sober.

Many of the focus group participants report struggling with both mental illness and addictions. Unfortunately, participants and service providers report concurrent disorder treatment in Surrey is limited, and women are often referred to services outside of the City.

Some unlicensed and unregulated recovery houses in Surrey are unsafe for women and can challenge the recovery process. There are reports of drug sales, the pushing of pharmaceuticals, overcrowding and sexual exploitation in some of these houses. Women report losing a month's rent and being kicked out for minor infractions. Lack of adequate food has also been reported.

## **HOUSING**

For most of the participants housing has been an ongoing challenge for them as they have stabilized their lives. A range of housing options are needed in Surrey including: basic affordable housing for people with low income, transitional housing with basic life skills training for women and learning to live on their own, low barrier housing for women who are still using, drug free environments for women who are clean and sober, and safe and supported housing for women dealing with mental illness and concurrent disorders.

Vulnerable youth in Surrey face even tougher housing challenges. There is one youth safe house in Surrey for youth under 19 years and stays are time limited. Some youth focus group participants who are receiving services in Surrey are living at the safe house in Maple Ridge.

When youth are transitioning out of foster care many do not have the life skills to find and maintain housing. They suggest that transition housing where youth could learn gradually to become independent would be really helpful. Landlords are often hesitant to rent to youth.

## **ABORIGINAL SERVICES**

Aboriginal focus group participants report that Aboriginal services and Aboriginal staff in mainstream organizations can make a significant difference for Aboriginal women who are seeking to transform their lives. Surrey has very limited options for Aboriginal women seeking assistance within their cultural framework. The Aboriginal population in Surrey is growing and the need for this type of service is growing as well.

## **NAVIGATING THE SYSTEM**

Both women and youth participants talked about their need for assistance in navigating bureaucratic systems and understanding what their options for service and supports are. They expressed frustration about trying to access information about services, the conditions they may be grappling with (mental health and addictions), and the supports available to them. Providing in person support and also training for accessing information on line would both be helpful.

## **ONGOING SUPPORT**

Developing supportive relationships with peers and support workers is an important part of the healing process for women and youth who are stabilizing. Peer support groups and ongoing support from a counselor, support worker, youth worker or social worker has been essential for most of the participants, especially youth, who have achieved stability in their lives. Building relationships can start at drop-ins and through outreach and continue on through the healing process.

## **YOUTH TRANSITIONING TO ADULTHOOD**

Youth aged 19 – 25 report often getting caught in the gap between youth and adult services. They say they need additional support to navigate the transition to adulthood.

## **EDUCATION AND JOB PLACEMENT**

After leaving a street-engaged life and making positive changes women and youth who would like to maintain their newly found stabilization require education, job training and job placement. Many of the focus group participants talked about their need to finish high school or get some job training before looking for work. Low cost options, financial resources, and ongoing support are needed to make education and job training and placement successful options. Attaining economic stability is a fundamental piece of the process and will help ensure that the positive changes achieved become permanent.

“For most of the participants housing has been an ongoing challenge for them as they have stabilized their lives.”

## DEFINITION

For the purpose of this project the term vulnerable has been defined as “being susceptible to risk factors and vulnerable populations are those that do not have equitable access to protective factors and societal resources that lead to resiliency”.<sup>1</sup>

The participants selected for the focus groups were from one or more of the following subpopulations:

- ▶ HOMELESS
- ▶ SEX WORKERS
- ▶ DEALING WITH A MENTAL ILLNESS OR UNTREATED TRAUMA
- ▶ DEALING WITH ADDICTION
- ▶ LIVING IN POVERTY
- ▶ FLEEING DOMESTIC VIOLENCE  
(Intimate partner or parental)

<sup>1</sup> Pruegger, VJ & Richetr-Salamons, S. (2012).

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# Introduction

The Surrey Vulnerable Women and Girls (SVWG) Working Group was formed in 2013 to collaboratively understand and address the needs of vulnerable females in Surrey. For this project Working Group members wanted to understand the housing needs and service gaps of vulnerable women and girls in Surrey. The Working Group sought funding from the Surrey Homelessness and Housing Society to conduct a small research project. With funds successfully secured from the Society the Working Group hired social planning consultant, Michelle Ninow to design and conduct the housing needs and service gaps research project.

This report presents the findings from the research project. It focuses primarily on the feedback received from women, female youth, and service providers who work with vulnerable women and girls in Surrey. Their feedback has been organized into central themes and is supported by some contextual information, but hopefully their voices will shine through in the report and provide the reader with a clear understanding of their perceptions and lived experience.

## Project Methodology

The research was conducted using a series of focus groups and interviews from November 2014 to February 2015 as indicated in the table below.

PARTICIPANT GROUP	MEETING LOCATION	NUMBER OF PARTICIPANTS
Women – Focus Group	OWL at Positive Haven (Lookout Society)	8
Women – Focus Group	Cornerstone Drop-In (E. Fry Society)	11
Women – Focus Group	Ellendale (E. Fry Society)	9
Female Youth – Focus Group	Guildford Youth Resource Centre (Pacific Community Resource Society)	8
Women – Focus Group	Whole and Complete Women of Value	14
Social Service Sector Professionals – Focus Group	City of Surrey	10
RCMP - Interview	Surrey RCMP Detachment	1
BC Housing - Interview	Telephone	1
		TOTAL 62

The focus groups were developed by the researcher in co-operation with the host organizations, and the SVWG Working Group. The host organizations contacted the potential participants, reviewed the proposed focus group questions and suggested changes to ensure the participants were respected in the process. Host organization staff also sat in on the focus group to ensure the participants felt comfortable and safe, they provided contextual information and they assisted participants who became emotionally “triggered” when responding to the questions. They were also available for participants after the focus group, in case they needed to debrief.

In total 5 focus groups were held, one of which was for youth. The focus groups were held in locations that participants were familiar with and where they felt comfortable. Participants received a \$20 honorarium for participating in a

focus group. They also received transit tickets and childcare was offered but it was not needed for any of the focus group participants. A meal was served at each focus group as well.

Participants for the professionals focus group were identified by members of the SVWG Working Group. They were asked to suggest potential participants who worked on the frontline in Surrey with vulnerable women and girls.

In April 2015 a follow up session was held to for participants to provide feedback about the report findings. Additional comments from this session have been incorporated into the document.

The focus group questions, a list of the organizations which provided professionals for the focus group and the interviews, and a list of relevant literature can be found in the Appendices.



# In Their Own Words

“When staff do not seem to be able to relate to my life experience they can’t really help me.”

– Focus group participant



## Research Findings

In this section the experiences, opinions and ideas of women and female youth in Surrey, as shared in the 5 focus groups, are presented. The participants are at a range of places in their stabilization process. Some have exited the sex trade, gone through drug treatment and started a new life years ago. For other participants the process is relatively recent and for others they are just starting the process or still “street engaged”. The variation in perspective will be evident in the comments. Some of the points may even seem to contradict each other and the reader should keep in mind that the differences reflect the individual nature of each participant’s experiences.

The ideas and thoughts that are presented in this report are reflective of what was heard in the focus groups and interviews. In many cases they have been presented verbatim. To provide some context and corroborating information a group of service providers who serve vulnerable women and female youth in Surrey also participated in a focus group. Their comments are woven throughout and they are clearly identified.

The findings are organized according to the general phases of the stabilization process. The first section discusses barriers that the participants have faced accessing service especially coming directly from the street. Second, a brief description of the ideal service based on participants’ comments is presented. The third section presents the gaps in service identified by participants. The fourth section focuses on housing needs in Surrey. Fifth, the participants share their ideas for staying safe in Surrey. Sixth is a section on the services that are accessed by and for vulnerable women and girls. In section seven, participants share the key turning points in their stabilization process. The final section addresses achieving and maintaining stability.

### BARRIERS TO ACCESS

In the focus groups participants talked about the services they access in Surrey and they also talked about how difficult it is to access some of those services due to the barriers they face on a daily basis. Below is a list of the main barriers they identified.

## STIGMA

One of the most prevalent barriers identified by participants is how a vulnerable person is perceived and treated by professionals, such as doctors, nurses, police officers, and government ministry workers, when they access service. Many focus group participants talked about feeling judged, talked down to, discredited, or being treated as second rate or untouchable when they were seeking assistance because they were homeless, addicted, had a mental illness and/or worked in the sex trade. They talked of experiencing bullying, disrespect, leering, and a lack of compassion, empathy, and understanding by staff in a wide range of Surrey organizations. They said in some interactions with service providers they felt faceless or non-existent, like just another number. In some cases they were denied what most people would consider essential service, because of who they were perceived to be.

## SERVICE ENVIRONMENT NOT DESIGNED FOR PEOPLE FROM THE STREET

The women and youth talked about their discomfort in seeking services in environments where they do not feel they fit in and from people they feel cannot relate to their street life experience. Women also spoke of the challenges accessing service in a hospital/medical environment where staff does not have the training or experience to be able to effectively assist people from the street. Service provider participants agreed, suggesting that some services, such as mental health, might be better administered in community rather than in an office environment, initially.

## WAITLISTS & PRE-REQUIREMENTS TO MENTAL HEALTH AND ADDICTIONS SERVICES

In seeking mental health services in Surrey vulnerable women report waiting for months and years for services such as psychiatric help, counselling and diagnosis. This appeared to be the norm for the women who participated in the focus groups. This is a significant point when one considers that most, if not all, of the women and youth involved in this research project talked about untreated early life trauma as a key contributing factor in their vulnerability. A few clients talked positively about the rapid access for group therapy sessions at Surrey Memorial Hospital, which required only one phone call to access and no wait time to start.

For a person struggling with addictions there are a range of barriers to accessing detox, treatment and recovery services. It begins with getting put on a wait list when the decision is finally made to seek help. Focus group participants talked about the need to be able to access detox services as soon as they are ready to make a change. A few participants mentioned that they were able to access detox faster if they were referred by the hospital.

The transition from detox services to treatment can also be difficult if treatment beds are not immediately available. Participants speak of feeling very vulnerable after detox. They report that if you have to wait for treatment for any length of time everything can be undone so quickly.

Another barrier to accessing service are the pre-requirements before the needed service could be accessed. These included a three week life skills course prior to doing intake with a mental health worker or quitting smoking before accessing drug treatment because the centres do not allow smoking, or addressing addictions before accessing mental health services. While these pre-requirements may make sense from a service provision perspective, they can be a barrier to access for those face them.

## TRANSPORTATION CHALLENGES

Another barrier mentioned by participants was lack of transportation options or inability to afford public transportation. Some women said they knew that if they declared their poverty to a bus driver they might get a free ride; some felt uncomfortable doing that publicly. Having services clustered together would be helpful for limiting the amount of transit required. Also some drug treatment facilities and recovery houses are not conveniently located for access using public transportation.

One participant spoke positively about an Early Childhood Development program which she attended with her child at the Aboriginal Friendship Centre. The program provided shuttle bus transportation to and from the Centre. The free transportation made it possible for her to attend the program.

A participant identified the Maxxine Wright Centre as a comprehensive service centre for women with addictions who are pregnant or who have young children. They liked having several key services (doctor, A & D counselling, income assistance worker) located with the housing.

## LACK OF CHILD CARE AND SERVICES WHICH INCLUDE CHILDREN

Lack of accessible child care while attending meetings and appointments also created a barrier for women with young children. Women with older children mentioned that there is a distinct lack of programming for women with children older than two. Having older male children can also make it very difficult to find emergency housing.

## AVOIDING PEOPLE

Sometimes a troubled relationship with a particular staff person or another client at the service can keep a person from seeking that service. Also, participants said, if a person has gone through treatment and/or recovery it can be challenging to be in an environment where there are people who are currently using (either in a service or housing).

## LOCATION OF THE SERVICE PERCEIVED AS UNSAFE OR THE SERVICE ITSELF IS PERCEIVED AS UNSAFE

Youth mentioned that if a service is offered at a location that is perceived as unsafe they might choose not to attend that service.

Recovery houses fill a valuable role for people who have gone through detox and treatment and are seeking to learn how to live a life without drugs or alcohol. Unfortunately recovery houses can become part of the problem if they are unlicensed and unregulated. Participants spoke of the challenges they have faced living in an unsafe recovery house, where prostitution, and even drug selling can occur.

## FAMILY DOES NOT SUPPORT ANY CHANGE

Women talked about their husbands and intimate partners not wanting them to access any services. For some it was because their husbands did not want to admit a need for assistance such as welfare or food banks. For others it was because their partner (or pimp) wanted to continue controlling them through an active addiction or an untreated mental illness or by abusing them.

# In Their Own Words

“Mental health services in Surrey are inadequate – if you are not actively trying to kill yourself – you won’t get any help – they send you home. They deny service.”

– Focus group participant

## THE IDEAL SERVICE

Focus group participants talked about what they would find ideal in a service they were hoping to access. Their ideas have been put together into one description of an ideal service in Surrey:

At the ideal service, focus group participants said, they would be able to connect with staff on a personal level, preferably on an individual basis. Staff would be comfortable working with people who have street experience and ideally have had similar experiences in their past. Staff would be non-judgemental and compassionate. As a new client you would feel immediately listened to. Helpful information would be shared readily and all questions would be answered if possible.



The atmosphere of the service would be casual and the women would feel comfortable being themselves there. They would know that they can arrive right off the street and they will be helped. There would be a guide person to support them through the process and help them navigate the system. This would be especially helpful for youth accessing services. Being a women only service would definitely help women feel more comfortable accessing the service.

At the ideal service there would be little staff turnover and the women and youth would work with the same staff people over time. They would not have to constantly “tell their story” before being helped; they would develop relationships with the people who are assisting them.

There would be no waitlists, pre-requisites or other hoops to jump through to get service. Service delivery would be flexible in order to serve people who are experiencing chaotic lives. The service would be either co-located with other services and/or housing, or easily accessible by transit. Alternatively there would be a ride service or shuttle to make sure clients could get there. If appropriate, some services might also be offered in the community at venues which the women and youth often visit.

The service would be entirely free – no additional service or dispensing fees. Women and youth could continue to receive services for as long as they needed and no one would push them out the door because their allotted time was up. When they were ready to move on they would be connected with supports appropriate for their needs. Former clients would be welcomed back as volunteers and mentors for current clients.



## GAPS IN SERVICE

Participants were asked what services they feel are missing or inadequate in Surrey. The discussion was wide ranging and the key ideas have been organized into themes.

### ACCESS TO MENTAL HEALTH SERVICES

Many of the focus group participants spoke about their ongoing challenges with mental illness and getting access to the services they need. They spoke about how difficult it is to find information about mental health services and then how difficult it is to access the service once you know about it. Some women expressed tremendous frustration about trying to get access to mental health services. Some felt they were being actively denied service. Some said they were willing to try faking a psychotic breakdown or suicide to get service. Focus group participants talked about waiting years to access service. Even youth spoke about waiting several months for assistance, with suicide attempts in the interim. They identified the need for free or low cost trauma counsellors in Surrey.

Service providers agree that high risk clients wait too long for mental health services in Surrey. While crisis intervention in Surrey is good, they say getting access to services before the crisis point is difficult. They also emphasize that the need for counselling, and treatment for mental health conditions, especially Post Traumatic Stress Disorder (PTSD) is high in the street engaged population and may grow as the City grows and the problems compound.

Continuing treatment can also be challenging. One professional said “Once in a mental health program, it can be difficult for clients to make it to all of their appointments in the office environment. The professional model doesn’t work especially when they are unwell”. If they are still relatively unstable it may be difficult to keep track of time and be organized enough to go to a meeting. If clients miss appointments they get a phone call and a letter and then that is it there is no other follow up. The length of time between appointments can also be problematic.

Focus group participants talked of their discomfort in accessing mental health services at the Surrey Mental Health Building. Not only is the building a glass office tower, which they identified as very alienating, it is located next to a neighbourhood which presents many triggers and temptations.

Focus group participants who have stabilized feel that having an undiagnosed or misdiagnosed mental illness or not having access to adequate counselling and treatment for mental illness and/or trauma slowed down and hindered their stabilization process. One participant, in her 40’s, talked about the liberating experience of having a lifelong mental illness recently diagnosed and receiving the proper medication for the first time in her life. She only wished it could have happened earlier in her life. Several other participants talked about having their mental illness misdiagnosed. Some attributed this misdiagnosis to a lack of a regular general practitioner and having to access medical assistance through walk in clinics with rotating doctors and short visit times. They also said they were more likely to receive a prescription for a pharmaceutical to address their mental illness than to receive regular counselling and therapy.

## CONCURRENT DISORDERS TREATMENT

Women identified that they need concurrent disorder services in Surrey. Some women talked about their mental illnesses as a barrier to accessing addictions treatment. Some women who have stabilized identified concurrent disorder treatment as key to their transition.

Service providers were also clear that more concurrent disorder treatment options should be available in Surrey. Presently they are referring clients to the Burnaby Centre for Mental Health and Addiction.

### ADDICTIONS SUPPORTS AND HOUSING

Participants identified several organizations providing a range of addictions services in Surrey. They spoke positively about several of the specific services that they are using, or have used in the past. These services include Ellendale, the Sobering Centre, the Daytox at Creekside, Phoenix, and AA and NA meetings. Unfortunately waitlists and time lapses in between detox, treatment and recovery services reduce the successes for women who are trying to overcome addictions.

Some participants mentioned that when dealing with an addiction you need a safe place to live with no time limits. Housing instability can be a barrier to successfully dealing with an addiction. Service providers agree that more housing stability is required for women who are going through drug treatment. They need to know that there will be housing options pre and post treatment.

Participants discussed the need for more licensed/regulated recovery houses for women; most are currently for men. Youth also identified the need for more licensed/regulated recovery houses for youth; there are only 2 in the region and one of them is currently shut down. Youth also spoke about the need for unisex rooms in recovery houses. They reported that currently one of the recovery houses has co-ed rooms, when numbers require it. The female youth reported that this coed sharing of rooms makes them feel uncomfortable. According to youth participants, detox and treatment are provided at Peak House in Vancouver and Portage in Keremeos but stays are limited to 10 weeks. They would like to have more options for detox closer to Surrey.

“Waiting – I had a two month wait for detox – I was pregnant and homeless; in the end I miscarried.”

*Focus group participant*

*Continued on next page*



# In Their Own Words

“Aboriginal women need their own people to talk to – it really makes a difference – it was important for me to have that personal connection with an Aboriginal woman before I could start working on my stuff.”

– Focus group participant

## ADDICTIONS SUPPORTS AND HOUSING

### CONTINUED

Service providers also have concerns about unlicensed recovery houses in Surrey, which they feel put women at risk. They report that the houses are not well monitored and there are regular reports of women being assaulted in the recovery houses. Licensed/regulated recovery houses have long wait lists.

Women also spoke about needing safe drug free environments once they have gone through detox, treatment and recovery. They report still feeling like their sobriety was fragile and it would not take much to cause a relapse. Addictions counselling is much more difficult to find once a person is out of the treatment system for 6 months or a year; participants report still needing support at that point in their process. Some participants mentioned AA and NA as being really valuable for the ongoing long term support they provide.

Service providers report that women, who are using drugs on the street, are regularly incarcerated. This does not help them to consider addressing their addictions. Service providers report that women who are leaving prison or jail often get back into addictions because it is what they know. Release from prison, however, does provide a unique opportunity to begin work on staying clean, if everything is lined up for them. An alternative to incarceration, providing a more supportive response to the addiction, might get more women deciding to begin working on getting clean.

A final service gap in addictions that participants identified is related to the families of women and youth dealing with addictions. Families need counselling to deal with the trauma of having a member who is struggling with addiction. They need a family support system.

## ACCESSIBLE MEDICAL SERVICE FOR THE STREET ENGAGED

Focus group participants talked about their experiences as street involved women seeking medical services at Surrey Memorial Hospital, local clinics and doctors' offices. For the most part service access was difficult. There were several stories about going to the emergency room repeatedly to get assistance with a medical condition and being turned away, labelled as drug seeking, or otherwise deterred. In some cases the diagnosis was eventually determined to be quite serious, but treatment was delayed because of the reception these women and youth received.

Youth focus group participants stated that they would like to be able to access more youth clinics. While there are currently youth clinics in Surrey, Langley, New Westminster and Pitt Meadows – they all have very limited hours.

Focus group participants did talk about positive experiences at some local health centres such as the Jim Pattison Outpatient Care and Surgery Centre (free shuttles) and the Alliance Clinic (assigned one doctor who knows your whole story).

Oak Tree Clinic in Vancouver was also mentioned positively – as a place where people with addictions are understood and where trauma counselling is available. They also spoke very positively of the nursing care available through the Nightshift bus.

Several women who were recovering addicts talked about being prescribed medications to which they eventually became addicted. It appears that their doctors were unaware of the impacts of prescribing certain medications to recovering addicts.



## DROP-INS

Some participants spoke positively about the drop-ins in Surrey that they currently visit such as the Cornerstone (E. Fry), Positive Haven (Lookout), Surrey Urban Mission and the Front Room (Lookout). Both women and youth identified the need for more women only drop-ins and drop-ins which are open at night in Surrey. Women talked about the need for a women only place in Surrey to have a shower, do laundry, and store their stuff in a locker. They spoke about the facility that WISH runs in Vancouver. Service providers agree that this type of facility is needed in Surrey. A service provider also reported that many of the women she works with do not feel safe going to the Front Room to receive services. These women have had negative experiences with some of the other clients at the Front Room. In addition, if a woman is trying to stay clean it is not the best environment for her.

Other women talked about wanting a women only community centre or a “Carnegie Centre type facility”. Finally, participants identified the need for breakfast time drop-ins with food. Meal options in the morning are limited in Surrey.

## ACCESS TO INFORMATION

Youth participants talked about the importance of being able to find information when they need it and being able to have that information in plain language. Having a neutral helper to assist with accessing information and making decisions would be really helpful.

Both the youth and women talked about wanting to have the information they need more readily available. This would include information about the conditions (mental illness, chronic illnesses and addictions) they might have along with the service details. Focus group participants suggested that information about mental health, addictions, dealing with abuse, working in the sex trade should be more widely available to all people. One participant suggested that the City have a mental health page on its website. Others suggested that information on the topics listed above be available at the doctor's

offices, in schools and grocery stores. Service providers agreed that Surrey needs a service manual that lists all of the organizations in the City and what they offer.

Some participants talked about the need for training in how to look for services and information on line. This would be especially helpful for some older women who are not comfortable accessing information online. Participants also said that sometimes what they really need is another human being to speak with. Not voice mail options or online information and forms.


Women identified the need for an online and a physical notice board for communicating with one another and sharing information. They felt that this would help them find suitable roommates.

## ABORIGINAL SERVICES

Aboriginal women who participated in the focus groups spoke about the value they place on being able to access Aboriginal service providers. They said having an Aboriginal woman to speak with and work with on their issues has made a real difference to them. They also spoke of the benefits of the women's sweat lodges at Cweningitel and the traditional healing circles at the Aboriginal Friendship Centre. They would like to be able to work with more Aboriginal staff and participate in more cultural activities.

Service providers agree that more services for vulnerable Aboriginal women in Surrey are needed, such as an Aboriginal women's shelter. Service providers report that when Aboriginal women leave more northerly and rural reserves and end up in Surrey they are not always accustomed to functioning solely in the mainstream society. They need culturally safe places to go to. Their needs are unique and they need more Aboriginal based support. At the moment there is only one Aboriginal counsellor and two support workers in Surrey. There are no Aboriginal women's organizations in Surrey. Service providers suggest that a service like the Helping Spirit Lodge in Vancouver is needed urgently in Surrey.





# In Their Own Words

“If your history includes homelessness, drug addiction or mental health issues – they (ER nurses) will have a mistrust of you.”

– Focus group participant

## YOUTH SERVICES

Most focus group participants agreed that services for female youth are lacking in Surrey and they are desperately needed. The women spoke about seeing female youth on the street and recognizing how vulnerable they are to predators – because they have had a similar experience when they were young. They felt that the young don't always know where to go and there are not as many options for them because they cannot access adult services.

Youth participants identified the ASTRA counsellors at PCRS, the Family Connection Centre at Sources, the Stop Exploiting Youth (SEY) program, and the PCRS Youth Centres in Surrey as being very helpful. In all cases they noted the staff as being really effective.

Older youth between the ages of 19 – 25 spoke about their need for continuing some of the supports they received as a younger person in foster/government care. They spoke about not having all of the skills to support themselves like an adult – especially because if they have grown up estranged in state care. Service providers say that more is needed in Surrey for youth transitioning into adulthood. Basic life skills and finding a place to live are essential to youth; otherwise they may easily slip through the cracks searching for housing.

In terms of prevention, participants talked about the need for more low cost activities and recreation opportunities for youth in the City.

## NAVIGATING THE SYSTEM

Focus group participants raised several examples of the frustrations they face in navigating the service system. Youth talk about being at a safe house and feeling the expectation to move on but having no idea where to go next and not receiving any helpful direction. Participants talk about going through each stage of dealing with their addiction and not knowing how long they will wait between services and fearing that they will not be able to hang on until there is a spot. Youth talked about the need for more help to get into school and developing skills to find work.

Many focus group participants talked about a desire to have a person who could help guide them through the system and assist them with decision making. Youth identified the need for more outreach workers and Ministry of Children and Family Development (MCFD) social workers. They feel that currently MCFD social workers are overloaded with clients.

Service providers identified the need for outreach workers to reach out to women in the sex trade on the street. These outreach workers could begin to build relationships and trust with the women. The outreach workers could potentially assist these women with a number of challenging steps in the stabilization process. Assisting with finding housing could be a key piece of the work.

Service providers also identified a need for a sex worker lead organization in Surrey. The organization could provide opportunities for peer groups to meet as well as advocate, provide information, and educate the community.

## WOMEN ONLY SERVICES

Virtually all participants spoke of the importance of having some women only services in Surrey. The women who participated in the focus groups have all had negative, if not traumatic experiences with men; abuse and exploitation being the norm in those relationships. Providing women only services allows women to feel safe enough to consider making positive changes in their lives.



## FAMILY-FRIENDLY SERVICES

Some participants said that it would be helpful to have more services that welcome women with families. Women spoke about the value of the Maxxine Wright Centre in serving women with addictions who have young children. Women did say that if they have older children it becomes increasingly difficult to access services. Emergency housing for women with older male children is particularly difficult to access.

Some women also spoke about needing services to deal with abuse that include the partner. They would like to see their whole family healed from abuse.

## SERVICES FOR ELDERLY WOMEN

Service providers report that there are limited resources for elderly women who are vulnerable in Surrey. A shelter that provides beds specifically for elderly women would begin to fill a growing gap and more housing like Atira's transition house for women 55+ is needed.

## SERVICES OUTSIDE OF SURREY

The women and youth who participated in the focus groups mentioned using the following services in other communities:

NA and AA meetings in New Westminster – they are always available – “New Westminster is a real recovery city”.

Insite in Vancouver

ACT Team in Prince George

Cedar project for users in Prince George

Union Gospel Mission in New Westminster & Vancouver

Church in New Westminster for breakfast

E. Fry outreach in New Westminster

Psych ward at VGH – “the best in the region”

Langley Family Place, a great place to drop in with kids

Tri-Cities Resources for Victim's assistance and legal help

Kettle Friendship Centre in Vancouver (drop-in, mental health and addictions services, advocates, housing, provide lunch and dinner, classes) – “everything is in one place”. - Stepping Stones in Langley is similar

When asked about accessing services outside Surrey for their clients, professionals who work with vulnerable women and girls in Surrey mentioned the following services:

Burnaby Centre for Mental Health and Addictions

Housing placement outside Surrey

Deal with police departments throughout the region

Regional transit

Mental health unit in Corrections

Ministry of Children and Family Development provincial and regional

Transitional houses if nothing is available in Surrey

Oak Tree Clinic in Vancouver

Outreach services in Vancouver

These lists identify some of the services that vulnerable women and service providers are seeking outside of Surrey and they may highlight the need for more of these services in Surrey.

# In Their Own Words

“For women - affordable housing in suites in houses often seems to come with the expectation of sex with the landlord. I have been propositioned by the landlord while his wife is sitting upstairs...It is really stressful. Young girls who have just left home – may not know how to deal with this.”

– Focus group participant



## HOUSING NEEDS

Participants had a great deal to say about housing and what is needed in Surrey for vulnerable women and youth. Women who have stabilized agree that housing is a key component to successful transition from vulnerability. It bolsters self-esteem to have your own place; it is a mark of success. It is also a difficult piece of the puzzle to sort out. Affordable housing in Surrey is hard to find when you are single. Many women leave abusive partners, boyfriends and pimps as part of their stabilization process. Learning to live without the support of that man, even if it comes with abuse and exploitation, is difficult and often requires a learning process as well as support.

Focus group participants identified several challenges they have faced when looking for and securing housing in Surrey. First, some landlords seem hesitant to accept tenants who are on welfare. Other landlords are willing to provide housing for more affordable rent but women find they sometimes seek other forms of payment such as sex.

“Transition to adulthood houses – youth who have been in care oftentimes don’t have the life skills needed to transition – they don’t prepare you when you turn 19 but expect you to figure it out by yourself.”

*Focus group participant*





When you are looking for a place – Welfare makes you wait 3 ½ days for the cheque for the landlord, most landlords won't wait that long – only the slumlords will wait, then they can inflict their terrorism and abuse again.”

*Focus group participant*

## OTHER HOUSING NEEDS THAT WERE IDENTIFIED BY PARTICIPANTS INCLUDE:

More affordable rental housing close to resources and public transit

More shelters and transition houses for women with children

Affordable housing with in-house daycare

Subsidized housing for larger families

Supportive housing for people coming out of recovery – where support is provided to integrate back into society

More shelter and safe house options in Surrey

Youth-friendly affordable housing which might include some support in learning the life skills needed to live independently

A short-term rental subsidy to help women get on their feet and get settled as they learn to become self-sufficient

Women only housing, especially for mental health clients and those recovering from addictions. Some youth are also interested in female only housing

Need housing for families that includes men and provides support to the family for learning how to become healthy and break the cycle of violence; and,

More wheelchair friendly housing options

Service providers agree that more affordable housing for women with children is needed. Also we need more transition housing in Surrey for women that is low barrier. A service provider reported that women often return (sometimes several times) to Shimai because it is the only low barrier transition house option in Surrey.

Service providers point out that we also need to be careful about which populations are being housed together in the same building or in close proximity and also where the housing is located in Surrey. Some of the high risk housing in Surrey is located in areas with a high prevalence of drug use – this can be problematic, especially for people who have recently become sober and clean.

Housing locations for people dealing with mental illness, people dealing with addictions and those with concurrent disorders needs to be carefully thought out. Each of these populations has their own vulnerabilities which need to be taken into consideration.

Service providers also report that more housing start up kits with basic household supplies are needed for the newly housed. In addition, free furniture services are also very limited for women who starting a new home.



# In Their Own Words

“Women need safe places to go with men for dates (selling sex). I almost got run over by a guy when he pushed me out of his truck after we were done. He tried to get away without paying me. When I tried to climb back in the window I got thrown and he just missed me when he drove off.”

– Focus group participant

## STAYING SAFE

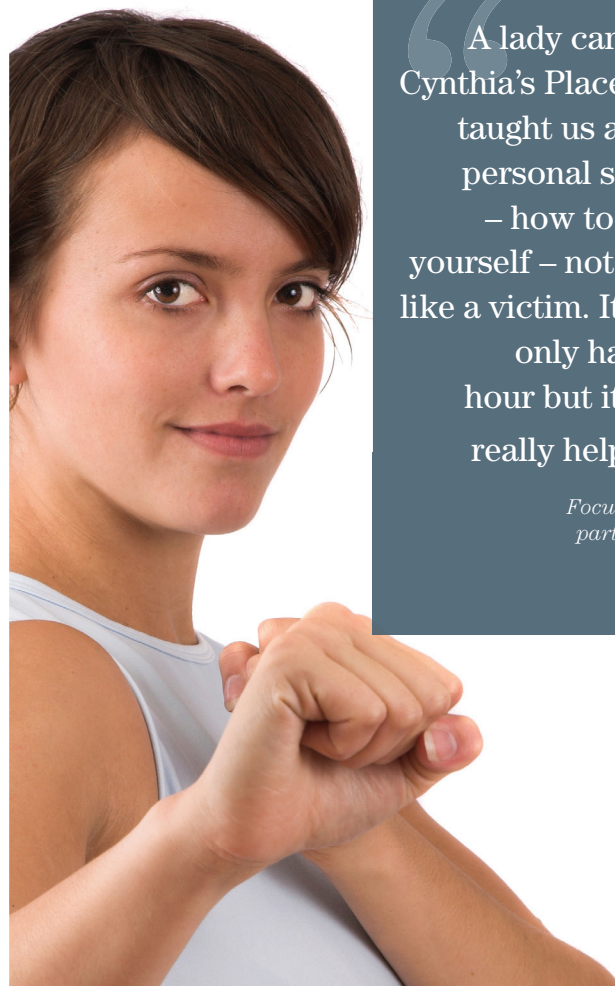
For vulnerable women and girls in Surrey staying safe is a daily challenge. Most of the focus group participants had ideas about what would help them and other women stay safer. Things that women could do to stay safer include:

- Learn martial arts
- Learn about body language and the messages conveyed by how we carry ourselves; need to learn not to have a “victim profile” - focus on body language.
- Learn how to be aware of your surroundings all the time when you are out
- Try to go out with other women – there is a safety in numbers
- Educate young girls in school about how to keep safe, respect themselves, and for those who have low self-esteem – it’s not currently being done enough in schools
- Focus Group participants also had ideas for what the City and other organizations could do to improve the safety of vulnerable women and children:
  - Women need safe places to go at night in high risk areas. They ideally need a place every few blocks in those high risk areas. Develop a place that’s open 24 hours – just to hang out in the middle of the night.
  - Install payphones in high risk areas or provide women on the street with free cell phones so they can call 911 (done in Vancouver through Community policing).
  - Provide free transportation at night - you should be able to get a bus anywhere you need free of charge. A safe ride van (like in Vancouver) would be helpful too.
  - More police patrols at night – where the working girls are. Participants feel strongly that area is ripe for violence – there are no lights or any other safety features at the moment.
  - More sobering centres. The one we have in Surrey is really helpful.
  - More public awareness about violence ahead of time (before it occurs); need a marketing campaign to reach women wherever they go.
  - More undercover RCMP watching or even cameras around the city, more bike patrols
  - More outreach workers

“If you call “help” no one will come – you need to call “fire” instead.”

*Focus group participant*

- If a girl is found by the RCMP to be concealing a weapon – she should not be punished for trying to protect herself. It may be all she has to keep herself safe.
- The word gay gets tossed around a lot – teachers should be taught to be more aware and supportive
- Women need to feel part of a bigger caring community
- Youth participants talked about the need for more RCMP in Surrey. They would like to see the RCMP be more sensitive to women's situations
- Service providers identified the need to provide services to the whole family so that all members of the household can learn how to live violence free. Male teenagers who have lived in a violent household can often become disrespectful and violent towards their mothers; the mother can be equally vulnerable to these teenagers and their abusive partner.
- Service providers suggest that the RCMP provide training to members on how to work with vulnerable women. They referenced the Vancouver Police Department which has provided training on sensitivity to vulnerable women and information on violence against women.
- A service provider suggested launching a “Ring the Bell” campaign, like the one started in India to help combat domestic violence against women through community awareness.



“A lady came to Cynthia’s Place and taught us about personal safety – how to hold yourself – not look like a victim. It was only half an hour but it was really helpful.”

*Focus group participant*

## TURNING POINTS – WHAT MADE CHANGE POSSIBLE?

Focus group participants were asked to identify the point in their life when they began their positive change and they talked openly about their early transformation processes. Participants identified the following moments in their lives and the organizations that helped. For some it might have been a positive interaction with a caring person and for others it might have been a very negative experience:

- I had to hit bottom first and then I was willing to accept help
- I had to get to a safe place first – out of isolation
- I got incarcerated and that was good – I was court ordered to Servants Anonymous Society (SAS) for my safety (to protect me from my pimp)
- Having someone that’s a continuous support for you, someone that believes in you and doesn’t give up on you
- Respectful staff who have patience
- Being able to try again
- Professionals and doctors who care and listen
- Having a health crisis
- Not being turned aside
- Having a genuine connection with staff
- Learning that my brain can change and heal itself – it has neuroplasticity
- Truth was the turning point
- Surviving the death sentence of cancer
- Giving back – volunteering what was freely given to me
- Sometimes you have to hit rock bottom first and then you start making changes
- Being loaded on the job – realizing that I was threatening other people’s lives
- I had a miscarriage while I was using
- My daughters called the Police – because they couldn’t find me
- I was in Creekside and I had nowhere to go after I left

# In Their Own Words

“I was sliced up and left for dead on the street – I survived and that started a slow journey of recovery for me I am clean most of the time now and I am giving back – I like to help others.”

– Focus group participant

## TURNING POINTS CONTINUED

- My mom told me to put a gun in my mouth and get it over with faster
- The desire to become a better person
- The Stop Exploiting Youth program at PCRS – having that person to talk to who could listen and move forward with you
- First it was fun and games, then soon after I realized I had hit my rock bottom. I went to rehab and now I'm back in school, I also started to build a relationship with my father.
- Hitting a low point in life then meeting a friend who is going through the same thing
- Cynthia's Place and their staff
- E Fry – outreach – a real connection
- Newton Advocacy – knowledge and resources
- Group Therapy Services at Surrey Memorial
- AA works for me – I can relate to the others – they are only a phone call away – I have had my sponsor for 5 years
- The counsellor at Ellendale (E. Fry) was empowering and open
- I got into a SAS recovery house
- I got diagnosed with Type 1 diabetes
- I got into a Safe House and got away from the abuse
- At SAS I learned to be vulnerable – their counsellors are very educated
- I moved out of the province and did my recovery in a different province in a healthier environment for me
- Getting into Ellendale
- You have to be willing to drop everything in the material world to deal with your issues
- My boyfriend and I went to different recovery houses – I went to a women's recovery house
- I was chronically homeless – I needed 2 years to stabilize
- I was entrenched and exploited – I hit bottom and then went into recovery, I grieved for all that I lost – alone and then I started running and now I am physically fit

“At SAS I learned how to have relationships with women – I realized not everyone is trying to steal from me or pick my pockets.”





“I did whatever I could to seize opportunities when I was getting on my feet – I went to every workshop they offered, I took all of the free food, I got any certificate possible and I volunteered as much as I could to get experience – it looks good on your resume.”

*Focus Group Participant*

## SUCCESSFUL TRANSITIONS – SUPPORT FOR ACHIEVING GOALS AND MAINTAINING STABILITY

Participants were asked what would help them achieve their transformation goals, or if they have already achieved stability what had made the difference. Most participants mentioned the value of having support and guidance through their transformation. Having a person who could help them navigate the system and think through decisions is very important. Most of the participants talked about their frustrations trying to access information about services and programs and an outreach worker, social worker, counsellor or support worker who can help with this. One participant said “We need Big Brothers and Sisters for adults; we need companionship for achieving goals – like the NA/AA sponsorship.”

For most, being able to access the life basics such as housing, food, transportation and staying safe were very important but not always easy to secure. Learning life skills can be a key component to maintaining stability. For some, they never had the chance to learn the basics of cooking, cleaning, maintaining a household, paying bills and taking care of themselves. Having some support to gain these skills with early housing opportunities can be very helpful.

Stability and security are also conditions that are helpful for moving forward. Being away from the drug scene and dealers is important for people who are in recovery. Also being able to access free or low cost counselling for trauma is a key component to continuing the transformation.

The women who have successfully stabilized speak about part of that process being the transition from the isolation of addiction, untreated mental illnesses, abusive relationships and petty crime to developing healthy and supportive relationships with peers. They spoke of the importance of having friendships with other women.

Some women also talked about being able to re-establish connections with their families as they stabilized. This was a positive experience for many, but not for all the women. For many of the women, the dysfunction in their family was one of the contributing factors to their vulnerability. For some the possibility of regaining custody of their children was a key motivator to get healthy, but for others it was not enough to remain clean.

Women who have stabilized also talked about the learning process they went through to learn how to socialize. Making small talk and conversing with acquaintances were all skills that had to be learned. It was part of becoming socially engaged.

For women who are stabilizing the path to economic stability can be difficult. These women find themselves clean and ready to begin re-engaging in regular society. They would like to find employment. Unfortunately they may have not completed high school, have little formal education or job training. Taking the time for education or training and affording it are all real barriers to maintaining stability. Relearning all of the basic skills needed to pursue education and training such as doing homework regularly and attending classes takes time and financial resources. Funding for going back to school (transit and living costs); career training and continuing education is needed. One participant suggested that an education grant for women who have stabilized would be helpful.

For some basic education such as completing grade 12 and learning life skills in a safe and accessible environment is the first step. Programs such as the SAS program in Surrey or the WISH program in Vancouver are examples that participants provided. For others, who have completed high school and even post-secondary education or training, the education and employment needs will be different.

# In Their Own Words

I was in the Ellendale program – they have 24 hour support counselling which was key for me. I would wake up in the middle of the night and need to talk and there was someone there for me. We often talked for hours at night time. I could be totally honest with her. I was at the program for 3 months – that support helped to open the door for me – I was vulnerable and angry.”

– Focus group participant

## SUCCESSFUL TRANSITIONS CONTINUED

Two other programs that have been quite helpful for stabilizing women are:

- The A Step course – three weeks – empowering – through BC Works
- Women’s Empowerment at Sources – 6 months – financial literacy, food, transit/gas

Some of the participants who have achieved and maintained stability spoke about their growing desire for justice - to pursue legal action against their former pimp. However, they fear that the legal system will let them down and they believe that if their former pimp finds out about the legal action they may find a way to harm or kill them. One participant stated “I am thinking of reporting my old pimp. It has been 10 years since I got out and up until recently I was way too scared of him. But he got me when I was a teenager – he ruined my life and I know he is doing that to others now”.

Stability is hard to achieve and just as hard to maintain for women coming off the streets, exiting the sex trade and getting clean. Challenges often arise in the attempt to maintain the hard won stability. As one service provider put it “once you have been through life experiences like these women – your edges get frayed – you don’t have a lot of buffer when things go wrong”.

Women who have achieved stability and are working to maintain it have identified the following as helpful to maintain that stability:

- Ongoing help to navigate government regulations regarding welfare, disability, income assistance (Sources has been identified as being helpful in this regard)
- Extra assistance with rent payment, especially when first establishing a home
- The Food Bank helps women to manage their limited incomes
- Finding a suitable roommate to share housing costs
- A support group for women who have exited sexual exploitation

Doing small talk and chit chat was really former junkie – I could just talk about I couldn’t believe it at first when people on the bus when I was a junkie and now I am learning how to blend in to regular self - doubt that gets in the way of

# Recommendations

The following recommendations are provided by a group of participants who have achieved stability in their lives. They were asked “If you had to make ONE RECOMMENDATION to “powers that be” as to what needs to happen in Surrey, in order for women to get to where you have gotten to what would it be?”

- 1** Make mental health services and trauma counselling more available. Provide more of these services in community rather than in professional offices.
- 2** Ensure that job training for women who are stabilizing is directly connected to job placement opportunities.
- 3** Ensure that there are job training and job experience opportunities that are manageable for women with limited income and education.
- 4** Develop a range of affordable housing options for women and youth.
- 5** Provide more support to at-risk youth.
- 6** Create more low barrier housing options for women with addictions.
- 7** Create supports, such as drop-ins and peer groups for women who are getting clean and also for women who want to maintain their stability.
- 8** Develop more resources for women who are victims of violence. There would be more women who felt comfortable coming forward to report what has been done to them if they felt they would be supported and protected. If we report our pimps –they will find us and kill us.
- 9** Most John’s think women do sex work by choice – we need more public education about the fact that while some women do sex work by choice, many women and youth in the sex trade are exploited.

hard – but I realized that I didn’t have to go into every situation as a the weather and the hockey game. I don’t have to dwell in the past. talked to me on the bus – when I was clean. I used to have trouble getting people want to talk about the book I am reading. society. It is good for my self-esteem. I do carry around this seed of communicating.” *Focus group participant*



# APPENDIX 1 FOCUS GROUP QUESTIONS

## FOCUS GROUP QUESTIONS

1. What services do you find really helpful in the community?
2. What makes you want to access a service?
3. What will keep you and other women away from a service – even if it is offering something that you need?
4. Are you able to access the health care services in Surrey that you need? (E.g. doctors, specialists, mental health services, addictions treatment and recovery).
5. What kinds of services are not available but needed for women and female youth in Surrey?
6. Have you used services in other communities that you really liked? Can you tell us about them?
7. Have you had trouble finding a place to live in Surrey? If yes, what is keeping you from finding housing?
8. Do we need more housing for women and female youth in Surrey? If yes, what do you think it should be like? How would it look? Where would it be? How would it feel to live there?
9. Let's talk about safety. What helps women and female youth on the street in Surrey stay safe? How could things be improved? How can we make things safer?
10. Think about what you are doing to change or improve your life. What would help you achieve your goals?
11. If you have achieved a positive change in your life – what was the turning point for you? What made it possible?

## FOCUS GROUP QUESTIONS – WOMEN WHO HAVE STABILIZED

The purpose of this focus group is to speak with women who have transitioned from a life of vulnerability on the street to a more stable and economically independent lifestyle. We would like to find out what made the difference for women as they sought to make those positive changes in their lives.

1. In your transition – what kinds of things had to happen first, before anything else could change?
2. The feedback we have collected in this project shows that women in survival poverty need direct access to affordable housing. How specifically did that work for you in breaking the cycle of survival poverty and becoming economically independent as you are now? How did you “find” and/or access affordable housing?
3. Women speak about the economic necessity of having to stay in abusive relationships in order to afford a place to live? Was this the case for you? If so, how did you escape this pattern and get out on your own?
4. Did access to medical services make a significant difference in your transformation? (This includes physical and mental health services and addictions services). If yes, please explain.
5. Some women find themselves trapped in addiction because of the lifelong cycles of poverty and surviving on the street. If this was the case for you - what specific resources really made it possible for you to get clean and then stay clean?
6. How about mental health services, has getting adequate trauma counselling, psychiatric treatment, group therapy or seeing a psychologist been significant in your transformation?
7. What has slowed down your progress or challenged your decision to change your life?
8. Have relationships been an important factor? Have you had regular contact with a counsellor/outreach worker/ peer/ friend or other person who has provided ongoing support and advice? (If not – would it have helped?)
9. How important was it for you to retain or re-establish connections with the people you call family? Did getting custody of your children have a part to play in getting “off the street” and into treatment?
10. Have you found it helpful to access women only services?
11. What has worked for you to build your economic stability? Was formal education or employment training involved?
12. What services, if any, do you rely on now to ensure you can maintain this lifestyle free from survival poverty?
13. If you had to make ONE RECOMMENDATION to “powers that be” as to what needs to happen in Surrey, in order for women to get to where you have gotten to what would it be?

THANK YOU

## APPENDIX 2 PARTICIPATING ORGANIZATIONS

The following organizations participated in a focus group or interview for the research project:

Atira – Shimai	Fraser Health Authority – Blood Borne Pathogen Unit
Atira - Aboriginal Outreach	Fraser Health Authority Regional Harm Reduction
Fraser Health Authority Youth Substance Use Outreach Counsellor	E. Fry Society
RCMP Mental Health Liaison	Surrey Women's Centre
Pacific Community Resource Society	Whole and Complete Women of Value
Aboriginal Friendship Centre - Homeless Outreach	City of Surrey
	BC Housing

## APPENDIX 3 RELEVANT LITERATURE

### MASTER PLAN FOR HOUSING AND HOMELESSNESS IN SURREY

*Prepared for the City of Surrey by City Spaces Consulting (2013)*

The City of Surrey developed the Master Plan for Housing the Homeless in partnership with BC Housing and Fraser Health in 2013. Other government and non-profit agencies, the business community, and homelessness task forces and committees in Surrey all contributed their knowledge and perspectives.

The Plan aims to identify and respond to the needs for long-term housing and support services for people who are homeless, or at-risk of becoming homeless. Additionally, this initiative focuses on the need for emergency shelters and related services.

The project partners initiated the project as a way to ensure future actions to address homelessness in Surrey are coordinated and strategic. In this way, the available resources can be made available to respond to identified priorities and are used to maximum effect. This Plan is also intended to assist the City of Surrey and local non-profit organizations to proactively respond to partnership opportunities with the Province and other funders. The Plan identifies the following population groups to be in particular need of supportive housing:

- Individuals with mental health and/or substance abuse issues;
- Women and women with children;
- Youth, and;
- Aboriginal people.

Surrey's Master Plan for Housing the Homeless focuses on the provision of additional supportive housing units as a response to the homelessness situation. However, it also highlights the need for improvements to the emergency shelters that currently work with certain at-risk groups, namely women, women with children, youth, and Aboriginal people. Specifically, it outlines the following priorities:

- Creation of an additional 450 units of transitional and supported housing for people who are homeless or at-risk of homelessness.
- Replacement of the Gateway emergency shelter in Whalley with a new purpose-built facility that also incorporates transitional housing units.
- Enhancement of supportive housing, shelter and drop-in services that focus on vulnerable population groups with unique needs.
- Continuing to strengthen partnerships and collaboration with BC Housing, Fraser Health Authority, Surrey Homelessness and Housing Society, and other government Funders and foundations.

## THE HOMELESS AND VULNERABLY HOUSED IN SURREY

*Produced by The Centre for Interdisciplinary Research: Community Learning and Engagement (CIR: CLE) at Kwantlen Polytechnic University (2014).*

The report defines “vulnerably housed” as people who are facing a number of problematic living situations associated with substandard, overcrowded, non-affordable, and illegal housing. The vulnerably housed are not included in regional homeless counts which means that relatively little is known about this segment of homeless people in Surrey. Concern over this knowledge gap prompted this research project, which focuses on people who are at risk of homelessness in Surrey. The project involved a survey of 102 people who were homeless or vulnerably housed in Surrey. The report contains the following recommendations:

- In general, there are more similarities than differences between those considered homeless and those who are vulnerably housed. This suggests the need for broad policies in the area of housing and homelessness so that people who are homeless and people who are vulnerably housed are not treated as two distinct groups with very different problems.
- A large proportion of the survey respondents reported shifting between being homeless and renting, often in relatively short periods of time. This finding suggests that policy initiatives should focus both on finding the homeless affordable and livable housing as well as helping those who are at-risk of homelessness maintain their housing.
- Currently renting respondents were significantly more likely than homeless respondents to report relying on a free meal service or food bank at least once in the past 12 months. Estimates based on the results also indicate that participants who were currently renting had, on average, \$270 to \$400 left each month after paying their rent to put toward food and other basic needs. Together these findings suggest that access to adequate food is a major issue for many low income renters. It is recommended that policies, programs and funding address this important need.
- A sizeable proportion of current and past renters reported major problems with the structure and/or major systems of their rental buildings (e.g., plumbing, electrical) as well as the general habitability of their premises. These findings suggest that accessing good quality accommodations is an issue confronting low income renters across all types of rental housing. A review of strategies to provide adequate housing along the entire continuum of rental housing options should be considered by policy makers.
- Drop-in or community centres were used within the past 12 months by more than half of all the respondents and the frequency of reported use during this time period was very high. Such centres may serve to foster social connections among people who are vulnerable to social isolation. In addition, the high frequency of visits to drop-in centres and free meal providers indicates these places may be good locations to situate efforts to connect people to other help and services they need.

## 2014 METRO VANCOUVER HOMELESS COUNT

*Produced by the Regional Steering Committee on Homelessness (2014)*

The 2014 homeless count is a 24-hour snapshot of people who were homeless in the Metro Vancouver region on March 12, 2014. It included people staying overnight in homeless shelters including transition houses for women fleeing violence and youth safe houses, people with No Fixed Address (NFA) staying temporarily in hospitals, jails and detox facilities, homeless people living outside, and others who were staying temporarily with others (couch surfing) and using homelessness services on the day of the count.

In Surrey there were 403 homeless people counted in 2014. Of this number 37% or 149 homeless women were counted. In the region the largest number of unsheltered homeless people was found in the City of Vancouver with 538 people, followed by Surrey where 140 unsheltered people were identified. The largest number of sheltered homeless people was found in the City of Vancouver with 1,260 people, followed by Surrey with 263 people. In Surrey there were 52 youth counted with 27 unsheltered and 25 sheltered. Homeless youth in Surrey made up 13% of all youth homeless counted in 2014 in Metro Vancouver, while in Vancouver youth make up 63% of the Metro Vancouver total.



## **STREET BASED SEX WORKERS NEEDS ASSESSMENT**

*Produced by Street Health and the Regent Park Community Health Centre (2014)*

This report provides the responses received to a needs assessment survey that was conducted with sex workers in Toronto, Barrie and Oshawa, Ontario. The sample size was 100. The needs assessment report contains the following recommendations:

1. Increase access to health services for street based sex workers and provide non-judgemental/non-discriminatory services
2. Develop a coalition to advocate for street based sex workers
3. Employ more peer workers to help sex workers access services
4. Increase awareness about harm reduction and provide harm reduction services to sex workers
5. Strengthen and expand the “bad date” coalition
6. Improve access to affordable and supportive housing for street based sex workers
7. Increase access to safe spaces
8. Develop services specifically for street based sex workers
9. Develop alternatives for sex workers planning to exit sex work

## **GETTING TO THE ROOTS: EXPLORING SYSTEMATIC VIOLENCE AGAINST WOMEN IN THE DOWNTOWN EASTSIDE OF VANCOUVER**

*Produced for The Women's Coalition by Jill Chettiar (2014)*

This report is the result of a safety audit which was developed by the Women's Coalition in Vancouver's Downtown Eastside (DTES). The project used a participatory action research approach supported by qualitative and quantitative data collection to achieve the following objectives:

1. Define what safety means to women in the DTES
2. Identify who is responsible for creating and maintaining a sense of safety in the DTES
3. Who is accountable for failing to provide safety for women in the DTES
4. Engage in a critical analysis of service provision in the DTES and investigate how current norms facilitate or act as barriers to access for women.

Report recommendations include:

1. Increase violence prevention programming and training for women
2. Develop specific initiatives to support sex workers' safety
3. Increase the amount and diversity of programming for indigenous women
4. Prevent further displacement of low income housing spaces, and other negative impacts of gentrification
5. Raise awareness of cultural safety and encourage organizations to incorporate it into the programming and practices
6. Increase the level of peer involvement/engagement in all programming

## **DEDICATION**

This report is dedicated to Janice Shore. Janice died at the age of 45 years on February 18, 2013, after being found badly beaten in a vacant lot in Whalley. Her tragic death mobilized the City of Surrey and community agencies to come together to form the Surrey Vulnerable Women and Girls Working Group – a group committed to improving the lives of girls and women whose lives are impacted by violence, mental illness, addictions, poverty and homelessness. Janice Shore was a beloved mother, sister and friend. She was also the woman who inspired our work.

The Surrey Vulnerable Women's and Girls Working Group would like to thank the following organizations for their support during this project.

- Lookout Emergency Aid Society
- Elizabeth Fry Society
- Pacific Community Resource Society
- Women of Value