

Homeless Action Plan, Draft November 8, 2004

City of Vancouver



Housing Centre

TABLE OF CONTENTS

1. INTRODUCTION

1.1 Purpose	- 1 -
1.2 Scope	- 2 -
1.3 Rationale for Plan and Objectives	- 2 -
1.4 Process	- 4 -
1.5 Overview of Plan	- 5 -

2. THREE STRATEGIC ACTIONS

2.1 Reduce Barriers to Accessing Welfare by the Homeless	- 6 -
2.2 Develop 3,200 Units of Supportive Housing	- 6 -
2.3 Increase Addiction and Mental Health Services	- 7 -
2.4 Cost and Implementation	- 8 -

3. PROFILE OF HOMELESS PEOPLE

3.1 The Shelterless or Street Homeless	- 10 -
3.2 In Shelters	- 11 -
3.3 Staying with Friends/Families	- 12 -
3.4 At Risk of Homelessness	- 12 -

4. PRIORITIES, GAPS, AND ACTIONS

4.1 Adequate Income	- 13 -
Priority 1 Legislative reform to provide adequate levels of income	- 13 -
Priority 2 Employment assistance services and training	- 21 -
4.2 Housing Continuum	- 23 -
Priority 3 Independent affordable housing	- 24 -
Priority 4 Supportive housing	- 28 -
Priority 5 Transitional housing	- 32 -
Priority 6 Emergency shelters, safe houses and transition houses	- 34 -
4.3 Support Services	- 40 -
Priority 7 Mental health services	- 40 -
Priority 8 Addiction services	- 45 -
Priority 9 Health services	- 48 -
Priority 10 Prevention services	- 49 -
Priority 11 Outreach services	- 54 -
Priority 12 Drop-in centres	- 56 -
Priority 13 Research and planning and capacity building	- 57 -
4.4 From Here to There – Next Steps	- 58 -
City Context	- 58 -
Implementation	- 59 -

5. CONCLUSIONS - 60 -

APPENDICES

- A. Other Homeless Plans and Related Documents
- B. Bibliography
- C. Summary of Input From Homeless People
- D. Summary of Workshops

1. INTRODUCTION

1.1 Purpose

Since the 1990's, homelessness has increased in the City of Vancouver. We are seeing more and more people living rough on the streets, in back alleys, and in our parks. The number of people staying at shelters and the number of turnaways has increased significantly. We also know that more households are at risk of homelessness.

To put some numbers to this picture, since 2001 the number of shelterless on any one night has increased from 300-600 people depending on the season, to 500-1,200 people. There were more than 7,000 turnaways from the Triage Shelter in 2003, an increase of over 300% from 2000. There are now 40,000 people living in 20,500 households in the City which are at risk of homelessness (are in 'core need'¹ and spend more than 50% of their income on shelter).

Vancouver City Council is concerned about this situation and asked staff to prepare a Homeless Action Plan. The purpose of this Plan is to identify actions which the City, other levels of government, the community and business can take to address this urgent problem. The Plan identifies what changes are needed so that the 1,000 or so street homeless have stable housing and the number of people at risk of homelessness is reduced. Recently there has been increased public awareness of the issue, and with this has come a renewed sense that this problem can be solved - that homelessness in Vancouver is not acceptable and together we can end it. There is a history in Vancouver of collaboration among the various levels of government and communities and working together on difficult issues. The Vancouver Agreement has allowed the various governments to work together effectively and we can build on these partnerships to successfully address homelessness.

1.2 Scope

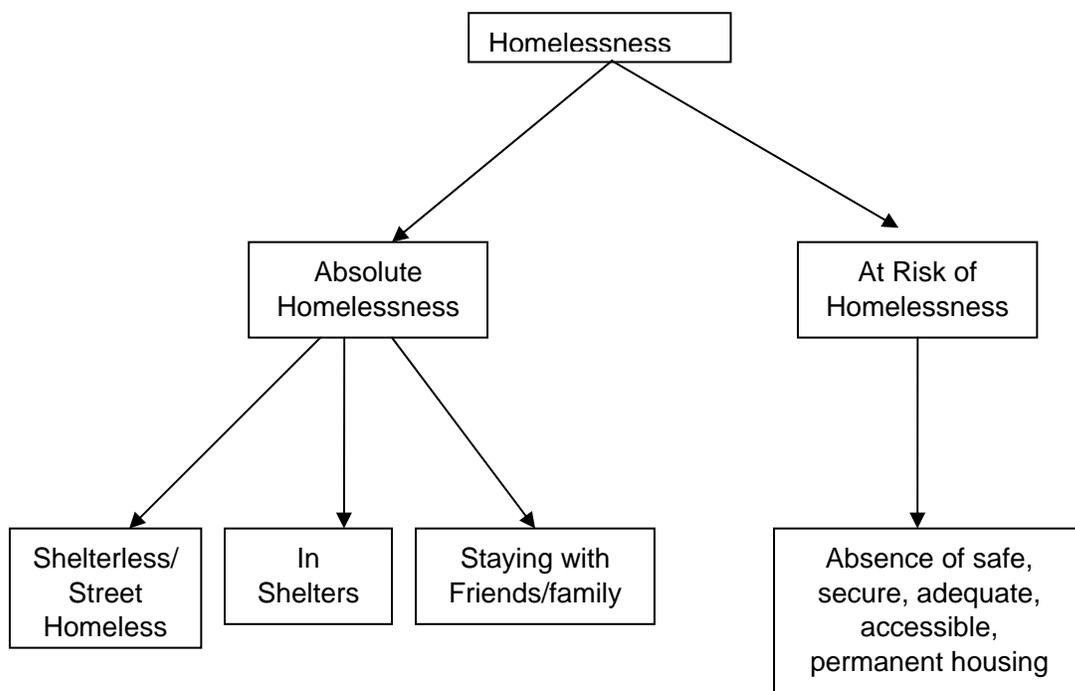
The City is the largest and most central municipality in the Greater Vancouver Regional District. As homelessness is an issue for all municipalities, a regional homelessness plan has been prepared and updated - 3 Ways to Home, Regional Homeless Plan Update, November 2003. This Plan for the City of Vancouver uses the same framework as the regional plan, which itself is modelled on plans from many other cities across Canada and the United States. Three components are identified as essential to alleviating homelessness: **income, housing, and support services**. Actions are necessary in all three areas to successfully deal with the complexities underlying homelessness.

¹ Households are in "core need" if they live in housing that is unaffordable, inappropriate or inadequate AND cannot afford to rent housing that meets all three standards

While homelessness has been increasing, this Plan begins with the assumption that the situation can be changed. Vancouver has emphasized environmental sustainability, and actions on homelessness are an opportunity to further increase our social sustainability. With concerted collective will and adequate resources, homelessness in Vancouver can be significantly reduced, if not eradicated. This Plan provides a number of recommendations that show how this goal can be achieved. A 10 year horizon is used for planning purposes. However, there are not sufficient public financial resources to do everything at once and the current delivery systems are stretched to the limit. There are some actions which can be undertaken immediately, and others that will require further work before implementation. Much is dependent on the availability of additional financial resources.

Throughout the Plan the term “homeless” is used to include the absolute homeless – those living on the street, sleeping in back lanes, parks, alcoves, etc; those staying in shelters or transition houses as temporary accommodation; and those who are ‘couch surfing’, staying with friends or family. The term also includes those at risk of becoming homeless because they are living in places which are not safe, secure or affordable.

DEFINITION OF HOMELESSNESS



1.3 Rationale for Plan and Objectives

Most Canadians recognize that having a home is essential to everything we value in life. Without a home, it is extremely difficult to meet basic physical needs or maintain family, friends, community involvement, and work.

There are many reasons for ending homelessness and these relate both to the homeless individuals and to the larger community. Three simple reasons are: to eliminate the human suffering and waste of potential lives; to reduce the drain on public and private supports; and to avoid the negative effects on communities, businesses and civil society.

Homelessness is clearly a tragic situation for the individual. This is obvious when we look into the faces of the people who are street homeless in Vancouver. There is a high human cost when people are not able to fully participate in society and end up isolated from their community.

An increasing body of information also indicates that our current approach to homelessness has led to an inefficient use of public resources. It costs more to leave people homeless than to provide them with permanent housing and support services. A 2001 study by the Province indicated that the public costs for providing services and shelter for one homeless person are up to \$40,000 annually compared with up to \$28,000 for someone who has housing.²

Homelessness also negatively affects neighbourhoods and businesses. The quality of life is reduced for citizens of Vancouver, particularly in the Downtown, but also in our neighbourhood centres. Having people living on our streets and in our parks is bad for business, especially tourism, which is a major part of Vancouver's employment and economic base.

It is important to deal with homelessness with urgency, particularly with young people. The longer people are street homeless, the more homelessness becomes an entrenched way of life, and people lose the ability to be re-integrated into society. Maintaining family connections, community contacts, or job readiness becomes increasingly difficult as the skills for these activities get replaced with survival street skills. No one in Vancouver wants to see the homeless situation worsen by having more people living on the streets.

The City of Vancouver is developing this Homelessness Action Plan because both the City and its citizens are impacted by those living on the streets. The homeless sleep in city lanes and parks and use community centres or libraries to meet many of their basic needs. The presence of the homeless in the city also impact on the public and business and many of these citizens call City Hall to ask that something be done. Increasingly staff interact with homeless people, trying to assist where possible, but they are often frustrated by the lack of real solutions. There has also been an increase in panhandling on city streets. Some of the panhandlers have housing and some are homeless. This plan should help address some of the underlying reasons why homeless people are engaged in this activity.

This plan has been developed so that the City can work with the other levels of government and the community on a proposed set of specific actions, so that together the problem of homelessness can be addressed. The City is also developing this plan

² Government of BC, 2001, *Homelessness – Causes and Effects*, February 2001

to further implement the regional homeless plan, 3 Ways to Home, and to clarify what needs to be done within this municipality.

In determining how homelessness can be reduced, it is useful to understand the reasons why homelessness has become the problem it is today. Clearly something has broken, as we did not have this level of homelessness in Vancouver even ten years ago. The causes are complex but many relate to decisions made by governments, businesses, the public, and individuals. Usually these decisions were made without full recognition that they would lead to increased homelessness. For example, decisions to deinstitutionalize the chronically mentally ill without adequate community resources; to cutback new social housing development; to cutback social assistance were not made with an objective of increasing homelessness, but have had that effect. This Plan points to different directions and different decisions.

Tackling homelessness is something that can only be done successfully if all sectors of the community are involved – all levels of government, business, non-profit services, and residents. We can build on previous successful partnerships. For example, Vancouver has a 60 year history of building social housing through partnerships with the Federal and Provincial governments and non-profit societies.

We will have achieved success if within 10 years we can say:

- people who are capable of working have access to a job;
- people who need welfare are getting it and the amount of money received is sufficient;
- supportive housing and other forms of low-income housing has increased;
- the shelter system has improved so everyone who wants to come inside can;
- people can obtain mental health, addictions and other services which they need; and
- all sectors of the community are playing a role.

1.4 Process

Given the urgency of the issue, staff, with the assistance of a consultant, prepared this report in a relatively short period, relying as much as possible on existing reports and information.

Many of the homeless plans by other jurisdictions in Canada and the United States have been reviewed and those approaches were considered in this analysis. Information on the City of Vancouver in the regional plan was used extensively.

In terms of public involvement, the Mayor held several stakeholder and public forums in early 2004 where homelessness was discussed, and that material has been integrated. A meeting was held in May with over forty service providers and government representatives whose focus is on the shelterless or near shelterless, and actions to reduce street homelessness were proposed and prioritized. A larger meeting of over fifty stakeholders was held in July to review proposed actions. The opinions of homeless people were also sought. Interviews were held at two of the City's shelters, the discussions with Vancouver's homeless were integrated from the

regional plan, and information has been included from the ongoing work of the City's Tenant Assistance Program with street homeless.

The intent of this document is to provide the draft plan to City Council for information and referral for public review. The plan will be revised, taking into account the public input, and presented to City Council for adoption early in 2005.

1.5 Overview of Plan

The next chapter of this Plan highlights the three strategic actions that would make a significant difference in reducing homelessness in Vancouver. In Chapter 3, the characteristics of the homeless are presented, both those that are in absolute homelessness and those at risk of homelessness. Chapter 4 contains the detailed analysis of the issues related to homelessness and the recommendations for actions. The final chapter presents the conclusions and summarizes the key actions in the Plan.

2. THREE STRATEGIC ACTIONS

It is clear that many people in Vancouver would like to eradicate or eliminate the homelessness we now see in our street. Many are also concerned about people who are living at the edge, and who could be plunged into homelessness by the loss of a job or personal crisis.

This plan is comprehensive with a total of 86 recommended actions. Taken together, it is expected that homelessness could be practically eliminated within 10 years if all these actions were implemented. But there are three key priorities in the areas of income, housing and support services where actions would have the most impact on reducing homelessness. These are described below. Ballpark cost estimates are provided for a few priority actions related to the street homeless. These numbers are very preliminary and should be used only to indicate the possible level of spending that would be needed.

2.1 Reduce Barriers to Accessing Welfare by the Homeless

The Tenant Assistance Program is finding increasing number of street homeless who are not on, or eligible for welfare. Without funds to pay rent, moving inside is impossible. In 2001, about 15% of the street homeless were not on welfare. By early 2004, this had increased to 50%, and by summer 2004, more than 75% of the street homeless reported they are not on welfare.

Changing access to welfare would have a significant effect on reducing the homelessness that we see on the streets everyday. It would then be possible for people to have money for rent and move inside.

Welfare policies are the responsibility of the Provincial government and this plan recommends that the City and others urge the Province to revise its policies regarding eligibility for welfare. In 2003 City Council passed such a motion and this Plan reiterates the need for that action. The City can assist in providing additional outreach so that the street homeless can access welfare services. A pilot project is proposed that would combine the efforts of staff from the City and the Ministry of Human Resources to assist the homeless to access the welfare system. While this would assist some in the short-term, policy changes are also needed to reduce the barriers to welfare.

If the street homeless who are not on welfare were able to obtain benefits, it could cost the Province about \$5 million a year at current welfare rates.³

2.2 Develop 3,200 Units of Supportive Housing

There is a solution to homelessness that is working in other North American cities and can be effective in Vancouver and this is to build much more “supportive housing” - affordable housing linked to support services. Supportive housing can take various

³ Calculated at \$510 per month for 750 people (75% of 1,000 street homeless).

forms. In some cases, support services are provided on-site, while in other cases residents are linked to community-based services. We have some supportive housing in Vancouver, but more is needed to address homelessness.

Studies on supportive housing in New York City and San Francisco show that individuals in this form of housing experience decreased incidences of homelessness, decreased use of expensive health services, decreased hospitalization, and increased residential stability.

While shelters are necessary to accommodate emergency needs, they do not provide long-term solutions to homelessness. In fact, New York City has adopted a new approach where shelter beds are being closed and resources are being redirected to supportive housing. Here in Vancouver many shelter users occupy beds on a repeat or prolonged basis because appropriate housing is not available. For example, 57% of all admissions to Triage's emergency shelter over the last year were repeat admissions. Of late this has been aggravated by the increased time it takes those in shelters to be approved for welfare. If supportive housing is developed, space in the shelters would be freed up for those whose real need is temporary emergency accommodation.

Building supportive housing is a better approach for the homeless individuals, and also is cost effective. The cost of a bed at St. Paul's psychiatric ward is \$500 per day and a bed in a provincial correctional institution costs \$155 - \$200 per day. The costs of supportive housing vary from \$20 - \$38 per day, depending on the kind of support. For example, it costs \$20 per day where supports are provided to residents in SRO hotels and \$21 - \$38 per day for the Supported Independent Living (SIL) Program where people live in private apartments with rent subsidies and outreach workers. It costs \$32 - \$38/day in social housing with modest support.⁴

If 800 people out of Vancouver's 1000 street homeless population were housed in supportive housing, the cost would range from \$6 - \$11 million, depending on the type of supportive housing.⁵

2.3 Increase Addiction and Mental Health Services

Many of the people on Vancouver's streets have substance addictions. The overnight searches by the City's Tenant Assistance Program estimate that at least two-thirds of the street homeless have severe addictions to drugs and/or alcohol. In recent years, more attention has been placed on these issues and progress is being made. Vancouver Coastal Health is moving ahead with their Operational Addictions Plan and the City is working with its partners to implement the recommendations in the *Framework for Action – A Four-Pillar Approach to Drug Problems in Vancouver*. However, additional resources are needed if homelessness is to be tackled in a significant way. This plan recommends an expansion of addictions services, including sobering facilities, withdrawal management (detox), treatment and supportive housing.

⁴ Government of BC, 2001, *Homelessness – Causes and Effects*, February 2001. Includes operating & capital costs.

⁵ The 800 figure is based on the assumption that the remaining street homeless could find other permanent housing alternatives. The \$6 - \$11 million includes operating and capital costs and is derived from data in above study by Government of BC. The low estimate reflects the costs for lower end of SIL units, and the high estimates reflect higher end of social housing with support model.

At least one-third of the shelterless contacted by City staff show symptoms of mental illnesses. Often people have concurrent disorders, having both a mental illness and drug or alcohol addiction. In Vancouver there is growing evidence that approaches based on the Assertive Community Treatment (ACT) model can reduce homelessness and increase housing stability for individuals with a mental illness. In other North American cities it works equally well for people with addictions and mental illness. ACT is a type of case management where a team of health, mental health and peer support workers provide individualized intensive care, often on an outreach basis with extended hours.

In New York, Pathways to Housing provides ACT as part of its supportive housing. In a controlled study, the results showed that the Pathways approach was very successful with people who were street homeless and had both mental illnesses and drug addictions. The evaluation showed that participants spent more time stably housed and spent fewer days hospitalized than with other programs.

This plan recommends a significant expansion to individualized case management such as ACT. It is estimated that close to 300⁶ of the 1,000 or so street homeless could be stabilized with ACT. This would cost about \$5 million a year.⁷

2.4 Cost and Implementation

The above cost figures are ballpark estimates of only some of the plan priorities and indicate the scale of public investment that will be needed, particularly for the street homeless.⁸

The implementation of this plan, and any significant reduction in homelessness, would require additional funding beyond what is currently allocated for income support, housing and services such as mental health and addictions. The agencies responsible for delivering these are fully occupied meeting their current mandate and responsibilities.

The Plan identifies a number of actions that are focussed within City boundaries; however, the problem of homelessness is a regional, provincial and national problem that we cannot solve alone. To be effective any strategy developed to address the City's problems must be coordinated with actions by and in our neighbouring communities. This was recognized in the regional homelessness plan – *3 Ways to Home, Regional Homelessness Plan Update* (November 2003) – which identifies what needs to happen regionally to give people access to the income support, housing and support services they need in their own communities. Without this regional approach, any successes we have in Vancouver will simply draw more of the problem here from our neighbours.

Although we need the support of our regional neighbours, even collectively, municipalities are not in a position to deal effectively with the problem of homelessness. While homelessness is most visible at the local level, municipalities are least able to address the underlying causes. Municipal government does not have the jurisdiction to change social assistance or increase incomes nor does it have the responsibility for mental health

⁶ It is assumed that the remaining street homeless need less intensive case management or do not need it at all.

⁷ Based on an 8-person team working on 1:5 client basis, which amounts to \$44 per person per day.

⁸ The above figures cannot be added together to get an estimate of the total costs of providing welfare, supportive housing and ACT for the street homeless - there would be double counting.

or addiction services – all of which are key to addressing the homelessness problem. And, of all levels of government, municipal government is least able to pay for these solutions because of its heavy reliance on the extremely regressive property tax and limited access to revenues that are more appropriately applied to solving this problem.

The underlying causes of homelessness are within the jurisdiction of the Provincial and Federal governments. The Provincial government is responsible for income programs, social assistance and social and health services. Many of these programs have attracted Federal funding. Vancouver Coastal Health is responsible for the management and delivery of health programs. Housing has been in “constitutional limbo” for some years, with periodic involvement of the Federal government and Provincial programs more recently focussed on the frail elderly. This jurisdictional arrangement reflects the fact that these issues need to be considered well beyond municipal boundaries and should be supported by the broader range of progressive taxation available to senior governments. These senior governments have the jurisdiction, responsibility and financial resources to deal with these problems and we should look to them to provide the resources to move the Plan ahead.

This does not mean there is no role for the City to play. In fact, the City has a legacy of involvement in social issues in our community including homelessness. The City has an annual grants program that supports community services organizations involved in social support functions. We have worked with community organizations to leverage funding from senior governments and other funding organizations to achieve more than the City can achieve on its own. Through our Housing Centre and its Tenant Assistance Program we seek out opportunities to develop social housing and provide support to those who face the most significant housing difficulties. We have been an active participant in the provision of social housing in the City by purchasing sites and by providing direct financial support to organizations wishing to develop affordable housing in a City where little or no social housing could exist based on senior government funding arrangements.

The City’s strategy has reflected our desire to ensure that our citizens have access to social services and housing, as well as our limited jurisdiction and financial resources. However, as our most significant successes have come when we have worked in collaboration with senior governments and others, it is the expectation of the homelessness Plan that this will continue to be the primary role that the City will play.

This Plan provides the City’s perspective of what needs to be done to reduce and prevent homelessness. As noted above, the City will be most effective in working in partnerships with others. In the discussion of the actions throughout the Plan, the City’s role is identified. The City can facilitate and coordinate the implementation of some of the recommended actions by building on the existing partnerships that have been developed among the various levels of government, non-profit societies, and the communities. Most of the actions would require staff time that is already funded, although some increases might be necessary as the Plan is implemented. Others could impact on the City’s grant programs, either Community Service Grants or for specific housing project grants. The major financial involvement would be in continuing the City’s traditional role in providing sites for social housing. The City has already committed to contribute lease discounts of \$2 - \$3 million per year, and to provide capital grants of \$2 million - \$3 million per year, so that social housing can be built in partnership with senior governments.

3. PROFILE OF HOMELESS PEOPLE

As the introduction described, homelessness encompasses a number of circumstances. In this chapter, information is provided about the people who are in absolute homelessness and those who are at risk of homelessness. In the category of absolute homeless, people who are shelterless or street homeless are first described, followed by those who are staying in shelters, and then those who are staying with friends or family. The final section presents information about those who are at risk of homelessness.

3.1 The Shelterless or Street Homeless

This information about people who are shelterless or street homeless is based on the findings of the City's Tenant Assistance program and is taken from a February 2004 report on night-time walkabouts of Vancouver's streets.⁹ At that time it was estimated that between 500 and 1,200 people are street homeless on any one night. In recent month staff has noticed that the numbers continue to increase.

Almost all the people we found are adults, between the ages of 19 and 70. Most people who live outside year round are between 25 and 45. The summer tends to bring an increase of younger people. The majority of people living outside are male. The male/female ratio varies among neighbourhoods, ranging from no women in some areas to one-third women in others.

Aboriginals are disproportionately represented. At least one quarter of the people found sleeping outside were aboriginal, compared to about two percent of the City population.

Mental health is difficult to assess in the street, where all suffer sleep deprivation, and malnutrition, and all have adapted to a chaotic environment. Repeated visits to the same people over many months, and sometimes years, make it possible to witness times of mood-change, mania and depression. Symptoms of mental illness appeared from time to time in at least one-third of those found. Head traumas from job-related injury, car or bike accidents were reported by some. Most people living in the streets show symptoms of severe depression; many of these describe themselves as depressed. They say they often think of suicide.

At least two-thirds of those found suffered severe addictions to drugs and/or alcohol. This includes those who were unable to access detox and recovery houses, and had moved outside and tried to detox themselves in parks away from the temptations of the downtown core.

About one-half of those woken said they could not find housing because they have no income. They mentioned that they no longer qualify for social assistance or they have given up because the application process can take weeks or months. Others reported

⁹City of Vancouver, 2004, *Shelterless in Vancouver - 2004*, Report to City Council, February 10, 2004

that in the past they qualified for Employment Insurance or student loans, but are no longer eligible. Most rely, at least in part, on recycling things they find in dumpsters and collecting bottles as a source of income.

Other characteristics that emerged were: frequent moves or foster care during their childhood; sexual abuse; fetal alcohol syndrome; gender confusion; poor relationships with step-parents; strong interest in the visual arts, performing arts, and music; history of dyslexia and reading difficulties; love of animals and a love of nature. About one-half of the shelterless are parents, some of whom are able to maintain contact with their children.

During these searches, families were not found living outside as has been reported in other parts of the GVRD. This is likely because there is a range of services in Vancouver which is able to move families into shelter or housing quickly.

3.2 In Shelters

Within the City there are about 550 year-round shelter beds and 150 mats/beds added during the cold wet season. In total there are about 700 beds during the winter months.

In 2002, the GVRD undertook a snapshot survey of shelters and safe houses.¹⁰ Although the survey covered the whole region, 75% of those surveyed were in city shelters, reflecting the distribution of shelter beds. The survey found that those in shelters were 29% female and 71% male, 95% single, 57% between 25 and 44, 12% aboriginal, 60% with government transfers as their main source of income, and 15% reporting no source of income.

The shelter system was originally designed as an emergency response to homelessness. Unfortunately the system has evolved so that shelter beds are used by “repeaters”, who would be better off in more permanent accommodation. The currently available data on the use of shelters by individuals over time is very limited, but the Federal government is working with the shelter providers to implement a more comprehensive reporting system with Homeless Individuals and Families Information System (HIFIS).¹¹

In the meantime until more comprehensive data are available, as noted earlier, we do know that 57% of all admissions to Triage’s emergency shelters in the last year were repeat admissions. Vancouver is likely similar to Toronto where a quarter of shelter users stay one or two nights. These are people who have come to town or have left home for one night, people recently evicted from their apartments, or victims of abuse. The other three quarters use shelters as transitional housing or are chronic users. In Toronto, 17% of the shelter users use about 46% of the resources.¹²

¹⁰ Jim Woodward and Associates et al, 2002, *Research Project on Homelessness in Greater Vancouver*, Greater Vancouver Regional District

¹¹ HIFIS is a national shelter client database developed by CMHC for shelter operators to use for administrative purposes as well as for research and policy-making. Many Vancouver shelters are using this system, and it is expected that the system will start producing comprehensive data in 2005. The 2001 figures reported here were produced for the 2002 GVRD report and are only illustrative, as few shelters were capturing comprehensive data.

¹² “Breaking the Cycle of Homelessness,” City of Toronto, 1998

3.3 Staying with Friends/Families

These people are sometimes know as 'sofa surfers' and move from friend to friend as needed, but have no place of their own. While we know that these people exist, there has been no reliable method developed to identify or quantify these people. Nonetheless, they are part of the homeless population. Research currently underway by Neighbourhood Housing Society should provide better information.

3.4 At Risk of Homelessness

In addition to those who form the absolute homeless, there is another group of people who have homes but are "at risk of homelessness" - because they are living in places that are not safe, secure or affordable. One measure of those at *economic* risk of homelessness is the INALH concept developed by CMHC. INALH households are those households who are in "core need" and spend 50% or more of their income on shelter.¹³

According to the 2001 Census, in the Vancouver region as a whole, a total of 125,000 people living in 56,000 households were at risk of homelessness. In the city, there were 40,000 people (8% of the city's population) living in 20,500 at-risk households. Compared to the population who are not at risk, the city's at-risk population has:

- a slightly higher proportion of males (51% vs. 49%);
- a higher proportion of children 0-14 (17% vs. 13%);
- a lower proportion of seniors (9% vs. 13%);
- almost twice as high a proportion of people living alone (28% vs. 15%);
- almost twice as high a proportion of those indicating Aboriginal identity (3.3% vs. 1.8% - GVRD figures) and
- almost twice as high a proportion of people living in lone-parent families (18% vs. 10%)

Single persons living alone were twice as likely to be at-risk than people living in family households. Children under 15 living in lone-parent families were three times more likely to be in at-risk households than those in two-parent families, and they account for the higher proportion of children in the at-risk population.

¹³ INALH is an acronym for "IN core housing Need and spending At Least Half their income on shelter." Households are defined as being in "core need" if they live in housing that is unaffordable, inappropriate or inadequate AND cannot afford to rent housing that does meet all three standards. Estimates of core need and the sub-group of INALH households are made using Census data for private non-farm, non-band, off-reserve households that have positive incomes and shelter-to-income ratios less than 100%.

4. PRIORITIES, GAPS, AND ACTIONS

This chapter of the plan is organized around the three components of income, housing and supports. Within each component, the priorities, gaps and then actions are identified. At the end of this chapter, the next steps for implementation are discussed.

4.1 Adequate Income

An adequate income is key to preventing homelessness and to ending it. It is one of the 3 ways to home. The first goal of this Homeless Action Plan is to ensure that all individuals in Vancouver have an adequate income to afford appropriate food, housing and other basic necessities.

● **Priority 1** *Legislative reform to provide adequate levels of income*

GAP	<i>Barriers to obtaining BC employment and assistance and inadequate benefits</i>
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The BC Employment Assistance program, introduced in April 2002, made several changes that are affecting the ability of individuals to obtain welfare. For example, people who intend to apply for assistance must complete an Appointment and Enquiry form and a Reasonable Work Search Guideline form, 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. The result is that an applicant must wait at least three weeks before being eligible for assistance, except perhaps in exceptional cases, and in fact, the review process may take more than three weeks.¹⁴ Individuals with a medical condition (including addictions) may be excused from the requirement to look for work, but must obtain a doctor's letter.

Other changes that have affected the ability of individuals to access or maintain benefits include:

- Changes to eligibility for single parents with young children – 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;
- A two-year time limit – individuals who are considered employable will have their assistance terminated after two years if they do not comply with their employment plans (under certain conditions); and
- A 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. While some exceptions are made for youth coming out of government care and other youth in special circumstances, the rule particularly affects young people, both over and under 19.

¹⁴Social Planning and Research Council of BC, 2003, *3 Ways to Home: Regional Homelessness Plan Update*, GVRD Steering Committee on Homelessness

There is concern that a significant number of individuals are not accessing income assistance and are becoming homeless. City staff, who conducted more than 25 night-time walkabouts of the Vancouver streets between 2001 and 2003, reported that about half the people they spoke to said they could not find housing because they have no income.¹⁵ They stated that they no longer qualify for income assistance or they have given up because the application process is too difficult and takes too long. Some of the particular issues raised were the need to make and keep several appointments and to develop and adhere to a work plan. Accessing assistance was observed to have been a particular problem for people with a head/brain injury, mental illness, severe depression, young people trying to find work, people released from jail, those raised in foster care in BC, and immigrants and refugees. According to the 24-hour regional snapshot in January 2002, approximately 45% of the street and sheltered homeless people in Vancouver (203 individuals) reported that income from welfare or a training program was their main source of income. Interviews conducted in the West End/Yaletown area and Downtown Eastside during the months of April through June of 2004 found that the situation has worsened. City staff found that fewer than 25% of the people on the streets were receiving income assistance. They found more people who had been cut off welfare because they were not able to adhere to a work plan. Many of these individuals were substance users who were not “excused” from seeking employment.

The ability to access income assistance is critical, not only because of the income that is provided, but because eligibility criteria for many programs require individuals to be in receipt of income assistance. For example, the new Vancouver Agreement Employment Strategy (VAES) Case Coordination Services requires participants to be MHR clients. In addition, the ability to receive prescription drugs at no cost and to access free dental care requires individuals to be MHR clients.

There are also concerns that the amount of assistance provided for support under the BC Employment Assistance program is not enough for an individual or family to afford appropriate food and other basic necessities. Welfare rates have not been increased since 1991. Different approaches could be taken to determine what amount would be appropriate. A 2001 report prepared by the Social Planning and Research Council (SPARC) BC recommended that the appropriate amount of the support component of income assistance should be based on the costs for food, household supplies, clothing, personal care, transportation, child care, and other costs of daily living.¹⁶ The table below shows the existing rates for support as well as SPARC’s estimate of the minimum monthly income required for support in 2001. Another approach would be to increase the amount of support to at least reflect increases in the cost of living since 1991. This would result in a 25% increase, as shown in the table on the next page. This Homeless Action Plan calls for an increase in the support component of income assistance to at least reflect the increased cost of living since 1991.

¹⁵ City of Vancouver, 2004, *Shelterless in Vancouver - 2004*, Report to City Council, February 10, 2004

¹⁶ Goldberg, Michael and Andrea Long, 2001, *Falling Behind: A Comparison of Living Costs and Income Assistance Rates (BC Benefits) In British Columbia*, Vancouver, SPARC BC.

Welfare Support Rates – Actual and Calculated			
Type of Recipient	2004 Support Rate*	Support Rate - Increase Based on Cost of Living (25%)	Support Rate - Increase Based on Household Costs**
Single adult	\$185	\$230	\$568
Single parent (child 5 yrs.)	\$441	\$551	\$893
Single parent (children 14 & 16 yrs.)	\$556	\$695	\$1,347

*Includes the monthly BC Family Bonus of \$115 in 2002 for families.

**SPARC BC, 2001

The April 2002 BC Employment Assistance program represented a shift in government policy. The government's stated intention was to redefine income assistance to focus on employment and self-sufficiency. While this is a worthwhile objective, the emphasis on employment has created difficulties for individuals unable to make this transition. What is more, the BC Employment and Assistance program contains contradictions. Applicants are directed to find a job, but elimination of earnings exemptions, cuts to childcare subsidies, cuts to transition-to-work assistance, and the \$6 training wage have made this more difficult. For example:

- There have been several changes to the monthly income a family may have to be eligible for the child care subsidy and the net result is that it was reduced by \$185, and the government will claw back more of the subsidy from modest income families. A single mother with one child in licensed group care with a gross income of \$24,300 will pay \$1,534 more towards child care per year. It is estimated that more than 10,000 families in BC lost all or part of their child care subsidy as a result of the new Employment Assistance program;¹⁷ and
- Prior to the current program, a single person without dependents was entitled to earn \$100 per month without this income affecting the amount of 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%. At present, any income earned is deducted dollar-for-dollar from one's income assistance cheque, except for people with disabilities. The earnings exemption for this group was increased to \$400 per month.¹⁸

There is no financial support to help people become employable (e.g. clothing, glasses, bus passes).

This Homeless Action Plan calls for changes to the BC Employment and Assistance program to ensure that all individuals in need can afford appropriate food, housing and other basic necessities.

City of Vancouver role:

- Work with the Ministry of Human Resources on a pilot project to coordinate outreach to people who are street homeless.

¹⁷ Social Planning and Research Council of BC, 2003, *3 Ways to Home: Regional Homelessness Plan Update*, GVRD Steering Committee on Homelessness

¹⁸ Ibid

ACTION

1. The Provincial Government to revise eligibility criteria and the applications process for BC Employment and Assistance to ensure that people in need have access to benefits. This includes providing immediate access on a temporary basis pending proof of eligibility.
2. The Ministry of Human Resources (MHR) to provide additional outreach to help adults and youth with multiple challenges apply for benefits.
3. The City of Vancouver to work with MHR on a pilot project to coordinate outreach to people who are street homeless. This could include enhancing the City's Tenant Assistance Program to help connect people who are street homeless to an MHR outreach worker.
4. The Provincial Government to increase support benefits available through the BC Employment and Assistance program to at least reflect cost of living increases since 1991 (e.g. increase rates for single adults from \$185 to \$230/month).
5. The Provincial Government to provide financial support, incentives and assistance to help people transition to employment. Specific measures should include a graduated approach to earnings exemptions, transition-to-work assistance (including medical coverage), and financial support (e.g. clothing, glasses, dentures and bus passes) to help people become employable.

On November 2, 2004, in reviewing this report for sending it for public review, Vancouver City Council passed a motion in further support of re-instating earnings exemptions: "that Council works with the provincial government to reinstate an exempt portion of earnings for basic income assistance recipients."

6. The Provincial Government to increase subsidies for childcare and increase the number of spaces within the childcare system to accommodate more children from families with low incomes.

GAP***Shelter component of income assistance inadequate to afford suitable housing***

The shelter component of the BC Employment and Assistance program is too low to permit people to rent decent rental housing. The shelter component of income assistance has not been raised since 1991 and has not kept pace with rising rents. The table below shows that average monthly rents are approximately double the amount of the shelter component for a single person seeking a bachelor unit, a family of three seeking a three-bedroom unit, and a family of four seeking a three-bedroom unit.

Youth aged 16-18 years have often been moved to income assistance rather than youth-in-care agreements. With only \$325 per month to spend on rent, these youth have limited housing options. When mental health, addictions or other issues are involved, youth can

end up in SROs with an older and more street-wise population, or couch surfing, or selling themselves for a place to stay - all of these putting them further at risk.

Under the Province's Shelter Aid for Elder Renters (SAFER) program, the amount of assistance available to seniors has not kept pace with rising rents either. Under this program, seniors who pay more than 30% of their incomes to rent may receive a partial reimbursement for the amount of rent paid which is more than 30% of their incomes. However, regardless of the actual rent, the program has set a maximum rent of \$520 per month for a single person and \$575 per month for a couple. These maximum rents have not changed since 1989.

Rents and BC Employment and Assistance Shelter Allowances					
Number of People	Maximum Monthly Shelter Allowances	Average Monthly Rent Vancouver CMA 2003	Unit Type	Average Rent as a Percentage of the Shelter Allowance	
				2003	2000
1	\$325	\$654	Bachelor	201%	184%
2	\$520	\$654	Bachelor	126%	115%
		\$759	1 Bedroom	146%	134%
3	\$555	\$965	2 Bedroom	174%	146%
		\$1,119*	3 Bedroom	202%	168%
4	\$590	\$965	2 Bedroom	164%	137%
		\$1,119*	3 Bedroom	190%	157%

*The average rent for a 3-bedroom unit in Greater Vancouver fell slightly between 2002 and 2003
Source: based on CMHC 2003 Vancouver Rental Market Report and 3 Ways to Home

City of Vancouver role:

- None

ACTION
<p>7. The Provincial Government to raise the shelter component of income assistance to at least reflect cost of living increases since 1991 (e.g. increase shelter component for single adults from \$325 to \$400/month).</p> <p>8. The Provincial Government to raise the amount of assistance available through the Shelter Aid For Elderly Renters (SAFER) program to reflect cost of living increases since 1989 (e.g. increase the maximum rent levels from \$520 to \$730/month).</p>

GAP	<i>Incomes of the working poor are inadequate to afford decent housing</i>
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A significant proportion of people who are employed are homeless or at risk of homelessness. The 2001 Census indicates that almost half the at-risk households in the city receive most of their income from employment. In the snapshot survey of homeless people in 2002, 13% of the individuals surveyed in Vancouver stated that their main source of income was from employment.¹⁹ City staff have reported that an increase in the

¹⁹ Jim Woodward and Associates et al, 2002, *Research Project on Homelessness in Greater Vancouver*, GVRD, page 97.

number of employed persons was one of the most startling changes that took place for homeless people on the streets between 2001 and 2003. These individuals were usually male, from about the age of 24 to the late 40s. They have reported that much of the work available is part time, and pays minimum wage or slightly more. Many do heavy physical work through labour pools; others work in restaurants or as house painters and drywallers for contractors. They may not be able to secure work every day, and are often laid off when it rains or business is slow. Even if they work full time, they report that their pay is not enough to be able to save the money needed for a security deposit and the first month's rent for a room while they are living outside.

In November 2001, the hourly minimum wage in BC was increased from \$7.60 to \$8 an hour. At the same time, however, a "first job" or training wage of \$6 an hour was introduced. This rate applies to the first 500 hours (approximately 3 months) worked in any job. The training wage applies to all new workers, but particularly affects youth. An individual working 35 hours per week at this rate of pay would earn about \$910 per month. An individual earning \$8 an hour would earn \$1,213 per month or \$14,560 per year. While the rate of \$8 an hour is the highest minimum wage in Canada, most households earning this amount in Greater Vancouver would not be able to afford an apartment at the average rent. The table below shows that all households earning the minimum wage would need to pay more than 30% of their incomes to rent. Single persons and single parent 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 54% and 92% of their incomes for an apartment at the average rent.

Annual Income Required to Rent Market Housing					
Unit Type	Average Monthly Rent Vancouver CMA 2003	Income if 1 person works 35 hrs/wk/yr at \$8/hour	Average rent as % of income with 1 person working full-time	Income if 2 persons work 35 hrs/wk/yr at \$8/hour	Average rent as % of income with 2 full-time employed
Bachelor	\$ 654	\$14,560	54%	N/A	N/A
1 Bedroom	\$ 759	\$14,560	63%	\$29,120	31%
2 Bedroom	\$ 965	\$14,560	80%	\$29,120	40%
3 Bedroom	\$ 1,119	\$14,560	92%	\$29,120	46%
Source: Rent data from CMHC October 2003 Vancouver Rental Market 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 it is commensurate with housing costs, introducing tax initiatives (such as tax credits), or providing a guaranteed annual income.

This Homeless Action Plan calls for the Provincial Government to increase the minimum wage and eliminate the \$6 an hour training wage. These measures were recommended in the Greater Vancouver Regional Homelessness Plan Update. Some organizations express the point of view that raising the minimum wage can hurt the poor. For example, the Fraser Institute has reported that the costs of the higher minimum wage will be borne by those who are unable to find work at the higher wage, that a 10% increase reduces the rate of employment among 15 to 24 year olds by one to three percent, and that the benefits of higher minimum wage accrue largely to teenagers and young workers living in

relative affluent households.²⁰ However, others point out that most minimum wage workers are adults, that increases in the minimum wage will benefit low-income families, and that modest increases in minimum wage have been shown to have only marginal employment effects. The Canadian Centre for Policy Alternatives (CCPA) report that large increases in the minimum wage have been followed by both increases and decreases in employment, demonstrating that other trends in the economy (e.g. business cycle, economic growth, and changes in labour supply), have a greater impact on employment levels than the minimum wage.²¹

The City of Vancouver could evaluate establishing a living wage policy to provide that each contractor with the City pay its employees providing services under such a contract, wages that are equal to or greater than a living wage. The amount of the living wage would need to be determined, but could be based on the principle that people who are employed should be able to afford housing in Greater Vancouver without paying more than 30% of their incomes to rent. At present, the lowest hourly rate of pay for employees with the City of Vancouver is \$13.94. This is a starting rate, and most of the staff in these positions are auxiliary and/or seasonal.²² Establishing a living wage policy based on a single person at the above level would likely not have a significant affect on the City work force. However, further analysis is necessary to determine what would be an appropriate living wage for Vancouver, and what affect a living wage policy might have on the City's budget, labour contracts and on the ability of qualified contractors to bid on work.

The table below shows the amount of income, including the hourly minimum wage that would be required for a single person to be able to afford a rental apartment at the average monthly rent.

Average Monthly Rent Vancouver CMA 2003	Annual income required to afford unit at 30% of income	Hourly wage needed for a household with one full-time employee (1820 hrs/yr)	Hourly wage needed for a household with two full-time employees (1820 hrs/yr)
\$ 654	\$26,160	\$14.37	N/A

City of Vancouver role:

- Conduct further research on how a living wage policy might work and determine the potential impact of a living wage on the City's budget, labour contracts and on the ability of qualified contractors to bid on work.

ACTION	
	9. The Provincial Government to increase the minimum wage so that people who are employed can afford housing in Greater Vancouver without paying more than 30% of their income on rent.
	10. The Provincial Government to eliminate the \$6 training wage rate.
	11. The Provincial Government to monitor the minimum wage and update it on an annual basis to ensure that it keeps pace with increases in the cost of living.

²⁰ Fraser Institute, 2000, *Hike in the minimum wage hurts the pool*, news release online at www.fraserinstitute.ca.

²¹ Freiler, Christa, Laurel Rothman and Pedro Barata, 2004, *Pathways to Progress: Structural Solutions to Address Child Poverty*, Toronto Campaign 2000; and Canadian Centre for Policy Alternatives, 1999, *CCPA Quick Facts, The Case for Increasing the Minimum Wage* (online at www.policyalternatives.ca/bc/bcminwageqf).

²² City of Vancouver staff.

12. Pending changes to the minimum wage, the City of Vancouver to evaluate the implications of establishing a living wage policy that requires each contractor with the City to pay its employees providing services under such a contract wages that are equal to or greater than a living wage

GAP***Inadequate access to employment insurance***

A significant percentage of unemployed individuals are ineligible for benefits under Canada's Employment Insurance (EI) system. Changes to the EI system since the 1990s led to a dramatic decline in the number of BC residents who qualify for benefits. In 1992, 77% of unemployed people in BC qualified for insurance benefits. As of July 2003, only 35% of unemployed individuals in BC received EI benefits.²³ A 2003 study conducted by the Canadian Labour Congress found that the changes to the EI program have affected women more than men. In 1990, 69% of unemployed women received unemployment insurance benefits. In 2001, only 33% of unemployed women in Canada received insurance benefits compared to a 44% rate of coverage for men.²⁴

Several solutions have been recommended to address this issue. The Greater Vancouver Regional Homelessness Plan requested 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. This would bring levels back to where they were before the changes made in the mid 90s.

According to a recent report prepared to address child poverty in Canada, the EI program has not kept up with a shifting labour market that has created many jobs that often do not fit qualifying rules. Workers in temporary, part-time, seasonal, or temporary employment often do not qualify for benefits, while others are eligible for only a short period of assistance. The report recommends that the Federal government restore eligibility by introducing a uniform 360-hour qualifying requirement, and extending the benefit period to one year to protect all earners, including low income parents, when the economy is in recession. The authors state that the 360-hour qualifying requirement would ensure that laid-off workers and part-time workers qualify for benefits. In addition, an extended benefit period of one full year of protection when unemployment reaches recession levels would reflect the realities of the labour market and help to prevent workers and their families from cycling in and out of poverty with changing economic cycles.²⁵

Although eligible individuals are entitled to employment insurance benefits after a two-week waiting period, it may take as long as eight weeks before they receive a cheque. This waiting period to obtain benefits is a cause of homelessness. A significant number of households cannot pay rent and lose their housing while waiting for their first cheque.

²³ Social Planning and Research Council of BC, 2003, *3 Ways to Home: Regional Homelessness Plan Update*, GVRD Steering Committee on Homelessness

²⁴ Ibid; Canadian Labour Congress, 2003, *Falling Unemployment Insurance Protection for Canada's Unemployed*, press release, September 3, 2003.

²⁵ Freiler, C. et al., 2004, *Pathways to Progress: Structural Solutions to Address Child Poverty*, Ottawa Campaign

City of Vancouver role:

- None

ACTION	<p>13. The Federal Government to expand eligibility criteria for Employment Insurance benefits.</p> <p>14. The Federal Government to ensure that individuals receive their Employment Insurance benefits within 2 weeks from the time they are eligible.</p>
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● **Priority 2 Employment assistance services and training**

GAP	<i>Inadequate employment assistance and training programs for homeless individuals</i>
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The inventory of services and facilities for people who are homeless identified more than 40 initiatives aimed at helping individuals to connect with employment. These programs and services include:

- Job search support;
- Job placement;
- Education and academic upgrading;
- Pre-employment training;
- Life-skills and employment counselling & training;
- Work experience and on the job training; and
- Supported employment (on the job support)

Assets: Employment Services, 2003	
Target Group	Number of Services
All	10
Adults	4
Women only	2
Mental health	4
Immigrants	1
Youth	10
Aboriginal women	1
Aboriginal	8
Aboriginal youth	2
Total	42

This Homeless Action Plan supports the view that providing homeless individuals with employment opportunities is necessary to break the cycle of homelessness. Discussions with homeless people for this and other plans have confirmed they want to work but need some help.

The Vancouver Agreement Employment Strategy (VAES) Case Coordination Service is a new initiative that has been designed to provide pre and post employment supports to 450 long-term unemployed MHR clients in the Downtown Eastside over three years. Clients will receive one-to-one support to help them obtain and retain employment. One of the issues with this initiative is that eligibility is restricted to MHR clients. It is hoped that this will be addressed through a concerted effort to increase the number of individuals who can obtain income assistance, as well as through additional programs targeted specifically to people who are homeless.

There are a number of other recent initiatives which are positive. The Vancouver Agreement Downtown Eastside Economic Revitalization Plan proposes to more fully engage the private sector in creating jobs for multi-barriered Downtown Eastside residents. The Vancouver Agreement will continue to work on the Inclusive Olympics commitments with objectives to increase jobs for inner city low income residents. The City is securing construction and ongoing operation jobs for large development projects (e.g. Woodward's, Costco, Convention Centre) and encouraging City departments to purchase from businesses that hire multi-barriered residents. The VAES will help

facilitate and coordinate jobs stemming from the Inclusive Olympics, City development and rezoning permissions, the Economic Revitalization Plan, and other public and private sector jobs by working with local training organizations.

Employment assistance and training programs need to be targeted specifically to people who are homeless or at risk of homelessness, including women, youth, Aboriginal people and people with disabilities, to help them become employment-ready and obtain employment. Program objectives should be to help homeless people transition to a level of employment that is consistent with their goals, strengths, and abilities and “where they are at”. It is also necessary to ensure that employment strategies include opportunities for people who are most challenged. A good model is the Bladerunners Program, funded by the provincial and Federal governments, where youth at risk are trained and placed in jobs in construction, often leading to apprenticeships.

It has been noted that arts and culture projects can provide a significant opportunity to create employment opportunities for people who are homeless. Such programs can be highly accessible and low threshold, provide an opportunity for advancement, bring people together, and provide an opportunity for self-expression.

People who are homeless face many barriers to employment. This Plan calls for new approaches to provide whatever support and assistance is necessary to help an individual obtain and maintain employment. In addition to job training and job search programs, a variety of fundamental issues need to be addressed. These include adequate housing (e.g. a place to get a good night’s sleep, wake up on time, and take a shower), food, dental care, childcare, self-esteem and mental health issues. The City has recently established the Food Council with one of its objectives to improve food security for low income people. Access to telephones, computers and public transportation, and clean and appropriate clothing are also needed. The need to address this issue is consistent with the Vancouver Agreement Employment Strategy, which has as one of its goals “providing client supports such as wage subsidies, training expenses, and assistance accessing specific needs such as childcare and housing”. This issue is addressed in Action #17 (and parts of the plan that deal with childcare and housing).

City of Vancouver role:

- Continue to include employment objectives as part of large project permitting and support the Vancouver Agreement Downtown Eastside Economic Revitalization Plan and the Vancouver Food Council; and
- Facilitate, coordinate, and consult with the community as appropriate.

The bulk of required funding will need to come from the senior governments.

ACTION	<p>15. All levels of government to continue to support the Vancouver Agreement Strategy (VAES) Case Coordination Service initiative to provide pre and post employment supports to at least 450 long-term unemployed MHR clients in the Downtown Eastside over three years. This initiative will include providing clients with one-to-one support to help them obtain and retain employment.</p> <p>16. All levels of government to support and enhance employment assistance services and training programs specifically to help people who are homeless or at risk of homelessness, including</p>
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women, youth, Aboriginal people, people with disabilities, and people who are most challenged, to become employment-ready and obtain employment. The programs should provide assistance and support to help homeless people transition to a level of employment that is consistent with their goals, strengths, and abilities and “where they are at”. Approaches should include:

- Low threshold employment training based on the life styles and actual circumstances of street people;
- Mentoring (e.g. teaming up homeless people with others who are working), street outreach and peer employment; and
- Fostering self-employment opportunities and the development of small businesses and other community economic development initiatives (e.g. bike repair shops, crafts etc.)

17. All levels of government to develop new approaches to provide whatever support and assistance is necessary to help an individual obtain and maintain employment. This includes:

- Developing an assessment tool to determine what supports are needed for the individual to obtain and maintain employment;
- Helping to address fundamental issues such as housing, food, health, dental care, childcare, self-esteem and mental health, substance use, skills training, work experience, and education;
- Ensuring that individuals have the tools needed to find employment, including access to telephones, computers, bus passes, and clean and appropriate clothing for job interviews; &
- Ensuring that people with criminal backgrounds receive the support they need to overcome employment barriers.

Examples of approaches include providing case management and encouraging all employment assistance and training programs to develop a plan to address the basic needs of their clients.

4.2 Housing Continuum

Affordable housing is key to preventing and ending homelessness. It is one of the ‘3 ways to home’. For many people who are homeless, an affordable place to live is all they need. This could include affordable housing provided by the private, public, non-profit or co-op sector. For some the only issue is the cost of the housing relative to household income. Others, however, require support services (e.g. supportive housing) to help them maintain their housing. The level and nature of support may vary according to the needs of each individual, and may also vary over time for each individual.

Increasing the stock of affordable housing, and ensuring that adequate supports are in place will reduce the demand for emergency shelters. Fewer households should require emergency accommodation, and shelters should be able to refer their clients to affordable and appropriate housing right away. At the same time, there is a need to ensure that the shelter system has sufficient capacity to meet emergency housing needs.

The housing goals of this Homeless Action Plan are to:

- Provide more affordable and supportive housing to prevent homelessness and help households exit homelessness as quickly as possible; and

- Ensure that the shelter system²⁶ has sufficient capacity to meet emergency housing needs while at the same time minimizing the need for emergency shelter by providing enough appropriate, affordable, and supportive housing.

● **Priority 3 Independent affordable housing**

Independent affordable housing refers to permanent housing that is affordable to households with low and modest incomes, who can live independently in the community with little or no support services. There are several ways to ensure an adequate supply of affordable housing: develop new affordable housing, maintain the existing supply of affordable housing, provide rent subsidy assistance in the existing stock to provide for affordability, and acquire and rehabilitate existing housing stock so that it becomes part of the permanent stock of affordable housing.

Affordable housing is a necessary resource to help prevent homelessness for the 20,500 households in Vancouver are at risk of homelessness. This includes:

- Renter households 15,700
- Owner households 4,800
- Total households 20,500

Women, Aboriginal people, seniors, immigrants, single parents with children, people with physical disabilities, youth and other vulnerable populations have been identified as being most at risk of homelessness because of the lack of affordable housing.

GAP

Inadequate supply of social housing

Social housing refers to housing built under Federal/provincial or provincial programs and is designed to accommodate low and modest income households. It includes:

- Public Housing – owned and operated by government agencies (e.g. BC Housing);
- Non-Profit Housing – owned and operated by public and private non-profit societies;
- Co-operative Housing – owned and managed by co-operative associations of tenants; and
- Urban Native Housing – owned and operated by non-profit societies to provide housing for Native/Aboriginal people.²⁷

Assets: Social Housing in Vancouver, August 2004	
Types of Unit	Number of Units
Public Housing	3,647
Non-Profit Housing	12,180
Co-operative	4,922
Urban Native	527
Total	21,276
Source: City of Vancouver Non-Market Housing Inventory	

Depending on the program, some buildings are targeted exclusively to low-income households, while others accommodate mixed income communities. Low-income tenants generally pay rents geared to their incomes. Households with moderate incomes pay rents that are generally at the low end of market rates.

²⁶ This includes shelters, safe houses and transition houses for people fleeing abusive situations.

²⁷ City of Vancouver, Housing Centre, 2003, *Vancouver Non-Market Housing Inventory, 1953 – 2003*, page iii.

Social housing is one way to address the need for more affordable housing for people with low and modest incomes. According to the Housing Registry operated by BC Housing in partnership with other agencies, as of June 2003 close to 10,000 households were on a waiting list for social housing in the lower mainland.²⁸ Actions on housing must also consider the 500 to 1,200 individuals who sleep out of doors in the City on any given night, and the approximately 700 more people who are in emergency shelters and cold/wet weather beds.

This Homeless Action Plan is calling for the production of at least 8,000 more subsidized units over the next 10 years located throughout the City. Subsidized units include social housing plus private sector apartments where renters receive a subsidy.

A City staff report has indicated that 400 social housing units are needed each year to meet the City objective of maintaining social housing at its current 8.5% of the total housing stock in the City. Over the 10 year time frame of this plan, 4,000 units are needed to meet this objective. In addition, 300 units are needed immediately, specifically for people who are homeless for the sole reason that they have been unable to find a place to live that they could afford. In total, it is recommended that 4,300 new social housing units be developed for people who can live independently.

It is further estimated that there is a need for 3,200 supportive housing units and 500 transitional units in order to end homelessness. This is based on various waiting lists, the numbers of people in shelters and on the streets.

Although housing is primarily a responsibility of senior governments, the City can take an active role by providing sites, modest grants and density bonusing. In partnerships with these governments and non-profit housing societies, the City has been prepared to contribute lease discounts of \$2 - \$3 million per year, and to provide capital grants of \$2 - \$3 million per year, so that social housing can be built in partnership with senior governments. These funds have come from both the capital plan and developer contributions through development cost levies or community amenity contributions. In recent years the City has put \$2.5 million, every 3 years, from the capital plan to social housing. This amount should be maintained and possibly increased, recognizing that this could affect funding for traditional basic infrastructure rehabilitation and replacement. Density bonusing can also be effective in producing low-income housing, sometimes on site or more often through contributions to the Affordable Housing Fund.

The most basic form of accommodation is provided by SRO (Single Room Occupancy) units in rooming houses and residential hotels. The City's Single Room Accommodation By-law is effective in regulating the conversion and demolition of these rooms, likely preventing the amount of homelessness seen in some U.S cities that have lost this stock. The City, sometimes in partnership with other levels of government, has purchased several SROs, such as the Granville Residence (1261 Granville), the Stanley New-Fountain (36 Blood Alley), and the Gresham (716 Smithe). The purchase and renovation of SRO hotels should continue, to provide safe, secure housing for those low-income

²⁸ Social Planning and Research Council of BC, 2003, *3 Ways to Home: Regional Homelessness Plan Update*, GVRD Steering Committee on Homelessness

people who want modest accommodation. Under non-profit management, they can form part of the additions to the social housing stock.

City of Vancouver role:

- Create more opportunities for the development of subsidized housing throughout the City in partnerships with senior governments (e.g. acquire sites, provide reduced cost land, raise money through the capital plan and developer contributions, density bonusing, ensure zoning is compatible, help address NIMBY issues, and show leadership). The Downtown Eastside Housing Plan addresses the need to provide independent social housing and supportive housing both inside and outside that area; and
- Purchase at least one SRO per year and provide funding to upgrade these buildings

The bulk of required funding will need to come from the Federal and Provincial governments.

ACTION	<p>18. The Federal and Provincial governments to provide increased funding for subsidized housing nationally and provincially, and for the City provide sufficient funding to create at least 8,000 more subsidized housing units over the next 10 years. This will include:</p> <ul style="list-style-type: none"> ▪ 4,300 permanent new social housing units for people who can live independently; ▪ 3,200 supportive housing units (about half of these could be provided through the use of rent supplements and support in private rental units - see Action 27); and ▪ 500 transitional housing units (see Action 29). <p>19. The City of Vancouver to create more opportunities for the development of subsidized housing throughout the City by: working with senior governments and acquiring sites, providing land at reduced prices, raising money through the capital plan and developer contributions, density bonusing, ensuring that zoning is compatible and supports the development of affordable and social housing and facilitating inclusiveness (e.g. by working to address NIMBY issues, showing leadership and public education).</p> <p>20. The Federal and Provincial governments to provide funding for the City and non-profit housing providers to acquire existing housing stock, including SROs, where appropriate and feasible.</p> <p>21. The City of Vancouver to purchase at least one SRO per year, provide funding to upgrade the building so that, where feasible, each room includes a private bathroom and cooking facilities, and engage a non-profit housing society to manage the building.</p>
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GAP	<i>Inadequate supply of rental housing</i>
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Most households at risk of homelessness live in older rental housing. About half the market-rental housing stock is over 30 years old and relatively little purpose-built (unstratified) rental stock has been built in recent years. Many of the recently completed condo units are rented out, but this market is not well understood. The City should

undertake a review of the rental housing market and rental housing supply in Vancouver. There is a need for an inventory, a tracking system for the rate of change, and a review of how more stock could be developed and the existing stock maintained. The issue of 'vacant possession' should also be examined, as this is where, as a part of the purchase/sales agreement, tenancies are ended. The practice should be examined to ensure that tenants' rights are protected and the rental housing stock used effectively.

SRO hotels historically have provided affordable housing to people who are receiving income assistance. 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. The average increase in rents between March 2001 and March 2003 was 5.4%, compared to 1.1% in the previous survey period. In 2003, only 27% of SRO units rented for \$325 per month or less, compared to 72% in 1992.²⁹

Smaller suites have been suggested as a way to provide more low-income housing, some which could be for the homeless. The 1998 draft Downtown Eastside Housing Plan made specific recommendations on whether and how the City could permit smaller suites, and this issue will be re-examined when that plan is revised.

The Residential Rehabilitation Assistance Program (RRAP) by the Federal Government provides funds that are useful to encourage upgrading of low-income housing. Two examples are the Sunrise Hotel (101 East Hastings) and the Silver-Avalon Hotel (165 West Pender). However the maximum rent permitted under the program is \$462 (based on regional market apartment rents), which is too high compared to the average SRO rent of \$351 and the shelter portion of welfare at \$325.

The City is involved with the Federation of Canadian Municipalities (FCM) through the National Housing Policy Options Team. The FCM has endorsed a strategy to encourage more affordable rental housing and one mechanism is through tax reforms (other measures are a Federal capital grant program and provincial rental assistance).

City of Vancouver role:

- Provide staff resources to develop a cohesive rental housing strategy, support the creation of smaller suites, and monitor rent increases in SROs.

The Federal Government will need to provide funding and implement changes to the tax system to encourage the private sector to build more rental housing.

ACTION

22. The City of Vancouver to develop a cohesive rental housing strategy that includes recommendations to:
- Encourage the private sector to create more rental housing (e.g. through zoning for higher density in appropriate areas and density bonusing), and

²⁹ SPARC, 2003, *3 Ways to Home: Regional Homelessness Plan Update*, pages 69-70; City of Vancouver, Housing Centre, 2003, *Low-Income Housing in the Downtown Core, 2003 Survey*.

³⁰ Federation of Canadian Municipalities, *A National Affordable Housing Strategy*, October 11, 2000.

³¹ Under existing legislation, the Labour Sponsored Investment Fund (LSIF) offers small individual investors a combined federal/provincial one-time tax credit of 30% of an investment up to \$5,000 each year. To initiate a LSIF specifically for affordable housing would require a regulatory amendment to add affordable housing mortgages as a qualifying investment. Invested funds could be used to provide construction financing, long-term mortgage financing

- Preserve the existing stock of rental housing.
23. The City of Vancouver to support smaller suites (e.g. below the current minimum size of 320 sq. ft. /29.7 sm.). (The details of this action will be part of the Downtown Eastside Housing Plan that will be presented to Council later this year.)

On November 2, 2004, in reviewing this report for sending it for public review, Vancouver City Council replaced Action 23 with the following: “The City of Vancouver reaffirms its existing policy of allowing a minimum suite size of 400 sq. ft., relaxable to 320 sq. ft for all new construction.” Council noted that smaller suites may be appropriate in renovated buildings.

24. The Federal Government to maintain and expand the Residential Rehabilitation Assistance Program (RRAP) for rooming houses, hotels and rental apartment units and to establish a maximum rent that is appropriate for Vancouver’s SROs.
25. The Federal Government to implement changes to the tax system as recommended by the Federation of Canadian Municipalities to encourage the private sector to build more rental housing.³⁰ Specific measures should include:
- Providing rebates to fully offset landlord GST expenses;
 - Allowing small rental investors to qualify for the small business deduction;
 - Restoring CCA pooling provisions to encourage capital re-investment in new rental projects; and
 - Enabling the creation of a Labour Sponsored Investment Fund specifically for affordable housing³¹

The City of Vancouver to continue to monitor rent increases in SROs every two years and report back to Council, with recommendations as appropriate. This could include recommendations as to whether additional measures are necessary to improve access to the provincial rental arbitration system or to regulate rents.

● **Priority 4 Supportive housing**

GAP	<i>Inadequate supply of supportive housing and lack of funding for support services in supportive housing</i>
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Supportive housing is affordable housing with no limit on the length of stay. It provides opportunities for individuals to stabilize their personal situation and re-establish connections with the community. The housing is linked to support services that are voluntary and flexible to meet residents’ needs and preferences. Support services may include the development of life skills, training and support with housekeeping, meal preparation, banking support, budget management, access to medical care, counselling, referrals, crisis response and intervention. For people with a mental illness, medication

on affordable housing projects, and assistance in the acquisition of existing properties in partnership with non-profit sponsors (Federation of Canadian Municipalities, *A National Affordable Housing Strategy*, October 11, 2000).

support could also be provided. The level of support may vary. Some support services are provided on-site, while other services may be available at other locations within the community. Supportive housing may be located in purpose-built dedicated buildings or in scattered site apartments. The relationship between the resident and landlord is generally governed by the Province's landlord/tenant legislation.³² One of the main differences between supportive and independent affordable housing is that with supportive housing, there is a relationship between the landlord and service provider.

Assets: Supportive Housing, 2003	
Target Group	Permanent Beds
Homeless-at-Risk Housing - this program was funded by the Provincial Government to build housing for individuals with difficult and challenging behaviours	519
Supportive apartments - units in dedicated buildings where all the tenants have mental health issues	391
Supportive hotels - serve individuals with a broad range of specialized needs, that may including a mental illness	323
Supported Independent Living (SIL) - units for people with a mental illness (286), youth (10), and forensic clients with mental illness (10). Individuals receive support in scattered market-rental apartments	306
Total	1,539

There is not enough supportive housing in Vancouver to meet the needs of people who are homeless and have multiple challenges. While it is difficult to determine the exact number of supportive housing units that are needed, this Homeless Action Plan has identified a need for 3,200 units for the following target groups, based on the estimates and assumptions set out below:

- 800 units for the street homeless.³³ This is based on an estimate that about 500 to 1,200 individuals sleep out of doors in the City on any given night;
- 200 units for chronic shelter users;
- 750 units for mental health clients. There are 750 individuals with a mental illness on the Vancouver Coastal Health waiting list for supportive housing. It is estimated that there is need for about 1,000 units for this target group, including those who are not on the Vancouver Coastal Health list. This number has been reduced to avoid possible double counting with people living in shelters or outside;
- 750 units for people with addictions. Vancouver Coastal Health has estimated a need for about 1,100 supportive housing units for adults and youth with addictions. These units would be for individuals who continue to use substances as well as individuals seeking an alcohol and drug-free environment. Some may be people coming out of treatment/detox who need a supportive environment while they figure out how they want to live with their addiction (in addition to these 750 supportive housing units, this Plan is calling for 400 transitional units for adults/youth with addictions, including concurrent disorder and multiple challenges);

³² Social Planning and Research Council of BC, 2003, *3 Ways to Home: Regional Homelessness Plan Update*, GVRD Steering Committee on Homelessness; National Health Care for the Homeless Council Newsletter, 2003, *Healing Hands*, December 2003, 7(6).

³³ It is assumed that the remaining street homeless need less intensive case management, or do not need it at all.

- 450 units for people with HIV/AIDS. There are about 575 households on a waiting list for housing with Wings and the McLaren Housing Society. This number has been reduced to avoid possible double counting of people who may have mental health and addictions issues; and
- 250 units for people with head/brain injuries. There is very little information about this group. It is believed that some of the people sleeping out of doors have a head/brain injury.

According to the Ministry of Health's 2002 report on Best Practices for B.C.'s Mental Health Reform, supportive housing is a best practice for people with a mental illness. Supportive housing is also seen as critical to ending homelessness. As noted in the Best Practices report, "homelessness is a reflection of the lack of affordable and/or appropriate housing and an associated lack of support services". There is a need for a wide range of supportive housing options to accommodate people who are homeless. The level and type of support is also a vital element. Some of the best practices for achieving the desired outcomes for mental health consumers include:

- Access to Assertive Community Treatment (ACT) or Intensive Case Management (ICM), which reduces time in hospital, visits to hospital, risk of homelessness, and increases housing stability;
- Support in the home, which is superior to support provided away from the home;
- Flexible, individualized support that is available 24 hours a day, 365 days a year;
- Support which is aimed at fostering the personal empowerment and community integration of consumers;
- Support that is de-linked from housing so that consumers do not lose their homes if they refuse or no longer require support services; and
- Inclusion of consumers and family members as staff in the outreach teams.

In the U.S., the National Alliance to End Homelessness developed a new framework for communities to create 10 year plans to end homelessness. One of the key features of the Alliance's approach is that people should be helped to exit homelessness as quickly as possible through a "*housing first*" approach. For people who are chronically homeless, this means providing supportive housing. Several plans in the U.S. have expressed support for the "housing first" model.

According to one U.S. author, "housing first" is a comprehensive and integrated strategy to help individuals who are chronically homeless to move from the streets and emergency shelters into stable, long-term housing and receive the services and other support they need to achieve greater self-sufficiency. "This model addresses the primary need of the homeless individual – housing – first, and then addresses the other health, mental health or addiction issues that contributed to their homelessness".³⁴ It has been suggested that the best housing first models combine housing with an "Assertive Community Treatment" (ACT) approach to move homeless persons from the streets and shelters into appropriate permanent housing. The ACT model described by the U.S. author involves a multi-disciplinary team with expertise in primary health care, mental health care, and substance use treatment. The team provides comprehensive services where the client is and when

³⁴ Parvensky, John, President of the Colorado Coalition for the Homeless, 2004, Housing First in the United States of America – A new Health Care approach for the Homeless, *Alternative Approaches to Homelessness: Looking Beyond Europe*. Newsletter of FEANTSA – The European Federation of National Organizations Working with the Homeless.

the client needs them. As a result of ACT, “individuals will be stabilized in their housing, and will begin to improve their health, mental health and substance use”.³⁵

The housing first model has been used to address homelessness in New York by an organization called Pathways to Housing. They offer the street homeless with multiple challenges (e.g. mental illness, active substance use, histories of violence or incarceration, and other behavioural or personality disorders) immediate access to independent apartments. Most of the apartments are owned and leased by private landlords. Support services are provided through an ACT team. An evaluation of this program showed that it was an effective way to provide stable housing for the target group.

This Homeless Action Plan calls for more supportive housing for people who are homeless, including people who are chronically homeless and have multiple challenges. As with supported housing for people with a mental illness, there is a need for a variety of options. These can range from apartments in purpose-built dedicated buildings, apartments leased in private or non-profit buildings where outreach services are provided (e.g. Supported Independent Living (SIL) program or Super SIL, a more intensively supported version of this program) and supported hotels leased or owned and managed by a non-profit society with a high degree of on site staff support (24 hours a day). It should be located throughout the City, both in and outside the Downtown peninsula. This can be a challenge, given zoning and funding constraints, but there is a need to develop a strategy and involve communities so that this can be achieved. In addition to the funding required for housing subsidies, this housing will require a dedicated and stable source of funding to provide adequate support services. Some of the individuals will require an intensive level of support such as is provided through ACT.

This Homeless Action Plan also calls for support services that are voluntary and flexible to meet residents’ needs and preferences. People who are in supportive housing may need varying levels of support over time. To prevent and end homelessness, there is a need to ensure that housing is not contingent on continuing to receive support. For example, people should be able to continue to receive services even if they lose their housing (e.g. are evicted). In addition, people should not lose their homes because they refuse or no longer require support services. Thus, if an individual is living in a SIL or Super SIL type of unit, they should be able to maintain their rent subsidy if their incomes remain low, regardless of whether or not they are receiving services. It is recognized that over time, this will likely result in an increase in the number of rent subsidies as new people who require housing and support enter the system and existing tenants maintain their housing.

For zoning purposes, it is sometimes difficult to distinguish between independent and supportive housing, and where supportive housing is a ‘dwelling use’ or a ‘specialized residential care facility’ (SNRF). The zoning category of SNRF needs to be re-examined to ensure that it reflects contemporary uses and values. This is particularly important as this plan calls for a significant increase in supportive housing.

³⁵ Ibid

City of Vancouver role:

- Create more opportunities for the development of supported housing throughout the City in partnership with senior governments (e.g. acquire sites, provide reduced cost land, raise money through the capital plan and developer contributions, density bonusing, ensure zoning is compatible, help address NIMBY issues, and show leadership). The City should also work with other governments and communities on the location of supportive housing.

The bulk of required funding for capital and operating costs will need to come from the Federal and Provincial governments.

ACTION	
	<p>26. The Provincial Government to provide dedicated and stable funding for services to support individuals and families in at least 3,200 additional social housing and rent supplement units.³⁶ These services should be used to support people who are homeless (including chronically homeless) and people with mental health issues, addictions, concurrent disorders, HIV/AIDS, brain/head injuries, Fetal Alcohol Syndrome Disorder, or multiple challenges, in permanent housing. It is estimated that at least 600 of these individuals will require an intensive level of support such as is provided through Assertive Community Treatment (see Action 45).</p> <p>27. The Provincial Government to provide sufficient housing subsidies so that once an individual is housed in a supportive unit, they can remain in their housing regardless of whether or not they are continuing to receive services, and regardless of the level of support they are receiving.</p> <p>28. The City to work with Vancouver Coastal Health and the Provincial Government to develop a strategy to locate supportive housing throughout the city.</p>

● **Priority 5 Transitional housing**

GAP	<i>Inadequate supply of transitional housing (stays from 30 days to 2-3 yrs) and lack of funding for support services in transitional housing</i>
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Transitional housing is affordable housing where people can remain for a limited period of time (e.g. 30 days to 2-3 years).³⁷ The expectation is that residents will move to permanent housing upon stabilizing their living situation. Support services are generally provided to help people move towards independence and self-sufficiency.³⁸

For some people who are homeless, transitional housing can provide a safe, supportive environment where residents can address the issues that led to homelessness and the

³⁶ It is expected that about half of these units would be provided through rent subsidies in private rental buildings.
³⁷ Transitional housing should not be confused with a transition house or safe house for women fleeing abuse where the maximum length of stay is 30 days.
³⁸ Social Planning and Research Council of BC, 2003, *3 Ways to Home: Regional Homelessness Plan Update*, GVRD Steering Committee on Homelessness

critical issues necessary to maintain permanent housing. Some of the groups who have been identified as needing transitional housing in Vancouver include:

- Youth;
- Women and children (e.g. those who are referred from a safe/transition house);
- People with addictions who require support after detox or treatment and who are seeking an alcohol and drug-free environment;
- People using substances who require a period of transition/stabilization; and
- People with multiple challenges who lack the experience or skills to live independently

Assets: Transitional housing, 2003	
Target Group	Permanent Beds
Women and children referred from a transition house (seeking safety from abuse)	15
Aboriginal women and children who have experienced family violence. Housing is provided for up to 18 months.	28
Women and children (St. Elizabeth's Home)*	10
Single persons (Yukon)*	37
Single persons/Mental health (Sakura So and Princess Rooms)	84
Total	174

* The number of units in this table excludes the shelter beds funded by BC Housing.

Transitional housing is a critical component in the housing continuum. It can help individuals address the issues that led to homelessness and the critical issues necessary to maintain permanent housing. The number of transitional housing units recommended in this plan is based on the following estimates and assumptions:

- 300 units for adults with addictions, including individuals with a concurrent disorder and multiple challenges. This includes housing for individuals who require support after detox and who are seeking an alcohol and drug-free environment, as well as individuals using substances who may require a period of time to stabilize in a safe and supportive environment. Some of this housing may be in recovery houses operated by non-profit societies or the private sector;
- 100 units for youth 16-18 with addictions that provides an environment and resources conducive to recovery;
- 50 units for women with and without children coming out of safe/transition houses; and
- 50 units for others (youth) who require a safe, supportive environment for a limited period of time.

Transitional housing requires sufficient support funding so that the residents are able to move on. It is critical that a dedicated and stable source of funding be allocated to provide for the support component of transitional housing.

Another issue associated with transitional housing is the need for permanent affordable housing to accommodate people who complete their stay in transitional housing. People who are in transitional housing worry about where they will move to at the end of their stay. A sufficient supply of affordable/supported housing is necessary to accommodate households moving on from transitional housing. Good linkages are also necessary between the transitional and permanent housing to ensure a smooth transition.

City of Vancouver role:

- Create more opportunities for the development of supported housing throughout the City in partnership with senior governments (e.g. acquire sites, provide reduced cost land, raise money through the capital plan, and developer contributions, density bonusing, ensure zoning is compatible, help address NIMBY issues, and show leadership).

The bulk of required funding for capital and operating costs will need to come from the Federal and Provincial governments.

ACTION	29. The Provincial Government to provide dedicated and stable funding for services to support individuals and families in at least 500 additional units of transitional housing. These units should be for youth, women and children fleeing abuse, people with addictions, and people with multiple challenges who require a safe, supportive environment for a limited period of time to address the issues that led to homelessness and the critical issues necessary to maintain permanent housing. A portion of these units should be culturally appropriate for Aboriginal people.
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● **Priority 6 *Emergency shelters, safe houses and transition houses (30 days) for people fleeing abusive situations***

GAP	<i>Inadequate supply of permanent (year-round) beds</i>
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Emergency shelters are the housing of last resort for individuals who have no other options. The number of emergency shelter beds in Vancouver increased from about 450 beds in 2000 to 588 beds in 2003. However, 18 aboriginal youth safe house beds were closed during 2003, leaving only 7 beds for this age group.

Assets: Emergency shelter & safe house beds by target group, 2003	
Target Group	Permanent Beds
Adult men only (single)	160
Adult women only (single)	38
Adult men and women (single)	128
Adults with mental illness, substance use and other issues	70
Women/families with children	51
New immigrants, refugees and refugee claimants	72
Youth	29
Aboriginal families	15
Aboriginal youth	7*
Total	570
<small>*Eighteen beds were closed since the 2003 inventory was prepared. As of July 2004, the only youth safe house targeted to Aboriginal youth is operated by the Urban Native Youth Association. It serves youth 13 to 18 years old</small>	

Assets: Transition house beds for women and their children fleeing abusive situations, 2003	
Target Group	Permanent Beds
Women and children	22
Women without children (mental health and other issues) length of stay up to 6 months	10
Aboriginal women and their children	33
Total	65

Families which are in crisis are usually accommodated either in transition houses, if they are escaping violence, or placed temporarily in motels/hotels. Some are likely sofa surfing with friends or relatives. Few families have been reported in the street homeless population in Vancouver.

There are not enough emergency shelter beds to accommodate people who are homeless. For example, Lookout Emergency Aid Society recorded an increase of 160% in the number of turnaways from their Downtown shelter in 2002/03 compared to 2000/01. There were almost 5,000 turnaways in 2002/03. The shortage of spaces in emergency shelters suggests increasing numbers of people who are homeless. At the same time, one of the reasons for the shortage of spaces is that there are not enough places for people to move out from a shelter. This forces people to stay longer in the shelter system. Vancouver's shelter system is clogged, and the data that is currently being analyzed through HIFIS will likely show similarities to Toronto, where 17% of the shelter users use about 46% of the resources. The clogging of the shelters is a result of systemic problems - people don't have money to pay rent, and there is not enough appropriate housing.

This system failure creates a dilemma. There are more people coming to the doors of the shelters and more people are being turned away. One approach is to build more shelters to meet that demand. On the other hand, if there were enough permanent affordable and appropriate housing available, the demand for shelter beds would be reduced and the efficiency of the existing shelter stock would be improved.

This Plan recommends that the emphasis be placed on the root causes of homelessness – providing adequate income and appropriate housing – rather than developing more temporary accommodation. However these changes will not be made overnight, and in the short-term, it is recommended that modest increases be made to the shelter capacity. The priority for this limited expansion should be outside the Downtown Eastside, as that is where the majority of the beds are currently located. Any shelter expansion within the Downtown Eastside should be linked to services and housing, and targeted to underserved groups, such as Aboriginal people and others. When additional permanent shelters are built, there should be capacity to expand during emergency cold/wet weather conditions.

An immediate need has been identified for specialized emergency shelter resources for individuals who experience a mental health crisis. Sufficient funding is necessary for these shelters to provide appropriate mental health assessment, treatment and relocation services.

There is a need to identify the specific longer-term requirements for shelters in the region and City, taking into account the needed linkages to housing. Shelter Net is undertaking such a plan and the work includes assessing the needs of adults, youth, families, women with and without children fleeing abuse, Aboriginal people, and individuals with special needs. In addition, there is a need to identify a strategy for underage youth.

Transition houses that serve women and their children who are fleeing abuse have reported that they are unable to serve women with and without children who have a wide range of needs, including mental health issues, substance use issues, or medical conditions. Transition houses will also not accept teenage boys. If a woman with a teenage son comes to a transition house, she must either decline service or be separated from her son. In addition, there are reports of increasing numbers of single fathers with children and trans-gendered individuals who are seeking services in transition houses – unsuccessfully. There is a need for the transition house system to have increased resources to accommodate the wide range of families and individuals who need their services.

There are no facilities available for youth who are using substances. At the same time, it is not clear what would be the best approach to serve the wide range of identified needs. There is a need to consider youth of different ages who are using different types of substances (including crystal meth) and who have been on the streets for different lengths of time. This issue is complicated by the goal to get youth off the streets and into safe and appropriate housing as soon as possible. This Plan calls for the development of appropriate solutions.

City of Vancouver role:

- Support and participate in planning initiatives to determine the need for emergency shelters.
- Facilitate, coordinate, and consult with the community, as appropriate. The City has not had a role in funding the shelter operations.

ACTION

- 30. The Provincial Government to provide additional resources to transition houses so they can serve:
 - Women with and without children with a wide range of needs, including mental health issues, addictions to drugs and/or alcohol, and medical conditions;
 - Women with children, including teenage sons;
 - Single fathers with children;
 - People who are trans-gendered; and
 - Seniors who have been abused
- 31. All levels of government to support completion of the Regional Shelter Plan and other planning initiatives as a basis for the longer-term development of new shelters. It is anticipated that these plans will address the needs of adults, youth, families, women with and without children fleeing abuse, Aboriginal people, and individuals with special needs, and the linkages to housing.
- 32. The Provincial Government and/or non-profit societies to modestly expand the shelter system in the short-term, until systemic

changes are in place for social assistance and housing, with priority for areas outside the Downtown Eastside. Any shelter expansion within the Downtown Eastside should be based on demonstrated demand, linked to services and housing, and targeted to underserved groups.

33. The Provincial Government to provide resources for at least 20 additional emergency care beds for individuals who experience a mental health crisis and can provide appropriate mental health assessment, treatment and relocation services.
34. The Provincial Government to take the lead, in conjunction with the Vancouver Agreement, to develop a strategy to provide emergency accommodation for youth who are using substances and underage youth, including youth going through detox. The strategy should address the range of resources that may be needed to accommodate youth of different ages, and address different needs due to the type of drug being used and the length of time youth have lived on the street.

GAP

Barriers to accessing shelters

Service agencies working with people who are homeless have identified several barriers to accessing shelters, leaving people to sleep on the street. For example, existing shelters, like transition houses for people fleeing abuse, are unable to accommodate most families, including couples, two-parent families, and women with teenage sons over the age of 13. Shelters are also unable to accommodate people who work shifts, and people with pets. It is also difficult for shelters to accommodate the distinct needs of people who are transgendered, older adults/seniors, intoxicated or high, or from different cultural backgrounds, such as Aboriginal people.

Some have suggested that consumption rooms be provided in shelters, to accommodate those people who are homeless, need temporary accommodation, and will continue to use drugs. More consumption rooms are recommended in the 'Framework for Action – 4 Pillar Approach to Drugs in Vancouver' and further work would be needed to determine their appropriateness and location, relative to shelters.

The need for storage space for people who use shelters has repeatedly emerged as a barrier to shelter use. A need has been identified for shelters to include space for personal belongings, including shopping carts.

Another barrier to shelter use can be a difficulty in getting there. In some cases, the solution may be as simple as providing a bus ticket. However, some areas of the City are not well served by the bus system and individuals may need to access a shelter after the buses have stopped running. It may also be difficult for a single parent with children to travel to a transition house by bus, particularly late at night.

City of Vancouver role:

- Facilitate, coordinate, and consult with the community, as appropriate.

ACTION

35. The Provincial Government to work with shelters to find ways to accommodate and provide a safe place for different people who have different needs, including:
 - Families (including couples, two-parent families and women with sons over the age of 13);
 - People working shifts;
 - People who are trans-gendered;
 - People with pets;
 - Older adults/seniors;
 - Aboriginal people;
 - People from different cultural backgrounds; and
 - People with drug addictions
36. The Provincial Government to work with shelters to provide safe and secure storage space or lockers for people who use shelters, where they can store their belongings, including their shopping carts.
37. The Provincial Government to work with Translink, shelters and transition houses to provide bus tickets and taxis for people who might need transportation assistance to access a shelter or transition house.

GAP***Inadequate capacity to respond to emergency shelter needs***

The Lower Mainland Cold/Wet Weather Strategy does excellent work to increase shelter capacity during seasonal or cold/wet weather (November to March). The strategy is a partnership among service providers, community agencies, health boards, the City and Provincial government. During the cold/wet weather season, some shelters and other facilities provide temporary beds or mats as warranted by the weather.

The City of Vancouver supports the Cold/Wet Weather Strategy as an emergency response during the cold/wet weather season. However, the current season from November to March can be too short, and does not provide sufficient

flexibility to accommodate people if there is cold/wet weather in October, April, or even May. In addition, one of the barriers to starting the program on time is that agencies do not know much ahead of time how much funding will be available. The funding process is a challenge as community groups must reapply each year for funding to support the beds.

There should be very little need for cold/wet beds if the rest of the income/housing/supports systems are working. However the barriers to welfare and the inadequate supply of supportive housing have led to an increase of homeless people throughout the year, and specifically during inclement weather. The community has responded by expanding the cold/wet weather capacity with shelters providing additional mats/beds and churches opening their doors. This Homeless Action Plan does not recommend an extensive expansion of beds/mats during the cold/wet weather season because a better

Assets: Cold/Wet Seasonal Beds, 2003	
Target Group	Beds
Adult men	70
Adult men and women	25
Single women	20
Total	115

approach is to provide people with adequate income and permanent housing that will stop homelessness rather than perpetuate it. However it is recognized that it will take some time to make these systemic changes. The Greater Vancouver Cold/Wet Weather Strategy has developed a 2004-2006 Service Plan calling for an 18% increase in cold/wet beds in the region. For Vancouver, this amounts to an annual increase of 20 – 35 beds,³⁹ which is modest and supportable until social assistance policies are changed and more supportive housing is available. These temporary beds should be located inside buildings to take advantage of showers, toilets, heat, food preparation, access to phones, etc.

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. A plan was prepared that specifies how people can obtain shelter when the permanent shelters are full, what weather conditions 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 hardship for people who are homeless during extreme weather conditions in the winter. This goal makes it imperative to target those individuals who generally sleep outside, and to ensure that the beds will meet their needs.

A successful example of this approach was used during the coldest nights in January 2004, when the combined facilities of:

- Evelyne Saller
- Gathering Place
- First Baptist Church
- Vancouver Aboriginal Friendship Centre
- The Door is Open
- Catholic Charities

made it possible to accommodate approximately 140 additional people a night. The Vancouver Aboriginal Friendship Centre provided shelter to over 50 individuals

Again, this plan does not call for an extensive expansion to the emergency system and instead recommends fixing the income, housing, and support systems so that homelessness is prevented. However in the next year or so, until these systemic changes are made, it is possible that additional emergency cold/wet weather mats will be needed in shelters, churches and community centres. As noted, any new permanent shelters should be built with the capacity to expand during cold/wet and extreme weather.

The idea of temporary encampments or structures has been proposed as a way of dealing with the City's homeless. Suggestions have included a 'village' on City land in the Downtown Eastside, a barge in False Creek, use of discarded and modified bus shelters, sleeping 'tubes', and large tent-like sprung structures. The City does not operate or regularly fund shelter operations, and if legal tent cities were established, the City's role would be that of providing permits or possibly leasing land if anything suitable were available. Operations would be by a non-profit society.

City staff have investigated 'tent cities' and have visited one established in Portland, Oregon. Tent cities and other temporary outdoor encampments are not recommended at this time, as the research for this plan reinforces that the solution to homelessness is

³⁹ The number depends on which beds are categorized as permanent versus cold/wet shelter beds

housing, rather than temporary accommodation. This plan identifies how homelessness can be significantly reduced and it is recommended that resources be allocated to these actions, rather than perpetuating the instability that comes with temporary shelter of any kind. If the situation arises in the future that sufficient housing cannot be built, then tent cities could be considered as a necessary emergency response as they would be in the case of a natural disaster such as an earthquake.

City of Vancouver role:

- Facilitate, coordinate, and consult with the community, as appropriate.

ACTION	<p>38. The Provincial Government (MHR) to increase flexibility of the cold/wet weather strategy to be able to accommodate individuals from October 1st to May 31st if weather or other conditions make this appropriate.</p> <p>39. The Provincial Government to provide multi-year funding for cold/wet weather beds.</p> <p>40. The Provincial Government to modestly expand the provision of cold/wet weather beds, as a short-term action until systemic changes are in place for social assistance and housing, with priority outside the Downtown core and for groups that are underserved, such as Aboriginal people and other homeless people who are most likely to be sleeping outside.</p> <p>41. The City of Vancouver to expand the network of organizations that might have the capacity to address the need for emergency accommodation in extreme weather.</p> <p>42. The Provincial Government to provide funds to increase outreach to ensure people have access to cold/wet weather and extreme weather beds as necessary.</p> <p>43. The City of Vancouver to consider proposals by non-profit societies for 'tent cities' only as a last emergency response when other emergency capacity cannot be provided.</p>
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4.3 Support Services

Adequate support services are also one of the **3 ways to home**. The services goal for this Homeless Action Plan is to provide and ensure access to programs that are essential to preventing homelessness and helping households exit homelessness as quickly as possible.

● **Priority 7 Mental health services**

GAP	<i>Inadequate resources in the mental health system for individuals with mental health issues, concurrent disorders and multiple service needs</i>
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Among service providers, there is general agreement that between one third and one half of individuals who are homeless suffer from a serious mental illness such as

schizophrenia or bipolar disorder.⁴⁰ As described earlier, City staff who conducted more than 25 night-time walkabouts of the Vancouver streets between 2001 and 2003 reported that symptoms of mental illness appeared from time to time in at least one-third of the people living on the street. In addition, most people living on the streets showed symptoms of severe depression. Many described themselves as depressed and said that they often think of suicide. Some reported that they had a head/brain trauma from a job-related injury, car or bike accident.⁴¹ According to the homeless people, shelter providers and interviewers who participated in the regional 24-hour snapshot in January 2002, about one quarter of the street and sheltered homeless people in Vancouver (111 individuals) had a mental illness. However, the authors of the snapshot report indicate that this is most likely an under-estimate.⁴²

The table below shows the existing resources that are available to homeless people who have a mental illness or concern.

Assets: Mental Health Services	
Mental Health Services	2003
Early Psychosis Intervention Program for youth (ages 13 to 30) who have an early psychosis.	1 program
Vancouver Intensive Service Unit (VISU). A partnership between Corrections, Mental Health and Addictions services. Provides aggressive case management to clients with a mental illness who have been referred by the courts, forensics, hospitals or mental health teams.	1 team
Assertive Community Treatment (ACT). Vancouver Coastal Health. The team includes nurses, social workers, occupational therapists, health care workers and peer support workers. Provides intensive community outreach to about 80 clients with a mental illness with complex needs and a history of not connecting to services.	1 team
Mental Health Support Team (clients referred through MCFD) – Community Living Services for adolescents 14 years and older.	1 team
Mental Health Teams for adults, children and families and older adults.	8 teams
Mental health workers. The Pender Community Health Centre, Downtown Community Health Clinic and Three Bridges Community Health Clinic each have one mental health worker who assists individuals with a wide range of mental health issues.	3 clinics
The Pacific Association of First Nations Women and Healing Our Spirit BC Aboriginal HIV AIDS Society provide services to Aboriginal people.	2 programs
Emergency Shelter/Short Stay/Crisis and Respite Beds. These include beds provided by Triage and Lookout emergency shelters, Venture, Winston Manor and Duke House.	103 beds*
Hospital Psychiatric Acute Care. 72 beds are located at the Vancouver General Hospital, 45 at the UBC Hospital, and 27 at St. Paul's Hospital.	144 beds
Triage Concurrent Disorders Assertive Community Outreach Team. Uses ACT model and provides intensive case management to 45 homeless/at risk individuals with concurrent mental illness and substance use.	1 team

*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.

⁴⁰ Social Planning and Research Council of BC, 2003, *3 Ways to Home: Regional Homelessness Plan Update*, GVRD Steering Committee on Homelessness

⁴¹ City of Vancouver, 2004, *Shelterless in Vancouver - 2004*, Report to City Council, February 10, 2004

⁴² Jim Woodward and Associates et al, 2002, *Research Project on Homelessness in Greater Vancouver*, Greater Vancouver Regional District, page 97. This information was based on what each homeless person reported and on the subjective opinions of shelter providers and/or interviewers.

This Homeless Action Plan recognizes that there is an urgent need to identify youth who are having their first psychotic break at the earliest opportunity. The sooner treatment can be provided, the less damage there will be to cognitive functioning. This Plan, therefore, calls for expanded outreach for the Early Intervention Program specifically to identify street youth of all ages, who require treatment. It is also recognized that some of the supported housing resources recommended in this Plan will need to be available for these youth.

In preparing this Homeless Action Plan, one of the issues identified was an increasing number of homeless individuals with multiple service needs, and a gap in services for these individuals. This includes individuals with a concurrent disorder (mental illness and substance use) as well individuals with multiple issues that may not currently fall within the mandate of mental health programs (including individuals with head/brain injuries and FASD). There is concern that unless resources/services are provided to these individuals, they will remain homeless. This Homeless Action Plan identifies the need for the health system to address the needs of these individuals because many of the services required by them are similar to what is required by a person with a mental illness. In particular, there is a need to ensure that health staff are fully trained to provide services to individuals with a concurrent disorder, and that services and treatment facilities for these individuals are available throughout the City, including in the downtown and Downtown Eastside. This is a challenge because there are often separate functional systems for mental health services and addictions services.

As described in the section on supportive housing, there is evidence in the literature that ACT can reduce homelessness and increase housing stability for individuals with a mental illness. According to the Ministry of Health's 2002 report on Best Practices Report for B.C.'s Mental Health Reform, Assertive Community Treatment (ACT) "is a service delivery model that provides flexible, comprehensive services to individuals with multiple and complex needs." ACT is distinct from all other models of case management in its key components. According to the Best Practices report, ACT services should include the following:

- A low staff-to-consumer ratio: 10 clients for each staff member on the ACT team, to provide intensive contact with their clients (e.g. an average of 3 or more contacts per week per client);
- A team approach: caseloads shared among all team members and rotated on a weekly basis. Teams could include 3 to 6 members, and may include nurses, social workers, occupational therapists, health care workers, recreational therapists, psychiatrists, and peer support workers;
- Consumer-directed delivery of care: care/treatment plans are individualized to the consumers;
- Assertive outreach: 80% of care is provided in the community, outside the office (e.g. where the consumer is – home, park, coffee shop etc.); and
- Continuous services: access to services 24 hours/day, 7 days/week, and available on a long-term basis.

This model is defined as a best practice because research studies have linked this approach with positive outcomes. In Vancouver there are several examples of where ACT or a similar program is used (e.g. VISU, ACT program by Vancouver Coastal Health and Triage Concurrent Disorders Assertive Community Outreach team).

In addition to being a successful model of services for individuals with a serious and persistent mental illness, recent studies have demonstrated that ACT also works successfully for individuals with a concurrent disorder and multiple challenges. ACT is a successful approach for those with mental illnesses and drug addictions and is discussed here within the mental health section of the plan, but is equally important to addictions services.

This Homeless Action Plan calls for an intensive use of mental health services, together with appropriate and affordable housing, to end homelessness. A concerted effort must be made to provide enhanced services to people with mental illnesses who are living outside (1,000 individuals), chronic shelter users (200 individuals), other shelter users (500), and individuals in SROs who are not receiving services and are at-risk of homelessness (700). [Total 2,400]. This includes people with a concurrent disorder, or other health issue, including substance use, a brain/head injury or FASD. This Plan recognizes that the ACT model of service delivery as recommended in the Best Practices report is expensive relative to other forms of case management, and needs to be targeted to clients who require the most assertive approach. [Note: ACT could cost in the order of \$16,000 per person per year, so it is likely still a cost-effective alternative to homelessness, which can cost up to \$24,000]. It is therefore recommended that ACT services be provided to at least 700 more individuals, including the chronically homeless, and about one-third of the street homeless and remaining shelter users. Other forms of intensive case management will need to be provided to the remaining homeless population and individuals at risk of homelessness who are not currently receiving this kind of support, estimated at 1,700 more people.

Receiving the appropriate medication is an essential part of addressing mental illness, and the issue of medication support needs to be part of a strategy to end homelessness. It is fortunate that there are new injectable anti-psychotic drugs on the market that are much more effective than those previously available. However, these new drugs are much more expensive and are not always covered by Pharmacare. This means that people who are homeless or have low incomes are not able to access these drugs. This Homeless Action Plan calls for making these new drugs available through Pharmacare.

There are not enough emergency services for people in crisis, including hospital beds, transportation or emergency care. Concerns have been expressed that individuals who need hospital care are unable to access beds and others are discharged from beds prematurely. One suggestion has been to create a mental health clinic aligned with a hospital, as an alternative to the hospital emergency department.

Some people who are homeless and in the Downtown Eastside might want to relocate outside this area, return home, or move to another community where they feel safe. However, there are no resources to help this happen.

Riverview Hospital is a specialized assessment, treatment, rehabilitation and long stay care facility for adults and older adults with serious and persistent mental illnesses. The 1998 BC Mental Health Plan began the process of transferring these mental health

services (known as “tertiary”) to the Regional Health Authorities.⁴³ This process is currently known as the Riverview Redesign Project. As of 2003, there were 600 beds in Riverview, compared to 1,220 in 1987.⁴⁴

As part of the Riverview Redesign Project, plans are underway to transfer just over 200 beds, or a third of the current beds, to Vancouver Coastal Health. This transfer will occur as facilities are built and services are in place to meet the needs of individuals requiring services. All transfers are expected to be complete by 2007. The following services will be available:

Both Adult Rehabilitation Campus Services and Older Adult Tertiary Mental Health Services will be provided. The latter will be sited in Vancouver in two separate programs, and the former could be located in Vancouver, Richmond or the North Shore. There is a commitment by Vancouver Coastal Health to ensure that adequate funding is provided for these services so the people using them will not likely become homeless.

City of Vancouver role:

- Facilitate, coordinate, and consult with the community, as appropriate.

ACTION

(Actions for most outreach services and supportive housing are contained in the sections dealing with those issues.)

44. The Provincial Government and Vancouver Coastal Health to introduce expanded outreach service as part of the Early Psychosis Intervention program for street youth throughout Vancouver to identify street youth with an early psychosis as early as possible.
45. The Provincial Government and Vancouver Coastal Health to increase the capacity within the mental health (and/or addictions) system to provide Assertive Community Treatment based on the model of service delivery set out in the BC Mental Health Reform Best Practices for Assertive Community Treatment report, to treat at least 700 more clients who are homeless, and to provide an intensive form of case management to at least 1700 more people who are homeless or at risk, including those who have a mental illness, concurrent disorder, or other health issue, including substance use, a brain/head injury or FASD. The goal is to ensure that individuals obtain and maintain stable housing.
46. The Provincial Government and Vancouver Coastal Health to ensure that people with a mental illness have access to the most recent generation of anti-psychotic drugs, as appropriate.
47. The Provincial Government and Vancouver Coastal Health to ensure there are enough mental health workers in all the Community Health Centres/Clinics to provide mental health services to people who are homeless and at risk of homelessness. Mental health workers who have experience working with youth

⁴³ Vancouver Coastal Health, 2003, *Building Opportunities, Strategic Plan for Vancouver Coastal Health*.

⁴⁴ Social Planning and Research Council of BC, 2003, *3 Ways to Home: Regional Homelessness Plan Update*, GVRD Steering Committee on Homelessness

should also be placed at Youth Integrated Service Delivery centres now under development.

48. The Provincial Government and Vancouver Coastal Health to provide more acute care psychiatric beds in Vancouver and conduct research to determine exactly what is required. Until the research is completed, funding for at least 40 more beds is needed immediately to ensure that people in crisis have access to beds and that patients are not discharged prematurely.
49. The Vancouver Police Department together with the Provincial Government and Vancouver Coastal Health, and community agencies, to determine the need for more Car 87s and appropriate hours of services.
50. The Provincial Government and Vancouver Coastal Health to ensure that there are mental health services and treatment facilities throughout the City, including the Downtown Eastside, with staff who are fully trained to serve for individuals who have a concurrent disorder.
51. The Provincial Government and Vancouver Coastal Health to provide funding to create a mental health clinic aligned with a hospital, as an alternative to the hospital emergency department, that would be open 24/7 and would:
 - Help people who are having a severe mental health crisis and may be suicidal; and
 - Provide an assessment, identify the mental health and medical issues, and ensure that the individual receives the appropriate services.
52. The Provincial Government and Vancouver Coastal Health to provide funding so that services can be provided connected to housing in all areas of Vancouver so that people with mental health issues can live outside the Downtown Eastside, if they wish, and provide resources and support to enable individuals to return to their home community or another community outside Vancouver where they will feel safe, if they wish.
53. The Provincial Government and Vancouver Coastal Health continue to provide adequate resources to the Riverview redesign project.

● **Priority 8** **Addiction services**

GAP

Lack of services for people who use substances

(Actions for housing, supportive housing and emergency shelters are contained in the housing section and those on drop-in centres within the services section.)

As described earlier, information from City staff walkabouts of the Vancouver streets between 2001 and 2003 indicates that at least two-thirds of the individuals sleeping outside suffered severe addictions to drugs and/or alcohol. According to the homeless

people, shelter providers and interviewers who participated in the regional 24-hour snapshot in January 2002, 44 percent of the street and sheltered homeless people in Vancouver (203 individuals) had a substance abuse issue. However, the authors of the snapshot report indicate that this is most likely an under-estimate.⁴⁵ The percentage of homeless people in Vancouver with an addiction is slightly higher than the average for the Greater Vancouver region (39%).

There is no safe place for people to go in Vancouver if they have been using substances and need a place to go while intoxicated. These individuals may be barred from shelters because of behaviour that is difficult to accommodate. In particular, there is a need to accommodate individuals who are using crystal meth, crack and other 'uppers' and may not be interested in recovery. As identified in the Framework for Action, more harm reduction programs are required. The need for drop-in centres that can accommodate high or intoxicated people is identified in the services section.

Assets: Addiction treatment and services, 2003	
Residential Detox Facilities	Beds
Youth	11
Adult men (36), women (15) and youth (2)	53
Total Detox	64
Residential Treatment, Supportive Recovery and Transitional Living	Beds
Adult men	174
Adult women	67
Adult men and women	57
Aboriginal youth and young mothers	24
Youth	10
Aboriginal women	9
Total Residential	341

Sobering facilities would provide stabilization services, and referrals to appropriate services as requested. There is a need for sobering facilities to accommodate adults and youth. In planning for these facilities, it should be determined whether these services should be provided in separate facilities or could be co-located in one building.

This Homeless Action Plan has identified a need for a wide range of addictions services for youth and adults. Ideally, there will be sufficient resources so that detox services are available to individuals as soon as they are ready. Sufficient treatment services and supportive and transitional housing beds should also be available for clients as soon as they need them. This Plan calls for more beds for detox, 40 - 60 more residential treatment and recovery beds for youth, as well as a long term treatment facility for youth outside the City. In terms of housing, this Plan calls for more supportive and transitional housing, both for those in recovery and those who continue to use substances and are not treatment oriented. An appropriate regulatory structure is also needed for support recovery houses. The provision of case management services for youth is also recommended. As discussed under mental health, many homeless people have concurrent disorders of mental illness and substance misuse. Assertive Community Treatment is an effective approach for both people who continue to use substances as well as those who move to abstinence. One question that was not resolved in the preparation of this Plan is whether additional detox beds need to be medically supported or not. Vancouver Coastal Health does not see a need for more medically supported

⁴⁵ Jim Woodward and Associates Inc. et al. 2002. *Research Project on Homelessness in Greater Vancouver*. Greater Vancouver Regional District, page 97. This information was based on what each homeless person reported and on the subjective opinions of shelter providers and/or interviewers.

detox while service providers would like to see an expansion of both medical and non medical detox, and further work is needed to reach consensus. Another issue that was identified was a need for appropriate places for younger youth (ages 13 to 15) to stay while going through detox (see Action 34).

City of Vancouver role:

- Facilitate, coordinate, and consult with the community, as appropriate.

ACTION

(See Action 45 relating to Assertive Community Treatment for people with concurrent disorders)

54. The Provincial Government and Vancouver Coastal Health to provide funding to create sobering facilities in the downtown core for adults and youth that include at least 20 mats. There should also be 8 secured rooms for clients who need protection from themselves and need to be isolated from others. Services should include providing safe, short-term, medically supported shelter for adults and youth for the purpose of sobering for up to 24 hours. Stabilization services should also be provided to accommodate individuals who are using crystal meth. Assessments, stabilization supports, and referral to health, social services, housing or treatment services should also be provided, as requested.
55. The Provincial Government and Vancouver Coastal Health to provide funding for a range of detox options for youth (under 19 years of age) including at least 15 more detox beds outside the Downtown Eastside.
56. The Provincial Government and Vancouver Coastal Health to provide funding for at least 10 more support recovery beds for residential treatment in a structured program where youth (under 19 years of age) can remain for up to 3 months, and at least 30-50 more longer term supportive recovery beds where youth (ages 15-24) can remain following residential treatment (e.g. 3 to 6 months). In addition, provide assertive case management services to clients leaving the program to provide support and help to obtain and maintain housing.
57. The Provincial Government and Vancouver Coastal Health to consider establishing a long-term (minimum of six months) treatment centre for youth (ages 15-24) with severe addiction problems, to be located outside the City. The goal would be to consider programs, skill development, job training and linkages back to housing, family (where appropriate) and the community in addition to addiction treatment, to prepare individuals for return to the community.
58. The Provincial Government and Vancouver Coastal Health to provide funding for at least one more detox facility specifically for women and increase the number of detox beds for men. As there is not consensus, Vancouver Coastal Health needs to work with stakeholders to determine the exact number of beds and nature of the detox facilities.

59. The Provincial Government, Vancouver Coastal Health and the City of Vancouver to design an appropriate regulatory structure to ensure that supportive recovery homes operate according to an agreed set of standards. These homes need to be able to accommodate a range of programs and treatment options, including individuals participating in a methadone program and individuals who are taking prescribed psychiatric medication.

● **Priority 9 Health services**

Assets: Number of Public or Non-Profit Clinics in Vancouver, 2003				
General primary care; no Care card required	General primary care; requires Care card	Specific target population (e.g. HIV/AIDS or substance use); no Care card required	Specific target population (e.g. HIV/AIDS or substance use); requires Care card	Youth; no Care card required
5	7	5	1	10
Several clinics in Vancouver serve a general population and incorporate specialized services for a target population such as HIV/AIDS or substance use. 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.				

GAP *Barriers to accessing medical and dental care*

The lack of dental care for people who are homeless is a serious issue. Missing or having no teeth is a significant barrier to employment. Since the dental clinic at the Sunrise Hotel was opened in 2001, the clinic has had 15,000 dental appointments. As of June 2004, there was an 8-week wait for appointments. Services at the clinic are covered for individuals receiving income assistance. It is clear that there is a need for more dental services throughout the City. In addition, there is a need for more preventive care to be available to people who are homeless. Early detection of problems and good oral hygiene can avoid serious problems (e.g. tooth loss or dental abscesses) and more costly interventions later.

Studies of homeless individuals have found that they have more physical ailments and chronic conditions than the general population and require more access to medical care. Illnesses commonly experienced by homeless people include abscesses, cellulitis, general foot and hand care issues, scabies, lice, arthritis, diabetes, endocarditis, bacteraemia, hypertension, respiratory problems, liver disease, HIV/AIDS, TB, antibiotic-resistant infections, drug or alcohol crises, and the consequences of trauma and violence. Many of these conditions are treatable through the primary health care system, for example in the Community Health Centres. These centres need to be more welcoming to people who are homeless so they will attend to their health issues in these centres.

Other gaps in the health care system include an inadequate supply of convalescent beds for homeless individuals recovering from an illness or trauma. There is a need for appropriate housing that will include food and nursing care. At present, homeless people recuperating from an illness may be brought to a shelter, where support services may be brought in as needed. However, some illnesses (e.g. a brain injury) require a longer-term stay than may be appropriate in a shelter and should be in supportive housing.

An additional barrier to providing good health care services to people who are homeless is the difficulty for health providers to obtain medical histories. Patients often do not remember details of their past care, and a number of different agencies, such as clinics, emergency departments etc., may be keeping their own separate records. The result is that health care providers are unable to discern medical patterns and may have no accurate records of previous treatments, tests, medications and immunizations. A safe, secure, electronically-accessible site from which medical practitioners could retrieve an individual's health record has been suggested as a solution.

City of Vancouver role:

- Facilitate, coordinate, and consult with the community, as appropriate.

ACTION	
	60. The Provincial Government to expand the capacity of the dental clinic at the Sunrise Hotel and provide more dental clinics throughout Vancouver to provide a full range of dental care, including preventive care, targeted to people who are homeless and at risk of homelessness.
	61. The Provincial Government to expand the capacity of Community Health Centres to serve more people who are homeless or at risk, for example by: <ul style="list-style-type: none"> ▪ Being open longer hours; ▪ Increasing health care staff; and ▪ Training staff to help provide a welcoming environment for people who are homeless.
	62. The Provincial Government to encourage more physicians to work on an outreach basis and meet with people who are homeless.
	63. The Provincial Government to fund adequate convalescent health care services to individuals who are homeless or in unstable housing.
	64. The Provincial Government to determine the need for a patient record database system that adheres to strict patient confidentiality and is readily usable to health care providers to ensure that health-care providers can access a patient's medical records and, with client consent, provide proper service to their patients.

● **Priority 10 Prevention services**

GAP	<i>Inadequate assistance to prevent evictions and promote stable tenancies</i>
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Concerns have been expressed about the potential impact the new *Residential Tenancy Act*, will have on tenants. This Act became law in January 2004. Some of the issues raised by the Tenants Rights Action Coalition (TRAC) include:⁴⁶

⁴⁶ SPARC, 2003, *3 Ways to Home: Regional Homelessness Plan Update*, GVRD Steering Committee on Homelessness; City of Vancouver, 2003, *Residential Tenancy Act*, Report to City Council, June 11, 2003.

- The ability of landlords to increase rents by a certain percentage plus a consumer price index adjustment. 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;⁴⁷
- 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.
- 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;
- Under the previous Act, tenants could be evicted for "cosmetic" renovations – where it was likely that these improvements could have been carried out without evicting the tenant. The new Act does not address this situation and there is concern that this practice will continue;
- Under the previous Act, tenants who are unable to pay rent within five days after receiving an eviction notice could 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 had a good likelihood of future income, for example where pay cheques were late or families were waiting for crisis welfare assistance. Under the new Act, arbitrators can no longer order an extension, even in the case where landlords might agree. This could result in unnecessary homelessness;
- The ability of City landlords and tenants to use the arbitration process has been limited because the Vancouver Residential Tenancy Office was closed, and services are available only from the Burnaby office; and
- Tenants used to have support in going through the arbitration process with lawyers from the Legal Services Society. In addition, the Province used to fund, and the City contributed to a housing registry and advocacy services for tenants. These services and resources are no longer available as a result of Provincial funding cuts.

In 2002, the BC Government announced that funding for legal aid in BC would be cut by close to 40%. The result is that legal representation for tenants facing eviction, unsafe housing conditions or unjustified rent increases was terminated. Legal assistance is limited to obtaining advice and information. Legal information is available through the Legal Services Society law line and online. Legal advice can also be obtained through the Salvation Army Pro Bono Program, Western Canada Society to Access Justice, and Neighbourhood law clinics, where lawyers provide free advice to people who cannot afford legal services and are ineligible for legal aid.

⁴⁷ Under the previous legislation, tenants could dispute rent increases they felt were unwarranted or unjustified and landlords were required to justify their costs if a rent increase was disputed in arbitration. Arbitrators would 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.

There are examples of several different types of programs that can help to avoid evictions. Two of these are:

- **Mediation services** - aimed at resolving conflicts between landlords and tenants to avoid an eviction. In Vancouver, the Seniors Housing Information Program (SHIP) client outreach worker works with tenants and landlords to mediate disputes and will attend arbitration hearings with clients (seniors, older adults and vulnerable populations) as necessary. 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.⁴⁸ These programs should serve a broader range of clients, including youth; and
- **Rent banks** - providing emergency funds to households to help them keep their housing or relocate to other housing. Assistance may be in the form of a grant or loan. Rent banks may also provide services to address underlying issues and provide support to avoid future problems. Funds may be used for the payment of arrears, rent and utility deposits, moving and storage costs. There are several examples of rent banks in Canada and the U.S.⁴⁹ A study of 8 rent bank initiatives in the U.S. found that between 65% and 75% of clients remained in their housing one year after assistance was provided.⁵⁰

A need has been identified to improve access to housing and provide greater coordination among housing providers. The Housing Registry is one option. It is an initiative of the BC Non-Profit Housing Association, Co-operative Housing Federation of BC, and BC Housing, that was established to provide a comprehensive housing information service for social housing providers. It provides a current database of applicant information that housing providers can access through the internet when units come available. Housing providers continue to be responsible for tenant or member selection as units become available, and follow their own resident selection procedures. The Housing Registry allows households in search of affordable housing to submit a single application form to be considered for available units managed by all housing providers that belong to the Housing Registry. The Housing Registry is managed by a Council that represents housing providers, community agencies, BC Housing and municipal representatives. As of August 2003, participants included BC Housing and several other non-profit housing providers in the lower mainland. Housing Registry members who are willing and able can provide services to applicants by serving as an access point for the Housing Registry.⁵¹

The Housing Registry does not include private market rental housing. In addition, there are some questions as to whether it can work for supportive housing providers in the Downtown Eastside. One reason is that the Housing Registry requires applicants with some degree of stability who can update the Housing Registry on a regular basis with any changes to their address or housing needs. Regardless of whether this form of housing registry would work for applicants or supportive housing providers in the Downtown

⁴⁸ Social Planning and Research Council of BC, 2003, *3 Ways to Home: Regional Homelessness Plan Update*, GVRD

⁴⁹ Herbert & Louis LLC, 2003, *Transitions to Housing Pilot Project, Report of Findings January 1, 2001 through December 31, 2002*. City of Portland Oregon: Bureau of Housing and Community Development

⁵⁰ BC Ministry of Social Development and Economic Security and Ministry of Municipal Affairs, 2000, *Local Responses to Homelessness: A Planning Guide for BC Communities*

⁵¹ Social Planning and Research Council of BC, 2003, *3 Ways to Home: Regional Homelessness Plan Update*, GVRD

Eastside, it is recognized that improved coordination among these agencies could provide some benefits to them and their applicants.

In addition to the above, a variety of other services is needed to help prevent homelessness, including effective discharge planning from institutions such as hospitals and jails. There is also a need to support families, help people access housing and deal with discrimination, which can be an issue for particular groups, such as youth, Aboriginal people and single mothers.

City of Vancouver role:

- Cost-share initiatives for eviction prevention services and a housing registry (up to a maximum of \$100,000), and facilitate, coordinate, and consult with the community as appropriate to ensure that other services are in place to prevent homelessness.

ACTION

65. The Provincial Government to change the Residential Tenancy Act and regulations to:
 - Limit annual rent increases to either the Consumer Price Index or a reasonable percentage but not both;
 - Ensure that tenants are not evicted for cosmetic renovations;
 - Permit arbitrators to extend the time for tenants to pay the rent under reasonable circumstances;
 - Provide adequate access to the Residential Tenancy Office for Vancouver tenants by re-opening the office in Vancouver and providing extended hours of operation to accommodate people who work during the day; and
 - Provide additional resources to organizations that assist tenants in resolving disputes and accessing the arbitration process.
66. The Provincial Government to reinstate funding for legal aid services so that tenants can obtain legal representation for arbitration hearings.
67. The City of Vancouver and Provincial Government to fund programs to prevent an eviction, including:
 - Mediation services;
 - Rent assistance and rent bank programs;
 - Support to landlords with tenants whose behaviours might otherwise result in an eviction; and
 - One-to-one assistance to work with individual tenants to avoid an eviction.
68. The City of Vancouver to work in partnership with BC Housing, BC Non-Profit Housing Association, Co-operative Housing Federation of BC, the GVRD, and other interested parties, to provide a comprehensive housing registry to help applicants obtain both private and social housing. This registry could include:
 - Serving as an access point for the social housing registry operated as a partnership by BC Housing, the BC Non-Profit

⁵² The 211 number would provide a single point of access for community, health, government and social services.

- Housing Association, the Co-operative Housing Federation of BC, and other community partners;
- Working with BC Housing to ensure that social housing units designed for people with physical disabilities are available for the intended target population;
 - Helping people locate and access private rental housing (this could include providing incentives for landlords to participate);
 - Providing financial assistance to help clients obtain housing (e.g. damage deposits and assistance with moving expenses);
 - Working to overcome other barriers to accessing housing (e.g. discrimination, landlord references, and other barriers); and
 - Providing case management to ensure access to support services as necessary.
69. The City of Vancouver, Vancouver Coastal Health, hospitals, and Corrections departments in the provincial and Federal governments to work together to ensure effective discharge planning before an individual is discharged so that when these individuals are discharged from institutions (e.g. hospitals and jails) they will be linked to appropriate housing & support services.
70. The Provincial Government to work with other partners as appropriate to ensure the provision of a full range of services to help prevent homelessness. In addition to income assistance, housing, mental health and addiction services, additional services should include:
- Life skills and employment training;
 - Family mediation;
 - Counselling;
 - Childcare, parent support and parent education;
 - Homemaking support;
 - Early childhood development and intervention programs;
 - In-school early prevention programs; and
 - Settlement services for people who are new to Vancouver.
71. The Provincial Government to work with other partners as appropriate to ensure that people who are homeless or at risk are able to make full use of services to help prevent homelessness. Options for improving access include:
- 24-hour access and one-stop information and referral services; such as the BC 211 Initiative being developed by the United Way of the Lower Mainland;⁵²
 - Working towards the co-location of services (where appropriate and feasible);
 - Ensuring that services are in physically accessible buildings;
 - Providing user-friendly information in different languages and in different forms (e.g. verbal, written and electronic), recognizing that not everyone has access to the internet;
 - Providing bus tickets & making use of van services (e.g. Safe Ride);
 - Providing child-minding services for parents with young children

so they can get to appointments/interviews;

- Respecting and accommodating individuals with different cultural backgrounds;
- Helping people to obtain the necessary ID (either new ID or replacement); and
- One-on-one advocacy for services.

● **Priority 11 Outreach services**

GAP	Lack of outreach services
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Outreach is an approach where services are taken to the client rather than requiring the client to come to an office or drop-in centre, etc. Outreach also includes programs or initiatives to seek out and approach people who are homeless or at risk of homelessness. They may be targeted to specific populations, such as youth, adults with mental health issues, individuals with substance use issues, or anyone on the street. Street outreach workers generally identify people who are homeless, engage them in a positive way, assess their needs, help them with services (e.g. food, substance use treatment, health care, income assistance and shelter), maintain ongoing contact, and help facilitate a process of transition to enable them to obtain housing and training/employment. 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 with whom they work. The goal of outreach is to establish rapport and ultimately help people access the services they need or want. Outreach workers are often the first people to have contact with a homeless person. They can play a critical role in the 3 ways to home (income, housing and services).⁵³

Assets: Outreach services for people who are homeless or at risk, 2003	
Target Group	Number of Services
Youth	9
Aboriginal youth	1
Aboriginal adults, families or all	1
Mental health outreach	2
Total	13
<small>Note: This is based on the 2003 Regional Inventory and undercounts the total number of current services. Some of the drop-in facilities may also provide outreach services that are not reflected here</small>	

Outreach services may be targeted to specific services and programs. Mental health clients may have access to outreach services through the mental health services system. Services may include assistance with life skills issues, social support, helping to become more engaged in community activities, and helping to connect individuals to services, including treatment and better housing. Some mental health housing agencies, such as the Mental Patients' Association and Coast Foundation Society also provide street outreach and try to identify individuals with a mental illness. In addition the Vancouver Agreement employment strategy and the Downtown Eastside public realm/arts activities have outreach components.

⁵³ Social Planning and Research Council of BC, 2003, *3 Ways to Home: Regional Homelessness Plan Update*, GVRD Steering Committee on Homelessness

While there are a number of street outreach services, few are available around the clock (24 hours), especially at night when no other support services are available. There is a particular need to seek out people who are living outside who have a variety of health, mental health, substance use or other challenges. It has been suggested that drop-in centres and programs targeted to people who are homeless are good locations for outreach workers to engage clients.

This Plan has also identified a need to find ways to increase linkages and better coordinate among the various outreach programs and between the programs and services. Some of this is underway with the outreach programs funded within Vancouver Coastal Health. This could be done by:

- Providing sufficient funding to agencies so that they can provide outreach as one component of their services;
- Ensuring that outreach workers have the necessary expertise and training to work with a wide range of individuals (e.g. youth, seniors, women, immigrants and refugees, people who speak different languages, Aboriginal people, people with mental health issues, addictions and other special needs, and sexual minorities), and are knowledgeable about the services they need, what services are available, and how to access these services; and/or
- Tracking the connections made to needed services – to ensure follow-up occurs

Finally, it has been recognized that homeless people exist in many parts of the City outside the Downtown Core, and outreach services need to be available in these areas.

City of Vancouver role:

- Facilitate, coordinate, and consult with the community, as appropriate.

ACTION	72. The Provincial Government and other levels of government as appropriate to provide funding for more street outreach services that are available 24/7 and improve coordination among outreach programs and linkages to services.
	73. The Provincial Government to provide funding for more outreach services outside Vancouver’s downtown core.

● **Priority 12 Drop-in centres**

GAP

Lack of 24/7 drop-in facilities and inability to serve individuals with unique needs

Drop-in centres can play an important role in the daily life of a person who is homeless. They 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 counselling and referral to other services, and obtain help with finding housing. Some centres offer life skills, employment and skills training. Some are stand-alone facilities, while others are part of an emergency shelter or specific services, such as mental health. Hours of service vary. In Vancouver, only two drop-in centres are open 24-hours a day. Some drop-in centres permit clients to sleep on a mat or couch if necessary. Drop-in centres may have different policies regarding whether they will serve people who are under the influence of drugs or alcohol.

Assets: Drop-in facilities for people who are homeless or at risk, 2003	
Target Group	Drop-in Centres
Youth	14
Aboriginal youth	2
Aboriginal Adults, Families, All	4
Women and Families	4
Refugees/Multi-cultural	1
Mental Health	3
All (1 is 24 hour)	6
Addictions (24 hour)	1
Total	35

This Homeless Action Plan has identified a need for more drop-in centres that are open 24/7, that are fully accessible, and that can serve individuals with unique needs (e.g. women (including women working in the sex trade), youth, people with mental health issues, people using drugs and/or alcohol, sexual minorities). It has been noted that some people do not feel safe in drop-in centres that are open to everyone, and so they do not access them. This Plan has also identified a need for a safe place where people who are under the influence of drugs or alcohol can go. This issue could be partially addressed if sobering facilities are provided.

A related issue is the lack of availability of public toilet facilities. As a result, the parks, lanes and streets are used by homeless people and others. The provision of public toilets raises issues of locations and safety. This is an ongoing issue which the City's Engineering Department and others are addressing.

City of Vancouver role:

- Facilitate, coordinate, and consult with the community, as appropriate.

ACTION

74. The Provincial Government to provide funding for more drop-in centres to be fully accessible, open 24/7, with a sufficient level of staffing, and able to accommodate pets.
75. The Provincial Government to provide funding for more drop-in centres outside the Vancouver downtown core.
76. The Provincial Government to work with other partners as appropriate to consider the development of additional drop-in

centres targeted to specific populations (e.g. women (including those in the sex trade), youth, sexual minorities, people with mental health issues, people using substances, seniors and others), who may not feel safe in drop-in centres that are open to everyone.

77. The Provincial Government to work with other partners as appropriate to find ways to increase linkages between drop-in centres and services, for example by ensuring that drop-in staff workers have the necessary expertise and training to work with individuals with a wide range of special needs, and who are knowledgeable about the services needed, what services are available, and how to access these services.

● **Priority 13 Research and planning and capacity building**

GAP

Lack of information about the homeless population

A significant amount of research on homelessness has been completed through a variety of initiatives, locally, regionally, and nationally. A great deal of knowledge about the homeless population in Greater Vancouver was collected through the 2002 GVRD Research Project on Homelessness, and the City of Vancouver has collected a significant amount of information during staff walkabouts. However, there is still a significant lack of information about the number of people who use emergency shelters and transition houses, their characteristics, frequency of admissions, length of stay, and the services they require. The availability of such data would increase the level of understanding of what is needed to address homelessness and could assist in better planning. There is also a need to obtain information about people who are turned away from emergency shelters and transition houses.

This Plan supports the Homeless Individuals and Families Information System (HIFIS), sponsored by the Federal Government, to collect systematic information about the number and characteristics of people who use the emergency shelter system and who are turned away.

This Plan also supports the Regional Inventory of Facilities and Services,⁵⁴ which provides useful information about what facilities and services are available in Greater Vancouver to assist people who are homeless. This inventory should be accessible to agencies that work with people who are homeless and should be updated on a regular or ongoing basis.

City of Vancouver role:

- Facilitate, coordinate, consult with the community, and post relevant information about homelessness in Vancouver on its website, as appropriate.

⁵⁴ This is the inventory of services and facilities and services serving homeless people in the region that was prepared as part of the *3 Ways to Home, Regional Homelessness Plan Update*, November 2003.

ACTION

78. All levels of government and community agencies to support the development and implementation of HIFIS (Homeless Individuals and Families Information System) to obtain information about the number and characteristics of people who use emergency shelters (including transition houses and safe houses) and people who are turned away from these facilities.
79. The Federal and Provincial Government to provide sufficient support to all Lower Mainland emergency shelters so they can participate in HIFIS.
80. The GVRD Steering Committee on Homelessness to allocate resources to undertake a regional homeless count in 2005 and every two years thereafter to develop a profile of people who do not use emergency shelters, but who are “street homeless” or are otherwise not housed adequately.
81. The GVRD Steering Committee on Homelessness to allocate resources to develop and update estimates of the number and characteristics of people who are at risk of homelessness in Greater Vancouver and in each sub-region.
82. The GVRD Steering Committee on Homelessness to allocate resources to update the Regional Inventory of Facilities and Services every two years and ensure that the inventory is accessible to agencies that work with people who are homeless. The GVRD to post the Regional Inventory on its website, and the City of Vancouver to post the Vancouver component of this inventory on its website.
83. The GVRD Steering Committee on Homelessness to allocate resources to develop a strategy and supporting materials for public education about homelessness. Consideration should be given to how the business community should be involved.

4.4 From Here to There – Next Steps

● *City Context*

While this plan identifies actions that can be taken within the City on homelessness, there also needs to be similar actions at the regional, provincial and national level. Vancouver cannot solve the homeless problem alone

Within the region, the 3 Ways to Home plan was developed by the Regional Homelessness Steering Committee and has been endorsed by many municipalities. Further efforts should be made to implement that plan, so that homeless people can be provided with the necessary services and facilities in their home communities.

Some of the actions in this plan are provincial in scope. For example, changes to BC Employment and Assistance Act and the Residential Tenancy Act would affect all areas of the province. Similarly the recommended Federal actions on Canada's Employment Insurance system and tax changes for rental housing would affect all areas of the country. In addition there needs to be actions on the provincial and Federal levels to ensure appropriate support services such as mental health and addictions are available in locations outside of Vancouver.

ACTION

84. The GVRD Steering Committee on Homelessness, the Provincial Government, the Federal Government, and GVRD municipalities to implement the Regional Homeless Plan.

● **Implementation**

The key to successful implementation is the involvement and commitment with all those who have an interest in or responsibility for the actions in this plan.

ACTION

85. The City to work with the Federal Government, the Provincial Government, Vancouver Coastal Health, the community, service providers, and business to develop an implementation strategy for the Homeless Action Plan.

5. CONCLUSIONS

In recent years there have been many reports and discussions about how to reduce homelessness. This plan takes that information and applies it to the situation in the City of Vancouver.

Vancouver has experienced an increase in homelessness, particularly in the last few years. This affects and concerns many of the residents and visitors in the City.

There are complex reasons for the recent increase in homelessness, but they relate to breakdowns in the systems of ensuring people having adequate **income, housing and support services**.

This Plan recommends more than 80 actions through which homelessness can be reduced and prevented. But there are three key priorities where actions would have significant impact in reducing homelessness:

- **changes to BC Employment and Assistance program**
- **increase supportive housing**
- **increase mental health and addiction services**

Much of the increase in street homeless is because people do not have money to pay rent. Social assistance is the last resort as a source of income. Fewer people are eligible for social assistance and more of the street homeless report they are not on social assistance. The plan recommends that **changes be made to the BC Employment and Assistance program** to ensure people in need receive benefits.

Experience in other North American cities indicates that increasing **supportive housing** is an effective way for people to move off the streets and develop more stable lives. This means either providing services, such as basic life-skills training or medication support on-site with the housing, or off-site with people living in scattered apartments. This plan calls for a significant increase in the amount of supportive housing, and less emphasis on temporary accommodation such as shelters. These should be located throughout the city.

Up to two-thirds of the people who are street homeless have substance addictions, mental illnesses, or both. To effectively tackle homelessness, there needs to be an increase in **mental health and addiction services**. Assertive Case Management is a type of case management where a multi-disciplinary team works on a one-on-one basis with an individual. There is growing evidence that this approach has positive outcomes of housing stability, reducing use of emergency services and reducing substance use.

It is recognized that these actions call for significant systemic changes that will take time to implement, and it will take time for a reduction in the number of homeless to be evident. This presents a dilemma in that homelessness is a problem today, with some calling for emergency actions, such as providing significantly more shelter beds to bring people

inside. But taking the emergency action without fixing the broken systems will only perpetuate homelessness and not reduce or prevent it. This Plan calls for emphasis on the actions which will fix the underlying broken parts of the system. A shelter is not a home. This Plan does not recommend institutionalizing an emergency response such as relying on shelters to solve what is essentially an income and housing problem. This Plan should be reviewed in 3-5 years to consider whether actions are being taken on the fundamental causes of homelessness. If not, an approach emphasizing emergency actions, such as significantly increasing shelter beds or tent cities, may reluctantly have to be considered.

Another dilemma is that this Plan calls for more resources to be allocated to homelessness. The City may be able to provide limited additional resources in areas such as providing land for supportive housing. However the responsibilities and funding for many of the solutions identified in this Plan – income, housing and support services – are those of the Federal and Provincial government. The City has no mandate and limited financial capacity to provide operating funding for shelters, housing or social services. Both the Province and the Federal government are struggling to balance their budgets, and the agencies delivering existing programs are stretched to the max. At the same time, there are indications that Vancouver citizens are anxious to reduce and prevent homelessness and want governments to provide the resources necessary to make this a priority. We are also now realizing that while significant public resources are already being spent on homelessness, particularly through emergency services, it is more cost effective to invest in programs that will move people inside and provide longer term stability for the individual and the community. It costs more to leave people homeless than to provide them with income, permanent housing and support services. This Plan provides the City's perspective of how this can be done. Given the City's limited mandate and funding capabilities, the City will be most effective in working in partnerships with others. The plan suggests that implementation can best be done by building on the well-founded partnerships that already exist with other levels of government, service providers and the community.