REDUCING HOMELESSNESS:
A COMMUNITY PLAN FOR NANAIMO, BC

PREPARED BY NANAIMO'S WORKING GROUP ON HOMELESSNESS ISSUES
FOR THE SUPPORTING COMMUNITY PARTNERSHIPS INITIATIVE
HUMAN RESOURCES DEVELOPMENT CANADA

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1. EXECUTIVE SUMMARY

While there is a visible street population in Nanaimo, homelessness is primarily relative in nature – people who are at risk of homelessness because they live alone, have little money, suffer from mental illness, physical impairment or substance abuse, or practice a socially dysfunctional lifestyle.

Statistical indicators support this contention. Households in Nanaimo have lower average income ($47,973) compared to the province ($57,593) and the Canadian average ($58,360). In 2000, over half of Nanaimo residents reported income of less than $20,000. Average total income for both male and female headed lone-parent families was much lower than the BC average. The city had a higher Low-Income incidence, a lower labour force participation rate, and a higher unemployment rate as compared to the province. Finding affordable housing is difficult for many Nanaimo residents: in 2001, 41% or 4,395 households living in rental housing were spending 30-90% of their income on rent.1

■ Development of the 2001 Community Plan and Urban Aboriginal Strategy

The Nanaimo community has long been concerned about the lack of affordable housing locally and over the last decade a number of reports and studies documented housing and service needs in the city. With the announcement of the National Homelessness Initiative and available funding, the Nanaimo Working Group on Homelessness Issues (NWGHI) and the Nanaimo Planning Group on Urban Aboriginal Homelessness were formed to develop coordinated strategies for addressing homelessness. The NWGHI completed *Reducing Homelessness: A Community Plan for Nanaimo, B.C*. in July 2001 and the Planning Group completed *A 10 Year Strategy for Reducing Urban Aboriginal Homelessness in Nanaimo, British Columbia* in October 2001. In October 2002, the Working and Planning Groups were merged.

■ Implementation of the 2001 Community Plan and Urban Aboriginal Strategy

The HRDC allocation to Nanaimo was $1,554,721 for the period 2001-03. These funds were allocated to 4 projects that addressed the priorities of the Community Plan and Urban Aboriginal Strategy: a small- scale community based residential facility for adults (Salvation Army); a small-scale community based residential facility for youth (Tillicum Haus); a small- scale community based residential facility for sex trade workers Haven Society); and a wrap around/case management process (NARSF). With the partial implementation of the Salvation Army shelter, the NWGHI has committed in principle that Phase 2 SCPI funds will be allocated to the Salvation Army shelter so it can be completed.

■ Updating and Integrating the Community Plan and Urban Aboriginal Strategy

Over the summer and early fall of 2003, the NWGHI carried out a process to update and integrate the Community Plan and Urban Aboriginal Strategy. The following activities were undertaken: completion of the Community Evaluation Report, update of statistics, a document review, update of the Inventory of Programs and Services Assets, update of the Objectives, a Community Priority Setting Workshop, and a review of the draft updated plan by the NWGHI.

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1 The cited statistics come from Statscan, *Census 2001*, except for the last statistic which comes from the City of Nanaimo Profile Report, Canada 2001 Census. The area covered by the profile includes areas south and west of the City of Nanaimo. Census tract boundaries are not consistent with the City's boundaries.

■ THE 2003 PLAN

The 2003 Community Plan is made up of a number of elements. These are presented below.

▪ Target Population Groups

The following key target population groups have been identified: Aboriginal people; people living with mental illness; youth and young adults (aged 12 –25); women; people suffering from addictions; people living with or at risk of HIV/ AIDS, Hepatitis C, or other communicable diseases; people leaving institutions; low income singles; the poor and the newly poor.

▪ Gap Analysis

Between 2001 and 2003, capacity increased in some areas, decreased in others, or remained the same. Changes in senior government policy, funding allocations, and organization presented major challenges for many agencies. The 2003 Inventory revealed that, since 2001, the number, complexity, and acuity level of the homeless and those at risk of homelessness in Nanaimo have increased. Agencies frequently report that demand is so great they often lack the capacity to respond, even when their capacity has increased.

The following gaps have been identified as the most critical: housing (transitional, affordable rental, supportive, emergency shelter/ crisis beds, specialized, and transient/seasonal); basic needs; outreach; community re-integration; agency capacity; community awareness, education and support; and affordable recreation and social opportunities.

▪ Priorities

The following priorities have been identified to address homelessness in Nanaimo: (1) Safe, affordable housing; (2) Emergency intervention; (3) Bridging; (4) Community/ agency capacity; (5) Health services; and (6) Individual capacity. A number of specific activities were identified for each of the priorities. Together the priorities address the anticipated outcomes of the National Homelessness Initiative:

Implementation

The NWGHI recognizes the value of maintaining the community-driven planning process and the need to improve public awareness of homelessness. The Working Group will continue to use a shared delivery model of governance: proposals will be solicited through an advertized Expression of Interest process that respond to the Plan's priorities; proposals will be reviewed by a Review Task Group (comprised of members of the Working Group who are not directly involved in projects that potentially could receive funding and possibly include additional representatives from the community). The Task Group will recommend projects and allocations to the NWGHI based on their appropriateness and the Plan. The NWGHI will forward their recommendations to HRDC. The Government of Canada will contract directly with successful applicants. Successful applications will be posted on the City of Nanaimo website. Project implementation will be the responsibility of the proponent. The Working Group recognizes the need to sustain momentum and set aside funds to support sustainability, implement the communications strategy, and monitor and evaluate progress.

Sustainability and community contributions

Sustainability in this Plan refers to initiatives that will create funding needs beyond March 31, 2006, the end of Phase 2 of the NHI. The Plan envisions that implementation of the proposed projects will occur in partnership with any number of community agencies and provincial service providers. SCPI and UAS funds are intended to kick start needed local projects, leveraging other funds to ensure their sustainability long term. The Working Group will work

with potential funding partners to discuss funding partnerships or in kind donations of services. Consideration will be given to establishing a Sustainability Task Group. Project proponents will be required to demonstrate that they have a sustainability strategy.

A partnership strategy

Partnerships are about relationships that build capacity through advice, advocacy, information, volunteers, tools, technical and management assistance, in-kind donations, resource-sharing, connections to other networks and sectors, as well as employment, housing and other opportunities for homeless people and those at risk. Efforts to engage the private sector and the community in support of the Community Plan and individual projects will be a priority over the next few years.

Communication strategy

The purpose of the communication strategy is: to create/elevate awareness and understanding of the Nanaimo Working Group on Homelessness Issues, the Community Plan, the priorities to alleviate homelessness, and proposal call for projects. The target audience comprises key community and government stakeholders and the community at large. A number of specific activities have been identified, including: establishing a Standing Committee of the NWGHI to implement the Communication Strategy; maintaining the link on the City web site; distributing the Plan in the community; developing media material; and hosting forums.

Evaluation

The Working Group recognizes that the demonstration of positive outcomes will be the basis for future community support, the amendment of the Community Plan and the effectiveness of projects. The evaluation plan is based on the 'participatory evaluation' model. Funded projects will be expected to evaluate their results as will the Working Group – the first formative evaluation will be completed by September 2004; a larger final evaluation will be done in the last year of the initiative. Consideration will be given to using SCPI/ UAS funds to support this work. Overall expected outcomes will be used to measure progress.

■ Appendices

A. Costs of Homelessness
B. Nanaimo: An Overview
C. Inventory of Programs and Services Serving the Homeless (Assets)
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2. INTRODUCTION

2.1 Defining Homelessness

As defined by the United Nations, homelessness can be absolute or relative in nature. **Absolute homelessness** refers to individuals living on the street with no physical shelter. **Relative homelessness** refers to people living in spaces that do not meet basic health and safety standards, including protection from the elements, access to safe water and sanitation, security of tenure, personal safety and affordability. It includes those who are at-risk of becoming homeless. (See Appendix A)

In developing strategies for helping the homeless, our first instinct is to try to measure it - the number of people affected. Yet, there are numerous challenges - issues of definition, mobility, partial counts, street surveys, methods that only focus on the homeless on the street, those that only focus on shelter use when some homeless do not use public shelters and methods that ignore the less visible homeless overall.

Understanding what causes homelessness is perhaps a better place to start as it enables us to address the issue with an eye for prevention and reducing risk. Simply put, homelessness is caused by a lack of income, affordable housing and social supports. It becomes more complex and difficult to address considering homelessness is also driven by a multitude of factors: poverty, unemployment, low wages or underemployment, reductions in government support for social housing and other kinds of social assistance, and a policy of deinstitutionalization of those with severe mental illness among others. For those without family or other social support networks, adverse events such as sudden job loss, marital breakdown, domestic violence or abuse (particularly women and youth), incarceration or hospitalization can trigger homelessness.

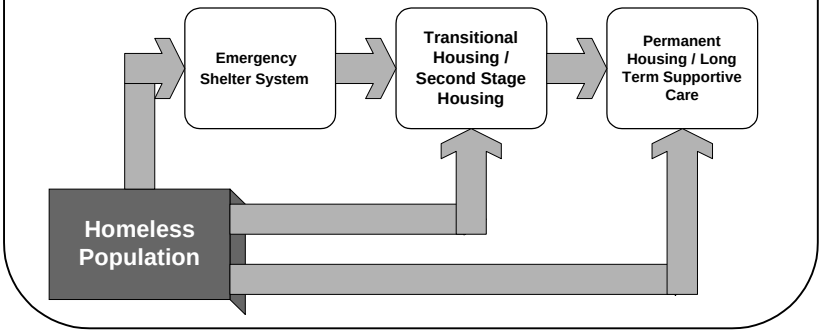
There are groups of people who, because of their socioeconomic marginalization are more likely to be poor, unemployed or working for low wages, and therefore more at-risk of becoming homeless. These include Aboriginal women, men and youth who are disproportionately represented among the homeless in Canadian cities; youth in general; single mothers and their children; ex-offenders; women and men with severe mental illness; those with addictions and those without family or other social supports.

There are many challenges when addressing homelessness. There is no single cause and therefore no single solution. Among them are complex jurisdictional issues and a demand for partnerships that are not always easy to develop or maintain as well as a lack of resources and some inflexibility in government programming.

2.2 The Continuum of Support: How Homelessness is Addressed

Most Canadian cities have some facilities, programs and/or services that are targeted to assist the homeless. This support system may involve emergency shelter, addiction recovery programs, grants for first month's rent and security deposit, or employment counseling. Ideally, each community's continuum of support helps people move from a homeless situation to transitional and permanent housing. This concept is described in Figure 1.

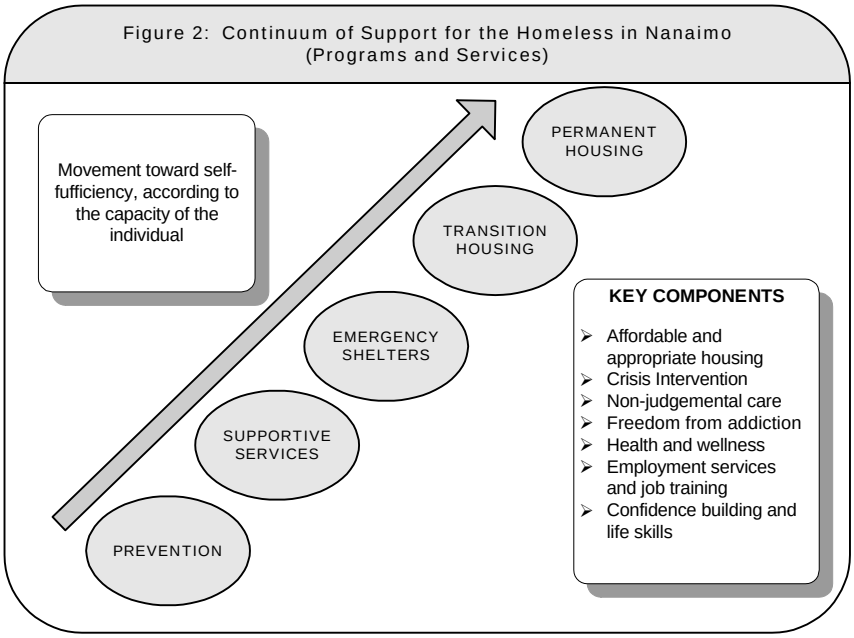
Figure 1: Continuum of Support for the Homeless in Nanaimo (Facilities)



Associated with the basic need for a safe, secure place to live, homeless individuals and families may also require short-term or ongoing support services to gain a greater level of self-esteem and well-being. Many of these programs and services play a key role in preventing homelessness. Some are focused on developing life skills, while others are focused on employment and job training. As such, the continuum of support also implies a diverse range of programs and services for the homeless and near homeless (Figure 2). These programs and services are grouped under the following areas:

▪ Crisis intervention and non-judgmental care	▪ Life skills training and counseling
▪ Community networking and referral system	▪ Good nutrition and opportunities for healthy living
▪ Safety from abuse	▪ Educational / re-training opportunities
▪ Freedom from addiction	▪ Employment services
▪ Support services for those suffering from loneliness, depression, or mental illness	▪ Appropriate care for those with mobility, sensory, or cognitive impairments

Figure 2: Continuum of Support for the Homeless in Nanaimo (Programs and Services)



Ideally, each community would have a 'complete' continuum of support for the homeless, including a full range of facilities and complementary programs and support services. In reality, most communities have some gaps in their continuum. To understand the nature of the existing continuum of support in Nanaimo, an analysis of gaps in housing and services was conducted as part of developing this Community Plan. See Appendices C and D for the inventory of Nanaimo's assets and gaps.

2.3 Homelessness in Nanaimo

The boundaries of the City of Nanaimo were used in developing Nanaimo's Community Plan.

In 1999, the BC Ministry of Health's Annual Report acknowledged that Nanaimo is one of five smaller cities in British Columbia, outside the Greater Vancouver Area, that is experiencing increasing numbers of homeless people (BC Ministry of Health, Provincial Health Officer's Annual Report, 1999: 40). See Appendix B for more information on Nanaimo.

While there is indeed an on-going problem of absolute homelessness in the community (estimates of a visible street population range from 25 to 75, varying throughout the year), the research reveals that Nanaimo's greater concern is relative homelessness. Extensive research concludes that the nature of that homelessness problem is generational poverty and structural and transitional problems in the local and regional economy. A number of indicators, cited below, support this conclusion.

- In 2000, average personal income was $28,028, while the BC average was $30,938. Average household income was $47,973 compared to the BC average of $57,593 and the Canadian average of $58,360. (Statscan, 2001 Census)
- In 2000, over half of Nanaimo residents reported income of less than $20,000. (Statscan, 2001 Census).
- In 2000, average total income for both female and male headed lone-parent families, - $29,304 and $42,942 respectively was much lower in the than the BC average of $33,829 and $47,480 respectively. Some 54% of families with children in Nanaimo were lone-parent families as compared to 38% for B.C. (City of Nanaimo Profile Report, Canada 2001 Census)2
- In 2001, Nanaimo had a higher than average number of lone parent families (19%) as compared to BC (16%) and Canada (16%). Most were female parent lone parent families (81.4%). (Statscan, 2001 Census)
- In 2001, over 33% of households were comprised of people who were not related, but sharing accommodation. (Statscan, 2001 Census)
- In 2000, the incidence of Low Income in Nanaimo was similar to the B.C. average for persons in private households (19% and 18% respectively), but the rate for unattached individuals was much higher in Nanaimo (43%) than for the province (38%). (City of Nanaimo Profile Report, Canada 2001 Census)
- In 2001, Nanaimo had a lower labour force participation rate than the BC and national averages. Between 1996 and 2001, the participation rate for men declined from 71.5% to 65.9% and for women from 58% to 56.6%. (Statscan, 2001 Census)

2 The City of Nanaimo Profile Report, Canada 2001 Census includes areas south and west of the City of Nanaimo. Census tract boundaries are not consistent with the City's boundaries.

- In 2001, the rate of unemployment in Nanaimo was 11.60% compared to 8.5% for the province. The unemployment rate was high amongst youth aged 15-24 (21.7%) as compared to 15.8% for B.C. It was higher for males (23.2% as compared to 16.7%)) and for females (11.1% as compared to 7.7%). (City of Nanaimo Profile Report, Canada 2001 Census)

A report by Nanaimo's Social Development Strategy Steering Committee concluded that, *"Poverty is a theme that threads through all areas of service delivery*. *It is a major factor in all areas of social services delivery and in health care*." (2000: 7)

Finding affordable housing is difficult for many Nanaimo residents. Recent trends indicate that over the last year vacancy rates have fallen (down to 3.3% in 2002) while average rents (up 2.5% for apartments and 3% for row housing in 2002) increased. (Nanaimo Community Profile, October 2003) In 2001, 52% (5,480) of households living in rented dwellings were spending more than 30% of their income on rent, with 41% or 4,395 households actually spending 30-90% of their income on rent – a level that clearly puts them at risk of homelessness. In this regard, Nanaimo's rental housing is some of the most unaffordable when compared to the province as a whole (43.3% of households in B.C. paying more than 30% and 34.6% paying 30-90%). (City of Nanaimo Profile Report, Canada 2001 Census)

Table 1: Income Required to Rent in Nanaimo

Average Rental Rates in 20033

DWELLING TYPE	ROW HOUSING	INCOME REQUIRED TO AFFORD RENT	APARTMENT	INCOME REQUIRED TO AFFORD RENT
BACHELOR	N/a	N/a	$388.00	$15,500.00
1 BEDROOM	N/a	N/a	$490.00	$19,600.00
2 BEDROOM	$596.00	$23,800.00	$592.00	$23,650.00
3+ BEDROOM	$672.00	$26,850.00	$695.00	$27,800.00

A full time 40 hours/week minimum wage job at the entry level ($6/ hour) pays $1040/ month ($12,480/ year); the $8 level (requiring 500+ hours of employment) pays $1,387/ month ($16,640/ year).

The above table illustrates that people working for low wages are as unlikely as those receiving income assistance to be able to pay for the average market rental unit even though vacancy rates in Nanaimo remain high. Wait lists for the limited social housing units that exist are long and the wait can be as long as one or two years.

For many on low incomes, a source of affordable housing (secondary suites and rooming houses) is illegal (not permitted under the City's zoning bylaw). Single men and women who are recipients of BC Benefits struggle to pay housing costs of $500+ per month. For single people, the shelter component under BC Benefits is set at $325. Rental for single room occupancy hotels (SROs) ranges from $325-$600.

3 City of Nanaimo, Community Profile, October 2003.

Consultations with community stakeholders indicate that a high number of homeless people, many of them youth, are relying on couch surfing as well as dysfunctional and exploitative relationships in order to maintain shelter. The statistics on high poverty rates would support this contention.

The 1993, the *Needs Assessment - Homeless Persons Report*, prepared for the City of Nanaimo, noted that there were a small number of absolute homeless people (approximately 15), although most service providers believed that this had increased recently. The report also underscored that there were an "undefined number of Nanaimo residents living in very temporary or very poor accommodation and at-risk of becoming homeless". Living accommodation included SROs, cheap motels, rooming houses or couch surfing in addition to the one emergency shelter. Field research in 1993 showed five hotels renting rooms monthly to approximately 40 residents and rooming houses clustered in the area west and south of downtown. No estimate of the number of residents was provided for the latter.

A 1999 consultant's report on housing needs commissioned by the City of Nanaimo found that: "Nanaimo has the largest proportion of BC Benefits recipients both overall and in each of the age categories. The high proportion of benefits recipients suggests that Nanaimo had a significant number of people with incomes that will not be high enough to find adequate housing. Highest proportions of the target groups for this study are found in inner city neighbourhoods e.g., Townsite, City Centre and South End. Other large concentrations are found in adjacent neighbourhoods such as Harewood. These areas are characterized by low household incomes and high proportions of renters spending more than 30 percent of income on shelter." (City of Nanaimo, 1999: 13).

2.4 The Need for a Community Plan

There has been increased awareness nationally, provincially and in the community of the scope and severity of the issue of homelessness. Indeed, many municipalities have joined together in declaring homelessness to be a national disaster.

Prior to the Supporting Community Partnerships Initiative *(*SCPI*)* and Urban Aboriginal Strategy administered by Human Resources Development Canada, many groups in Nanaimo were working to support people who are at-risk of becoming homeless in a largely "piecemeal and scattergun" way. With funding available (providing Nanaimo the opportunity to access federal funds), it was critical that all community stakeholders work together to develop a coordinated Community Plan and Urban Aboriginal Strategy targeted at preventing and reducing homelessness. The Nanaimo Working Group on Homelessness Issues and the Nanaimo Planning Group on Urban Aboriginal Homelessness were formed to develop solutions. Both groups also wished to build on work already being done by individual agencies and providers and to utilize existing expertise in the community.

2.5 Development of the 2001 Plan and Urban Aboriginal Strategy

The documents, *Reducing Homelessness: A Community Plan for Nanaimo*, *B.C*. and *A 10 Year Strategy for Reducing Urban Aboriginal Homelessness in Nanaimo, British Columbia*, represented the culmination of much work and research.

The Nanaimo community has long been concerned about the lack of affordable housing locally.

- **October 1993**: City of Nanaimo's Report, *Needs Assessment – Homelessness Persons*, recommended the following be developed: drop-in centre or living room; transitional

housing; and supported independent housing. Few of its recommendations were implemented.

- **April 1998 and May 1999**: Two community forums were held on the topic of Affordable Housing.
- **June 1999**: BC Housing recognized Nanaimo's need for an expanded emergency shelter and for development of second stage housing. In July of that same year, a committee of local agency and government stakeholders formed to assist the project's proposed sponsoring society. Subsequently, in April 2000, the local committee withdrew its support for the project sponsor and discontinued meeting as the deadline for proposal submissions passed.
- **September 1999**: A report was commissioned by the City of Nanaimo entitled *Building Capacity: A Housing Needs Assessment.* This report identified that the housing needs of those at risk of homelessness, in particular, low income singles and those with special housing needs were not being met.
- **November 2000**: The City of Nanaimo Social Planner reconvened stakeholders to continue discussions regarding service and housing needs of the homeless and those at risk of homelessness.
- **December 2000**: Human Resources Development Canada initiated the Supporting Community Partnerships Initiative and research began in Nanaimo on the homelessness problem. A background report was completed with input from the local stakeholder committee. The Nanaimo Working Group on Homelessness Issues (NWGHI) was struck with members from the previous stakeholders' group and including some new members. See Appendix F for Working Group members.
- **January 2001**: A service-mapping workshop was held by the Working Group to inventory existing housing and service options that could aid people who are homeless or at risk of homelessness. Information garnered identified gaps in services. The Working Group used this information to establish priorities in the Community Plan paving the way for access to federal funding for homelessness.
- **February to July 2001**: The Working Group began meeting every 2 weeks to formalize a Community Plan.
- **June 2001**: Two focus groups were held with youth and emergency shelter clients to review the identified draft Community Plan priorities.
- **June 2001**: A public meeting was held at Beban Community Centre in Nanaimo for comment on the draft Plan and identified priority projects.
- **July 2001**: A meeting was held with potential key funding partners to elicit indications of support.
- **July 2001**: The Working Group adopted the draft Plan (revised to reflect comments from public meeting) formally, by motion, as *Reducing Homelessness: A Community Plan for Nanaimo, B.C*. The Plan was endorsed by Minister Bradshaw in September 2001.
- **July – December 2001**: The Nanaimo Planning Group on Urban Aboriginal Homelessness, comprised of a cross section of relevant organizations working in Nanaimo on Urban Aboriginal issues (and including members of the NWGHI), was formed to develop an Urban Aboriginal Strategy. The Strategy - *A 10 Year Strategy for Reducing Urban Aboriginal Homelessness in Nanaimo, British Columbia* - was completed in December 2001. In October 2002, the Nanaimo Planning Group merged with the NWGHI.

2.6 Implementation of the 2001 Plan and Urban Aboriginal Strategy

The 2001 Community Plan and Urban Aboriginal Strategy identified 5 key priorities:

- a small- scale community based residential facility for adults;
- a small- scale community based residential facility for youth;
- a small- scale community based residential facility for sex trade workers;
- a wrap around/case management process; and,
- a coordinator for process and project implementation.

The NWGHI established an Advisory Group to coordinate projects through to fruition. A public EOI process was subsequently undertaken, with 4 projects selected. The Working Group decided not to proceed with hiring a coordinator, thereby freeing up additional funding to enhance direct service delivery as provided by the other projects.

The original HRDC (SCPI, Youth and UAS) allocation to Nanaimo was just over $1.5 million for the period 2001-03: Haven Society's Willow House (a second stage housing project for exiting sex trade workers) - $275,000; NARSF's Wrap Around Project (the design and application of a best practices model of integrated service delivery) - $175,000; Tillicum Haus' Youth Safe House (a 3 bed youth shelter) - $296,000; and the Salvation Army's New Hope Centre (a facility providing emergency beds, transitional units, a programmed living room and dining room) - $808,000.

Projects were due to be completed by September 30, 2003, but in August 2003 the time frame was extended to December 31, 2003 for Haven Society, Tillicum Haus, and NARFS and January 31, 2004 for the Salvation Army. With the Salvation Army shelter only partially implemented, adjustments were made to the allocations: Willow House and the Youth Safe House received additional funds to a maximum of 15% of their contribution funding; the Salvation Army's allocation for Phase 1 was adjusted downward with a commitment in principle from the NWGHI to use Phase 2 SCPI funds to complete the project.

2.7 Updating and Integrating the 2001 Plan and Urban Aboriginal Strategy

Over the summer and early fall of 2003, the NWGHI carried out a process to update and integrate the Community Plan and Urban Aboriginal Strategy. Consultants were hired to facilitate the process. The following activities were undertaken:

- **Completion of the Community Evaluation Report**: This report, formally accepted by the NWGHI in September 2003, provided information on the implementation of the 2001 Plan and Strategy, including a summary of key future tasks and directions. The report was based on the findings from 30 interviews with key community and agency stakeholders, agency surveys, agency client surveys (where available), project information (e.g. agency and HRDC reports), and other background documents.

- **Update of statistics**: Relevant statistical data from the 2001 Canada Census was compiled to provide more recent information to support the need to deal with homelessness in Nanaimo. In addition, statistics were collected from a number of other sources to update information for the 2003 Plan.

- **Document Review**: A number of background documents were reviewed, including reports from agencies and the City. In May 2003 the City released *Phase 1: Social Status Report of the Nanaimo Social Development Strategy*. This is a statistical report that highlights 50

measurable socio-economic indicators, including many particularly relevant to this Community Plan.

- **Update of the Inventory of Programs and Services Assets**: The 2001 Inventory was updated primarily using a survey sent to agencies and organizations serving the homeless or those at risk of homelessness in Nanaimo. A matrix (see Appendix C) of current programs and services was developed. The survey was also used to collect additional information, e.g. client needs, program/ service gaps and overlaps, and changes in capacity since 2001.

- **Update of the Objectives**: The Objectives of the 2001 Plan and Strategy and new Objectives of the National Homelessness Initiative were reviewed by the NWGHI and new Objectives were identified.

- **Community Workshop**: A workshop, attended by over 40 representatives from stakeholder agencies/ organizations and resident associations in Nanaimo, was held on September 25, 2003 to identify target populations and service/ program gaps, and to set new priorities for the updated Plan.

- **Review of the updated and integrated Plan and Urban Aboriginal Strategy**: A draft Plan was prepared by the contracted consultants. This draft updated and integrated the 2001 Plan and Strategy and incorporated the results of the Community Evaluation and Community Workshop. The draft was reviewed by the NWGHI at a meeting on October 9, 2003. Suggested changes were incorporated into the Plan.

3. THE PLAN

3.1 Principles of the Plan

This Plan identifies policies and actions required by all sectors of the community and each level of government to both prevent and alleviate homelessness.

The following principles have helped guide the Working Group's development of the Plan:

- *The Plan addresses the needs of those who are at-risk of homelessness as well as those who are currently living in absolute homelessness.*
- *Solutions to homelessness require a coordinated and inclusive community response, and must be flexible.*
- *A "continuum of housing and support", as demonstrated in Figure 1, best meets the needs of people who are homeless and those at-risk of becoming homeless.*

3.2 Objectives of the Plan

The strategic objectives of the National Homelessness Initiative are:

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

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

In support of these long-term objectives, the Working Group identified the following objectives for their Plan:

1. To provide a framework for community service organizations and other interested stakeholders to work together to achieve common goals based on the problems and challenges faced by the community with respect to 'homelessness' and the needs of the homeless for independence, dignity and autonomy.

2. To assist the community, based on the identification of community needs, gaps, and priorities, to move along the continuum of supports by focussing on transitional, supportive and preventative activities as integral parts of the community's response to homelessness.

3. To identify short and long-term structural strategies, including the identification of partnership opportunities and other sources of funding, to build community capacity and help ensure the sustainability of projects and the community process.

4. To implement priorities that ensure programs and services are coordinated, supportive, and consistent, making the best possible use of scarce resources (e.g. by reducing overlap and duplication).

5. To develop communication strategies: that are inclusive and transparent; that broaden community interest and involvement by building a base of knowledge and support among all relevant stakeholders including the community; and raise public awareness and understanding about homelessness and related housing issues.

6. To administer the Plan through the Nanaimo Working Group on Homelessness Issues to ensure ongoing monitoring, evaluation and revision so that progress in reaching objectives can be measured and the Plan remain relevant to the community.

3.3 Target Population Groups

In 2001, the Community Plan and Urban Aboriginal Strategy, based on studies of housing needs in Nanaimo (e.g. City of Nanaimo, 1999) and the perceptions of those working in social services, identified the following population groups as the most vulnerable or at-risk of becoming homeless:

- People living with mental illness
- Youth
- Low income singles
- Women, including sex trade workers, single mothers, women leaving abusive situations and senior women
- People suffering from addictions
- Aboriginal People, including the relative and absolute homeless, at-risk Aboriginal children and youth, Aboriginal families experiencing poverty

The needs identified in 2001 still exist – two years is not a long time to eliminate long-standing and complex issues. The 2003 survey of agencies/ organizations serving the homeless and those at risk of homelessness reveal that, since 2001, the number, complexity, and acuity level of the homeless and those at risk of homelessness in Nanaimo have increased.

Agency perceptions about increasing need and some of the impacts include the following:

- more individuals and families unable to meet their basic needs for food and shelter;
- more families experiencing stress and break-down;
- more young people involved in substance abuse and using more dangerous substances;
- more young people (especially youth, families, women and children) in poverty or having more difficulty accessing financial assistance;
- increased waiting lists for affordable housing;
- increased numbers reporting job loss or anxiety about uncertain job future;
- more people presenting with more complex mental health issues; and,
- increased stress levels and aggressive behavior by all age groups.

Agencies report a number of factors they feel have contributed to increased need. Mentioned frequently are the significant and many changes to provincial government policy, programs, and funding. Agencies frequently report that the effect of these changes has been an increase in client confusion and anxiety about eligibility for and access to government assistance while individual cases were reviewed and, in many cases, actual loss of assistance. Further changes taking effect in April 2004 are widely expected to increase the numbers of people in need of services and support – 'Many will likely be forced to depend on emergency services, community-based assistance, friends and family to make ends meet." (SPARC BC, *A Bad Time to be Poor*: 2003: 22) The stated intent of the provincial changes is to support employment and training programs as a way of assisting individuals to become more independent and self-sufficient. Yet some believe, that the new system has 'greatly reduced capacity to provide such training and education." (SPARC: 6) Other factors seen as contributing to an increase in the level of need and the numbers in need include: the continued lack of affordable housing, lack of public support and education to deal with poverty issues, the worsening job market, and easier access to drugs on the street.

At the 2003 Community Workshop, participants reviewed the survey findings on target population groups and developed a list of key target population groups.4

- **Aboriginal people**
- **People living with mental illness**
- **Youth and young adults (aged 12 –25)**, e.g. gay youth, pregnant and parenting teens, special needs youth
- **Women**, e.g. sex trade workers, single mothers, women leaving abusive situations and senior women
- **People suffering from addictions**, e.g. injection drug users, people living with co-occurring diagnosis pregnant teens and women, people with Fetal Alcohol Syndrome
- **People living with or at risk of HIV/ AIDS, Hepatitis C, or other communicable diseases**
- **People leaving institutions**, e.g. ex-offenders, mental health and addiction treatment centres

4 These are not listed in priority order – all of the groups are considered to be priority target populations.

- **Low income singles**
- **The poor and the newly poor**, e.g. the working poor, the unemployed, the newly poor, and individuals and families who are homeless for the first time

Other population groups include: transients, people who choose not to be housed, low income seniors (particularly immigrants and women with no or small pensions), people with disabilities (including people with brain injuries).

It is not uncommon for people within one target population group to also fall within another group – individuals within groups frequently overlap with or crossover into other groups. The 2001 Community Plan and Urban Aboriginal Strategy contained considerable information about the needs of persons within the target population groups. Many of these identified needs remain unmet and valid.

- **Aboriginal People**

  Aboriginal people comprise approximately 5% (4,335 persons) of the city's population (Canada Census 2001), although Aboriginal stakeholders estimate that the actual Aboriginal population is probably higher – somewhere between 7,000 to 10,000 people. In Canada, some 70% of Aboriginal people live off reserve. In 2001, stakeholders in Nanaimo estimated that of the approximately 1,300 members of the local Snuneymuxw First Nation, only 425 lived on the reserve.

  According to Statscan, the Canadian Aboriginal population is growing at about twice the rate of the total Canadian population; over half the Aboriginal population is under the age of 25. Given the number of young Aboriginal children, large increases will occur in the next decade in the Aboriginal youth population. This highlights the need to make education, job creation, justice, health and recreation for Aboriginal youth a priority. In 2001, Tillicum Haus estimated that there were at least 200 Aboriginal youth at risk in Nanaimo and that 80% of street youth were Aboriginal. Aboriginal children in care account for 43% of all children in care – a rate of 5.2% as compared to 0.7% for the non-Aboriginal population.

  Although there are some recent indications that progress has been made in a number of areas, most established socio-economic indicators show that Aboriginals experience higher rates of poverty, abuse, substance misuse, unemployment, poor housing conditions, and some medical conditions than do non-Aboriginals. Health problems are a key concern for the Aboriginal population, particularly diabetes, and HIV/AIDS (this is an area where the health status gap is widening). According to the BC Vital Statistics Agency and the BC Ministry of Health, mortality rates for Status Indians are disproportionately higher than the wider BC population in all causal areas, especially in the categories of death by external causes and circulatory systems. Life expectancy is some 7 years less on average for Aboriginal men and 4 years less for women. Although there has been some improvement, infant mortality rates in Central Vancouver Island are amongst the highest in British Columbia (Provincial Health Officers Report, 2001)

  In 1996, the unemployment rate amongst Aboriginals was 25%, and little or no progress has since been reported. (Provincial Health Officers Report, 2001). Earnings are substantially below the provincial average. Some 41% of Aboriginal children in BC live in families earning less than $20,000. First Nation males are less likely than their non-Aboriginal counterparts to be attending school.

The lack of adequate, affordable housing, both on and off reserve, is one of the most significant challenges facing the Aboriginal community – "The need for safe, affordable and well maintained housing may be the most important environment health issue facing the Aboriginal population." (Provincial Health Officers Report, 2001) The City of Nanaimo is surrounded geographically by four First Nation communities (Qualicum, Snawnawus Nanoose, Snuneymuxw, and Chemanus). The housing situation on these reserves contributes to migration to the city.

Needs identified include: culturally sensitive and appropriate services (e.g. detox, HIV/AIDS, health services); affordable transitional, supportive and permanent housing; continued youth shelter; trained Aboriginal support workers in services/counselling/ institutions; referral and placement in the community after hospitalization and institutions; support services for people moving from reserves to the urban area; assistance in employment services and building self-esteem; parenting skills; affordable day care; legal assistance; recreation and civic programs for youth; and addressing the complexities of Federal and provincial funding arrangements.

- **People with Mental Illness**

Nanaimo has a large population of people with mental illness. In Nanaimo, the number of adults (over age 15) with serious mental illness (not including cognitive disorders and developmental disabilities) totalled about 860 in 1998. The number is higher today. Between 1996/97 and 2001/01 the number of mental health centre cases increased by 65.9% for the Nanaimo Local Health Area. In 2000, there were 1.60 suicides/ 10,000 population in the Nanaimo Local Health Area (a rate higher than for Kamloops – 1.25 and Prince George – 0.82). A significant proportion of persons with mental illness have dual diagnosis or co-occurring disorders.

People with serious mental illness require a number of different types of services and supports that span the health care sector, e.g. community mental health services (including assertive community care, cognitive therapies, housing, out-patient counselling and rehabilitation services), in-patient services, physician services, pharmaceuticals. The absence of some services and supports, and long waitlists for others, places these people at risk. (Nanaimo Social Development Strategy Phase 1: Social Status Report, 2003)

- **Youth and Young Adults**

A 1995 survey of street youth estimated that there were approximately 200 youth living independently in Nanaimo, and a portion of these were on the street at any given time. (Housing for Youth, *Nanaimo Forum - Background Paper*, March 1996) The City of Nanaimo's Housing Needs Assessment (1999), indicated that there were "a lot of street youth and runaways", in Nanaimo and, that "compared with other municipalities in BC, Nanaimo has a high proportion of youth on income assistance, 15.9% of 19-24 year olds. Service and advocacy organizations working with youth express concerns about organized crime and the increase in the grooming of children for the sex and drug trades within the city." Another key issue affecting youth is teen pregnancy. The region has one of highest rates of teenage pregnancy in the 17-19 age range among 20 regions in the province. Samaritan House reports that the majority of their clients are now in the 20-30 age group, with the largest increase in 19-26 year olds. Since it opened, the Youth Safe House has been full. Social service agencies report that recent and imminent changes to social assistance and the minimum wage have, or will, increase the number of youth and young adults in need.

Agencies engaged in providing services to youth stress the need for a long term housing strategy that would employ integrated cross agency planning around youth housing needs, including: transitional housing that provides supports for a long enough time for a young person to learn necessary skills, obtain services and learn employment skills or further their education; affordable housing (including overcoming discrimination by private landlords); shelter services; crisis and detox beds (and including provision for pets). Additional needs identified include: the development of a strategic response to youth prostitution; separate services for youth and young adults to prevent them becoming tied to the street culture; effective outreach; and life skills training (tied to their level of development) to prepare for further education, training and job seeking programs.

- **Women**

As is the norm in most communities, lone-parent families are amongst the least able to afford rents in Nanaimo. Census data shows that 18% of families are lone-parent families, above the provincial average of 16%. Statscan reported average female income in 2000 was $20,991 in the city as opposed to average male income of $32,784, with 46% of women having incomes less than $15,000 as compared to 31% of men.

Agencies report an increasing number of female clients. Haven House has seen an increase of 10% in clients since 2001, is operating at 90-130% of capacity and regularly turns people away; Samaritan House also reports a substantial increase in the numbers of women accessing shelter; and Loaves and Fishes Food Bank reports an increase in demand with 500 new clients so far in 2003 alone and a significant increase in the number of families. (2003 Inventory of Services and Programs)

2001 Census information on child poverty is not yet available, but in 2000, Nanaimo's Social Development Steering Committee noted that Nanaimo's child poverty rate, estimated at 14.4%, was the highest percentage of poor children in any school district in the province. The Central Vancouver Island Health District reported a child poverty rate of 26.1%, a rate higher than the BC average of 19.9% and health officials in the community ranked this as a top concern. More recently, Foodshare's Summer Lunch Munch reported an average increase of 20% in demand for its services and the School Meal program has noted a "high need, with many students coming to school with no breakfast and no bag lunch." (2003 Inventory of Services and Programs)

In April 2002, there were 284 children (0-14) and 75 youth (15-18) in care from Nanaimo – a total of 359. In 2001, the BC Ministry for Children and Family Development reported that Nanaimo had the 4th highest (of 11 regions) number of children in care in the province.

The region also ranked high for spousal abuse as compared to the rest of the province. The City of Nanaimo Housing Needs Assessment noted that "in recent years there has been an increase in overall family violence, the number of young girls and women working the streets, (excluding those working in escort agencies) and the incidence of mental illness, substance abuse and Hepatitis C" (1999: 34). Tillicum Haus, Nanaimo's Native Friendship Centre, also reported increasingly younger ages of juvenile prostitution. More recently, the RCMP have estimated there are over 150 women in the sex trade working the streets in Nanaimo.

For women, there is a clear need for services that are safe (and in some cases, serving women only). These include: second stage housing; longer term affordable housing; intensive adult residential alcohol and drug treatment; coordinated outreach and support;

early intervention; child care while using services and looking for housing; advocacy, mediation and legal aid in landlord and tenant issues; basic necessities; and adequate funding for shelters/ services.

- **People Suffering from Addictions**

  According to the Nanaimo Alcohol and Drug Action Committee "Solutions 2000 Recommendations" report, actual statistics on addiction do not currently exist. However, some insights into the problem can be gained by looking at related statistics. For instance: Clearview Detox Centre serves 360 clients/ year, is always full with a waitlist of 40-50 people on any given day, and is unable to meet 1,767 requests for assistance annually. A substantial portion of other agency clients such as the John Howard Society, Native Court Workers, Tillicum Haus and the Nanaimo Correctional Centre are people suffering from addictions or substance misuse. An increase in youth crystal meth use has increased the need for staff resources and programming.

  Needs identified include: a continuum of care (prevention, treatment, supportive recovery) for all age groups, males and females; harm reduction; eliminating stigmatism and discrimination; longer treatment and recovery programs; shorter wait times for services; integrated, assertive case management; medical and dental care; access to employment readiness programs; safe, affordable and supportive housing.

- **People Living with HIV/AIDS, Hepatitis C and Other Communicable Diseases**

  This group includes people affected by or at risk for HIV/AIDS, Hepatitis C and other communicable diseases especially First Nations people, women, youth, injection drug users, sex trade workers, the multiple diagnosed, gay, bisexual and other men who have sex with men, federal and provincial offenders, people with mental health challenges. In 2001, the AIDS rate for the Central Vancouver Island Health Region was 0.8 (higher than for the Capital Region and the eighth highest in the province); the Hepatitis C rate was 127.4 (the fifth highest in the province). Recent information from the BC Centre for Disease Control suggests that there is a new upward trend in HIV/AIS occurring. AIDS Vancouver Island notes that “epidemiological data indicates that the numbers of people infected with HVC continues to grow in the regions AVI serves, which includes the Southern and Central Vancouver Island Health area within the Vancouver Island Health Authority. This trend is reflected in AVI’s client populations.”

  Needs identified include: type and level of care (ongoing, supported living services and palliative care); ambiance of housing and aesthetically pleasing physical environment; coordination of services (hospital and community); access to services; reducing/eliminating AIDS phobia and homophobia; coordination between agencies; availability of addiction and mental health services addressing the underlying risk factors, particularly in the First Nations community and with gay youth. Difficulties in obtaining appropriate housing are linked to social, economic, and health-related factors.

- **People Leaving Institutions**

  This group includes ex-offenders and people leaving hospital and treatment centres, it overlaps with mental health forensics, substance misusers and Urban Aboriginals. Self-identified Aboriginal people represent approximately 16% of all admissions to federal institutions, while representing 3% of Canada's population. Women account for just 2% of the total federal offender population.

Needs include: timely connectedness with the community upon release; rehabilitation support; provincially funded halfway houses (in the community and on-reserve); housing with supportive landlords, outside the downtown core and with assistance for meals; housing and funded support services for Aboriginal ex-offenders; support workers with experience working with ex-offenders and knowledgeable of Aboriginal healing techniques; and access to substance abuse treatment and recovery services, life skills training.

- **Low Income Singles**

Those least likely to find affordable are people living alone. Whether they are receiving a shelter allowance from BC Benefits or earning low wages, people living alone routinely pay more than 30% of their income for shelter. (Statscan, Census 2001) A single person receiving $325 in shelter allowance from BC Benefits, can expect to pay "$375 to $400/month for a dingy room, hot plate and shared bath, in either a basement suite or rooming house in the south end of Nanaimo". (City of Nanaimo, 1999: 25)

As previously noted, approximately 23% of those employed in Nanaimo are working in retail/trade or the hospitality industry and are likely working for minimum wage or little more. A person working 40 hours per week at minimum wage is paying more than he or she can afford in shelter costs if his/her rent is more than $390/month. While there are rent supplements provided through BC Housing for some single people living with mental illness, there are fewer than 30 units of housing for low income single people with physical or mental challenges.

The size of this group and their needs have increased since 2001, particularly with changes to the availability of social assistance. Major needs include: employment, income and related training and life-skill programs; basic necessities such as food, clothing, and stable shelter/ housing; and medical care, including mental health services.

- **The Poor and the Newly Poor**

The poor and newly poor include people who have low or no income, have been self sufficient, but have experienced unemployment, family breakdown, illness or disability, resulting in loss of income and housing or are at risk of becoming homeless. In 2001, the number of low-income families in Nanaimo was 3,400 (14% of all families) and unattached individuals was 5,985 (43% of all unattached individuals). In the 2001 Census, some 6% of individuals over age 15 reported no income, 25% with income under $10,000; some 4% of families reported incomes under $10,000 and 9% under $15,000. Agencies providing services to this group report that client numbers and their needs have increased since 2001, including significantly higher numbers of families with children.

Needs include: basic necessities (food, clothing, and transportation); housing and assistance with rent payments; and skill retraining and employment.

- **Seniors at Risk**

In 2001, the senior's population totaled 11,500, comprising 15.8% of the city's population – a slightly higher proportion than the average for the province (14%). This population has increased over the last decade and will continue to increase. Between 2001 and 2010, there will be an increase of 54% in the 85 age group, 11% for the 75-84 age group, and 23% for the 65-74 age group. These trends, reflecting the aging baby boom and increased longevity, have significant implications for Nanaimo's housing market. (City of Nanaimo, 1999: 45)

Seniors in Nanaimo seeking retirement residence have very little choice, whether in subsidized non-profit or private market accommodation. Various non-profit societies managing affordable housing projects have more names on their lists than they have units – demand is greater than the supply of available units. Several non-profit housing projects were built several years ago and require additional maintenance and in some cases, significant upgrading. Yet rent levels are too low to carry the cost. More and more, seniors are continuing to live in their own homes with volunteer and formal caregivers providing on-going care. Often there is no relief and caregivers have cited "burn-out" and stress as major concerns.

The wait for extended and intermediate care for seniors is an average of 2 to 18 months. In 2001, there were 587 intermediate and extended care beds in Nanaimo residences and the average number of people waiting for placement was 208. When a senior's needs change due to frail health they are often forced to move from their independent living situation to one where there is some support provided. This is often disruptive and difficult not only for seniors but also for their families who have to make moving arrangements frequently. The situation is even more difficult for seniors who have no families to assist them and limited financial resources.

Seniors at-risk needs include: alternative housing and service options (supportive housing, home support to ensure better nutrition, accident reduction to reduce the need for acute and extended care); housing that provides "aging in place" (e.g. supportive housing, multi-level care, and increased community services combined with aging in place guidelines); respite care services for caregivers; and housing where seniors can live affordably with people of all ages.

3.4 Changes in Capacity 2001-2003

Within the city of Nanaimo there is a network of agencies and organizations that serve the homeless and those at-risk of homelessness. They vary by size – some are large, some smaller, and some very small. Some provide services only within the city; others provide services throughout central and upper Vancouver Island. Most are not-for-profit organizations, although there are some major public institutions. Some agencies have paid staff; others are run by volunteers, some have both. Some agencies serve a variety of clients within the homeless and at-risk of homelessness population, some focus primarily on a specific target group within this population. Some provide multiple services to meet a range of client needs; others have a more ‘specialized’ focus, e.g. housing, food, or employment. For some agencies most of their services focus on the homeless and the at-risk of homelessness population, for others (the majority) serve a wide spectrum of clients of whom the homeless and those at-risk are only one part of their client base. This ’web’ of agencies is linked, informally and formally through partnerships and collaboration. (See Appendix C for the Inventory of Services and Programs)

To identify how agency capacity has been impacted since 2001, the inventory of assets and gaps was updated. The update was carried out by Urban Aspects Consulting Group Limited, contracted through an open expression of interest process.

As was noted in the Community Evaluation Report, Nanaimo, similar to other smaller communities, has limited board and organizational capacity and over the last two years, the situation has not significantly improved: capacity has not increased for most agencies and many have experienced reductions. While some agencies have increased their capacity, for the most

part this has been incremental or very limited. For some agencies their very sustainability and viability is a key issue.

Since 2001, two key factors have impacted the situation: $1.5+ million of SCPI funding has been spent (or is being spent) in the city to increase capacity; at the same time, however, there have been senior government policy and funding reallocations and reductions that have cut into capacity and/ or the ability to undertaken new initiatives.

SCPI/ UAS funding had a positive impact on capacity. Concrete achievements include the provision of additional housing/ shelter and enhanced services (a new 3-bed youth shelter, new second stage housing for exiting female sex trade workers, and an integrated service delivery program. However, with the completion of Phase 1, the future of these projects is uncertain. With the completion of the new Salvation Army Shelter in Phase 2 significant new, on-going capacity will be added.

In some cases, provincial policy shifts resulted in different funding priorities that reduced or eliminated funding for some existing programs, e.g. family social housing. In other cases, the move by the province to a more formal contract awarding/ reviewing process was difficult for some agencies to cope with. The result was that some agency contracts with the province were not renewed or their funding was reduced. These changes also occurred when other 'traditional' funding sources were becoming more difficult to access.

Complicating the situation further, provincial ministries and agencies, province-wide and locally, underwent significant reorganization and/ or reductions. This situation is continuing with changes recently announced for local Ministry of Human Resources offices and a likely and imminent major reorganization of the Ministry of Children and Family Development. In late 2001, the Central Vancouver Island Health Region was merged into the new Vancouver Island Health Authority. On the other hand, moving addictions to the Health Authority and the re-organization and increased funding of mental health services appears to have the potential for a positive effect, although the impact at this time cannot be measured yet. Agencies have been, and are, struggling to cope and adapt to this fast changing environment – at the same as they are facing increase demand for their services.

Agencies frequently report that demand is so great they often lack the capacity to respond, even when their capacity has increased. Agencies note several impacts on themselves, including:

- more burnout and stress amongst workers,
- a greater reliance on the volunteer sector to provide services and difficulty obtaining volunteers,
- more difficulties in making referrals to community services that are diminished or unavailable and, for some agencies providing services, a greater number of referrals,
- need to do more fundraising, and,
- need to adapt and respond to significant and many changes in the external policy and funding environment and in the re-organization of services within agencies and amongst organizations.

3.5 Gap Analysis

In the 2001 Community Plan, a number of priority projects were selected for funding around identified gaps. Four projects were subsequently funded. Willow House, the Safe, Youth House, and the Wrap Around projects were funded as demonstration projects. Sustainable funding has not been forthcoming with the likelihood that the gaps addressed could re-emerge.

The fourth project, the Salvation Army New Hope Centre was only partially implemented, although funds to complete this project have been committed in principle for Phase 2 and operating dollars will be available from MHR once the facility is operating.

The 2003 survey of agencies/ organizations (*Inventory of Programs and Services)* was used to identify community resources and existing program/ service gaps. The Inventory can be found in Appendix C. At the Community Workshop in September 2003, participants reviewed and discussed a summary of gaps and, in some cases, added to the list. (See Appendix D) It was noted that gaps exist across the spectrum of target population groups. From the larger list of gaps, the following were considered the most critical:

- Safe transitional housing.
- Safe affordable rental housing.
- Supportive housing - for the longer term and including the hard to house.
- Emergency shelter/ crisis beds.
- Specialized housing for complex clients/harm reduction, transient/seasonal housing.
- Basic needs – food, clothing, transportation.
- Outreach, including street outreach services.
- Community re-integration – continuity and integration of service provision (e.g. health. and social services, emergency food supply and distribution).
- Agency capacity – staff, funding, space, coordination and collaboration.
- Community awareness, education and support.
- Affordable recreation and social opportunities.

3.6 Priorities

After further discussion and review of the gaps at the Community Workshop, participants identified the following priorities to address homelessness in Nanaimo.

1. **Safe, affordable housing**
2. **Emergency intervention**
3. **Bridging**
4. **Community/agency capacity**
5. **Health services**
6. **Individual capacity**

HRDC requires communities to identify the activities that will be undertaken to address the priorities, how the priorities meet the community's objectives, what the expected outcomes will be. These are set out below.

Priority 1 - Safe, affordable housing: transitional, supportive, and rental, housing
Suggested Activities: ▪ Increase/ enhance the number/amount of: (1) transitional (2) supportive housing units; (3) permanent rental housing. ▪ Create partnerships to develop new housing. Potential partners include all levels of government, VIHA, the private sector, non-profit housing societies, and community-based organizations. ▪ Support programs/ projects that assist people to find and keep housing.

- Encourage the provincial government to continue to maintain and expand its social housing supply program.
- Encourage the federal government to establish a national social and affordable housing supply program.

- **Objectives:** 1,2,3,4

Priority 2 - Emergency intervention: crisis intervention (the starting point) > outreach, basic needs, emergency shelter/beds, and seasonal housing

Suggested Activities

- Provide funding to complete the Salvation Army New Hope Centre.
- Support partnerships that develop responses to emergency intervention. Potential partners include all levels of government, VIHA, the private sector, and community-based housing and social service organizations.
- Coordinate and strengthen outreach services to meet people's basic daily needs (food, hygiene, clothing, social supports, including expanded hours of operation).
- Encourage the provincial government to maintain and expand its community support services.
- Improve awareness amongst the homeless of the availability of community resources.
- Document the numbers of seasonal/transient homeless people in Nanaimo and provide services to seasonal/transient homeless (e.g. camping and cooking facilities).

Objectives: 1,2,3,4

Priority 3 - Bridging: continuity of care across the community and amongst agencies > community re-integration

Suggested Activities

- Organize a framework for aligning services to improve the continuity of care and re-integration into the community.
- Support partnerships that improve the continuity of care and re-integration into the community.
- Encourage the provincial government and VIHA to maintain, expand, and integrate community support services.
- Improve awareness amongst the homeless of the availability of community resources.

Objectives: 1,2,3,4

Priority 4 - Community/agency capacity: coordination and collaboration, community education & communication

Suggested Activities

- Strengthen the capacity of the Working Group to support project sustainability, implement the communication strategy, and undertake Plan evaluation and monitoring.

- Strengthen agency capacity (joint training, partnering, joint advocacy, information sharing).
- Support project sustainability (shared ideas/ resources, coaching, mentoring).
- Support projects that improve inter-agency cooperation, coordination and collaboration.
- Develop and implement communication and education strategies to increase community awareness and ownership of activities.
- Support research and best practices.
- Support community advocacy work aimed at addressing housing and poverty issues.

Objectives: 1,2,3,4,5,6

Priority 5 – Health services: meeting health needs and new health services
Suggested Activities ▪ Support projects that address identified health needs in the community (e.g. emergency food provision, outreach, medical referral, mental health, detox and supportive recovery, communicable diseases). ▪ Support partnerships that improve the delivery of health services. ▪ Encourage the provincial government and VIHA to maintain, expand, and integrate community health services. ▪ Improve awareness amongst the homeless of the availability of community resources. **Objectives:** 1,2,3,4
Priority 6 - Individual capacity: better nutrition, employment and life skills / opportunities, empowerment
Suggested Activities ▪ Support projects that address issues of individual capacity (e.g. food provision and nutrition, employment and life skills, outreach, medical referral, education and support services). ▪ Coordinate, strengthen and support services, practices, and partnerships that address individual capacity (e.g. alternative businesses, proactive hiring practices, accessible education and training opportunities). ▪ Improve awareness amongst the homeless of the availability of community resources. ▪ Encourage the provincial government to maintain and expand its community support services. **Objectives:** 1,2,3,4

Together these priorities address the expected overall outcomes of the National Homelessness Initiative (see Section 8). At the Community Workshop an additional outcome was added – 'Improved community, family, and individual stability and security, including improved quality of life and economic independence'.

At the Community Workshop, a 'vision' was developed for the Working Group to consider in their call for proposals about what should be funded. (See Appendix E)

4. IMPLEMENTATION

The NWGHI currently has a membership that represents a multitude of stakeholders who work with the homeless, as well as federal and provincial ministries and agencies that fund services for the homeless. (See Appendix F) The Working Group recognizes the value of maintaining this community-driven planning process over the long term. Revised Terms of Reference for Phase 2 of the National Homeless Initiative were adopted by the Working Group in October 2003. These Terms of Reference set out the Working Group's mandate, objectives, membership, decision making process, officers, and administration. A membership application form has also been developed. (See Appendix G).

The Working Group recognizes the need to sustain momentum and set aside funds to:

- ensure the sustainability of the important initiatives Nanaimo implements – that there is a strategic effort in place to bring organizations together that can provide long-term support, fundraising and partnership development for the priority projects developed;

- carry out communication activities to improve public awareness around the problems of at-risk and absolute homeless persons in Nanaimo; and,
- ensure that new community assets and gaps are consistently identified, the Plan and projects evaluated, the Plan amended and stakeholders petitioned to make changes in key areas.

The Working Group will continue to use a shared delivery model of governance with all relevant funders, including HRDC. As such, the Government of Canada will contract through HRDC directly with successful applicants as recommended by Working Group. Following acceptance of this Plan by HRDC, the Working Group will set up a Task Group comprised of members of the Working Group who are not directly involved in projects that potentially could receive SCPI/ UAS funding. Consideration will be given to including other community representatives on the Task Group. The Task Group will develop the Expression of Interest process and review project proposals. They will also insure that each proposal includes a model for the participatory evaluation of project results.

To ensure a fair, open process, the NWGHI, working with the HRDC Facilitator, will solicit proposals through an Expression of Interest (EOI) process that responds to the priority needs articulated in this Plan. An applicant workshop to answer questions around the process will be conducted. Consideration will be given to using a 2-step process involving a pre-qualification, followed by submission of detailed proposals. The Task Group will review all proposals received and recommend projects and allocations to the NWGHI based on their appropriateness and to the Plan. To avoid possible conflict of interest, in the project selection and allocation process, anyone having an interest in a particular proposal or category of proposals will not be able to review those proposals.

Final funding decisions, administrative support and financial management of the individual projects shall be the responsibility of the HRDC City Facilitator. Once projects are approved by the Minister, successful applications will be posted on the City of Nanaimo website. Project implementation will be the responsibility of the proponent.

5. SUSTAINABILITY AND COMMUNITY CONTRIBUTIONS

Sustainability in this Plan refers to initiatives that will create funding needs beyond March 31, 2006, the end of Phase 2 of the NHI. The Plan envisions that implementation of the proposed projects would occur in partnership with any number of community agencies and provincial service providers. SCPI and UAS funds are intended to kick start needed local projects, leveraging other funds to ensure their sustainability long term.

The Working Group believes all levels of government and community should be engaged in the long term funding, planning and coordination of supports for the homeless. The root causes of homelessness, the issues of those directly affected, and the after-affects of those recovering from it are so broad and diverse that no one agency or government can excuse itself from a long term engagement on these important issues.

From the beginning of the planning process, the Working Group has involved potential funding partners in the process. Senior staff from key federal and provincial ministries and agencies such as the Ministry for Children and Family Development, Vancouver Island Health Authority, the Ministry of Human Resources, BC Housing, CMHC, as well as the City of Nanaimo have been active Working Group members.

As was noted previously (see Section 3.4), Nanaimo has limited capacity. In Phase 1, this lack of capacity affected the number and quality of proposals submitted and contributed to a delay in getting projects implemented.5 Concerned about the viability of projects, the Working Group will work with potential funding partners to discuss, in principle, what funding partnerships or in kind donations of services might be forthcoming. Meetings with these partners will be held as required to coordinate partnership opportunities prior to calls for Expressions of Interest. The Working Group has recently appointed a member to the BC/Yukon Region sustainability initiative. Consideration will be given to establishing a Sustainability Task Group and retaining funds from the Phase 2 SCPI Contribution to provide support to the Working Group.

The establishment of a community homelessness fund, whereby residents and local groups could make donations, has not been ruled out, however, more research needs to be done on implementation and delivery of such a fund.

The Working Group acknowledges the commitments made to homelessness by all levels of government. For Phase 2 of the NHI, the federal government has committed $1,721,434 to Nanaimo for fiscal years 2003 to 2006: $1,065,762 under SCPI, $392,612 under UAS, and $263,060 under Regional Homelessness (for youth based activities). Additional funds may be applied for under Canada Mortgage and Housing Corporation's Shelter Enhancement Program and Residential Rehabilitation Assistance Program (Conversation, Rental and Rooming House Components).

Under the terms of SCPI, HRDC requires that the community contribute 50% of the total expenditure. To date, the provincial government has contributed sufficient funding to cover the community contribution for SCPI funded projects for the three-year term of the program. The British Columbia government contributes through various ministries. While commitments beyond this fiscal year are unknown, based on past support, future allocations are anticipated.

It is recognized that major projects such as new physical structures, supported housing and new shelters cannot service the community if they are not established on a solid foundation. Projects of this nature will require a firm sustainability plan as part of the developmental process of this initiative. Project proponents, working closely with the community and government will be required to develop plans for the long-term operation of such facilities.

Project funding will be used strategically to encourage organizations who demonstrate that they have mobilized community support and forged partnerships in order to be able to carry on their work at the conclusion of this phase of the NHI. While recognizing the need to support organizations that provide services to those who have current pressing needs, a longer-term focus that builds lasting community assets and capacity will be encouraged.

Project proponents will be required to demonstrate that they have:

- systematically applied expert knowledge in the planning of their projects (thorough understanding of predicted revenues, cost and operating issues),
- utilized available resources in an innovative, flexible and responsible fashion,
- clearly identified missing resources,
- developed and carried out strategies to obtain needed resources, and
- maintained their connections with the community (including offering their resources to other groups).

5 Community Evaluation Report, NWGHI, 2003, p. 22.

For projects that may be renewed from the first phase of the NHI, demonstration of sustainability will be a critical part of their evaluation. The following guidelines will be used to review these projects:

- Project applicants will need to describe why the sustainability plan in the original project was not achieved.
- A sustainability action plan (i.e. partnerships, confirmed funding sources, timelines in which activities will be implmented, etc.) will have to demonstrate how actions will be different from the original plan and the expected outcomes, if applicable.
- Project applicants will need to describe the expected level of sustainability to be achieved.
- If sustainability is not achievable, project applicants will need to describe an exit strategy (i.e. impact of the change in the level of service to clients and the community, other ways in which these needs can be addressedm etc.).
- Systematically applied expert knowledge in the planning of their projects (thorough understanding of predicted revenues, cost and operating issues).

6. A PARTNERSHIP STRATEGY

Partnerships are about relationships that build capacity through advice, advocacy, information, volunteers, tools, technical and management assistance, in-kind donations, resource-sharing, connections to other networks and sectors, as well as employment, housing and other opportunities for homeless people and those at risk.

The Evaluation of the 2001 Community Plan and Urban Aboriginal Strategy concluded that more could be done to improve partnering, networking, and information sharing. It takes time to develop partnerships, something many felt was not possible given the tight timelines following the proposal call in 2001. More lead time, the experience gained over the last 3 years, and a requirement to identify/strengthen partnerships should assist project proponents.

In addition to federal and provincial agencies, other key potential partnerships include: the City of Nanaimo, the Vancouver Island Health Authority, Malaspina University College, the United Way and, and Band Councils. Efforts to engage the private sector and the community in support of the Community Plan and individual projects will be a priority over the next few years. These potential partners can provide funding and other resources such as volunteers, advice/ expertise, in-kind donations, space, equipment, etc.).

7. COMMUNICATION STRATEGY

The development of the Nanaimo Community Plan contributes to a deeper understanding of homelessness issues and is based on a consensus of the need for action. This deeper understanding and consensus must be communicated to the public to ensure community support for and improved public awareness of the Homelessness Initiative and related housing issues. Such communication also needs to create awareness and understanding within the communities facing issues related to homelessness.

Communications frameworks were developed as part of the 2001 Community Plan and Urban Aboriginal Strategy, although they were not fully implemented. The Communications framework is set out below.

Purpose

To create/elevate awareness and understanding of the Nanaimo Working Group on Homelessness Issues, the Community Plan, the priorities to alleviate homelessness, and proposal call for projects.

Objectives

- To inform the general community about how the Working Group proposes to alleviate homelessness.
- To inform human service providers of the Community Plan and the Inventory of Programs and Services.
- To solicit proposals from service providers in response to the Inventory and priorities.

The target audience for the communication strategy includes:

- Elected officials - Council, MLA's, MPs, NRD Directors
- Service providers
- Community and advocacy groups
- Housing and shelter providers
- Aboriginal people
- Emergency services
- Faith community
- Homeless people (both absolute and relative)
- Senior Municipal staff – City of Nanaimo
- Provincial Ministries
- Federal Government
- VIHA
- Media (television, radio, print)
- Foundations and funding agencies
- Business organizations
- The public
- Resident Associations

Key Messages

The communications strategy will promote the following messages:

- Nanaimo's homelessness situation is more relative than absolute.
- Many Nanaimo residents are at risk of homelessness because they are poor, unemployed, working for low wages or on a fixed income or disability benefit.
- As in the rest of Canada, issues common to most people who are homeless or who are at risk of becoming homeless are poverty and the lack of affordable housing. However, some groups of people are particularly vulnerable to homelessness and need targeted strategies. Here in Nanaimo, these include people with a mental illness, youth, low-income singles, lone parent families, and Aboriginal people.
- A portion of Nanaimo's working population are poor enough to be at risk of being homeless despite their work activity.
- Nanaimo agencies have developed a Plan that will guide decisions on the allocation of scant resources and measure performance as a community in responding to the issue of homelessness. *The focus is on a continuum of supports needed to organize and deliver housing and services.*
- Homelessness undermines the stability of communities as well as individuals. It makes good social and economic sense to address it and its underlying causes.
- Ending homelessness is not a "cost" to society, it is an investment in our community's future. A dollar spent today to end homelessness will save thousands of future dollars in health care, justice, corrections, hostels and emergency shelters. It will also help people who are now drawing on our community resources to rebuild their lives and start contributing in productive ways to the community.

- Recent studies have shown that it costs more to provide health care, social and justice services to the homeless than to provide supported housing.
- Housing is more than an economic generator. It is a key determinant of health and an investment in our communities. Housing makes communities safer, healthier and more economically vibrant for us all.

Activities

Strategies should: support each of the Plan's objectives; allow for direct communication with stakeholders; and address identified vulnerabilities:

- establish a standing committee of the NWGHI to implement the Communication Strategy;
- appoint a spokesperson to respond to questions from the public and the media;
- utilize internal communication tools, i.e., internal to the Working Group, e.g. monthly meetings, broadcast e-mail, newsletter;
- maintain the link, post and update information on the City web site;
- distribute the updated Plan to key community stakeholders and make copies available to the general community;
- develop a plain language application form and guidelines (proposal call);
- advertise the proposal call in the media;
- create media releases and provide backgrounders to the media;
- host public forum(s) on homelessness e.g. in conjunction with Affordable Housing Week;
- develop/update easy to read backgrounder newsletters/fact sheets about the process and the Plan;
- seek support from all levels of government;
- prepare a brief presentation for delivery to key community groups such as the Downtown Action and Advisory Committee, the Chamber of Commerce, the Social Planning Advisory Committee, the Regional Health Board and others; and,
- report back to the community.

The Working Group intends to use the launch of Phase 2 as a key communications opportunity to ensure project sustainability. The Plan's discussion of community need will be used to educate as many community agencies as possible in order to forge other supportive partnerships. Evaluation results will also be critical to sustaining the community process.

Tools

- Fact sheets/newsletters
- Posters
- E-mail notes
- Media releases
- Call for proposals
- Web sites
- Community events (forums, meetings, workshops, etc.)

Resources

Human and financial resources required to implement the Communications Strategy need to be identified: quantify financial costs, estimate human resource time commitment in terms of hours.

8. EVALUATION

Evaluation is important for several reasons. It is a critical component of the need to achieve long term sustainability. Evaluation results can also serve as the basis for future amendments to the Community Plan, the development of new partnerships, improvements in existing service provision and new initiatives to help the homeless. The Working Group recognizes that the demonstration of positive outcomes will be the basis for future community support, the amendment of the Community Plan and the effectiveness of projects.

The Working Group recognizes the challenges inherent in demonstrating short and medium-term results when working with homeless persons who may suffer from serious multiple barriers and problems that require a long-term approach. The transient nature of the population makes it difficult to capture data on this target group and there are privacy issues that need to be addressed in order to respect the dignity and legal rights of those being assisted. For these and other reasons, most projects of this nature experience serious challenges regarding measurability and data requirements.

Despite these challenges, the Working Group has developed an evaluation plan based on the 'participatory evaluation' model. This model is recognized by professional evaluators as an approach that helps to build local evaluation capacity, expertise, and "buy in" by helping communities learn to self-evaluate their projects. The goals of the Evaluation Plan are as follows:

1. All proposals will include an evaluation plan. Funded projects will allocate funding for evaluation.
2. Members of the NWGHI will participate in regional workshops on homelessness evaluation when possible.
3. The NWGHI will participate in evaluating the Community Plan and the success of the specific projects over the next three years. Consideration will be given to establishing an Evaluation Task Group and developing performance indicators.
4. Evaluation results will be collected from specific projects participating in the initiative and used to reassess and amend the Plan (e.g. is a gap being addressed or has a new one arisen?). The Working Group recognizes that a more effective process is required to follow through on linking project evaluation to the overall objectives and directions of the Plan. The first formative evaluation will be completed by September 2004. A larger final summative or final evaluation will be done in the last year of the initiative. SCPI/ UAS funds could be applied for or earmarked to support this work.
5. All projects will support the on-going work of HRDC and other funders to collect data on outputs and outcomes where possible. All projects that are funded will commit to sharing results with the NWGHI in time to respect the evaluation timelines set out in this document.
6. A communications strategy will be implemented to ensure there is broad understanding by service providers, stakeholders, and the broader community of the evaluative process.

Expected outcomes will be used to measure progress and success. These could be both qualitative and/ or quantitative. Overall expected outcomes include the following:

- **Short-term**
  - Increased local capacity & resources to deal with homelessness.
  - Projects and partnerships undertaken by communties to improve services and facilities for homeless people (from emergency to prevention).
  - Improved and more inclusive decision-making around investments.
  - Enhanced community ownership of process & solutions.
  - Increased awareness of the nature of homelessness and effective responses.
  - Improved information and data on the homeless population and homeless issues.
  - More comparative research.
  - Increased application, sharing and exchange of knowledge, and best practices.
  - Coordinated response between sectors to address homelessness.

- **Medium-term**
  - Enhanced supports & services available to meet the needs of homeless individuals and families at those at-risk of homelessness.

APPENDIX A: COSTS OF HOMELESSNESS

In 2001, the BC Ministry of Social Development and Economic Security (MSDES, now Human Resources) published a study of 15 homeless persons living in Vancouver's Downtown Eastside called *Health Care, Criminal and Social Services Costs for One Period, 1998-1999**. While we recognize that exact comparisons cannot be made between Vancouver and other communities, this study none the less serves to illustrate the general cost to society and the importance of developing appropriate initiatives to address the problem.

The study concludes that "health care, criminal justice and social services (excluding housing)" to homeless individuals in this study cost, on average, 33% more than the housed individuals in this study ($24,000 compared to $18,000).

The major cost category for many of the homeless individuals in this sample is criminal justice (an average $11,000 for one year). The major cost category for most of the housed individuals in this study is social services ($9,000), consisting primarily of BC Benefits. Housed individuals are more likely to be consistently receiving BC Benefits, including the shelter component, in order to pay rent. This is in contrast to homeless people who are eligible only for the basic support amount. Additionally, as the case interviews showed, a significant share of the housed individuals is eligible for disability benefits at a higher rate. The housed individuals have higher average health care costs ($7,000 for one year) than the homeless individuals (average $5,000 for one year), which is not consistent with the literature. This may be due to the lack of hospital data for the complete time period, and the fact that more housed individuals in this study are mental health consumers, whereas the homeless people are not. These are conservative estimates as not all services are included". (MSDES, Vol. 3, 2001: 2-3) This is not to say that the homeless do not have mental health problems, but rather they are not accessing the appropriate care and treatment of their illness.

	Health Care	Criminal Justice	Social Services	Total Cost
Average Cost Per Homeless Person	$4,714	$11,410	$7,893	$24,017
Average Cost Per Housed Person	$7,003	$1,850	$9,386.68	$18,239

*These estimates do not include longer-term costs that may be incurred by individuals avoiding services. (MSDES, Vol. 3, 2001: 30)

The avoidance of services by those who are homeless may be one explanation for the higher health care costs for housed individuals. The homeless are less likely to see doctors on a regular basis and less likely to take medication when prescribed. Many studies, however, show that the homeless use emergency room services more often than people who are housed and, in addition, are more likely to be hospitalized than people who are housed. The homeless are also more likely to stay in hospital longer than people who are housed.

Housing and Support Costs

"Emergency shelters cost $31 to $85 per day. Supportive housing is also cost effective compared to emergency facilities that specialize in serving clients with mental illness. An

emergency shelter with higher levels of support costs $60 to $85 per day compared to $20 to $25 for a supportive hotel, $21 to $38 for self-contained apartment with some support or, $67 to $88 for an enhanced apartment". (MSDES, Vol. 3, 2001: 3)

Overall Costs

"When combined, the service and shelter costs of the homeless people in this study ranged from $30,000 to $40,000 on average per person for one year (including the costs of staying in an emergency shelter). The combined costs of services and housing for the housed individuals ranged from $22,000 to $28,000 per person per year, assuming they stayed in supportive housing. Thus, even when housing costs are included, the total government costs for the housed, formerly homeless persons in this study, amounted to less than the government costs for the homeless individuals". (MSDES, Vol. 3, 2001: 4)

Study Definitions:

Health Care: hospital admissions, hospital emergency department use, physician billings, (Medical Services Plan), prescription drugs, mental health services, ambulance services, fire emergency response and health clinics.

Social Services: BC Benefits (income support), child protection, drug and alcohol treatment.

Criminal Justice: correctional institutions, community supervision and police services. (MSDES, Vol. 3, 2001: 1)

APPENDIX B: NANAIMO: AN OVERVIEW

As a report by Nanaimo's Social Development Strategy Steering Committee summarized, "Poverty is a theme that threads through all areas of service delivery. It is a major factor in all areas of social services delivery and in health care". (2000: 7) BC Stats data supports the contention that Nanaimo has a higher than average level of social assistance dependency across all age groups.

A partial explanation for this situation is that Nanaimo is experiencing slow growth. Some analysts suggest that the community is making a transition from a resource-based economy to a knowledge and service sector and therefore experiencing labour market adjustments. Employment in older sectors such as primary resource-based industries like forestry, fishing, agriculture, and manufacturing have been stagnant. However, important labour market growth has occurred in new sectors of the economy, including business and professional services, tourism, education and health and social services.

Geography, Population and Demographics:
While this Community Plan is designed strictly for Nanaimo, it should be noted that Nanaimo's location in British Columbia is none the less an important factor. Nanaimo is located on the eastern coast of Vancouver Island and is approximately 110 km north of Victoria, the capital of British Columbia. It is the second largest centre on the Island and provides many services to the entire central and northern parts of the Island in a range of areas including health care and social services. It is also located on eastern side of Vancouver Island, on the Georgia Strait, a relatively short travelling distance by ferry or airplane from the Greater Vancouver Regional District. Although the City of Nanaimo accounts for only 4.3% of the total land area of the region, it is home to 57.5% of the area's population, and operates as the economic and employment centre. This role will likely increase as the area grows in future years. (City of Nanaimo Economic Development Office, 2000: 5)

In 2001, the population of Nanaimo was 73,000. (Statscan, Census, 2001) Through the 1980s and 1990s, there was a high population growth throughout the decade, and particularly in the early 1990s. Many analysts partially attributed this population growth to very high real estate prices in the Greater Vancouver Area. As Vancouver's real estate costs skyrocketed throughout the early and mid 1990's, many people moved from the metropolitan areas to outlying areas such as Kelowna and Nanaimo. The annual growth rate for Nanaimo between 1991 to 1996 averaged 3.1% (the provincial average was 2.6%). However between 1996 and 2001, Nanaimo's annual growth rate was 0.8%, as compared to just less than 1% for the province. In the past several years, migration patterns to BC changed significantly, resulting in slower population growth locally.

According to the City of Nanaimo (Community Profile, October 2003), in-migration levels, housing costs, work opportunities, and the economy in other parts of the country affect growth rates. Approximately 15% of the total population growth in recent years can be attributed to new births. Migration accounts for about 85% of the total growth. Between 1996 and 2001, 2,100 migrants arrived in the city each year: in 2000-01, 68% from within BC, 20% from other provinces; and 12% from international points. Some attribute Nanaimo's population growth to the quality of life that it offers. The city has a relaxed atmosphere and lower housing costs relative to the Lower Mainland, a variety of cultural, recreational, health and social services, and is the major urban centre in Central Vancouver Island.

In 2001, 43.4% of the population were between the ages of 35 and 64 – the largest single cohort; 21% were under age 20; 20% between 20-34; and 16% over age 65 (slightly higher than

for the province as a whole. The average age of Nanaimo residents in 2001 was 39.3 as compared to 37.8 in BC and 37% nationally. The age distribution of Nanaimo's population is not expected to change significantly in the next 10 years. Two factors will continue to affect the city's age make-up – young newcomers and current youth.

The city's ethnic composition is largely comprised of persons of British and European heritage, with the largest minority populations being Aboriginal, South Asian, Southeast Asian or Chinese. In 1996, the total immigrant population was about 13,000 or 17% of total population.

People reporting Aboriginal origins comprise approximately 5% (4,335 persons) of the city's population (Canada Census 2001), although Aboriginal stakeholders estimate that the actual Aboriginal population is probably higher – somewhere between 7,000 to 10,000 people.

Social, Education, Health and Crime Issues:
Approximately 36% of Nanaimo's labour force have completed some form of post secondary training, which is higher than the national rate of 35%. The proportion of the population with a university degree is 12.8%, lower than the BC average. The BC Ministry of Health notes that this region is below the provincial average in terms of the number of high school completions: 25.5% of the population over age 20 have not completed high school. Sales and service jobs account for nearly 30% of Nanaimo's employment base. The greatest number of jobs are provided by the retail sector (15%) followed health and social services.

In terms of health issues, in October 2000, the Medical Health Officer for the Central Vancouver Island Health Region commented: "Overall, the health status in Central Vancouver Island is worse than the average among BC regions and the rates of many preventable diseases are simply too high." (Nanaimo Daily News, October 28, 2000: A1) Some key indicators include:

- In 1999, a higher rate of teen pregnancies (51.6/ 1,000 females aged 15-19) in the Nanaimo Local Area compared to the province (39.3)
- In 2000, 1.6 suicides/ 10,000 population in the Nanaimo Local Health Area - a rate higher than for the province (0.82).
- Years of life lost to premature death from all causes has grown progressively worse in the region since 1992.
- Death rates... for heart disease and stroke, cancer and lung disease are all higher than the provincial average. (Nanaimo Daily News, October 28, 2000: A1 and Nanaimo Social Development Strategy Phase 1: Social Status Report)

The Nanaimo Social Development Strategy Steering Committee wrote that "drug and alcohol problems and increasing poverty" are problems in the community. (2000: 8) In 2000, there were 57 alcohol related deaths or 5.07/ 10,000 population in the Nanaimo Local Health Area. This rate was higher than for both Kamloops (4.82) and Prince George (4.55) Local Health Areas and for the Province (3.68). In 2000, there were 7 illicit drug deaths or 4.36 / 100,000 population in the Central Vancouver Island Health Region. (Nanaimo Social Development Strategy Phase 1: Social Status Report)

Compared to other BC centres of similar size and population, Nanaimo has an average crime rate, based on statistics provided by the Ministry of Health and Seniors' and BC Ministry of Attorney General. The number of criminal code offences in 2001 was 13,383 (higher than between 1998-2000, but lower than in 1997 (14,123). Nanaimo had a lower crime rate (141) than for the City of Prince George (153), but a higher rate than for the City of Kamloops (132) and for the Province (114). The percentage of youths (aged 12-17) charged with criminal code

offences of total persons charged was 18%. This was lower than for Prince George (21%), but higher than for Kamloops (16%) and the Province (16%). (Nanaimo Social Development Strategy Phase 1: Social Status Report) Drug and alcohol addictions remain the predominant contributor to criminal offences, a concern to both police and related service agencies.

APPENDIX C: INVENTORY OF PROGRAMS AND SERVICES SERVING THE HOMELESS (ASSETS)

(Included as a separate attachment)

APPENDIX D: REVIEW OF PROGRAMS AND SERVICES SERVING THE HOMELESS (GAPS)

HOUSING

1. Safe, affordable rental housing – all groups

2. Safe, transitional housing – women, families, mental health, HIV/AIDS, ex-offenders, Aboriginals, youth

   Examples of projects

   - Transition housing for men and women leaving drug or alcohol treatment
   - Transitional housing for women leaving abusive relationships
   - Transitional housing for youth leaving custodial centres
   - Transitional housing for youth with acute behavioural issues
   - Transitional housing for adults leaving prison

3. Supportive housing – (people with mental illness, ex-offenders following detox/treatment and/ or release from institutions, people unable to survive on own who do not require stay in full service hospital, HIV/AIDS, substance misuse

   Examples of projects

   Supportive recovery houses for men, limited services for women, and very limited services for youth.

4. Emergency/crisis beds

   Examples of projects

   - Crisis or emergency beds that provide 24-hour supervised support for Mental Health clients (adults and youth)
   - Emergency housing beds for adults (New Hope Centre)
   - Safe house for youth/ emergency shelter

   Emergency housing: beds for adult sex trade workers

   - Tertiary care beds for residents who are unable to survive on own but who do not require stay in full service hospital.

BASIC NEEDS AND SUPPORT SERVICES

- Food – e.g. specialized nutritional meal programs
- Clothing
- Emergency funds
- Day care for parents attending training/ workshops
- Legal aid
- Transportation

TRAINING, SKILL DEVELOPMENT, EMPLOYMENT SERVICES

- Computer skills
- Employment search skills

▪ Skill assessment
▪ Vocational services
▪ Job placement
EDUCATION
▪ Nutritional information
▪ Medical information
▪ Parenting skills
▪ Safety
LIFE SKILLS / SELF ESTEEM PROGRAMS
▪ Health and social recovery supports, including psycho-social rehabilitation
▪ Illness/ medication management
▪ More intensive/longer term treatment options (trauma and chemical dependencies)
▪ Access to GPs/ HIV-AIDS specialist
▪ People with brain injuries and people with complex intellectual, social needs
COORDINATION AND CONTINUITY OF SERVICES (within and between sectors)
▪ Emergency food supply and distribution
▪ Care
▪ Community reintegration
▪ Medical referral
▪ Housing Examples of projects ▪ Central point of entry for services related to those with housing needs ▪ Central Housing Registry
▪ Outreach Examples of projects ▪ Outreach services for chemically dependent clients returning to the community
RECREATION AND SOCIAL OPPORTUNITIES
▪ Day time drop in
▪ Youth services Examples of projects ▪ Living room or drop-in for street people, not including youth

APPENDIX E: COMMUNITY WORKSHOP 'VISION'

The following 'vision' was developed by one of the breakout groups held on September 25, 2003.

Supportive Housing with access to:

- Land to grow food on;
- Free/affordable recreation;
- Counselling (especially for youth);
- Community kitchen type activities.

Features of this supportive housing:

- Safe and drug free, with staff to support through the rough parts.
- Could be long term – no limit.
- Co-located with transitional housing – same support staff an advantage, so that trusting relationships can be carried over as one moves from transitional to supportive housing.
- Provide support to move on, including housing education (discussion and exploration of various living options).

Priority population groups for this housing: people with mental illness; people with addictions; low-income people; youth 16-19 and 19-21 (now harder for this age group to access income assistance).

Other features:

- Emphasis on community – integration rather than segregation of age/population groups (except for people who would create serious safety issues);
- Pets allowed;
- Emphasis on finding purpose – everybody has jobs to do, contributing as well as receiving;
- Focus on building assets and resources of the people there, rather than the charity model – more a community co-op than looking to government;
- Public/private/non-profit partnership;
- Inclusive;
- Co-operative model.

Outcome target:

- Housing for a minimum of 150 people by 2006 (25 in transitional housing and 125 in supportive housing.
- 300 people if possible.

Objectives: creating this type of housing would address objectives 1,2,3,4.

Resources to support operation of the housing:

- AG, MHR, Mental Health to pay per diems to support added value for their clients;
- Existing community agencies could provide services there (perhaps offer a location at low rent);
- Volunteers, including mentorship;
- Seasonal job grant staffing.

Governance:

- Coordination in a matrix/web model, not top down;
- Residents on a multi-stakeholder board.

Solutions to the challenge that people won't want to leave:

- Build a culture of moving on to affordable self owned housing;
- Encourage and assist individual residents to accumulate capital for down payment (e.g. personal savings and matching dollars from sponsors);
- Build more of this type of housing!
- Make units small and modest.

Configuration of dwelling units:

- Range of sizes from small bachelor suites to multi-bedroom units;
- Pods as well, with shared kitchen/eating areas (modeled after the housing co-op on W. 2nd in Vancouver);
- Offer living in pods or separate units;
- Buildings must be accessible (wheelchair access, Braille elevators, lighted doorbells, etc.), with accessible and convertible units.

APPENDIX F: NANAIMO WORKING GROUP ON HOMELESSNESS, MEMBERSHIP

Name	Organization
Dalton Corbett, Chair	Mental Health Forensics
Doug Creba, Vice Chair	Nanaimo Affordable Housing Society
Kevin Albers	M'Akola Housing Society
Steve Arnett	Nanaimo Youth Services Association
Dana Becker	AIDS Vancouver Island
John Cavelti	BC Housing
Gord Cote	NARSF
Chris Dragseth	HRDC Nanaimo
Reed Elley	Member of Parliament
Diana Esak	NARSF, Wrap Around
David Froom	Neighbours of Nob Hill
Isabella Gagnon	7 to 10 Club
Mary Gleeson	Seniors, VIHA
Katherine Gow	Clearview Detox
Steve Hancock	Ministry of Children and Family Development
Barb Humperville	Old City Neighbourhood Association
Mike Hunter	MLA
Dave Johnson	Tillicum Haus Native Friendship Centre
Casey Larochelle	Citizen
Dierdre LeForest	ShelterNet BC
Supt. Jeff Lott	RCMP
Dr. James Lunney	Member of Parliament
Paul Leslie	Island Christian Care Society
Beryl Mason	Ministry of Children and Family Development
Lee Mason	United Way
Candice McDonald	Haven Society, Willow House
Alison Millward	City of Nanaimo
Inga Neilsen Cooper	Tillicum Haus Native Friendship Centre
Chris Reich	Nanaimo Government Agent
Carol Savage	Addiction Services, VIHA
Tom Seims	Canada Mortgage and Housing Corporation
Mark Stanley	Salvation Army
Jane Templeman	Haven Society
Maggie Wauterloot	South End Citizens Association
Janet Walter	Mental Health, VIHA
Tony White	John Howard Society
Janet Wright	Ministry of Human Resources

APPENDIX G: NANAIMO WORKING GROUP ON HOMELESSNESS ISSUES TERMS OF REFERENCE

(Supporting Communities Partnerships Initiative (SCPI): Phase II)

Mandate:

To implement Nanaimo's Community Plan*, Reducing Homelessness: A Community Plan for Nanaimo, BC.* which lays out a framework for the community to reduce and prevent homelessness. The Plan was developed around the nine elements identified in the federal program Supporting Communities Partnership Initiative (SCPI). These elements are:

- Geographic area
- Objectives
- Community plan development process
- Assets and gaps
- Priorities
- Sustainability
- Evaluation strategy
- Communications strategy
- Community financial contribution

Objectives:

- Ensure an open, inclusive and transparent process that is broad-based and community-driven;
- Complete the SCPI mandated Community Plan Assessment of Phase I of Nanaimo's SCPI initiative;
- Update Nanaimo's Community Plan identifying priorities that will assist in reducing and preventing homelessness in Nanaimo;
- Implement a Call for Expressions of Interest process to solicit proposals for projects that address the updated Plan's priorities.
- Develop partnership opportunities and build community capacity that will help sustain projects and the community process.

Membership:

Membership will be by application and will be sought annually. Members will come from community agencies, neighbourhood associations and government.

The business of the Working Group on Homelessness Issues will be accomplished through the following organization:

1. **Working Group on Homelessness Issues**: See Membership.
2. **Task Groups:** Formed as needed to implement Plan goals with appointments made by larger Working Group from its full membership. Task Groups will be struck to oversee, among other things, the Expression of Interest process.
3. **Standing Committees:** Ongoing committees set up with appointments made by larger Working Group from its full membership to implement specific Plan goals.

If a member cannot attend a meeting they will send <u>one</u> alternate who is able to make decisions on their behalf and is informed about the activities of the Working Group.

Should any member miss three (3) regularly called consecutive monthly meetings, with or without regrets in advance, the Chair will query member regarding their commitment to ongoing membership.

Decision Making:

The Working Group and its Task Groups will work towards decision making by consensus through dialogue. Recommendations made by the Task Group will be brought to the larger group for ratification.

Where a vote is required, in cases where there is more than one individual from a specific agency/association present, there will be only one vote per member group. Members in attendance must identify a conflict of interest concerning an individual or association and a consensus decision must be reached as to who is eligible to vote prior to proceeding.

A two-thirds majority vote by those present at the meeting is required to pass a motion. Minutes shall clearly identify the number of those in agreement/disagreement and name those abstaining from the vote.

Officers:

The Working Group will be led by a Chair and Vice Chair. Officers will serve for a one-year term with elections taking place each October. The Chair and Vice Chair may serve for more than one term but the positions must be reconfirmed annually.

Administration:

- The life span (duration) of the Working Group will be defined by the Group itself.
- The frequency, length and location of meetings will be agreed upon by the Working Group.
- Public delegations and SCPI funded project updates will regularly appear on the agenda for monthly meetings.
- Administrative support will be provided by HRDC.

APPLICATION FOR MEMBERSHIP
NANAIMO WORKING GROUP ON HOMELESSNESS ISSUES (NWGHI)

DATE: _____

NAME OF AGENCY/ORGANIZATION:_____
_____

MISSION OF AGENCY/ORGANIZATION: _____
_____
_____
_____

REASON FOR SEEKING MEMBERSHIP ON NWGHI: _____
_____
_____
_____
_____

PLEASE ASSIGN A PRIMARY MEMBER TO ATTEND MEETINGS AND AN ALTERNATE SHOULD THE PRIMARY MEMBER BE UNABLE TO ATTEND:

NAME OF PRIMARY MEMBER:_____
CONTACT INFORMATION:
MAIL: _____
_____
_____

PHONE:_____
FAX: _____

E-MAIL: _____

NAME OF ALTERNATE MEMBER:_____
CONTACT INFORMATION:
MAIL: _____
_____
_____

PHONE:_____
FAX:_____

E-MAIL: _____

APPENDIX H: GLOSSARY OF TERMS

The following key definitions provide a common language to assist the reader in understanding the contents of this Community Plan or other documents pertinent to homelessness.

Absolute Homeless	People living on the street, in temporary shelter or locations not meant for human habitation.
Near Homeless (At-Risk Homeless)	Individuals or families who are paying too high a proportion of their income (i.e. over 30%) for housing. This group also includes those living in inadequate accommodations (e.g. units in poor condition, overcrowded units, and/or inadequate shelter from the elements).
Adequate / Appropriate Housing	Housing with remaining useful life, which meets health and safety standards and is suited to the needs of residents occupying that housing.
Affordable Housing	Housing where residents pay no more than 30% of their gross monthly income for shelter.
Assertive Community Treatment (ACT)	Alternative, intensive care for individuals with complex needs. This program is designed for those with a serious and persistent mental illness who have other functional disabilities and are frequent users of mental health acute care beds, Riverview Hospital, jails and/or forensic services.
BC Benefits	Income support programs for individuals and families in British Columbia. They include Income Assistance, Disability Benefits, Youth Works, Drug and Alcohol Treatment and Family Maintenance Program.
Bridging Teams	Mental Health teams that assist with the discharge of patients from hospital and their transition into the community.
Case Management	Case management is a collaborative process which assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet an individual's health needs, using communication and available resources to promote quality, cost-effective outcomes.
CMHC	Canada Mortgage and Housing Corporation, the Government of Canada's national housing agency.
Community-Based Organization (CBO)	An organization composed of a representative cross-section of the local community. A CBO in charge of homelessness would be responsible for such things as: ▪ Developing strategies and coordinating their implementation to address homeless priorities in their communities; ▪ Complementing the activities being done by other organizations who work with the homeless;

	▪ Undertaking fundraising; and ▪ Promoting public understanding of the diverse nature of the homeless problem in their community.
Continuum of Housing and Support	A framework that sets out the essential components of what is needed to address homelessness. It includes: emergency shelters, transition houses, supportive and second stage housing, independent housing, employment, employment insurance, income assistance, outreach, drop-in centres, health, mental health, prevention and substance misuse services.
Client Group	An identifiable group of persons demonstrating a common characteristic or set of common characteristics. A person may be in one or more client group.
Community	A neighbourhood or part of a city or region, which is linked by a common interest, possessions, ethnicity, services and support for persons that reside in the area.
Continuum of Support	A community-based support system that helps people move from a homeless situation to transitional and permanent housing.
Couch Surfing	A term used to describe temporary, transitory residence with friends or family.
Damp Housing	See under Wet, Damp and Dry Housing
Detox – Detoxification Units	Safe places where individuals undergo managed withdrawal from alcohol or drugs.
Density Bonus	A system that allows for variations to zoning in exchange for community amenities or beneficial housing. An example would be allowing a developer to increase the floor space in his development in exchange for some amenity or housing bonus to the community.
Drop-in Centres	These offer homeless individuals the chance to come in off the street, have a coffee, a meal, take a shower, wash clothes, and obtain counseling and referral to other services. Drop-in centres can provide activities and/or programs to build life skills or increase quality of life.
Dry Housing	See under Wet, Damp and Dry Housing
Emergency Housing	A temporary facility where the agency or landlord determines the maximum length of stay (generally short term), and where the goal of the agency is to stabilize the individual in crisis.
Emergency Shelters	Provide accommodation to the homeless for up to one month. Sleeping arrangements may be in dormitories, or in shared or single bedrooms. Some shelters can accommodate families, or alternatively families may be placed in motel rooms. Included as

	emergency shelters are youth safe houses and MSDES-funded SRO beds. Services (e.g. meals, medical aid, rehabilitative and social services, etc.) vary depending on the shelter. Accommodation in most emergency shelters is restricted to individuals who are eligible for BC Benefits.
Federal Surplus Lands Program	Public Works and Government Services Canada is making available $10 million worth of surplus federal properties to help alleviate homelessness in communities where there is a significant homeless population and a recognized Community Plan to address it.
Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE)	Caused by alcohol consumption during pregnancy. Damage to the child occurs over a wide continuum depending on factors such as volume of alcohol consumed and timing during pregnancy. Mild FAS/FAE may result in some loss of IQ, attention deficit disorder, and problems with vision and hearing. Severe FAS can result in severe IQ loss, facial deformities, heart defects, difficulty remembering, deafness, impairment in self control, reasoning and judgement, as well as lead to a wide range of other physical and mental defects and even to death.
Gap Analysis	A method of quantifying unmet needs, identifying and prioritizing gaps in the continuum of care in order to develop strategies to address these needs.
Hard to House	Persons having a multi-problem lifestyle that makes them very difficult to house (i.e., alcohol and substance abusers, those with mental health problems and/or unpredictable behavior).
HARH – Homeless/At Risk Housing	A part of the Homes BC program which provides housing for individuals who are homeless or at-risk of becoming homeless. HARH has been expanded on a pilot basis to include projects that combine second stage housing and emergency shelter beds within a single development or building.
Harm Reduction	An approach that attempts to reduce harm to the community and to individuals who are involved in alcohol or drug use. It includes services to prevent the spread of illness and to counter psychological, economic and societal harm. Harm reduction includes a range of strategies from total abstinence to providing safe injection sites.
Health Authorities	Public bodies created by the Health Authorities Act of British Columbia to govern, manage and deliver health services to a defined geographic area under a regional health plan. Health authorities include regional health boards, regional health districts, health societies and health councils.

HIFIS – Homeless Individuals and Families Information System	A CMHC pilot initiative designed to assist local authorities with collecting data on homeless shelter clients. The data will identify the unique characteristics of the shelter population, the services this population uses most frequently, the situations that led to their homelessness and the types of support and services required. The aim of HIFIS is to enable better planning, monitoring and evaluation of programs.
HOMES BC	The British Columbia government funded housing program administered by BC Housing. It supports the construction of affordable non-profit or co-op housing through loans, and provides ongoing subsidies so that low and moderate income individuals and families can afford to live in these units.
Homelessness	The United Nations defines two categories of homelessness. ▪ Absolute homelessness refers to those without any physical shelter. This would include those who are living rough, i.e. outside, in parks or on the beach, in doorways, in parked vehicles or parking garages, as well as those in emergency shelters or in transition houses for women fleeing abuse. ▪ Relative homelessness refers to the homelessness at-risk. These are individuals or families whose living spaces do not meet minimum health and safety standards, and do not offer security of tenure, personal safety and/or affordability. Homelessness at-risk individuals or families spend more than 50% of their income on housing. The homelessness at-risk population also includes the invisible homeless, those who are difficult to quantify, such as individuals who are "couch surfing".
Hostel	Residential accommodation that has shared common spaces in the bedroom, kitchen, dining room, and/or bathroom.
HRDC – Human Resources Development Canada	A federal government department whose programs and activities are Employment Insurance income benefits, Human Resources Investment and Income Security. HRDC reviews all proposals for SCPI funding, and administers the contribution agreements for each project funded.
Independent Housing	Permanent, affordable housing for individuals who can live independently without need for support services provided in conjunction with the housing.
LICOs - Low Income Cut Offs	LICOs were developed by Statistics Canada to identify households that would have to spend approximately 20% more of their income to acquire the basic necessities of food, shelter and clothing than would the average Canadian household. LICOs are considered a measure of poverty.
Living Rough	See homelessness.

MCF – B.C. Ministry of Children and Families	Its programs and services include: child protection, guardianship, public health and family support, child and youth mental health and community living for adults. Now Ministry for Children and Family Development.
Methadone Treatment	A long term option for treating heroin addiction. Methadone acts as a substitute for heroin. It enables users to stabilize their lives and avoid the side effects of addiction. Methadone treatment works best when combined with social and rehabilitative services.
Minimal Barrier	Access to flexible, non-judgemental service based on need, without restriction to lifestyle, condition (e.g. intoxicated), eligibility or number of times receiving the service, in a building that is accessible to everyone, regardless of physical condition, while acknowledging that acuteness of health needs, behaviour or level of intoxication may limit the ability of the provider to give service.
MSDES – Ministry of Social Development and Economic Security of British Columbia	MSDES administers BC Benefits, as well as, among others, employment services, housing and disability programs. Now Ministry of Human Resources.
Multiple Diagnosis – sometimes called concurrent disorders	Refers to the condition where individuals with a long term mental health diagnosis have one or more other disorders such as a mental handicap, Fetal Alcohol Syndrome, HIV/AIDS or a drug and/or alcohol dependency.
Needle Exchange Program	A service that provides free, clean needles, needle cleaning supplies and condoms to intravenous drug users and sex trade workers. Client confidentiality is a priority.
Outreach	A service focussed on finding homeless individuals and establishing rapport with the goal of engaging them in a service(s) they need.
Permanent Housing	Long term housing where the resident or tenant is in control of the length of stay, subject to compliance with residential tenancy agreements.
Private Sector Housing	Housing that is owned and managed by individuals and companies that are profit motivated.
Performance Measures	Established benchmarks or quantitative and qualitative measures against which the success of a particular program can be measured.
Prevention Services	Programs or services aimed at keeping people from becoming homeless. These include counseling to prevent family breakdown at times of crisis, a rent bank and mediation services to prevent eviction, and advocacy work to protect tenants' rights.
Primary Health Care	Care delivered without the need for referrals. This includes care by a general practitioner, new baby care, nutrition services for certain

	diseases, care after discharge from hospital and the basics: housing needs, water supply and food. There are also 3 other levels of care: Secondary care is care delivered by specialists Tertiary care is care given by further referral. It is the care delivered at Riverview Hospital and by such physicians as heart or neurosurgeons. A fourth level of care refers to specialties such as transplants.
Psychosocial Rehabilitation	Psychiatric rehabilitation services for those with a serious and persistent mental illness to enable them to manage their illness, compensate for functional defects and participate in community life. These include case management, crisis, social and housing services, vocational rehabilitation, substance misuse treatment and peer and family support.
Rent Banks	A preventative service that provides financial assistance to cover rent arrears in the short term. Rent banks help address the crisis faced by tenants who are forced to spend significant amounts of their income on rent and when faced with unforeseen expenses or loss of income may end up being evicted.
Rent Supplement	A monetary supplement paid by the Provincial Government to a private landlord to facilitate rental of a unit to a low-income tenant. Under this program, the qualifying tenant pays 30% of his/her income, with the difference between this revenue and the market rent for the unit paid by the Province.
Residential Addiction Treatment	A residential setting that provides addiction treatment to clients who stay on the premises for a period of time.
Respite Facility	Provides beds in 24-hour licensed care facilities or in a supported unit for the care of mental health clients or seniors who need to be separated for a period of time from their current living situation.
RRAP – Residential Rehabilitation Assistance Program	A program of CMHC that provides assistance to landlords owning existing affordable housing or existing rooming houses to enable them to finance mandatory repairs to self contained units occupied by low-income tenants.
Safe Houses	Provide temporary accommodation for youth aged 13-18 who require safe overnight shelter to escape the street and/or sex or drug trade. Length of stay varies across the province, ranging from a few days to six months. These facilities are funded by MCFD and operated by community agencies.
SCPI – Supporting Communities Partnership Initiative	A component of the federal government's initiative to combat homelessness. Through SCPI, the government will provide $305 million over three fiscal years, 2000-2003, to assist communities with absolute and relative homelessness problems.

Self Contained Unit	An apartment unit that contains its own living, dining, sleeping and bathroom facilities.
Second Stage Housing	Transitional, time limited housing obtained after leaving an emergency shelter and before a person is ready for independent housing. Residents of second stage housing are expected to move on to permanent housing once their living situation is stabilized. Second stage housing may provide specialized services. Examples are housing for women fleeing abuse, for youth or for individuals with addictions.
Secondary Suite	A self contained suite in a single family dwelling.
Shelter Net BC	An umbrella organization of shelter/hostel providers in BC working to increase shelter capacity throughout the province, and to improve funding for services to the homeless.
Shelter Enhancement Program	$43-million is being invested to expand CMHC's Shelter Enhancement Program. The objective of this program is to enhance and create shelter and second stage housing space for victims of family violence.
Social Housing	Housing built under federal/provincial or provincial programs, or by a non-profit society, where some or all of the units are made affordable to low and moderate income tenants. In the 1970s, social housing with its mixture of tenants, replaced the old notion of public housing projects occupied solely by those with low incomes. Housing that requires on-going subsidies to reduce shelter costs for very low-income households. This housing is typically owned and/or administered by a public body on behalf of municipal, provincial or federal government.
Special Needs Housing	Housing that is designed to meet the needs of clients with physical, sensory, or cognitive impairments. This type of housing may also have support services for residents if they are not capable of living independently. Generally, this type of housing meets the requirement for adequate, affordable, suitable, and safe housing for those with special needs.
Special Needs Residential Facility	A small-scale community based residential facility, licensed or unlicensed, offering short term accommodation in a supported group setting.
SILP – Supported Independent Living Program	A partnership between Ministry of Health, BC Housing and provincial Health Authorities. SILP is a supported housing program that enables people with a severe and persistent mental illness to live independently in affordable, self contained units with the assistance of outreach services. The Adult Mental Health Division of the Ministry of Health funds the shelter component of SILP, BC

	Housing administers the rent supplement portion of the program and staff from Mental Health centres across the province select the participants. The SILP support and case management services are administered through Regional Health Authorities.
SRO – Single Room Occupancy	Hotels, motels and rooming house rooms rented by the week or month. Typically SROs are one small room without bathroom or kitchen facilities.
Step-Down Facility	A facility that provides beds to mental health clients leaving hospital to allow them to stabilize and prepare to move on to supported housing.
Supportive Housing	Affordable, independent accommodation, sometimes in a purpose designed building or in scattered-site apartments, that have added support services attached to them. These supports may include meals and skill training, assistance with housekeeping and banking, health therapies, counselling and crisis response. This combination of housing and support provide the opportunity for an individual to stabilize his/her personal situation in preparation for moving back into the community.
Transition Housing	Safe, secure but time limited housing (30 days) for women and children fleeing abuse or for persons leaving addiction treatment. This housing may include safe houses in private family homes and government funded shelters.
Transitional Housing	See second stage housing.
Wet, Damp and Dry Housing	Housing stock that is part of the continuum of housing and support for those recovering from addictions and who need a place to go upon completion of treatment. Wet refers to housing where substance misuse is tolerated and is not considered a reason to bar or discharge the person. Damp refers to housing that tolerate substance misuse off-site and provides support to help make the transition to abstinence. Dry refers to housing that expects abstinence.
Urban Aboriginal Strategy	This was announced in January 1998 by the federal government and involves the allocation of $59 million over three fiscal years, 2000-2003, to address the needs of aboriginal people.
Youth	Youth are usually considered to be between the ages of 14 and 29.

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