Forum Proceedings:
Creating Housing Choice in Metro Vancouver

A Dialogue on the Future Role of Shelters in the Housing Continuum

May 1st & 2nd, 2008
Douglas College,
New Westminster

Co-hosted by:

Greater Vancouver Shelter Strategy and

Greater Vancouver Regional Steering Committee on Homelessness

**Greater Vancouver
Shelter Strategy**

3 WAYS TO HOME

Greater Vancouver
Regional Steering
Committee on
Homelessness

Acknowledgements

The Greater Vancouver Shelter Strategy and the Greater Vancouver Regional Steering Committee on Homelessness are grateful to the following sponsors and other partners that made the Creating Housing Choice Forum possible.

Contents

Introduction

The Greater Vancouver Shelter Strategy (GVSS), in partnership with the Regional Steering Committee on Homelessness (RSCH), co-hosted a two-day dialogue primarily focused on the future role of the emergency shelter sector in the housing continuum (May 1st and 2nd 2008). A one-day follow-up event in October 2008 will serve as an opportunity for further dialogue and identification of areas of consensus and priority.

Intention

The Creating Housing Choice forum set out to develop a shared sense of how the various parts of our changing housing continuum could work together more effectively to help eliminate and prevent homelessness. Providers of shelter and transitional, supportive, and affordable housing, along with providers of support services that help people obtain and maintain housing (e.g. addictions, mental health, income assistance, job skills and life skills training) participated. Service users and members of the GVSS and RSCH also participated. A list of participants is attached as Appendix A.

Creating Housing Choice was designed to achieve the following five outcomes:

1. Common <u>understanding of the BC government's vision</u> for our future housing continuum.

2. Initial <u>development of a made-in-BC approach to providing choice</u> so people access housing and services at the level they are ready for.

3. Identification of <u>roles for shelters within that approach</u>, such as linking people to stable housing and supports and preventing entrenchment in homelessness.

4. Increased <u>awareness of the strengths and challenges of various shelter and housing operating models</u>, (e.g. harm reduction vs. abstinence; asset based vs. deficiency based; etc.), recognizing the characteristics of the populations housed.

5. Strengthened <u>relationships among providers of shelter, housing and support services</u>, and increased understanding of their respective needs.

Context

Creating Housing Choice was co-designed by the Greater GVSS and the RSCH with the intention to build on and support related initiatives that are underway or were completed in recent years. These include:

- Revamping of the Emergency Shelter Program in BC, moving to 24-hour, full service operations

- Presentations and discussion of the "Housing First" approach first developed in the U.K. and the U.S.

- *3 Ways to Home* - Regional Homelessness Plan. www.gvrd.bc.ca/homelessness

- Metro Vancouver Homeless Count (2008 & 2005) www.gvrd.bc.ca/homelessness/research.htm

- Including Homeless Voices www.gvss.ca

- Homelessness Action Week www.stophomelessness.ca/

- *2008-2010 Service Plan* - Greater Vancouver Shelter Strategy. www.gvss.ca

- *Supportive Housing Strategy* - City of Vancouver www.city.vancouver.bc.ca/commsvcs/housing/supportivehousingstrategy

Additional resources and links are attached as Appendix B.

May 1st 2008

Opening Prayer, Session Overview

- Duane Howard provided an opening prayer, acknowledging the First Nations traditional territories in the Metro Vancouver region and giving thanks for being allowed to have this forum here.

- Forum facilitator James Pratt gave thanks to the organizers, funders, participants at today's forum, noting that registration was much higher than anticipated and that all of the organizations we asked agreed to contribute: BC Housing, City of New Westminster, City of Surrey, City of Vancouver, and Ministry of Employment and Income Assistance.

- James provided a brief overview of session intent and agenda.

Keynote: A Vision for Housing in BC
Shayne Ramsay, BC Housing

Shayne has served as CEO of BC Housing since 2000, providing leadership in the effective delivery of social housing strategies for British Columbia in partnership with the housing sector. He has also served as director of development services for BC Housing, director of housing policy and program development with the former BC Ministry of Municipal Affairs. He has a graduate degree in urban planning from the University of Toronto.

- Developing a vision for housing in BC.

- 2005, appointment of Minister Coleman to the housing portfolio and beginning of reorganization under one part of government and working together.

- Fall 2005 - transfer of shelters from the Ministry of Employment and Income Assistance to BC Housing, and transfer of properties to the province from the Government of Canada—allows for site redevelopment where appropriate (ex. Little Mountain).

- Focus on homelessness section of Housing Action Plan and how it fits into the broader continuum.

- How can we better integrate individuals into the greater system, beyond shelter, beginning with outreach?

- Emergency Shelter system—conversion of approx. 300 cold/wet weather beds to year-round, and provision for new shelter bed development.

- 24/7 shelter operations, what can be done for clients during the day?

- Building on housing outreach pilots, expansion from pilot into full program throughout the province.

- In 43 communities, 2,500 people living on the street were housed through Outreach programs in the past year, many of whom are still housed.

- Need to deal with clients on a one-to-one basis.

- Expansion in to many smaller communities in last year, ex. Prince George, Campbell River.

- Homeless rent supplements put in place so outreach workers can access housing for clients who are on income assistance.

- SRO (single-room occupancy hotel) purchases: 17 in Vancouver, 1 in Victoria, and College Place in New Westminster. Stabilization of housing stock, and implementation of services.

- Change to non-profit management has begun to improve the SROs, life and safety upgrades, long-term upgrades, makes the stock liveable and safe.

- What is being done using a longer term approach?

- Memorandum of Understandings (MOUs) in 4 cities (Vancouver, Victoria, Kelowna and Surrey) across the province, ex. 12 sites in Vancouver. The agreement shortens the process for getting all approvals, a 2 year time line cut into 12 months. Aiming for 2 ½ year timeline to get buildings developed.
- Municipalities are beginning to see themselves as partners, offering up land, expediting permit applications, etc.
  - Ex. Saanich is now providing land for supportive housing sites.
  - Bringing municipalities on board will work to alleviate NIMBYism in communities.

Questions and answers:

- What conversations are happening with the Government of Canada regarding a housing supply program etc? How does this all fit together?
  - Contribution of approx $65 million from federal government to SRO purchases
  - $10 million into the region from Homelessness Partnering Initiative (HPI)
  - Fall forum with provincial and territorial housing ministers
- Clarification requested regarding social housing units in False Creek Olympic village
  - 250 non-profit managed units
  - Also working with VANOC to look at some temporary housing, creation of legacy from Olympic housing in Whistler
- How can we work effectively to lobby the federal government to re-engage in the issue of housing?
  - Utilization of advocacy groups such as the Canadian Housing and Renewal Association (CHRA) and others to lobby.

Panel Discussion: The Current Reality on the Ground

PANEL:

Judy Graves, Co-ordinator of the Tenant Assistance Program for the City of Vancouver, has been working with Vancouver's street population since 1974, with a focus on homelessness since about 1994. She designed and piloted the outreach program, which has now expanded throughout the province. Judy is also a proud mother and grandmomma.

Deno Hurst has worked with DEYAS – the Downtown Eastside Youth Activities Society - since 1998, first in the detox, then teaching life skills, and now doing outreach. In addition he has worked with youth in South Africa, Grenada and Montreal.

Lyle Richardson has lived at Lookout Society's Cliff Block housing for approximately 5 years. He is active in the mental health community, including working on the Mental Health Information Line and performing in Comedy Courage.

Erin Barber has worked in social services since 1998, as a caregiver, outreach worker and a Youth Action Center coordinator. She worked on the Naomi Project, a medical study on opiate users, and has worked as an outreach worker for options in surrey for just over a year.

Fraser Holland has worked as an outreach worker with Stepping Stone in Langley for the past two years. He has been involved with the South Fraser Regional Crisis Line since 2001, and previously worked with social service organizations in New Westminster, Coquitlam and Surrey.

Judy Graves, City of Vancouver

- Housing is the obvious solution to homelessness. Job creation - wages don't pay enough for rental units.
- Very quick uptake on any vacancies, landlords have their pick.
- Working poor families, the homeless are forced out of the market.
- Asking those homeless on the street what they want—description is a hotel room: their own bathroom, little kitchenette to make their coffee etc.
- All people want is housing, a room for couples outside the urban core, a room for singles in the urban core.

Deno Hurst, DEYAS

- Seeing various types of homelessness—street and sheltered homeless.
  - Sheltered often in inadequate facilities; ex. Backpackers's Hotel.
  - Those who are at-risk of homelessness i.e. paying more than 50% of their income to housing.
  - Those paying slightly more than 30%.
  - Similarly they are looking for a room, with their own bathroom, kitchen.
- Seeing a large need for supportive housing in particular for mental health clients.
- Seeing a progressive increase in numbers of homeless on the street since starting in this field in 1998.
- Calling for a holistic approach involving all levels of government.
- Homeless count numbers and figures from 2005 presented.
- Youth presenting with high level of addictions and mental health.
- Women having difficulty accessing shelter beds, concerns of safety in the shelter system.
- Women often forced into prostitution.
- Seeing a large influx in last 2 ½ years of immigrants finding themselves in the DTES, in particular from Somalia, Honduras, various African Nations.
- Key areas requiring commitment---housing from street life to affordable housing, the government needs to purchase more land for development, outreach workers need to be integrated into what is happening at the provincial level, welfare rates too low, process is too long. Treatment is needed, this is a huge barrier to getting people off the street---aboriginal, youth, mental health and addictions, immigrants are all groups at risk.

Lyle Richardson

- If you have the ability to work, and no mental health/addiction issues you can work towards self sufficiency.
- In providing housing for the mentally ill, we are essentially giving up on them if we don't put in all the supports that are needed.
- Lookout transitional housing model—take as much time as you need, we are here for you, family supports, you need to get well and then move on when you are ready.
- Hotel room is also needed as a way to take a break from things.
- Important not to give up on those on the street, stick with them, these people may not have had support as a child, may not have had a childhood.
- Working on the mental health information line; allows me to help those who are not getting any support or assistance in their own life, helps save lives.

Erin Barber, OPTIONS

- Waits for mental health assessments and supportive housing are way too long. As long as these barriers exist, we will still see people dying on the street. No SROs available in Surrey, difficulty in working with general landlords who don't understand the issue.
- Slumlords taking advantage of people—bedbugs, crackshacks, mould etc.

- Discrimination against those on income assistance.
- Positives—community is beginning to understand, RCMP & bylaw officers have come on board, working with mutual clients, outreach workers at OPTIONS have.
- Expanded from 1-3 workers, busy all the time, collaboration in this community.

Fraser Holland, Stepping Stone

- Lack of available housing, issue of affordability, BC Housing has allowed for evolution of outreach program as works within the issues on the street. Flexibility, allows for creativity.
- Stories shared of 3 clients—Darryl, a crack addict living in the back of a cube van on a mechanic's property who was removing it for parts. Lost housing, switched to crystal meth as his drug of choice. In the last 6 months found housing in the bottom of a boarding house, shared with multiple people-deplorable conditions. Has now made his way into treatment.
- Cathy, 54, on the streets for 4 years, heroin addict, will not let herself go to prostitution.
- Langley housing stock—largely managed by 4 property owners. Made mistakes years ago by individuals have remained with them and they now have difficulty renting. She has a brother on the street as well. Was inside for a month over the winter. Heroin use decreased during that month inside.
- Evan is in his late 40's, a father of 3, has cognitive delays, depression, MCFD has stepped in asked him to leave the family, he is very vulnerable—often pursued by scam artists. His choices---leave home to homelessness, or stay home and risk losing his kids.

Breakout Group Dialogue

Breakout groups on May 1st addressed the following 4 questions:[1]

1. What is the relationship between shelters, housing and support services?
2. What are the current gaps?
3. What ideas do we have about ways to best provide choice so people access housing and services at the level they are ready for?
4. Can we agree on definitions of key terms – such as housing first, low-barrier, shelter, housing continuum, supportive housing, second stage housing, etc.?

Working Draft Definitions

The following are some draft definitions, for discussion in the breakout groups, of commonly used terms:

- Housing continuum: the range of housing facilities and services, including: emergency shelter; transitional and supported housing; and permanent affordable housing.
- Emergency shelter: temporary housing, food services, and referrals to other services provided for a very limited duration (typically up to 30 days).
- Transitional housing: housing that is linked to health and/or social services and has an expectation of residents moving on within a limited time (e.g. 1-2 years).

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[1] Some breakout groups merged (for example, groups 1 & 6) and not all groups reported out on all questions.

- <u>Supported housing:</u> same as transitional housing, except not with expectation of residents moving on within a limited duration.
- <u>Permanent affordable housing:</u> housing that costs under 30% of gross household income (may be provided by non-profit societies, government organizations such as BC Housing, private landlords or co-operatives).
- <u>Housing first:</u> an approach that involves providing choice so people can access housing and services at the level they are ready for. (Rather than having to use emergency shelter first, or having to be clean and sober before accessing permanent housing).

What is the relationship between shelters and housing?

Group 1
- Continuum - from shelter to housing.
- Not enough housing.
- Shelters for call back - need a strong relationship between shelters and landlords.
- Stronger relationships between outreach and landlords.
- Some "hard to house" want shelter but no rules.
- Need supportive housing, network with landlords.
- Have to have shelters and more housing.
- Pushing a cart is more visible!
- Individuals' needs are different, what will work?
- "Let people be who they are."

Group 2
- Shelter is a first step toward housing.
- Difficult to transfer from shelter to housing.
- Shelter can be a step toward building familiarity, trust, and comfort toward housing.
- Shelter - to attain is a challenge - as is housing.
- Emergency shelter can become their housing - doesn't always lead to housing.
- Is it useful to have more of a long term, extended housing connected to the emergency shelter?
- OPTIONS - extended housing is connected to their shelter in order to connect to extended shelter. It makes more sense to have both types of housing in one location.
- Shelters decrease the barriers to long term housing.
- Have resources under one roof – good for the admin as well as clients.

Group 3
- Support services for clients in the process of getting housing.
- Advocacy, fellowship.
- Sobering centre.

Group 4
- Shelters serve many functions – almost everyone would prefer housing, stabilizing, BC house definitions, stepping stone (but lots of stepping stones missing), enhanced shelters (good purpose), dysfunctional housing.
- Is it better to house people first then make stepping stones?
- Low barrier vs. high barrier.
- "Damp" - harm reduction.
- Need all different kinds of shelter because clients are in different "stages".
- Meeting people where they are.

- In some places they use sub-standard housing.
- Need more of 'where they're at' housing - wide range of clients.
- Addictions - wants for services are insurmountable.
- What do we define as success? Shower, relax regain some health.
- Women and families – IA - landlords discriminate – frustration: NO HOUSING.
- Engaging institutions for marginalized people.
- Create a sense of safety for traumatized people.
- CONSENSUS – first step is safety, treat trauma, next is "fluffing" (so can get a place to rent).
- Where is the relationship between housing providers and shelters?
- Needs to be streamlined relationship building.
- 2 kinds of morality: business and street people vs. the rest. Can they live together without support? And who do you develop relationship with?
- Different approach to addiction with homeless and homeowners. Is it the behaviour or is there a different judgment?
- So housing provider/shelter together is good because relationship is already there

Group 5
- People not ready for housing.
- Shelters pathway to housing.
- High population of young people coming out of foster care.
- Need time to stop and organize yourself.
- Shelters - open doors- welcome, follow-up services and housing.
- Has to be suitable, appropriate.
- Shelter stigma for housing - look for more supportive …
- Closer relationship needed with the community.
- Shelter target groups expanding.
- Finding I.D. is a problem – can't get housing without I.D.
- Getting I.D. is a big role for shelters – liability risk.
- Women, families, seniors in shelters now.

Group 7
- There is a continuum, but can be confusing; complex trying to find a place for someone.
- Whether it is shelter or housing it's important to focus on meeting needs of people.
- Shelter can be "short-term" temporary, emergency.
- People stay longer in shelters because there is nowhere to go for longer term.
- Safety is a concern for women in shelters.
- Example of how there's not always a bridge between shelter and housing.
- Using principles of community-building/social inclusion to create homes, can be small spaces, but it works… stable safe, affordable.
- Shelter as point of contact, provide services to help people find housing – safety net, stepping stone.
- Sometimes people can't/don't access the shelter, therefore they are not accessing other supports.
- Langley - only shelters are extreme weather shelters (below -4 C).
- If we just had affordable housing we wouldn't need shelters (except emergency e.g. leaving violence).
- Once in shelter, minimum 2 months before you hear from housing (after filling in paperwork).
- Need access to phone, newspaper, locker in order to even look for housing -often not available/accessible in shelters.

- Solutions that dismantle communities are problematic.
- People learn from each other when there is space/time to build community.
- People want to stay in their communities.
- Outcomes from accessing government help/services vary – e.g. women's experiences/men's experiences.
- Importance of retaining autonomy but offering support at the same time, e.g. people with mental health issues.

Group 8
- First opportunity to interact with person in need.
- Biggest key is length of stay and planning with individual.
- Opportunity to start turning negatives into positives.
- Experience from Toronto where mental health, medical and dental needs attended to in one place (made a huge difference).
- Shelter is meant to be 'short-term' housing – the first housing experience for someone – a community environment.
- Shelter in some communities is just shelter - no additional services offered - a bed, a meal, and no next step offered.
- Need environment that serves needs of people in shelter.
- Need to offer hope - not a band-aid.
- Provides safety - streets don't allow someone to be safe or comfortable.

Group 9
- Shelter - one of entry points - not only entry point.
- Shelter makes homeless visible - connects them.
- Recovery houses: unacknowledged, unregistered hidden shelters - where do they fit?

What are the current gaps?

Group 1
- Collaborating between outreach and other service providers.
- Lack of permanent housing for seniors, need references.
- Housing for disabled.
- More money for people with disabilities.
- Dealing with people who lose housing.
- Like a bad date sheet, create bad address lists.
- Quality of shelter: would they stay if shelters improve?
- Transport clients (i.e. medical).
- Hospitals – discharge plans.
- Shelter meets with transitional housing providers.
- What do we do with active drug users?
- Approach city - what can you do to house people?
- Gap between proposed projects and people currently homeless (too much time!)
- Mental Health / Addiction - which came first?
- Huge gap between hospitals and shelters.
- Huge gap between health resources – health is under-funded.
- Get someone to liaise between BC Housing and health authorities.

Group 2

- Outreach workers on the street – will get pulled into management –relationships get broken, disconnected.
- More outreach workers needed.
- Need to keep housing lists updated daily.
- Gender and cultural gaps – not seeking support/services, language gaps stigma/shame.
- Language, literacy - access to system support can be a part of the support referrals, i.e. to understand the home rules.
- To have the rules interpreted into various languages.
- Specialized outreach workers i.e. Mental Health, Addictions, Multicultural, Gender specific.
- Availability of suitable housing – not enough time (30 days to find a good home), unhealthy (rodent-infested units), unaffordable, unsustainable.

Group 4

- Outreach.
- Mental health.
- Addictions – not loose if going into recovery.
- Supported housing.
- Hoops and process are confusing.
- Lack of consistency.
- Wasting of time – confusing, inconsistent.
- Need user-friendly processes that are streamlined.
- Neighbourhood-friendly, i.e. transportation.
- Best to get services to people and not vice versa.
- Credibility of shelter or staff helps.
- Need ability to meet people and FOLLOW UP.
- Sometimes though – put all in one housing place it can recreate problems.
- No follow-up = revolving doors.
- Shelters may be the only social process they are going through.
- People do check in sometimes but its not enough.
- But goes back to there is no housing, no staffed housing.
- SRO approach - good contemporarily – even supported need more support.

Group 5

- Disconnect in medical system- released without assessment.
- Are we care-givers or care-takers?
- Shelter providers or mini-health providers.
- Health system partnership needed.
- Housing is more than a room- need support- communal.
- Abbeyfield- be more creative with how we think about housing.
- Don't stick people into boxes – look at community setting.
- What do we do with people with mental illness?
- Health Authority says they need an address for treatment.
- What to do with big families.
- Some people have aversion to entering shelter.
- Need holistic understanding of family needs.

- How to message to street communities that shelters are not examples of housing, but a pathway to housing.
- Have communal living models or experts available in shelters.
- Different types of shelter housing for different groups – same for housing – lack of affordable housing and especially supportive housing.
- Need shelters in every community.
- Minimal barrier shelters and housing.
- Intent to rent barrier.
- Resource centres needed for people who don't want to go into housing - touch point.
- Need this model - go to resource centre – state need and you are assisted or directed to meet needs.
- One-stop shopping.
- Look at not just homeless – homeless at risk services.
- Get message out about services.
- Tenant education.
- Outreach – communication.
- Shared accommodation – doesn't always work for every person.
- Look at different ways of housing people.
- Need to increase services available in shelters.
- Shelter strategy needed.
- Shelter attendee, advocate team ask needs and put plan into place for placement.
- Provide levels of service provision.
- In-house – keep program - assign personnel and program.

Group 7

- Compartmentalized: Mental Health, substance use, violence etc. (people often fit into more than one).
- Now/more recently integrated approach of different service providers working together.
- Service providers and departments of government need to work together in an integrated way e.g. supportive social housing with core funding need for dependable long term funding rather than just short term projects.
- There is an expectation that volunteer/non-profit will fill in gaps, but need is too high.
- Not everyone has high needs, some people just need safe, affordable house to live in but there isn't even that available.
- Even mental housing has some insecurity therefore co-op and other models should be investigated more fully.
- Lack of resources to follow up with people once they leave temporary housing/shelter.
- Changing amounts of government support i.e. $375 doesn't cover housing. People who begin jobs, income support is taken away.
- Gaps between what we know can be done and what is actually being done. There are models that work.
- No control/accountability for landlords, inadequate protection for tenants.
- No places for people to go until they are not using substances.
- No places for people to go once they go through recovery for substance use.

Group 8

- Mental health connections.
- Individual communities without 24/7 shelter beds.

- Assessment of individual in some shelters.
- Housing options after shelter stay (affordable/safe).
- Levels of safety in housing options.
- Government control on rent control.
- Public awareness of issues and causes and effects of housing and services.
- For working poor how to bridge gap between slums and affordable housing.
- Without references, how to access housing - even from shelter?
- Government initiatives on focusing on reducing poverty (looking at other success stories from other places.
- Detox - limited access - flipside when detox stay is complete access to shelter bed.
- Treatment spaces.
- Shelter for youth.
- Transition between youth becoming adults –mental health, housing, general support.
- Seniors-specific housing and support.
- Proper housing for "hard to house" individuals.
- Working homeless can't afford damage deposit let alone rent (references and bad credit checks).
- Places willing to take pets (mental health considers especially important).
- Services/workers able/willing to work with current disorders.
- Support for kids coming out of care (life skills).

Group 9
- Need more shelter capacity - not more extreme weather spaces.
- Detox - hard to access.
- Staffing levels don't enable any connect to supports.
- No database of shelter/housing resources available for shelter.
- Income – barriers to IA – living wage.
- Core funding for non-profits.
- Need for education re family attachment and addictions (see Gabor Mate).

What ideas do we have about ways to best provide choice so people access housing and services at the level they are ready for?

Group 2
- Give alternative housing solutions – an alternate shelter list.
- Offer alternatives.
- Providing resources is challenging sometimes some people don't want to go to a shelter, even when low barrier.
- Relationships on the street are hard to break.
- How do we match someone with the right shelter/housing?
- Difficult to match, need to conduct the assessment quickly.
- Need to have the right person to talk to.
- We can present choices, but they are not always ideal i.e. going downtown.
- Different needs where there is a high concentration of shelters.
- Street and shelter helpline- a great resource –a central coordination for resource referrals is great.
- Need to have front line know where to make appropriate referrals to resources.

- Mental health teams don't have enough resources- staff, time.
- Need to have them available in shelters.
- Medical- some are over medicated, some are lacking.
- Not ready for medical services.
- Have a centralized clinic (but barriers: no health card, I.D.
- Train staff to recognize needs, staff retention.
- Create dignity in the environment.
- Flexible shifts for outreach workers not just 8-4.
- Know how to limit or provide the most options – to not overwhelm.

Group 4

- Ways to provide choices – supported housing (but sometimes people don't want support).
- Difficulty of relationships building with housing providers if placement difficult/unsuccessful.
- Some shelters try to extend (some flexibility/autonomy/discretion IS VERY IMPORTANT).
- Can be political (i.e. does it "pervert" the shelter system).
- Lack of choice: choice has to make sense for the person and for the housing provider i.e. adults with addiction/mental health issues in family building etc.
- Where's the place for those that don't want to quit?
- "Property Management" model is an issue because it's not "people-oriented" (sometimes).
- Also the continuum is not always there.
- Can you have mixed tenancy? Support goes someway but not all the way, plus there will always be people who can't fit into a mixed situation.
- But what about housing where the people who live there determine what supports etc. are provided? –like Shelter City in Toronto.
- Sometimes works (in particular circumstances with particular people L-O-N-G time to develop and need particular management style) BUT the rest of us don't have that ability and there could be exclusion.
- Service providers need to understand their roles- "suitability".
- Strengths/weaknesses different expertises etc. and the WORK TOGETHER.
- Need immediacy of housing, shelter, addictions, mental health, health.

Group 5

- Resource centre, one-stop-shopping.
- Look at not just homeless - homeless at risk services.
- Education- get message out about services.
- Tenant education.
- Outreach – communication.
- Shared accommodation –doesn't always work for every person.
- Look at different ways of housing people.
- Need to increase services available in shelters.
- Shelter strategy needed, shelter attendee, advocate team ask needs and put plan into place for placement.
- In-house – keep program- assign personnel and program.
- My home is not a home.
- What type of housing are we providing for different types of people –multi-generational housing needed, complicated, political, cultural.
- Need to integrate cultural protocols.

- Continuum of housing programs and supports after gaining housing
- Increase addiction services.
- Rights of children.
- Look at school system suspicions – troubled children.
- Troubled adult—hard to house.
- Hard to advocate for all to all government departments.
- Bundle up resources – offer- house but the have to look at prevention.
- Multi-generational to become new norm.
- Government can't do it all- personal responsibility.

Group 7

- Reduce restrictions outreach workers so they can do whatever is needed; MORE outreach workers.
- Networking among service providers e.g. food bank, school board, nutritionist, community health nurse, dentist, MEIA office community building happens as an offshoot i.e. bring services together at a place where people are gathered Silo 6th Ave community church Hospitality project.
- Similar: neighbourhood houses, community schools, Britannia, but funding simulation changed.
- Running around to different services takes time and money for transport.

Group 8

- What ideas re: access housing and service level they are ready for?
- More people on frontlines (outreach).
- More help to walk individual through choices available to them.
- Another position in agency other than outreach and tenant support.
- 'Assessment' is not assessment: it's a certain amount of questions in a certain amount of time – very little room for actually 'listening' to people.
- Public education.
- Ration housing (50% stable, 40% transitional, 10% hard to house).
- Individuals must be able to see the difference between life they live and they can live.

Group 9

- Services for people who don't want to be "managed" and want to continue doing what they are doing—DO NOT close them out. Some people will continue to live in shelters or live outside.
- One-on-one worker- to provide "wrap-around" for as long as it is needed - outreach workers.
- Education, homelessness causes, needs, tolerance and understanding.
- Advocacy to government for money.
- Good policy – need good policy that allows people to access what kind of housing they need (choices/options).
- Provide housing to people who may still be using.
- Mental health - services that are accessible to everyone.
- Living income/living wage- especially in Metro Vancouver. Need to address this issue.
- Empty bedrooms – research shows it's difficult to match landlords and tenants -living together.
- Transitional housing- "no such thing" vs. temporary housing to address major issues (no consensus).

Can we agree on definitions of key terms?

Group 2

- Housing first, a roof first. Support can be there or not.
- Shelter now 24/7, most places are 30 days, temporary access, referrals, front line staff can assess.
- Housing continuum –emergency shelter, transitional housing, couch surfing.
- Second stage housing- after incarceration or after treatment centre, own room, bathroom, shared kitchen.
- Supportive housing- resources are available an advocate is available to help with locating longer term housing.
- Low barrier- not asking for I.D.

Group 4

- Housing first- housing the person no matter where they're at (housing is never the only issue and all issues impact each other).
- Housing should be the first priority (but depends on the client) so looking at housing first- that may mean a phone to find housing.
- Element of moving through toward housing (not warehousing).
- Some clients may "rest where they enter" but try to move toward housing.
- Housing that works for the person not the community.
- "shelter" –emergency shelter- temporary housing, food service and referrals to other places for limited duration, case management, fluffing, support, counselling.
- Low barrier- a subjective unstable term. Not "no-rules", should it be used at all? Degree of tolerance of behaviour (but that's a judgment)- making judgements is part of the problem.
- Level of expectation?
- Low barrier- high tolerance depending on shelter context.
- All three levels must be there.
- What about High Barrier? Imposing/institutionalizing i.e. shelter defines a level of behaviour "temporary living environment" where clients comply and conform to structured living environment.
- There is a need to embrace the definitions i.e. first we agree that we provide then understand what others are doing and finally to have the wider community understand.
- May be a progression but not always.
- Housing Continuum: same as their definition (in the agenda package).
- Supportive Housing: needs to be defined, different levels of support, different populations may require different levels and sorts of support, always with goals in mind.
- Time elements -2 years - "long-term housing that matches needs of clients with level of support"
- Does "supportive housing" imply that.. not support in other parts of the continuum
- This does not preclude in lessening of support as people meet their goals nor does it minimize the role of community support OR toward the clients goals as opposed to a limited time?
- Permanent Affordable Housing- is where supported housing leads to
- Permanent housing for the client regardless of supports from services or the community, supports not connected to the housing
- 30%- cost of living not of income (only) i.e. transportation costs. But need money and life skills BUT this is not realistic given wages, cost of transport, child care, food costs, never MIND accommodation cost/rent etc.

Group 7

- Definitions: "Housing First" – give someone housing first (as opposed to treatment first) –takes person out of 'survival mode' and now they can deal with other issues –sometimes housing takes away the other issues –no restrictions places i.e. don't need job, don't need to be off of substances etc.
- "Low Barrier" –similar to housing first, greater understanding of people's processes e.g. relapse might be part of recovery. Compassion and support. Financial barriers removed. Public education so less stigma/discrimination, opportunities for children, pets, smoking. Support for landlords too. Non-profit housing can fill in some gaps
- "Shelter"- lots of different models i.e. time dependent, weather dependent, different age groups etc. Would like to see shelters be low-barrier too
- "Housing Continuum"- ownership should be part of this, not just assume that people who don't have enough money are not 'entitled' to own. Shelter, transition house, market rental, ownership.
- "Supportive Housing" –to go from homelessness to housing takes some learning curve. Not paternalistic support - instead ask people what they need.
- "Second Stage Housing"- temporary but longer (1-2 yrs). Staffed, but limited support. Should have more support.
- Key Ideas: 1-home ownership should be added to the housing continuum. This is about stability and autonomy, inclusion, and getting out of 'entitlement' 2- disconnection and reinventing the wheel, we know how to solve the problems applying the knowledge. 3- Supported housing- what does it mean? Financial staff and resources 4- People working together.

Group 9

- Housing First- means putting people into "accommodation"- may mean shelter etc. Concern that it will mean no money for shelters of low-cost –only 1 part of the continuum. Don't have them since has been branded by Philip Mangano.
- How to define housing? Own space, supportive care you need.
- Need new word - Housing Choice?
- Federal programs –need Housing/Income/Supports.
- Housing Choice – concern that doesn't include supports - Housing First.
- Need range of housing and supports to address range of needs.
- Customize supports to meet needs of people, needs flexibility.
- Definitions - in general- accept all their language (in the agenda package) and not spend time debating… others define it. (e.g. HPI – Homelessness Partnering Initiative).

Breakout Group Reports
Group 1

- Need to leave the power with the individual to make their own choice.
- Draw up MOUs between health authorities / hospitals & service providers.
- Need more housing, supports and funding.

Group 2

- Some shelters are a first step towards housing, others a revolving door.
- Shelters are useful in reducing barriers to housing; shower, clean clothes, good night's rest.
- Biggest thing is to have shelter and extended housing under the same roof to optimize services; time to assess the needs of the individual.
- Gaps:
- Need for outreach workers to bring people in and follow thru when they go out; build relationships outside our door.

- Training needed for outreach workers and in house staff—how to best refer individuals ex. Cross cultural training, stigmas attached to seeking services in some communities, language barriers, translation, cost of translation services, literacy issues (ex. to fill out MEIA applications).
- Need centralized resource & referral services.
- Group 3
- Shelter as a gateway to housing, should be part of the continuum of care; shelter as an opportunity.
- Coffee and cigarettes as a means to convey trust and begin to talk to clients.
- Lack of knowledge of tenants' rights; mental health issues are a factor.
- Need for education of hospital services.
- Empower clients to make decisions, give them all the info that is out there.
- Streets to Home model working (in Toronto), other good examples—wraparound services, around the individual.
- Government of Canada should make housing a priority; advocacy groups/service groups should educate community to lobby on this to force housing up higher on the agenda.
- Housing for pregnant women and transient clients; ex. Sheway.
- Gaps:
  - Supportive housing
  - Support services for clients in the process of getting housing
  - Follow up
  - Advocacy groups for clients
  - Ongoing mental health support
  - Sobering centres
  - More treatment options needed
  - Welfare rates raised and indexed to inflation
  - Building code/standards enforcement
  - Affordable child care
  - Stable funding for service providers.

Group 4

- System needs to be safe for those using it—those moving on & those who return. Many have histories of trauma.
- Increasing relationships between shelters and service providers is important - to best serve the clients.
- Clarity on what each shelter/housing service provides helps us define what choices are available.
- Housing First— moving through the continuum not warehousing; housing them no matter where they are at; housing is not the only issue, housing is a first priority but depends on client - ex. May need only to make a phone call to find housing or full support.
- Some clients may stay where they enter, but our duty to help move them forward.
- Housing that works for the person first, not the community first.
- Tolerance, high barriers institutionalize a level of behaviour.
- Low barrier-working with behaviour presented, i.e. client driven.
- Choices—beginning with the client, shelter staff need to have autonomy, be able to use their discretion.
- Promote success not failure (not setting people up for failure).
- Recognizing that not all choices are out there right now; ex. Finding a place for those who still want to use—choices are very limited for people not ready for recovery.

- Involving people in the choices being made in their community; ex. Shelter City in Toronto, creating a more participatory environment.
- Group 5:
- Shelters as the pathway to housing, people are not always ready for housing.
- Need the support and assessment services to be in place.
- Shelters need to look at the needs of their community as well—what are the community solutions, how can they fit in with their community (BCNPHA community acceptance workshop). Should be in every community.
- Public education against NIMBY; speak to people ; HAW; help people become less afraid
- A shelter address is an automatic stigma for those looking for work or housing.
- Current gaps:
  - Disconnect in medical system, can't get people connected to meet all their needs, all government departments—need to build bridges in the medical system.
  - Mental health and other staff available in shelters.
  - How do big families fit in to the shelters?
  - People who don't want to come into the shelter, end up in unsafe situations on the street. There should be models of community living.
- Housing choice—there needs to be housing to move people in to.
- Need tenant education programs along with housing; see www.bcnpha.bc.ca

Group 7

- Housing continuum shouldn't end at rental housing but at home ownership. We're cutting people off short by ending things at rental housing.
- There is disconnection between how we are providing service and the successful models that exist; we need to adapt that work.
- We know what the solutions are; we need to act. Supported housing.
- Bringing together mental health workers, other health providers, to provide service all in one place.

Group 8

- First opportunity to interact with someone in need; an opportunity to plan with the individual and turn negatives into positives, begin to build relationship.
- Toronto example of a bundle of services at one location, mental health, medical and dental…
- Encouraged by 24-hour shelter and opportunity to interact with clients and provide more than just a bed and coffee/muffin in the a.m. before leaving, or just '3 hots and a cot'.
- Need an environment to create a sense of community among clients; shelter as more of a house.
- Shelter as a part of the continuum.
- Gaps:
  - Detox—need to get in when ready, not calling every day until space become available.
  - Post detox treatment/services.
  - Triage services.
  - How can people afford to get into housing from a shelter, and without references or credit history?
  - Can the shelter provider ask as an advocate for the renter? ex. Co-sign on rental agreement.
  - Transition time between youth and adult services.
  - Sheltering for seniors.
- Housing choice (re: question 3): need more outreach workers on the front line, build up trust and relationship with individuals one to one and do a good assessment.

- Public education, continuing to address NIMBYism; simply speaking to people helps to raise awareness and encourage them to come on board.

Group 9

- Shelter is one entry point to housing, there are others.
- Shelters help by making people visible.
- Recovery houses are unaccountable and unregulated, but still serving a role as transition housing.
- Gaps—access to detox, no database that provides shelter workers access to housing resources available throughout the region, housing for seniors and youth, dual diagnosis, barriers to getting on to Income Assistance if homeless, living wage, core funding to non-profits. Education around family attachments and addictions - see work of Gabor Mate.
- Extreme weather response ---suggests need for minimum shelter capacity.
- 24/7 sheltering is a huge improvement, in helping to connect people to services.
- Integrated therapeutic teams—inter-ministerial wraparound services.
- Trying to facilitate matches between landlords and tenants.
- Do the vast number of empty beds around the region represent an opportunity for housing?
- Co-location of offices in helping individuals; ex. Abbotsford service hub.
- Housing first—focus on a specific group…

Other key points:

- Women's shelter clients might not have mental health and addiction issues, their needs may simple be housing.
- Working poor, immigrants who also simply need housing in many cases, issues of poverty—how do we balance these populations.

Plenary Dialogue: Toward Consensus

The plenary reached <u>consensus</u> on the following items:

- Whereas the Housing First approach focuses on people who are entrenched in homelessness, we need to address and balance the housing needs of the working poor, people leaving abusive relationships and others who may not have diagnoses such as mental illness and addiction.
- We need supportive and affordable rental housing, both market and non-market.
- All three levels of government have fiscal responsibility requiring that housing be accessible to every citizen, according to their needs and ability to pay.
- Funding for housing solutions must be equitable, based on the resources of each level of government (no 'downloading').
- We need a federal program for safe, affordable housing.
- We need a channel for cross-sector conversations, including people concerned with the different components of the housing continuum and related services.

One of the action ideas to emerge and gain consensus support was for the various governmental agencies involved with homeless and at risk people to train emergency shelter and outreach staff so they can be trusted to make credible assessments and referrals. This could comprise1-2 people as outreach with appropriate training; a large team approaching an individual is overwhelming. The worker/team needs to be able to connect with other ministries and service providers as needed. To support this, building bridges could happen at organizational level.

Another consensus action idea was to work proactively with both landlords and tenants, using an individualized 'case management' approach to prevention of evictions. This could include a rent support contingency. Rental assistance can be contingent on tenant agreeing to certain behaviours.

Other points and ideas raised in the May 1st closing plenary discussion included the following:

On systemic change and policy advocacy:

- Need to get governments to move towards a housing supply program / housing framework.
- Need integrated, coordinated advocacy strategy—can represent messages of all, need to find ways to come together. We have to be the catalysts for change. This systemic advocacy already exists through CHRA, but does not represent the social service sector as well.

On the Rental Assistance Program:

- Rental Assistance Program is one tool in a toolbox, it alone is a not enough. It is working only for a small group.
- RAP is one way to deal with the high rents; rental assistance programs have been around for years; ex. SAFER since 1989.

On tenants' rights and rental issues:

- Concern that formerly homeless and at risk tenants aren't aware of their rights, a group not reached by TRAC (Tenants Rights Action Coalition). Landlords raising the rates, clients not aware that this can't be done other than once a year and within certain guidelines.
- Residential Tenancy Branch (RTB) needs to work quicker and with more enforcement to meet the needs of those at risk of homelessness.
    □ Province needs to look at improved RTB to deal with this need.
    □ Without a large number of dispute resolution officers, many hearings are happening by phone and if you don't have a phone then what?
    □ Works both ways, tenant knows how to abuse landlord and vice versa.
- Suggested list of which landlords are constantly going to arbitration and should be avoided—like a 'bad trick' list. Why doesn't RTB keep track of this? They may see the same landlord several times.
- Also exists for tenants, difficult to get off list once blacklisted, even if cleaned up.
- Who manages something like this on both sides?
- Could publish report similar to Better Business Bureau; Objections—privacy concerns.
- Portland has a 6 week tenant course, complete with certification. Tenants can present this certificate to landlord when searching for housing.
- Need more capacity to work proactively with tenant/landlord.; Translation services need to be a part of this type of solution—$44/hour.

On rent control:

- Provincial government needs to put a cap on rents, welfare shelter portion increase led simply to landlords jacking up rents. Landlords need some return on their investment in order to keep them putting $'s into their building as needed. (No consensus on this topic)

On income assistance and social policy issues:

- We need a living wage to allow people to be able to participate in our community. Welfare rates are not realistic. This has been talked about for years.
- Many individuals working only part time hours, due to employers avoiding benefits.
- Reduction of poverty as a goal, similar to work happening in Quebec and Newfoundland – poverty elimination strategies.
- Positive statement—independence, economic self reliance.

- With the provincial transition program, outreach workers are attached, but this is under-funded. Realistically we need more dollars to fund outreach workers.
- Assertive Community Treatment teams—now being funded in Victoria. Each team member has an area of specialization, generally 8 people.

On housing supply:

- We are just spinning our wheels until we can place people in housing. We need affordable, safe, secure housing. Market and non-market housing.
- We need a way to encourage market rental housing and affordable housing supply (see above statement).

On continued dialogue:

- Is there a channel for such a cross-sectoral conversation to keep on going?


Friday May 2nd
Opening
- James Pratt touched on highlights of Thursday's plenary discussion, and gave an overview of the agenda and process for Friday.
- Judy Graves lead a minute of silence in honour of Mark McKaskill, who died in a fire January 31, 2008 in a rear alcove on West 3rd Avenue in Vancouver, and his partner Pamela Erickson who was severely injured and is currently at GF Strong.

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3 Ways to Home, Regional Homelessness Plan
Dan Garrison, Regional Steering Committee on Homelessness (RSCH)

Dan Garrison is a planner in the City of Vancouver's Housing Centre. Over the past 8 years, Dan has worked on housing and homelessness issues at the provincial, regional and local levels, including three years as staff to the Regional Steering Committee on Homelessness.
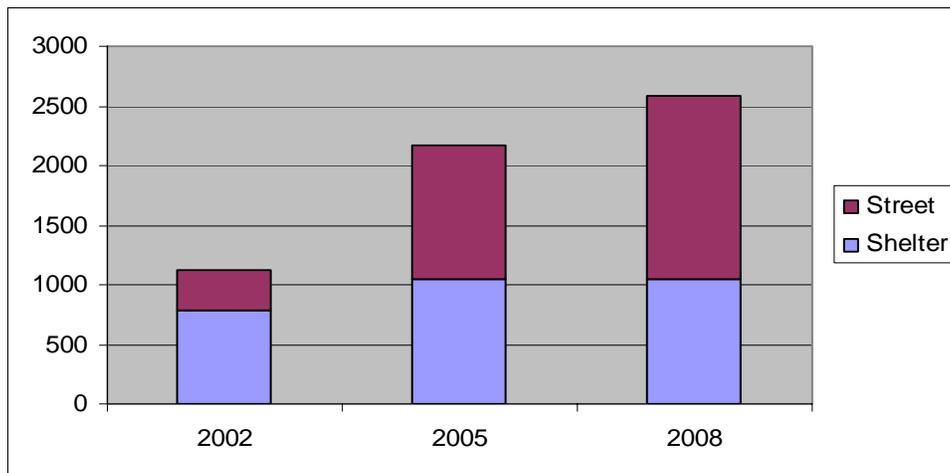
- Homelessness is increasing dramatically across Greater Vancouver, from 1,121 in 2002 to 2,592 in 2008.
- The RSCH has 40+ members with broad representation.
- Key Roles – allocating federal funding, planning and coordination, building support for solutions, and community development.
- Implementation Partners – Metro Vancouver and the United Way of the Lower Mainland (UWLM).
- Developed the Regional Homelessness Plan – Three Ways to Home

- Affordable housing: emergency, transitional, supportive and independent,
- Support services: prevention, drop-in, outreach, physical health, mental health, substance misuse services.
- Adequate income: legislative reforms, employment programs.
- Examples of providing multiple levels of the housing continuum at one location: Belkin House, Hyland House, North Shore Housing Centre.
- Examples of support services: Outreach worker, Hope for Freedom Society, Tri-Cities; Addictions Support, Cwenengitel Aboriginal Society, Surrey.
- Examples of adequate income initiatives: Street Youth Job Action; Newton Advocacy Group Society.
- Challenges in Metro Vancouver:
  - Homelessness continues to grow.
  - Gaps remain in every community in the region.
  - Insufficient senior government funding.
  - Federal homelessness programs expiring March 31, 2009.
  - N.I.M.B.Y. continues to be a challenge.
- The way forward:
  - Continue to build on partnerships.
  - Continue to build support for solutions in our communities.

Strategic Directions for Shelter Services
Karen O'Shannacery, Greater Vancouver Shelter Strategy

Karen O'Shannacery has been a housing advocate for the homeless and disenfranchised for 35+ years in the Downtown Eastside. She is the Executive Director and a founding member of Lookout Emergency Aid Society and of the Cold\Wet Weather Strategy (now the Greater Vancouver Shelter Strategy) and Shelter Net BC.

- Ad hoc early years as the 'Lower Mainland Cold/Wet Weather Strategy', now a large group made up of service providers, all levels of government working together.
- Have seen a 60% increase in the number of shelter beds over the last 10 years.
- Vision: accessible, high quality shelter services as part of a larger housing continuum.
- Tracking of shelter beds and turn aways.
- Creation of a geographically distributed shelter system.
- Linkages to RSCH & to sub-regional homelessness tables have been strengthened.
- Preparation and circulation of shelter list and shelter system fact sheets.
- Coordination of Extreme Weather Response in 8 communities.
- GVSS has established 5 principles to guide development of shelter services:
  - Broaden access and minimize barriers to service i.e. provision to all regardless of age, lifestyle choice etc.;
  - Strengthening partnerships among shelter service providers and others can help improve access to services and coordination of delivery;
  - Shelters need to have capacity to support linkage of clients with other services and stabilized housing;
  - Improving the quality and capacity of shelter services should not result in a decrease in the number of beds available;
  - Coordinated provision of extreme weather response services to augment existing shelters.
- Service development directions in the 2008-2010 Service Plan:

1. Continue to meet the ongoing need for emergency shelter services, and for networking and coordination among shelter providers;
2. Continue work to convert cold/wet weather to year-round shelter services, including upgrading these services to year-round standards;
3. Enhance access throughout the region by creating services in sub-regions or communities where none exist;
4. Improve service access and suitability for women and other specific population groups;
5. Reduce demand for shelter by continuing to build capacity for linkage with other services and housing;
6. Reduce incidence of turning people away by improving access to information about currently available beds;
7. Continue to strengthen Extreme Weather Response, including regional and sub-regional coordination;
8. Develop a hot weather component of the Extreme Weather Response program.

Barbara Haagenson, Seniors Services Society

- Seniors have their own needs and circumstances, should not be lumped in with adults generally.
- Housed about 600 seniors through outreach program since its inception. Outreach workers in this program, do not go out on the streets looking for seniors. Generally through referrals from hospitals, family, friends etc.
- Generally have not experienced homelessness before in their lives.
- A variety of reasons why seniors become homeless.
- Seniors can be directed to emergency shelters—for those new to homeless there can be a lot of anxiety around this idea.
- 30 days is not enough time for seniors in many cases to have a plan/solution.
- Hours of operation of services are not always appropriate for seniors.
- Other barriers—need for homecare, which will not come to the shelter, accessible shelters, safety concerns for seniors in communal living, privacy issues.
- Leaving their home community, stigma of using emergency shelter.
- Temporary housing program, through partnership with UWLM, funds raised by real estate development industry, commitment to a million dollars over 3 years.
  - □ Units of various types located throughout the region.
  - □ Rent based on ability to pay, inability to pay does not mean ineligibility.
  - □ Allows for provision of privacy, safety, added time. Stay is for 3 months, can be extended up to 6. this amount time is generally appropriate for a senior to come up with a plan to move in to housing.

Paul Butler, Hollyburn Family Services / North Shore Youth Safe House

- While North Shore Youth Safe House (NSYSH) was closed for 2 years, youth on the north shore had to access downtown services.
- Increased mental health, addiction, abuse, and prostitution issues surfacing amongst homeless youth.
- Family units becoming homeless—youth to NSYSH, parents to Lookout shelter.
- Increasingly younger youth coming forward.
- NSYSH has created a 2 bedroom transitional housing unit in the basement.
- Work with youth to create a transitional supportive housing plan.
- Using wraparound services—move with the child includes mental health, addiction, public health nurse etc. as needed.

- Restricted by current contracts in terms of who and where we are servicing youth.
- Need to be able to work outside these boundaries with the client at the centre.
- Young person can't enter contractual agreement for housing.
- Need to teach them how to be independent from the system not how to depend on the system.

Penny Irons, Aboriginal Mother Centre

- Grassroots women's organization in East Vancouver; Started with early homelessness funding.
- Through focus groups and meeting with moms, the idea was to have a space with everything under one roof. Slowly moving towards this goal, slowly building up amenities.
- Have a social enterprise which makes blankets, conference bags etc.
- 1500-2000 meals a month to single parents, elders.
- Difficulty in finding core funding;
- Funding through HPI ended at end of 2007.
- Have secured other funding through sustainability planning to continue operations
- Building 25 transitional units in partnership with Builders Without Borders.
- Phase II—40 units of affordable housing.

Breakout Group Dialogue

Dialogue on May 2nd addressed the following questions:

1. What are some of the various shelter and housing operating models?
2. What strengths and challenges do we see with each of these?
3. How do we connect people with housing while protecting their privacy?
4. What are the mutual needs of shelter and housing providers?
5. How might we strengthen relationships among providers of shelter, housing and related services?

What are some of the various shelter and housing operating models?

Groups 2 and 8

- Covenant house- continuum of services –outreach, shelter, transition services. Youth not able to enter shelter if will pose a risk to themselves or others. 3 days grace, 4th day movement to plan/goals. Youth able and ready to move independently to home. Those needing supports to live independently go to transition housing.
- Shelter 16-22 transition housing 16-24- can stay up to 2 years.
- Stevenson House, New West- 10 bed shelter (14 bed), 10 bed emergency shelters, hope to fill them with individuals who've developed a plan with the Salvation Army to move towards housing.
- Generally want to move people along after 90 days.
- High barrier shelter (with a bit of grace!).
- Operates 24/7, productive case management model.
- Lookout- minimal barrier shelter in New West (15 beds), as long as individual is not harming anyone, they are welcomed in (3 meals a day, up to 30 days, male only, long term goal, transitional beds).
- Genesis House- working with federal offenders coming out of corrections, plus those on the street who need life skills.

- Hard to house model, applications to housing BC.
- Tenants moved from transitional housing into BC Housing run affordable housing.
- Goal to implement support services for tenants who need life skills to succeed in this living situation.
- Hyland House -35 bed co-ed, movement to 2nd stage housing from shelter, open door policy to speak with shelter workers, information on services in the community are provided, majority have their own room- goes a long way towards security.

Group 4
- Variable 1: Time / duration open, no sleep shelters/ 16 hr. shelters, different types of shelters, 24/7, 1 day. Youth safe houses lengths of stays case-specific. Street lowest barrier/substance abuse tolerance.
- Variable 2: allowed to stay – in the Lower Mainland Vancouver offers different types of shelter accommodation.
- Variable 3: behaviour tolerance –wet/dry, no using on site, no violence/behavioural tolerance e.g. provocation due to mental illness. Look at how the behaviour affects the group dynamic.
- Variable 4: level of resident involvement –challenge: Dad with kids, mom with teenage boys. Safe house for gay couples is a gap.
- Variable 5: population specificity constraints (gender, age..), existing shelters are all on an open bag model set up for single people.
- Variable 6: ability to individualize services.
- Variable 7: level of service: from just a bed to full service.
- Variable 8: multi-purposes on site: partitioning beds – some for detox, some for mental health.
- CONSENSUS Instead of focusing on the label… the crisis then their anxiety/depression/substance abuse may subside, we are diagnosing the system, not the individual.
- Shelters are being abused by the health authorities as a source of continual care –hospitals discharge to shelters SOLUTION: Hyland/Options Solution: outreach worker goes to hospital to do assessment, health authorities operating from a cost model rather than a care model.
- Team days, sharing successes. We need to recognize the informality of how people build relationships.
- We need to realize how much we need each other.
- It's about knowing who each other are - first to know each other face-to-face, then we can rely on our distance technology "If take this person I'll buy you dinner". Rapport.
- Dealing with organizations that won't dump on me (i.e. inappropriate referrals), or if there is a dump, being honest about that.

Group 5
- Shelter models: minimal, overnight, cold weather, abstinence based, youth, age, gender, dorms, mats, hard education, dry, wet, damp.
- Need definition for full-service shelters.
- Assessment – linkages- planning.
- Bare-bones, need more service models.
- Hierarchy of needs – shifting with more adequate funding from government.
- Seniors services- self-supported apartments THP (Temporary Housing Program).
- Wrap around services.
- Supported Independent Living shelters - renting apartments - temporary with support, not more than a month.
- Identify time of stay –not all shelters are 24/7, usually open late in the day and close early in the morning.

- Extreme weather model- mats on floor, crisis model. Space not designed for this purpose - catalyst to mobilize community.
- Family shelters -24hr full service- shelter… configuration, some entire family, some single-gender based, some transition houses/shelters won't take teen males.

Group 6
- Different model shelters.
- Women's and children's programs.
- Single low-barrier shelters.
- 10 units second stage housing.
- Realize their needs to be longer stays in shelters and 2nd stage.
- Models evolved through time *Aboriginal *Women *Youth.

Group 9
- Types of shelters- low barrier.
- Harbour Light lowest barrier.
- Salvation Army in Nanaimo- 24/7 model supports within the shelter. Clients can remain inside all day.
- 24 hr basis- again programs built into the shelter.
- "Barrier" has a lot to do with drug use. Can (gain) actively (on) and stay at shelter.
- Low barrier and …potential conflict with neighbours.
- Difficult to keep families together within shelters. Even if you can accommodate, difficult to refer to other services.
- Different types of skills across Vancouver/province.
- Seniors in recovery centres - not (funding).
- Discharged from hospitals and several agencies have ID, this is an issue.
- Advocacy with Residential Tenancy Branch - seem dispute resolution tenant support with landlord. Would be a (prevention) measure.
- Support and help with filling out Income Assistance forms.

What strengths and challenges do we see with each of these models?

Groups 3 and 8
- Co-location of shelter, transitional housing and support services.
- Ongoing supports needed for individuals to move into independent affordable housing.
- Many individuals can't move out of transitional housing - blocks movement through the system.
- Support services and flexibility are key to allow people to move on.
- Stuck with nowhere to move individuals on to from transition housing.
- Everyone continues to want to develop new specialized services, really all that is required is flexibility.
- Spaces not available immediately as needed for detox, having to throw people back into the streets with a hope they'll be ready when the bed is free.
- Full… rest of continuum is not functioning.
- Many of the people in detox do not want medical detox- need sobering centres not necessarily detox.
- Working within own structure to come up with solutions to deal with differing populations coming in. For example Covenent House with renos will set aside 6 beds for youth who need to come in off the street but may also need to sober up and make some decisions about participating in the morning.
- Strength – staff can intervene at any time with 24/7 care when they see someone is needing help. This makes a huge difference for individuals

- Relationships between Covenant House and St. Paul's –bring youth from St. Paul's to Covenant House.
- Need for treatment beds to be open and available all the time. We're losing youth and other clients back to the street where they don't have immediate access and the shelter starts again.
- Difficult to get an appointment with a D and A Counsellor (options) women needing an appointment often get lost to the streets before the appointment comes up. Additional barrier for women.
- What is needed to be successful?
  - More beds, in shelter, supportive housing, transitional housing and independent affordable housing.
  - Need to be able to move people through the continuum.
  - How do we know we're successful? – We often don't see folks when they leave unless they come back to the shelter.
  - Needs shelter spaces for couples –on first arrival don't want to separate, trans-gendered community.
  - Need to have wrap around services in order to follow-up with an individual and make sure they succeed.
  - The more people on rent subsidies the more follow-up work you need to do, the less time you have to go out and work with clients and find new clients – over saturation.
  - How can we bring the message of homelessness to citizens without guilting them into it? This is a people problem, not a political problem -how to further educate the public?
  - Issues of privacy and reporting shelter data using personal information, name etc.
  - Need to us discretion in disclosing, respect the privacy of an individual.

Group 4
- 24/7 shelter is ideal, allowing people to take what they want/need and maybe just a place to stay and phone/fax. Give them a leg up, decompress from trauma.
- 8 hour model leaves people sleep deprived. You're always in a survival mode.
- Good to have different shelters to meet individual needs –e.g. some that are more tolerant of substances/behaviours i.e. the system need to have a range of operating models, services.
- Problem: some communities have a limited range of services e.g. Langley.
- There's a culture of clientele who will not access faith-bound services "We won't sing for our soup" – some faith-based are operating on social justice rather that an evangelical approach.
- Evangelical shelter services – strength is that they will continue to serve regardless of … Provide unconditional support. Some show faith by example.
- Challenge is when there are conditions- religious participation is required, or when homeless people have the mythology of having to go through religious aspect of the service.
- It's important to look at what actually happens in faith-based services.
- There are different levels of harm-reduction orientation.
- Youth safe houses- required to be working on goals.
- Q: bring discharged to where?
- Goal - oriented services for growth are good, but there needs to be a backup service. Kids with fast/D will be dead if they are put back on the street because of their inability to work on goals.
- Solution: housing people unconditionally when there is staff and they are never kicked out. If they're kicked out, there is no hope. A holistic approach. 14 days stay –you may not even see mental health issues.
- A space for people to learn life skills and healing when you come from abusive situations.

- CONSENSUS: vision for shelter services: every provider offering a safe space that supports learning and healing – includes adequate nutrition e.g. SRO dwellers living on $1 pizza – provision of a diversity of spaces, facilities.

Group 5

- Accessibility.
- Level of service.
- Satellite apartment model.
- What client population is.
- New target groups: newly homeless- seniors- don't fit in 30-day model. Ethnic groups/immigrants. Gate number of units together- communal support.
- Focus on preventative program for youth so they don't go from youth system to adult system users.
- Size of shelters- depending on beds, affects service delivery.
- How to meet client needs with larger bed numbers.
- Shelter model needs to fit currency demographics.
- Shelters - pathways to housing.
- Small is best- big is bad.
- Not enough staffing.
- New shelter model- ability to have space for disaster planning- ability to expand.
- Build community action- mobilize communities to advocate for their own homeless.
- Regular beds year round.
- Cold/wet – seasonal.
- Extreme weather – sporadic- community plan.
- Problem - proximity of clients- disease spreads e.g. Norwalk virus.
- Consider health and safety issues.
- Dorms vs. self-contained space.
- Losing extreme weather spaces to year round beds rotating cold weather extreme weather shelters model and stationary model.
- Strength of extreme weather shelter- opportunity to connect and provide support and services – need capacity to do so.
- Outreach workers have reached them.
- Start wrap-around services service around client (youth) – prevention cost is barrier but close of not doing it is worse.
- Hard to convince government to spend money now.
- Use other government wrap-around programs as examples of success measurements.
- Do better job of providing services to youth.
- Youth shelters are not part of the shelter continuum.
- Different shelter model for youth –smaller 1) really young 2) addiction and other issues MCFD needs to come to table.
- GAP- MCFD does youth but not the shelter.
- BC Housing - does shelter not youth.
- Models of housing –"LACK OF AFFORDABLE HOUSING".
- Housing First model- tool out of tool box- not for everyone.
- What might work for individual if we had housing.
- Works quite well for hard-to-house challenging people.
- Ethnic community, women, mentally ill, - doesn't work.
- Transitional housing –settle down, do well, don't seem to move on, goes beyond 2 years.

- Should we build housing with supports instead? Need permanent support housing.
- Transition - good niche –but need a flow-through place to transition to once stabilized.
- Challenge: access, rules, regulations, appropriate supports.
- We need to prioritize frequent shelter flyers.
- Small number of people using majority of resources and how to fast track people into services and housing and free up resources for others.

Group 6

- There are not enough beds.
- What is the housing out there to help clients?
- Funding and connections with other agencies.
- Low Barrier: addictions, mental health, detoxification.
- Meet women where they are at.
- Treating people with respect.
- Peggie's Place/Mental Health Issues - women need more transition time. SIL Program is longer term. Full-time nurse and advocate. No children. Security has been a challenge for clients put into housing, clients who are already vulnerable.
- Strengths of service is access to service.
- Low Barrier Models are client-centered.
- Transitions time can be week, month, years.
- Selina (client) has experiences shelter hopping, due to homelessness/addictions.
- Sleeping on floor, addictions in shelters, security is scarce.
- Women under one roof can suffer from lack of staff.
- Has vision of future housing under one umbrella rather than bouncing all over for resources.
- Women leaving the shelter doors run into the addiction life.
- Landlords hold many things against a homeless person.
- Not enough down-time to relax with entering a shelter.
- On the street it's who you know.
- Forums like this can help strengthen homeless issues all work towards same goal.
- Can't band-aid a huge issue.
- 1980-1990's I felt safe; 2000's I don't feel safe anymore.
- Government is not paying attention to the core issues of housing.
- What's more important 1) condos 2)movies/malls 3) or housing the homeless?
- 2nd stage housing/2 yr program: working on plan to better themselves (education, health, parenting skills.
- Longer waiting list.
- No housing after 2 years' stay at 2nd stage. They return back to shelters. Not enough money from welfare.
- BC Housing has new format of applications and new format of receiving applications and information from shelter clients.
- Hospital discharges/people dropped off at shelters.
- Building relationships/win win relationships are not easy –work and nurture these relationships.
- For many years staffing models in DTES were so low.
- Outreach is very much needed everywhere to form relationships with other services providers.
- *Youth Safe House- iron horse, 5 bed, zero tolerance for DTA, 30 days, day plans or youth.
- Day plan- IPP –Goals, How can achieve goals.

- Where do youth go if they are no ready for individual plans/goals?
- GAPS in youth; ot addressing youth needs.
- Younger population accessing adult shelters.

Group 9

- Shelter theme - homeless are a diverse population, therefore need diverse types of housing.
- Within the realm of shelters there are multiple models. Shelters differ in the following ways: Barrier-low/med/high, forms of behaviour that are tolerated. Level of supports that are offered: 24/7 model, some shelters support with their building, some shelters, beds/meals. Target population- same focus on …and women.
- Length of time that landlord can stay.
- Housing – challenge you need more.
- Strength more 24/7- more supports being attached to shelters.
- Major restraints- time. Salvation Army has (him restrict) of 11pm-7am Funding will help to address this.
- Barrier- to go 24/7 there needs to be some physical changes to the building and an open room with bunk-beds not conducive to 24/7- need lounge area, showers and some privacy.
- Challenge/Barrier- lack of coordinates among various shelter providers.
- Strengths- diverse array of shelters- meet … of needs, 24/7.
- The integration needs to take place at the front lines.
- This is a lot to do with time- staff don't have time- HR crunch.
- Need to forge stronger connections among service providers/shelters.
- Challenge- lack of affordable housing, lack of detox.
- Strength- the move to 24/7- enhance the support service available.
- Housing registry- need more centralized information and the opportunity to help people move from shelters to housing.
- Lack of shelter beds.
- Housing supply is first and foremost the biggest barrier.
- Strengthen relationships- Turf Wars- more (A+) management level.
- Mutual need in funding- how can shelter access (cooperate) with private…
- Mutual need - central resource deposit, what services are available, do they have beds, electronic based…
- Shared info, 211.
- Wrap-around services.
- Core funding.
- Lack of detox.
- Feds stop funding in March '09 – what to do?

What are the mutual needs of shelter and housing providers?

Group 4

- Need a better interface between housing and shelter providers.
- They need to understand out clientele.
- The need is for education – about what each does, about our clientele.
- Ability to assess clients needs – to be able to do interactions to support tenants who are partially stabilized.
- Some housing providers are still focused on property management.
- Need acknowledgment for landlord side that some of our clients still need some support. They have a sense of belonging with us -how do they fit into housing setting?

- Both need to trust the other enough to say when it's not working.
- They need good people skills.
- Within a few months our clients are kicked out of subsidized housing. So we need to find a system that will work for the client and the landlord.
- Need courses/workshops and their motivation to learn.
- Shelter providers have rapport/relationships so we can provide follow-up support.
- Need to be paid to do that –a housing worker, go to their housed, check-in, how's it going?
- CONSENSUS: have separate outreach people from people doing housing/subsidization.
- What's working- word of mouth with people referring family members to outreach workers.
- It's hard to house people who are 'home is where the cost is' –can't go into shelter – too much stuff.

Group 5

- Other supportive services needed- not enough services, medical, dental, getting ID.
- Availability of affordable housing.
- Better protection of tenants.
- How to know what other resources there are and how to reach them –co-ordinate access point.
- More than a resource directory – navigating system.
- Transportation issues.
- Assessment key to figure out appropriate housing.
- Not a good linkage with health clients.
- Serving the immigrant population/language barriers.
- New program - Red Cross -1st contact.

Group 6

- Different age groups in shelters, some of their needs are not met.
- People have to lie just to get into shelters i.e. telling staff that they are abused so they can get a bed.
- People will go to hospitals just to get a bed/food.
- Service Providers find it difficult many times to work on other agency mandates i.e. Police not allowed in women shelters unless called.
- You have to prove what you are doing as a service provider.

How might we strengthen relationships among providers of shelter, housing and related services?

Group 4

- Continual dialogue and raising awareness among health/detox/shelter "Let's house.. trade and you need us- we have beds" It's not about hiding behind policy- let's see how we can work together.
- Has to be diversity in housing as well - not all people are meant to be together -6/10 people off the street would be – hard to house is very different need from core need (economic).
- Different does not mean difficult: hard to house – not everyone should be housing people with severe behavioural problems.
- We have to give up the judgement about "creaming" We shouldn't force hard to house people in with people who are not.
- "Ghettoization" is a good thing. People have a right to maintain their own culture – street culture; Aboriginal culture…

- We all want to live in buildings with people like us.
- Idea: a course, mandatory, on all the resources out there. On how to deal with trauma and crisis in a residential setting - learning how to respond to a traumatized person in a helpful way. Need capacity within the shelter sector to facilitate learning.
- Action: adult education University of the Fraser Valley. Wendy Barter, Zia Hunt- could spark this kind of self-organized learning. Contract with them.
- STEP 1- group of people to write a proposal in consultation with UFV –Karen O. and Michael A. and Gail F.
- Action: have quarterly meeting to raise awareness of housing providers/ BC Housing/MCFD. Funding mental health and addictions, street nurse, Real Estate Board, RTB
- Action: a venue to bring front-line staff together so they can share their knowing - a front-line worker symposium.
- To look at solutions, what's working and what's not – common threats. To share 'here is what we're seeing' …sharing and understanding the clientele –why some of our clients are not being successful.
- We need some learning – about how to help people translate what they have learned into changed behaviour.
- Skills to educate people in communication skills, change thinking to more positive thoughts.
- Inter-disciplinary group of workers could practice 'Focused Conversation' method –Peter Senge tool.
- *Effective communication/listening is the key skill – we need it; to be able to (model) it
- Ho to deal with people being shame-based.
- Raise awareness about practices that have worked- this is what we know worked.
- Build a community of workers.

Group 5
- All levels of government need to be communicating.
- Need immigration project- how to change or improve.
- Service delivery – flexibility.
- Very complicated to look ate whole range.
- Units of housing tied to support –communal service centre.
- Establish a place –central information/services.
- Roaming teams of service providers.
- Assertive Community Treatment model – like Rain City team.
- Role of municipality – should be better informed.
- Re: funding process- MOUs.
- Density analysis.

Group 6
- Why can't we strengthen relationships?
- Different municipalities are all the same – not enough money, stealing ideas....
- Outreach workers must provide and reach other service provider relationships.
- Sometimes taking a risk to help clients can have you fired.
- Lack of: treatment centres, seniors centres, seniors housing, youth services.
- "Knowledge is power".
- Government does not invest a lot on prevention.

- ACTION PLAN is needed - what do we do now?
- Affordable housing rally on events happening throughout the lower mainland i.e. Fireworks, Homelessness Action Week.
- Outreach is always being sabotaged by low housing stock. We need a real outcry.
- Service providers need to be polite to get resources. If we turn radical, we don't receive proper funding.
- "Instead of advocacy –Build supports for solutions".
- "Government doesn't like activists".
- Hiring a PR company to do leg work about how we can change this problem. How can we build team-work?
- Or do service providers give money where it is most needed instead of paying someone to find a solution. We are the front-line workers who see this issue day to day.
- Get each level of governments to take their own responsibilities and be accountable. How do we get the folks who matter?
- Demographics are another big challenge.
- BC Housing wants our input, but we need a report from them also. Does BCH have a vision also?
- What's going to come out of this 2 day Forum? –are there answers? –are there solutions? –are we going to be heard? –have we built further working relationships?
- 2010 Olympics—what's going to happen with the homeless after the games?
- Mental health people must stop becoming the same vicious cycle over and over again. It is a revolving door syndrome. There are 9 out of 10 people with mental health issues, not only concurrent disorders, but now there are more HIV patients.

Plenary Dialogue: Next Steps

- Dissemination of all notes for days 1 & 2
  - Sharing info with local tables, elected officials, other organizations not present—need to inform others as to what happened during these 2 days.
- There is a need for a regular session such as we had here today, where organizations can bring various staff to these meetings.
  - Ongoing staff training; create a community of learning among multiple disciplines and agencies.
  - Need a symposium of front line workers to share their learnings.
  - BC Non-Profit Housing Association has an agreement in place with Langara College—willing to share information about this model. Social housing management course will be offered again in the fall.
- Shelter and housing providers both need links to health, mental health and addictions, MCFD.
- Need to document and share information about how to access all these services.
- Fall forum will hopefully allow for opportunity to hear back from BC Housing as to how they have taken our ideas into action.

- □ Will look to have a client input at our fall forum, how can this be done in an inclusive way?
- □ Call for interest to serve in advisory committee for fall forum (no immediate response).
- Need information on how to exchange and access information (211) about other services, how to access these services.

Conclusion

A diverse mix of 85+ people concerned with the role of shelters in the housing continuum came together over a 2-day period in May 2008 to engage in dialogue about the issues they face and possible solutions. This report documents their work together. It will serve as a starting point for developing consensus, setting priorities and defining actions as part of the follow up dialogue in October 2008. Ultimately, the results of this work may be used by participating government, community and multi-stakeholder organizations in development of policies, programs and strategies.

Analysis of this documentation suggests that it will be possible to forge a broad consensus on several key points:

1. We have a shared interest in ensuring access to adequate, safe, affordable housing and the related support services that some people may require to avoid homelessness.
2. All three levels of government have a fiscal responsibility to ensure that housing be accessible to every citizen. Funding for housing solutions must be equitable, based on the resources of each level of government (no 'downloading'). We need a federal program for safe, affordable housing.
3. To create housing choice, so that people are not forced into lower levels of the housing continuum than they need, we must expand the supply of transitional, supportive and affordable housing (including both market and non-market rental housing).
4. Whereas the Housing First approach focuses on people who are entrenched in homelessness, we need to address and balance the housing needs of the working poor, people leaving abusive relationships and others who may not have diagnoses such as mental illness and addiction.
5. It is important to continue to strengthen the capacity of the shelter sector to assist people in the process of stabilizing their housing.
6. We need an ongoing channel for cross-sector conversations, including people concerned with the different components of the housing continuum and related services.

Some of the action ideas related to point 5 are to:

- Train outreach and shelter staff so they can be trusted by diverse organizations to make credible assessments and referrals.
- Develop 'communities of practice' to support learning among staff serving similar populations in the community/subregion/region.
- Where possible, provide transitional housing co-located with emergency shelter.
- Continue to develop relationships among providers of shelter, housing and related health and social services.
- Work proactively with both landlords and tenants, using an individualized 'case management's approach to prevent of evictions.

Appendix A: Forum Participants

Duane	Howard	
Emily	St. John	
Dina	B.	BC Housing
Michael	Anhorn	BC Housing
Darin	Froese	BC Housing - Fraser Region
Eliza	Li	BC Housing - Vancouver Coastal Region
Catherine	Williams	BC Housing -Vancouver Coastal Region
Karen	Stone	BC Non-Profit Housing Association
Marg	Gordon	BC Non-Profit Housing Association
Natasha	Jategaonkar	BC Non-Profit Housing Association
Mary	MacDougall	Catholic Family Services
Aileen	Murphy	City of Surrey
Jill	Davidson	City of Vancouver
Christine	Hutchinson	Coast Mental Health, North Vancouver
Hugh	Leschot	Community Information Services (Redbook)
John	Harvey	Covenant House
Pinky	Pascual	Covenant House
Melanie	MacKenzie	Downtown Eastside Youth Activities Society
Deno	Hurst	Downtown Eastside Youth Activities Society
Doria	Boa Tang	Elizabeth Fry Society
Dustin	Budden	Family Services of Greater Vancouver
Kelsey	Klaver	Jim Frankish staff, UBC
Erwin	Braun	Fraser Valley Housing Network
Gail	Franklin	Fraser Valley Housing Network
David	Piltman	Fraserside Community Services Society
Caroline	Bonesky	Fraserside Community Services Society
James	Pratt	Greater Vancouver Shelter Strategy
Chelsea	Papish	Hollyburn Family Services
Paul	Butler	Hollyburn Family Services
Susanne	Klassen	Information Vancouver
Dave	Speers	Iron Horse Youth Safe House
Bruno	Miller	Jubilee Street Outreach

Jackie	Novik	Kettle Freindship Society
Penny	Rogers	Kits Showers Program
Michelle	Roufeise	Lookout Emergency Aid Society
Andrew	Fallis	Lookout Emergency Aid Society - Cliff Block
Dave	Brown	Lookout Emergency Aid Society - New Westminster
Lyle	Richardson	Lookout Emergency Aid Society - New Westminster
Marla	Crowley	MEIA, New Westminster
Hazel	Burns	Metis Skills & Employment Center
Andrea	Gillman	Metro Vancouver
Peter	Greenwell	Metro Vancouver
Greg	Perrins	Ministry Responsible for Housing - Housing Policy Branch
Brian	Postlewait	Mission Possible
Miriam	Smith	New Westminster Homelessness Coalition
Susan	Sellick	Newton Advocacy Group Society
Susan	Keeping	Newton Advocacy Society
Pablo	Rodriguez	OPTIONS Services to Communities Society
Andrea	Dodd	OPTIONS Services to Communities Society
Darrell	Ferner	OPTIONS Services to Communities Society
Marissa	Johnson	OPTIONS Services to Communities Society
Peter	Fedos	OPTIONS Services to Communities Society
Ray	Barkhouse	OPTIONS Services to Communities Society
Shalini	Prassad	OPTIONS Services to Communities Society
Erin	Barber	OPTIONS Services to Communities Society
Anna	Saunders	Outreach Worker, Lookout Emergency Aid Society - New Westminster
Michelle	Baril	Outreach Worker, Lookout Emergency Aid Society - New Westminster
Arlene	Schemmelfenig	Outreach Worker, St James Community Service Society
Deborah	Campbell-Littlejohn	Outreach Worker, St James Community Service Society
Mary-Jane	Ross	Outreach Worker, St James Community Service Society
Lynda	Fletcher-Gordon	Purpose Society
Lorelei	Hawkins	Ray-Cam Center
Steve	Bouchard	Ray-Cam Center
Michael	Emery	Salvation Army – Caring Place
Don	Sikstrom	Salvation Army - Harbour Light
Grant	Gayman	Salvation Army - Harbour Light

Leslee	Banks	Salvation Army - Nanaimo
David	MacPherson	Salvation Army - New Westminster
Michael	Badior	Salvation Army - New Westminster
Phillip	Bindenbach	Salvation Army - New Westminster
Connie	McGonigal	Salvation Army -Caring Place
David	Romer	Seniors Services Society
Barbara	Haagenson	Seniors Services Society
Hina	Lal	Seniors Services Society
Val	MacDonald	Seniors Services Society
Merijan	Dehlic	Service Canada
Sara	Clemmer	Service Canada
Betty	Belanger	Shelter Worker, St. James Community Service Society
Robyn	Kelly	Shiloh 6th Ave Church
Annette	Welsh	South Fraser Community Services
Suzanne	Noel	South Fraser Community Services
Kathy	Stringer	St James Community Service Society
Trudi	Shymka	St James Community Service Society
Sandy	Burpee	Tri-Cities Homelessness Task Group
Sue	Noga	United Way of the Lower Mainland
Del	Mather	Vancouver Police Department - Granville Community Police Center
Irina	Goga	Vi Fineday
Norman	Oldham	VUCCWA (Urban Core)
Pam	Willis	Women's Resource Society of the Fraser Valley

Appendix B: Reference Materials and Further Information
Homelessness Plans and Services

Canada

3 Ways to Home - Regional Homelessness Plan, prepared by the Regional Steering Committee on Homelessness. www.gvrd.bc.ca/homelessness

2008-2010 Service Plan - prepared by the Greater Vancouver Shelter Strategy. www.gvss.ca

Supportive Housing Strategy - City of Vancouver www.city.vancouver.bc.ca/commsvcs/housing/supportivehousingstrategy/index.htm

Tri-cities Homeless Shelter Society www.tchss.org/

USA and Britain

City of Portland, USA www.portlandonline.com/bhcd/index.cfm?c=30140

City of London, Britain www.london.gov.uk/mayor/housing/strategy/index.jsp

Housing Corporation, Britain www.housingcorp.gov.uk/server/show/ConWebDoc.12118

Housing First

What Housing First Means for People: Results of Streets to Homes Post Occupancy Research. A report on outcomes Toronto Streets to Home program, an example of a successful Housing First approach in Canada. www.toronto.ca/housing/about-streets-homes.htm

Interagency Council on Homelessness (Philip Mangano's organization) www.ich.gov/

Cost of Homelessness

Million Dollar Murray www.stophomelessness.ca

Housing and Support for Adults with Severe Addictions and/or Mental Illness in British Columbia report (2008) www.carmha.ca/publications/index.cfm?contentID=29

The Cost of Homelessness in BC (2001www.housing.gov.bc.ca/housing/homeless/vol3.htm

Other Homelessness Information

2008 & 2005 Metro Vancouver Homeless Count results www.gvrd.bc.ca/homelessness/research.htm

City of Vancouver www.city.vancouver.bc.ca/commsvcs/housing/homelessness.htm

Homelessness Action Week www.stophomelessness.ca/

Including Homeless Voices www.gvss.ca

Joint Centre for Housing Studies, Harvard University www.jchs.harvard.edu/index.htm

Rowntree Foundation (Britain) www.jrf.org.uk/

   □ *Vancouver Agreement www.vancouveragreement.ca/Housing.htm*

Virtual library of homelessness research reports www.ihpr.ubc.ca/EN/479/890