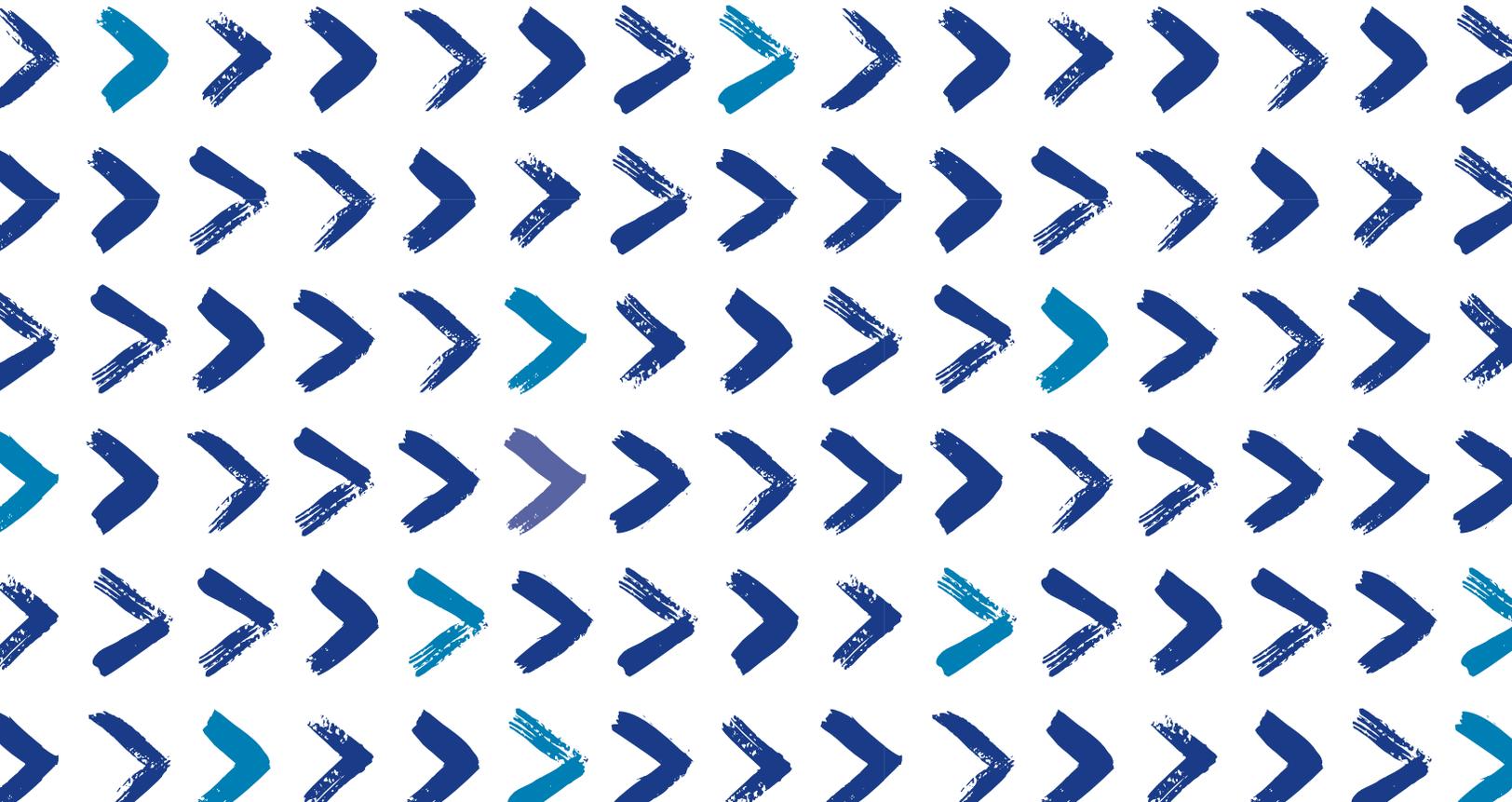


COVID 19:
**The beginning of the
end of homelessness**

A report on the barriers and recommendations
to ending homelessness in the Capital Region

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Executive Summary

We have a once-in-a-generation opportunity to make the necessary policy and system changes to end homelessness in the Capital Region. But it will require everyone, working in every level of government and in community, to rally around that goal. Bringing forward a laser-like focus on ending homelessness, on achieving housing rights for all, will transform collaborations and resulting programs. It will shift the focus from outputs, such as the number of people housed, to outcomes, such as reducing the number of people who experience homelessness.

The Government of British Columbia is drafting a cross-ministry homelessness strategy. Anchoring B.C.'s forthcoming homelessness strategy with a clear goal to end homelessness and achieve functional zero homelessness¹ as a milestone towards that goal, would be a game changer. This would align the province with both federal and regional efforts and ensure that B.C.'s investments in supportive housing are maximized. There has never been a better time to shift our collective attention from reacting to homelessness, or addressing homelessness, to ending homelessness.

COVID-19 made visible the gaps and weaknesses in the systems that serve people experiencing homelessness. The requirements for physical distancing and isolation led to large numbers of people sheltering in place in parks and along boulevards. The onset of the pandemic made homelessness highly visible across Canada, setting loose new investments and commitments to advance housing rights to the unhoused.

The B.C. government purchased or leased five hotels in Victoria, which have been operating as temporary supportive housing sites since spring 2020. This action spurred a new level of cooperation between BC Housing and Island Health. The hotels have onsite primary healthcare, harm reduction services, meals, 24-hour building staff, security guards, visits from social workers, and some even include peer support workers.

When people moved into hotels, the B.C. government promised that they would not be returned to homelessness. And, in March 2021, the B.C. and federal governments announced plans to make good on that promise, with 280 new permanent homes set to open in 2022. Together with the provincial government, the City of Victoria's actions to garner housing for people experiencing homelessness throughout the pandemic are transforming the homeless-serving system.

These efforts have had a direct and highly visible impact. Hundreds of individuals experiencing homelessness have accessed housing in the last year.

In February 2021, the City of Victoria initiated this report to identify barriers to ending homelessness and recommendations to resolve those barriers. The process of putting this report together engaged people experiencing homelessness, many as they transitioned from homelessness to supportive housing, and with consent, documented those experiences and their reflections. They are presented as first-person accounts to enable the reader to look at the homeless system through the eyes of the user.

¹ Functional zero is a concrete and measurable milestone on the pathway to ending homelessness; it means that there are enough, or more homeless-serving services and resources than needed and that those services, such as emergency shelters, are being used as intended.

The project also included 30 interviews with workers and managers in the homeless-serving system. The process examined local reports and relevant research regarding the themes that arose from the first-person accounts and interviews, resulting in 28 recommendations to resolve the barriers to ending homelessness. If these recommendations are implemented, the pandemic will mark the beginning of the end of homelessness.

The 28 recommendations are organized under four broad calls to action.

FOUR CALLS TO ACTION

- 1. Resolve the housing crisis by re-aligning policies and programs to realize the human right to housing.**
- 2. Lead a full-scale transformation of the homeless-serving system.**
- 3. Improve standards and introduce accountability mechanisms.**
- 4. Engage people experiencing homelessness as equal partners.**

CALL TO ACTION 1:

Resolve the housing crisis by re-aligning policies and programs to realize the human right to housing.

Homelessness exists against the backdrop of the affordable housing crisis. Shortages of affordable housing for the lowest income group cause new inflows to homelessness and prevent exits from homelessness.

There are more than 10,000 households in the Capital Region spending more than 50 per cent of their income on rent, with annual incomes below \$23,536. The median available rent for a studio apartment is 93 per cent of disability income assistance and the median available rent for a one-bedroom apartment is 117 per cent. Most project participants experiencing homelessness rely on provincial disability income assistance.

The dire shortage of housing that is affordable to the lowest income group causes backlogs and misplacements in the homeless-serving system. Some people reside in supportive housing solely for financial reasons, which prevents others in need from accessing it.

It is common for people to reside in Mental Health Substance Use (MHSU) residential beyond the length of the program due to affordable housing shortages, also preventing others from accessing those services. It is also common for individuals to exit MHSU residential to homelessness after completing treatment programs. The report also revealed that there are significant numbers of people living in emergency shelters for years in Greater Victoria.

This report estimates that several hundred people will remain homeless, many sheltered in temporary facilities, in Greater Victoria after new supportive and regional housing first homes are completed in 2022 and 2023.

In 2019, the federal government affirmed the fundamental human right to housing with the National Housing Strategy (NHS) Act. The City of Victoria's Housing Strategy (Phase Two: 2019 - 2022) recognizes housing is a human right. This report recommends that British Columbia adopt the human right to housing to resolve the housing crisis, which would bring three levels of government into alignment.

Adopting the human right to housing as a guiding philosophy advances housing rights over time, prioritizes those most in need, and ensures systemic exclusions to housing are identified and resolved. Implementing a right to housing approach will breach the divide between ministries and agencies, ensuring that there is coordination so that drivers of homelessness can be identified in various portfolios, and solutions integrated therein.

Homelessness is a *prima facie* violation of the right to housing. As such, a human rights framework motivates governments to make homelessness a prioritized area of action.

This report puts forward seven recommendations to advance housing rights to the unhoused and to those at risk of homelessness. They are presented here in brief and elaborated on in the Recommendations section.

1. That the Government of B.C. adopt the Human Right to Housing as a guiding framework to resolve the affordable housing crisis.
2. That the Government of B.C. ensure that homelessness, housing funds and or income supports are allocated according to community needs and are sufficient to realize the right to housing for all within a reasonable timeframe.
3. That BC Housing allocate a proportion of shelter rate units developed through the Community Housing Fund Program to the Coordinated Access and Assessment process.
4. That the Government of B.C. strategically support new rent supplement programs.
5. That the Government of B.C. establish a non-profit and co-operative provincial acquisition strategy, combined with tenant protections, to safeguard existing low-cost rental homes and expand the supply of deeply affordable housing.
6. That the City of Victoria fully embrace the Human Right to Housing to guide its future responses to homelessness, and to continue to advance housing rights.
7. That the City of Victoria establish a full-time staff position in the 2022 budget with a focus on homelessness in the city.

CALL TO ACTION 2:

Lead a full-scale transformation of the homeless-serving system.

The stories of people who are currently residing in Greater Victoria's homelessness response system underscore the urgency to transform the system to person-centred. The stories portray an overarching lack of communication, disempowerment, inappropriate placements, and unmet needs.

Housing First is not well understood and often conflated with low-barrier shelters and low-barrier housing. The evidence-based model of Housing First provides immediate access to permanent housing with no housing readiness conditions, consumer choice and self-determination, individualized and person-driven supports, social and community integration and is recovery oriented (including harm reduction).

In reality, many people spend years in emergency shelters or transitional housing before accessing a permanent home. When people do access permanent housing, it does not include consumer choice or self-determination. Individualized and person-driven supports, community integration and a recovery orientation are scarce. Greater alignment to Housing First practices will increase housing stability and wellness.

Service fragmentation maintains people's homelessness. Integrated homeless-serving systems have dedicated authorities and staffing for service integration that develop common protocols, coordinate training, and track outcomes. Services and programs are modified to work in a unified way to end homelessness. This report revealed a prioritized need to integrate the homeless-serving system.

The process of matching people with housing is described as trial and error. Misplacement lengthens the time it takes for people to recover from homelessness and increases the risk of return to homelessness. A particular concern raised in this report is the lack of a standardized approach to eviction prevention. The lack of a common, system-wide approach to preventing evictions is at odds with local plans to end homelessness. Reducing evictions translates into reducing the amount of time a person experiences homelessness.

Systems integration relies on real-time, person-specific information management systems. The number of people experiencing absolute unsheltered homelessness, chronic homelessness, or youth homelessness is unknown in Victoria. There is no baseline from which to measure the efficacy of interventions or to develop precise estimates of resource needs. A real-time, person-specific database would enable the local homeless-serving system to articulate a measurable goal, such as achieving functional zero homelessness or ending chronic homelessness and track progress towards that goal.

A homelessness management information system (HMIS) would also enable a broad overview of the system to identify trouble spots hindering progress towards ending homeless. This report recommends prioritizing attention to the development of a by-name-list and HMIS, with local efforts fully supported by BC Housing and Island Health.

The report puts forward 14 recommendations which would result in a full-scale transformation of the homeless-serving system, which are presented here in brief and elaborated on in the Recommendations section.

8. That the Government of B.C. ensure all homeless programs have a laser-like focus on the goal to ensure homelessness is rare, brief, and non-recurring in its forthcoming homeless strategy.
9. That the Government of B.C. support Indigenous-led solutions to homelessness.
10. That the Government of B.C. fund the implementation of the recommendations of the Health & Housing Think Tank 2021.
11. That the City of Victoria support Indigenous-led, regional collaborations to end homelessness.
12. That the homeless-serving system provide consistent one-on-one support workers to build trust before or immediately upon a move into emergency, transitional or supportive housing.
13. That Cool Aid or Our Place partner with BC Housing pilot a diversion program and a housing-focused shelter to reduce the length of time people stay in emergency shelters and to reduce the number of people who are at risk of chronic homelessness.
14. That the Greater Victoria Coalition to End Homelessness, the Coordinated Access and Assessment Advisory Committee and the Community Advisory Board (for Reaching Home) prioritize the implementation of a Homeless Management Information System (HMIS) and by-name list.
15. That the Greater Victoria Coalition to End Homelessness track and report publicly monthly:
 - The number of people who are new to homelessness.
 - The number of people who have returned to homelessness.
 - The number of people who have exited homelessness.
 - The average length of time individuals' experience homelessness.
 - The average length of time long-term users reside in emergency shelters.
 - The average length of time residents live in transitional housing.
 - The number of people who are chronically homeless.
16. That the Greater Victoria Coalition to End Homelessness develop coordinated staff training.
17. That the eviction prevention subcommittee of Coordinated Access and Assessment Advisory Committee lead a collaborative process resulting in a standardized system-wide approach to eviction prevention and rapid rehousing strategies to reduce returns to homelessness.

18. That the Greater Victoria Coalition to End Homelessness undertake systems planning to integrate trauma-informed practices, Housing First practices and Indigenous cultural safety throughout all aspects of the system, including decision-making, with the Government of B.C. as a full partner.
19. The homeless-serving system support the Greater Victoria Coalition to End Homelessness as the lead organization to drive collaborations and facilitate systems integration.
20. That the Government of B.C. provide core funding to the Greater Victoria Coalition to End Homelessness to develop an integrated homeless-serving system.
21. That the Government of B.C. give BC Housing, supported by other appropriate government agencies and or departments, a mandate and resources to collaborate with communities to develop regional HMIS.

CALL TO ACTION 3:

Improve standards and introduce accountability mechanisms.

The practices of non-profit housing operators are not consistently in alignment with provincial legislation. Specifically, housing operators enter into program agreements with residents, rather than residential tenancy agreements, in buildings that BC Housing considers to be permanent supportive housing.

Some program agreements state that the purpose of the program is to ‘get people ready for permanent housing’ and raise expectations amongst tenants for support to move to better, permanent housing.

Residing in transitional housing, under a program agreement, creates a feeling of housing insecurity which causes stress and housing instability. A particular concern with program agreements is that there are no appeal or review procedures for evictions as there would be if tenants were protected by the Residential Tenancy Act.

The recommendations in brief are presented here and elaborated on in the Recommendations section.

22. That the Government of B.C. define the intended length of time for an emergency or transitional program in the Residential Tenancy Policy Guideline 46: Emergency Shelters, Transitional Housing, Supportive Housing.
23. That the Government of B.C., through BC Housing operating agreements, ensure that landlords and residents of permanent, supportive housing enter into residential tenancy agreements.
24. That housing operators and BC Housing ensure the collection, storage, use and sharing of personal information are compliant with provincial privacy legislation.

CALL TO ACTION 4:

Engage people experiencing homelessness as equal partners.

There is considerable confusion and frustration amongst people experiencing homelessness with respect to understanding the processes available to help individuals achieve well-being, and to access and maintain housing. People want to be communicated with as equal partners and as individuals with resources and assets to contribute.

To be homeless means others decide where you sleep, what public spaces you can be in and when, what you eat, where you can shower and when. People who are homeless must have a say in their lives. Participants in this project expressed an overwhelming desire for the system to make it easier for them to take an active role in improving their lives whether that be getting a job, permanent housing or taking steps to improve their health. The system is not currently set up to meet this desire.

This report offers four recommendations to engage people experiencing homelessness as equal partners.

25. That the Government of B.C. through BC Housing and Island Health fund or implement a user-centred design process with people experiencing homelessness to inform the program design of new supportive housing sites.
26. That the homeless-serving system collaborate with clients to take an active role in their health and housing future and support self-determination through access to case management.
27. That housing operators and BC Housing develop a communications strategy to facilitate two-way communication with people who are experiencing homelessness.
28. Provide people with the choice of where to live, such as near their work, partners, family, or friends, by making new rent supplement programs and in-reach supports readily available (as required).²

² This is very similar to one of the recommendations put forward by the Health & Housing Think Tank 2021.

Introduction

Purpose

The purpose of this report is to identify the barriers to ending homelessness and recommendations to resolve those barriers. The recommendations will equip the City of Victoria to work with provincial and local partners to prioritize actions that reduce the number of people experiencing homelessness.

Overview of the Report

Ending homelessness begins with engaging people with lived and or living experiences of homelessness. In the initial part of this report are seven, first-person accounts produced in collaboration with people experiencing homelessness. Most of the collaborations began while people were unsheltered and continued as they made their transition to housing. Each story describes their experiences interacting with, or avoidance of, elements of the homeless-serving system.³ The stories, taken together, show the tremendous diversity of people experiencing homeless in the Capital Region.

They are presented as first-person accounts to enable the reader to look at the homeless system through the eyes of the user. Each individual presented their own recommendations and the main recommendations are carried through to the report's final recommendations. This is followed by a description of the barriers that require attention to end homelessness that draws on expert knowledge of first-person accounts as well as the experiences and knowledge of frontline workers and managers.

Homelessness is a consequence of the interaction of systemic, structural, and individual factors. To anchor the recommendations arising from stories and barriers, the final part of the report outlines the structural conditions or policy contexts which have contributed to and sustain homelessness.

The outcome of this report is a series of recommendations under four calls to action:

- 1. Resolve the affordable housing crisis by re-aligning policies and programs to realize the right to housing for all.**
- 2. Lead a full-scale transformation of the homeless-serving system.**
- 3. Improve standards and introduce accountability mechanisms.**
- 4. Engage people experiencing homelessness as equal partners.**

³ This report uses the term 'homeless-serving system' and 'homelessness response system' interchangeably. They refer to the entire array of services, programs and agencies including BC Housing, Island Health, the Capital Regional District, housing operators, emergency shelters, supportive housing, Regional Housing First Units, private market housing, rent supplements, health and social support services and more.

What is homelessness?

The Canadian Observatory on Homelessness (COH) defines homelessness in Canada as the inability of an individual, family, or community to access or acquire stable, safe, permanent, and appropriate housing. (COH, 2012)

The COH developed a typology to describe the range of experiences of homelessness, from living on the streets and staying in emergency shelters to living in temporary accommodation (both institutional or family) with no security of tenure and no means to acquire permanent housing. The COH definition of homelessness recognizes the overrepresentation of Indigenous Peoples amongst Canadian homeless populations due to colonization. The definition of Indigenous Homelessness is below.

Homelessness is not a state of being, and at different points in time, people may experience the following types of homelessness:

- 1. Unsheltered or Absolutely Homeless** - including those living on the streets or in places not intended for human habitation
- 2. Emergency Sheltered** - including those staying in overnight shelters for people who are homeless, as well as shelters for those impacted by family violence
- 3. Provisionally Accommodated** - referring to those whose accommodation is temporary or lacks the security of tenure. Temporary accommodation may include residential facilities owned and operated by Island Health, temporary supportive housing such as the hotels leased and purchased by BC Housing in 2020/2021, or couch-surfing for those who do not have the means to secure permanent housing in the future.

And finally, the definition includes a description of At Risk of Homelessness, which can be helpful to community planners and others analyzing housing needs and preparing capital plans for subsidized social housing.

- 4. At Risk of Homelessness** - referring to people who are not homeless but whose current economic and/or housing situation is precarious or does not meet public health and safety standards.

The COH elaborates on each of these categories. To learn more, visit: <https://www.homelesshub.ca/resource/canadian-definition-homelessness>

What is chronic homelessness?

Reaching Home

Canada's Homelessness Strategy Directive defines chronic homelessness as situations in which individuals have experienced homelessness for at least six months in the past year or recurrent experiences of homelessness over the past three years, with a cumulative duration of at least 18 months.

The federal government's homelessness strategy elaborates that chronic homelessness includes time spent unsheltered, in emergency shelters (including shelters for people escaping domestic violence), and temporary residences without the security of tenure. According to the federal government, individuals experiencing chronic homelessness include those living in transitional housing if they entered from chronic homelessness and are discharged into homelessness.

What is functional zero homelessness?

In *Discerning Functional Zero: Consideration for Defining and Measuring an End to Homelessness in Canada*, the authors put forward a definition of functional zero with two criteria: when the availability of homeless resources exceeds the demand for them, and when those resources are optimized and performing as intended. Additionally:

“In this approach, emergency shelters are meant to be temporary and the goal is permanent housing. While the focus on supports is to prevent homelessness to begin with, this may not always be possible and in such cases, a system that is responsive and acts quickly is essential. A key aim of homeless-serving systems is to provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured.” (Turner, Pakeman & Albanese., n.d.)

The BC Homeless Action Plan Submission describes functional zero as a step toward achieving Absolute Zero in homelessness. Achieving functional zero also ensures that any experiences of homelessness are rare, brief and non-recurring. (Elliot, D., 2018)

What is Indigenous homelessness?

The Aboriginal Coalition to End Homelessness (ACEH) maintains that Western definitions of homelessness have not fully described the complexity of homelessness concerning colonial policies and practice impacts and lived realities. (ACEH, 2018)

The definition of Indigenous Homelessness is broader than not having a safe place to call home. Indigenous Homelessness includes collective experiences of being disconnected from land, family, community, culture, and Indigenous identity. The definition of Indigenous Homelessness recognizes that colonization, implemented via Canadian public policies including the residential school system, the 'Sixties Scoop,' and the current child welfare system, are the most common and significant contributing factors to Indigenous Homelessness. (ACEH, 2018 & Thistle, 2017)

The 12 dimensions of Indigenous Homelessness helps to understand Indigenous Homelessness through a “composite lens of Indigenous Worldviews.” (Thistle, 2017)

12 Dimensions of Indigenous Homelessness

Historic Displacement Homelessness

Indigenous communities and Nations made historically homeless after being displaced from pre-colonial Indigenous lands.

Contemporary Geographic Separation Homelessness

An Indigenous individual's or community's separation from Indigenous lands, after colonial control.

Spiritual Disconnection Homelessness

Indigenous individuals or community's separation from Indigenous worldview or connection to the Creator of equivalent deity.

Mental Disruption and Imbalance Homelessness

Mental homelessness, described as an imbalance of mental faculties, experienced by Indigenous individuals and communities caused by colonization's entrenched social and economic marginalization of Indigenous Peoples.

Cultural Disintegration and Loss Homelessness

Homelessness that totally dislocates or alienates Indigenous individuals and communities from their culture and from the relationship web of Indigenous society known as "All My Relations."

Overcrowding Homelessness

The number of people per dwelling in urban and rural Indigenous households that exceeds the national Canadian household average, thus contributing to and creating unsafe, unhealthy and overcrowded living spaces, in turn causing homelessness.

Relocation and Mobility Homelessness

Mobile Indigenous homeless people traveling over geographic distances between urban and rural spaces for access to work, health, education, recreation, legal and childcare services, to attend spiritual events and ceremonies, have access to affordable housing, and to see family friends and community members.

Going Home Homelessness

An Indigenous individual or family who has grown up or lived outside their home community for a period of time, and on returning "home," are often seen as outsiders, making them unable to secure a physical structure in which to live, due to federal, provincial, territorial or municipal bureaucratic barriers, uncooperative band or community councils, hostile community and kin members, lateral violence and cultural dislocation.

Nowhere to Go Homelessness

A complete lack of access to stable shelter, housing, accommodation, shelter services or relationships; literally having nowhere to go.

Escaping or Evading Harm Homelessness

Indigenous persons fleeing, leaving or vacating unstable, unsafe, unhealthy or overcrowded households or homes to obtain a measure of safety or to survive. Young people, women, and LGBTQ2S people are particularly vulnerable.

Emergency Crisis Homelessness

Natural disasters, large-scale environmental manipulation and acts of human mischief and destruction, along with bureaucratic red tape, combining to cause Indigenous people to lose their homes because the system is not ready or willing to cope with an immediate demand for housing.

Climatic Refugee Homelessness

Indigenous peoples whose lifestyle, subsistence patterns and food sources, relationship to animals, and connection to land and water have been greatly altered by drastic and cumulative shifts in weather due to climate change. These shifts have made individuals and entire Indigenous communities homeless.

Indigenous homelessness in Greater Victoria

The majority of Indigenous people experiencing homelessness in Greater Victoria first experienced homelessness as a youth, have personal experience with the foster care system and have personal or family experiences with residential schools. (Fiorentino, C.; Gibson, D.; Pauly, B., 2020)

Indigenous people are over-represented in homelessness counts and emergency shelters. The 2020 Point in Time Homelessness Count (2020 PIT Count) found that 35 per cent of respondents identified as Indigenous, while Indigenous people are just under five per cent of the Greater Victoria population. Cool Aid, the largest provider of emergency shelter spaces, reports that 26 - 27 per cent of their shelter clients are Indigenous. (Cool Aid Report Card, 2020)

A survey conducted by the ACEH in late 2017 found that just over half of the Indigenous Street Community are from First Nations on Vancouver Island. The majority have been discharged from hospital to homelessness, report substance use as their biggest health concern, closely followed by emotional and spiritual health. (ACEH, 2018)

What is youth homelessness?

Half of all homeless adults in Greater Victoria had their first experience of homelessness as a youth. (2020 PIT Count). One in three respondents to Victoria's most recent homelessness count were in government care as a child or youth, with one third becoming homeless within a month of leaving care. Numerous studies show that a significant proportion of youth experiencing homelessness was involved with government care. (RYC, 2020)

Youth aged 13 to 24, who live independently of parents and or caregivers and do not have the means or ability to acquire a stable, safe, or consistent residence meet the Canadian definition of youth homelessness. (Canadian Observatory on Homelessness, 2016)

In January 2021, the Greater Victoria Coalition to End Homelessness (GVCEH) opened Victoria's first youth-led housing to engage, employ and house 25 – 30 youth experiencing chronic or marginal homelessness.

What is gendered homelessness?

A literature review on the state of women's housing needs and homelessness in Canada found that the number of women, girls and gender diverse people experiencing homelessness in Canada is dramatically underestimated because women are less likely to appear in mainstream shelters, drop-in spaces, public spaces and are more likely to rely on relational, precarious, and dangerous supports to survive. As a result, women are systematically undercounted in PIT Counts.

The greater visibility of men has led to male-centric policy and service environment, reinforcing the invisibility of women's homelessness. The literature notes that women and gender diverse people face profound violence on the streets and in public systems and are regularly separated from their children. Ninety-one per cent of women who are homeless have experienced violence. (Schwan, K., Versteegh, A., Perri, M., Caplan, R., Baig, K., Dej, E., Jenkinson, J., Brais, H., Eiboff, F., & Pahlevan Chaleshtari, T., 2020)

The 2020 PIT Count identified that women were significantly more likely to be provisionally sheltered than emergency or unsheltered. In contrast, significantly more individuals who identified as another gender identity were sheltering outdoors than indoors.

What is child and family homelessness?

Family homelessness is typically defined as a parent or caregiver with a child under the age of 18 or 19 in the parent's custody. (Albert, Pauly, Cross, Cooper., 2014) The 2020 PIT Count identified 30 families with 42 children experiencing homelessness. Half of the children under 16 were with their parents in transitional housing and 28 per cent were unsheltered or in vehicles. A 2014 report by the GVCEH identified family homelessness increasing throughout Canada and in Victoria. (Albert, Pauly, Cross, Cooper., 2014)

Housing First Principles and Practices

Housing First is not well understood and is conflated with low-barrier shelters or low-barrier housing. Housing First provides immediate access to permanent housing with no housing readiness conditions, consumer choice and self-determination, individualized and person-driven supports, social and community integration and is recovery oriented (including harm reduction). (Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Nelson, G., MacNaughton, E., Streiner, D., & Aubry, T., 2014)

The world's largest field trial of Housing First called At Home/Chez Soi placed people with severe mental illness and long histories of homelessness directly into permanent market housing, with supports. At Home/Chez Soi was a five-year, multi-site research demonstration project to understand Housing First outcomes for people experiencing serious mental illness and chronic homelessness in Canada. It was designed as a randomized, controlled field trial to provide the strongest proof possible.

The study found that Housing First had a large and significant impact on housing stability. A substantial majority of participants maintain stable housing. Sixty-one per cent of Housing First participants described a positive life course compared to only 28 per cent of study participants, who did not receive the Housing First intervention, reported a positive life course. In the At Home/Chez Soi intervention individualized, recovery-oriented services were provided according to two levels of need: Assertive Community Treatment or Intensive Case Management.

Housing First is recognized by the Government of Canada as foundational to ending homelessness. The Government of Canada's backgrounder on Housing First outlines the following:

Principles of Housing First

1. **Rapid housing with supports:** This involves directly helping clients locate and secure permanent housing as rapidly as possible and assisting them with moving in or rehousing if needed. Housing readiness is not a requirement.
2. **Offering clients choice in housing:** Clients must be given choice in terms of housing options as well as the services they wish to access.
3. **Separating housing provision from other services:** Acceptance of any services, including treatment or sobriety, is not a requirement for accessing or maintaining housing, but clients must be willing to accept regular visits, often weekly. There is also a commitment to rehousing clients as needed.
4. **Providing tenancy rights and responsibilities:** Clients are required to contribute a portion of their income towards rent. The preference is for clients to contribute 30 per cent of their income, while the rest would be provided via rent subsidies. A landlord-tenant relationship must be established. Clients housed have rights consistent with applicable landlord and tenant acts and regulations. Developing strong relationships with landlords in both the private and public sector is key to the Housing First approach.

5. **Integrating housing into the community:** In order to respond to client choice, minimize stigma and encourage client social integration, more attention should be given to scattered-site housing in the public or private rental markets. Other options such as social housing and supportive housing in congregate settings could be offered where such housing stock exists and may be chosen by some clients.
6. **Strength-based and promoting self-sufficiency:** The goal is to ensure clients are ready and able to access regular supports within a reasonable timeframe, allowing for a successful exit from the Housing First program. The focus is on strengthening and building on the skills and abilities of the client, based on self-determined goals, which could include employment, education, and social integration improvements to health or other goals that will help to stabilize the client's situation and lead to self-sufficiency.

Translating Housing First principles into everyday application requires knowledge, determination, and practice. The Pathways Housing First Fidelity Scale, which identifies 38 features of a Housing First intervention, is a useful primer to understand the practical application of Housing First principles. A lengthy discussion is beyond the scope of this report, but the features of Housing First can be reviewed here: http://housingfirsttoolkit.ca/wp-content/uploads/Pathways_Housing_First_Fidelity_Scale_ACT_2013.pdf

How This Report Was Created

Approach

Self-determination is the idea that you have a say in what happens in your life. It is the ultimate expression of human dignity and an essential principle of human rights. Users of Canadian health care expect to influence their care plans. Self-determination is understood in psychology and community development to be critical to soliciting and maintaining willing participation.

Participation of people who experience homelessness is critical to developing strategies and solutions to end homelessness. (Norman, Pauly, Marks, & Pallazzo, 2015) Interventions developed with user input are generally more effective than those that are not. This project, which seeks to understand the barriers to ending homelessness and identify sustainable solutions to resolve those barriers, is grounded in the experiences and analyses of those who are experiencing homelessness.

People experiencing homelessness have unique vantage points of the systems, processes, agencies, and institutions they avoid or interact with. These viewpoints can identify procedures that need to change to help someone secure or maintain housing.

This report makes visible the experiences of those who are unhoused and utilizes multiple methods to critically analyze and identify why people are experiencing chronic homelessness and what interventions could change that.

Methods

The project engaged seven participants who were experiencing unsheltered or sheltered homelessness. Five participants were recruited by visiting parks and building relationships with those who were sheltering in place. Community volunteers introduced the report author to two participants. The project recruited four additional participants, but after initial meetings, one person revoked consent, and three were unavailable.

People experiencing homelessness are interested in developing solutions to homelessness and crafting how services are delivered, but many barriers exist which make participation difficult. Exclusion, power imbalances, lack of time, and lack of trust make participation difficult. (Norman, Pauly, Marks, & Pallazzo, 2015)

Individuals and families experiencing homelessness spend much of their days locating food, shelter, and services. This translates into a lack of time to participate in research or strategy sessions. The study resolved the time barrier by engaging people where they were, when they wanted, and by helping with daily tasks, if welcomed.

Many who experience homelessness do not trust agencies or institutions, and for many, lack of respect is a shared experience. Respect must be earned by deep listening, transparency, and demonstrating regard for people's experiences and knowledge. (Norman, Pauly, Marks, & Pallazzo, 2015)

The project resolved the trust and respect barrier in two ways. Firstly, by showing participants a copy of the information documented and asking for consent to share the information. Secondly, the study process asked participants to co-analyze the information, make suggestions for how the services can be changed, or make suggestions to help end homelessness. The study also reduced opportunities for bias that can arise from interpreting information by inviting participants to analyze their own experiences and make recommendations.

Participants had control over what information they shared. The process documented participants' experiences of the institutions they rely on for survival and their reflections on these experiences. Participants were engaged where they were already spending their time. With consent, the initiative assisted three of the participants with their engagements with the system (i.e., driving to appointments, contacting agencies), documenting the experiences, and participant's reflections. There were multiple engagements over several weeks with each participant, ranging from three to six meetings in total.

The study also interviewed frontline workers, senior managers of housing organizations and sector experts, and collected administrative data from BC Housing and Island Health.

Island Health provided data to describe a current snapshot of the bottleneck in MHSU residential. Both Island Health and BC Housing provided data describing the numbers of people who entered or exited homelessness from their respective facilities between December 2020 and April 2021. BC Housing provided data on the number of supportive housing completions for the past 10 years, the number of forecasted units for the next three years, and the number of active supportive housing applications.

Stipends

It is common practice to provide stipends when collaborating with people experiencing homelessness. Financial compensation acknowledges the value of people's time, promotes equality, and recognizes that time spent participating in research results in a loss of time spent on survival activities. However, stipends may also make it difficult for someone in extreme poverty to revoke their consent in projects that occur over a long period, presenting an ethical dilemma. The best way to ensure voluntary participation may be to ensure that the work has intrinsic benefits. (Paradis, 2000)

This project did not provide stipends to participants. The study offered to help individuals with specific activities such as applying for identification or housing, travel to housing interviews, or acquiring a tent. The process engaged three study participants in these types of activities. The other participants preferred to limit study activities to unstructured interviews. All participants placed fundamental value in having their stories and recommendations shared.

Data collection, protection, and voluntary consent

Information was documented with handwritten notes. All participants had cell phones, and contact information was collected separately on an encrypted phone with a complicated password.

Participants' identities were protected in several ways. Handwritten notes contained no identifying information. Names, and in some cases genders, were changed to protect identity. Story details were anonymized. The report author created a key matching document to ensure the stories were anonymous to everyone except her. The City of Victoria maintained typed files in an encrypted storage system. The City of Victoria's Information Access and Privacy Analyst co-developed and approved a privacy impact assessment to ensure procedures to protect personal information met the compliance requirements of the *Freedom of Information and Protection of Privacy Act*.

The study developed the information provided by individuals into first-person accounts. Each participant reviewed their story, made corrections and changes, finalized recommendations, and consented to its inclusion in this report. After each participant agreed to the final narrative, original notes were destroyed.

Stakeholder interviews

The process conducted unstructured interviews with six frontline workers and twenty-four senior managers and/or sector experts. Interviews were unstructured to allow all ideas and insights to emerge. The report author transcribed and recorded interviews. Typed notes were updated upon review of interview recordings where necessary.

Analysis

The full text of the interviews was reviewed to identify descriptive labels or codes for pieces of text. The interviews were coded three times. Minor revisions to codes were made and larger segments of text were extracted in the final round of coding and extraction. Text data from multiple interviews were grouped according to codes. Coded data was organized into themes. For example, text data that was coded trauma was organized into 'the need to shift to person-centred system of care'. Coded text for frontline workers was grouped separately from senior managers to allow each theme to be examined from different points of view. The finalized stories from participants experiencing homelessness were analyzed for their contribution to each theme.

Small amounts of text data that did not directly relate to barriers to ending homelessness were disregarded. Coded text grouped into themes were reviewed against the original interview notes to ensure the themes and sub-themes were true to the data. Research and local reports related to the themes were reviewed to add strength to the analysis.

Study limitations

The study took place between February and June 2021, a transformative period in Victoria's homelessness response system. The focus of attention for many of the stakeholders was the active response to the pandemic. Supportive housing takes many different shapes and forms, and some supportive housing sites have been operating for more than a decade in Victoria. This study revealed no information about the operation of older supportive housing, and readers should not generalize findings of transitional hotel sites to supportive housing.

The Experiences of People who are Homeless in the Capital Region

The following seven stories demonstrate the diversity of people who experience homelessness in our region. The participants' names have been changed and details anonymized to protect the identity of the individuals involved. The information is presented as stories to help readers walk in the shoes of those who are homeless, and for policymakers to identify areas for improvement.

The contributors range from 37 to 64 years of age. Two participants are Indigenous. Two have experience with the foster care system. The length of time people experienced homelessness ranged from six months to 20 years, with most typical experiences lasting two to five years. Four people first experienced homelessness as a teenager, and two people first experienced homelessness as a senior.

Tim

We're standing outside Tim's tent in the rain. Tim is a senior citizen with plenty of health problems.

"I'm starting my ninth month of living in a tent," he says. "I'm stiff for several hours when I wake up. I've never been homeless in my life. This is horrendous. I'm always wondering what this is doing to my health."

Tim wants a home. He needs one. We make plans to go for coffee the following day so we can talk without interruption from other campers.

At the coffee shop, I pull up phone numbers so he can make calls in search of an apartment. His preferred home is a basement suite with seniors upstairs that he can help out with errands or fix things around the house.

For more than 90 minutes, we're on the phone with Pacifica on Cormorant Street, BC Housing, a seniors housing society, as well as a non-profit society that's advertising subsidized seniors homes.

We strike out.

Either no-one answers, no-one says anything meaningful or there's nothing available.

"This is done on purpose to make people give up," laments Tim. Then he tells me that several months ago, he was interviewed for a home in seniors subsidized housing run by one of the big housing operators in town. It seemed ideal.

"The rent was \$900 per month and my PWD (provincial disability income assistance) is just about \$1,235 a month."

Tim was told he would not have enough left for groceries.

BC Housing contracts with non-profit housing operators to provide rental housing that is affordable to targeted income groups. For example, a non-profit housing operator may have an apartment for rent for \$900 per month, considerably less than market rents, but the minimum annual income required to rent that apartment is \$44,501. For the household earning \$44,501 each year, \$900 (roughly 30 per cent of net income) is considered affordable. A household that earns only \$15,000 each year, a bit more than an individual's income on disability assistance, the apartment would be almost 73 per cent of income, not affordable by anyone's standards, but better than homelessness.

Tim considered the apartment much preferable to living in a tent. However, an unintended and perverse consequence of BC Housing's minimum income requirements is that it excludes people from accessing affordable housing who have only worse alternatives.

"Would BC Housing really keep me in a tent? I want to get the gumption to walk into the office and ask them about it. Who are they to tell me I can't afford the rent?"

I visit Tim at his tent one week later. He has been told he's pre-approved for a rent subsidy and has been busy walking all over town to view apartments to rent. He tells me that an outreach worker told him he'd be offered a BC Housing hotel room this week. He also tells me that a shelter worker reached out to him to invite him to fill out an application for a shelter space. He was happy about the prospect, filled out the application and was given an appointment with a manager. The next time I saw him I asked him how the appointment went.

Tim was told they might have spaces open next December — another nine months of tenting. He thought he'd filled out an application because there was space immediately available and expressed his dismay.

"The manager said to me, 'Do you want it or not?'"

I could tell from Tim's body language what he thought about that and didn't ask him what his answer was.

Finally a week later, he was offered a space at one of the hotels. He shows me a card that reads:

"You have been offered indoor accommodations. Your move-in date is the 15th. You will have a secure private space, meals, toiletries, 24-hour staff. You are limited to three bins of belongings. This is a 'transition to housing' shelter. You will be offered permanent housing in the future."

It was heartening for Tim.

"I was at the end of my rope," he says. "I can't hardly wait to get in there."

I talk to him 10 days after he moved in.

“I’ve got such a spring in my step. I have a queen-sized bed, a bathroom and electricity. I sleep so well I don’t even wrinkle the sheets on the other side of the bed. I can talk to people now without getting distracted. I haven’t stopped smiling since I moved in.”

“I don’t need any of the harm reduction or anything else, but I pay \$375 which is what I can pay and that makes me happy. Next November, I’m going to start looking for a low-income seniors home to move into, but this is just great for right now.”

Together, we agreed on the following recommendations:

1. Build a sufficient amount of affordable housing for seniors living on persons with disability income assistance.
2. Two-way communication between those who are homeless and decision-makers. It’s not useful to be able to talk to someone who cannot tell you anything about your housing future.
3. Streamline the application process. Have one application and share the information between all housing providers.
4. People who are homeless absolutely must have a say in their lives. Work collaboratively with people who are homeless on all aspects of planning and improving services and housing for people who are homeless.

Bennet

Bennet is a lively person with a wide smile and infectious laugh. She was living in a tent in City parks for nearly three years until a recent move to a transitional supportive hotel facility owned by BC Housing. It’s a move that hasn’t really worked out. And the situation, she says, came with a lot of confusion.

“When I was offered a room at one of the hotels, I thought I couldn’t say ‘no’. As far as I knew, if I said ‘no’ we would be taken off the list for housing. I have since been told that’s not how it works. I wouldn’t have come here if I knew I would stay on the list. I hate it here.”

Bennet tells me she wouldn’t have known she had to pay rent if the administrator at the income assistance office didn’t yell it at her as she was heading out the door. She explains that, throughout her three years of homelessness, outreach workers didn’t help her with anything.

It was community volunteers who helped her get identification and disability income assistance.

Over breakfast, we make a list of things to do: taxes, open bank account, figure out how to get permanent housing, visit an optometrist and a dentist. And since I always hear about ‘wrap-around supports,’ I ask if there is someone at the hotel who can help her with these things.

“There is no assigned social worker,” she reveals. “There is a different one in an office each week. They go off of the notes that the person wrote the week before. So, if the first person tells you to wait and the second person asks, ‘What are you waiting for?’ it isn’t very helpful. There should be assigned social workers so you can see the same person every week to work through your stuff.”

After we write the list and with some prompting, Bennet texts an outreach worker to let her know she wants her own apartment. She tells me she hates the hotel so much that she often thinks about returning to tenting in a park. She’s lonely, isolated and bored.

We walk back to the hotel together and she runs into one of the nurses and asks about safer supply and I say my goodbyes. When I see her the following week, I ask her how the safe supply worked out.

“It doesn’t work. It’s just making me frustrated,” she says.

We develop a routine and meet for breakfast every week. One day, she tells me about her life. She was part of the infamous Sixties Scoop. After being removed from her parent’s home, Bennet was adopted. But that didn’t last long. Her adoptive parents were abusive and she was removed and put into foster care — a revolving door of relatives and strangers.

“I’ve basically been on my own since I was 15.”

Bennet had her first child when she was just 18. Her daughter died, tragically, of a rare illness when she was just over a year old. Bennet was charged in her child’s death, went to trial, and was found not guilty of all charges. Despite being cleared of all wrongdoing, her subsequent five children were apprehended at birth and taken away from her in the hospital before she had a chance to meet them.

Birth alerts happen when a government social worker flags an expectant parent to hospital staff. Those staff then notify the social worker when the baby is born, leading to child apprehensions. In 2019, lawyers in the B.C. government said the practice is illegal and unconstitutional.

The practice is now banned in B.C., Alberta, Yukon, Manitoba and Ontario.⁴

“Last week my son turned 21 and my father would have turned 100,” Bennet says.

I ask her if she thinks about her children often.

“Everyday,” she says, without hesitation.

⁴ Vikander, Tess. Jan 15, 2021. APTN. Several Canadian provinces still issue birth alerts, deemed ‘unconstitutional and illegal’ in B.C. & McKenzie, Anna. Jan 12, 2021. APTN B.C. ministry warned birth alerts ‘illegal and unconstitutional’ months before banning them.

The next week, Bennet tells me again how much she wants to move out of the hotel. It's been almost four months and the hotel isn't becoming a home. "I sleep here, but I don't get any rest."

We call a different agency to inquire about housing and, to our good fortune, an outreach worker says she can meet us at a Tim Horton's in 15 minutes. We meet her at the coffee shop and Bennet fills out another application for housing — this time it's a non-profit housing society's application for independent housing. We're told this non-profit has subsidized, independent apartments coming available and Bennet will get a letter in the mail.

We talk about what it might mean.

"If I get permanent housing, I'm supposed to go back to my other doctor, but he's the guy who left my application for disability income assistance in the drawer for months. I don't want to deal with new doctors. They know stuff about me. They know about my post-traumatic stress disorder, my pain."

Several weeks pass without hearing any news about an apartment. We agree to approach the staff at the temporary housing facility with one question, "How do we get an apartment?"

To my surprise, as soon as we ask, Bennet is invited to fill out a transfer request. Bennet is, however, informed that there isn't much movement, so she shouldn't get her hopes up. She's also told that the building staff will be asked to provide a reference of sorts and that she will have a better shot if she keeps her room clean and talks with staff about any problems she is having.

When we debrief about the interaction, she tells me, "My problems are not with them [the housing staff]. And I don't want to tell them about my personal life. I already feel like I'm under a microscope."

Bennet continues to tell me she's never heard of a success story "come out of one of these places". She says she meets people who have been evicted, but never hears about the others. "I want to hear about someone who has slowed down on their drug use."

She tells me they could provide some inspiration on how drug users can kick their habit. "There are posters everywhere telling you where you can go to get high, but nothing about where you can go to get sober. We need some encouragement. An idea of a next step. There should be posters telling us about detox as well as posters about safe supply."

Bennet is keen to do something different with her life. She's most excited about the potential to attend a land-based cultural camp this summer.

She also says living here, in a temporary place, with no power to initiate a step towards something permanent or greater wellness is like "being stuck on stupid."

"There has to be a next step. My program agreement says, 'we would like to help you get ready for a move into a great, permanent home' but after six months I don't see it."

Together, we agreed on the following recommendations:

1. Clarify the length of time a person will typically stay in temporary housing facilities.
2. Clarify the process for leaving temporary housing. Have people and resources to help people leave temporary and supportive housing, if that's what they want.
3. Build more housing that is affordable to people who rely on provincial disability income assistance to not have to experience homelessness.
4. Provide clear, consistent, written information directly to people who are experiencing homelessness, and living in the temporary housing and emergency shelters.
5. Enable people to be active participants in acquiring permanent housing.
6. Allow people to keep their health-care providers when they move.
7. Have social workers assigned to individuals to build trust and help people pursue their individual goals and plans.
8. Have more Indigenous cultural programming available.

Hannah

Hannah devours books about botany and science.

She has lived in one of the city's emergency shelters for nearly two years. Daily she retreats to a place she calls "the sanctuary", an apartment a friend lets her use during the day.

I visit her at her friend's apartment and she makes me tea using fresh ginger. Surrounded by piles of science textbooks, she tells me about her experiences.

"It's unfair to force people to live in these conditions," she says about the city's emergency shelter. "I don't shower or eat there because I'm afraid of getting sick. There is very demeaning treatment by staff. There are cliques and favouritism."

She provides more details: "After I had my surgery my surgeon wanted to rent me a hotel room to recuperate, but I couldn't accept because I had already spent four nights in the hospital."

Hannah explains that if you receive permission in advance, four nights is the maximum number of nights you can stay out of the shelter without losing your bed. If you don't get permission, you lose your bed after 24 hours. She also explains that you are required to leave the shelter during the day.

“So I went back to the shelter and during the daytime, I sat in my car.” Through tears, she continues the story. “There was a man staying at the shelter who was receiving chemotherapy. During the daytime kick-outs, he would just lie on the sidewalk. I sat in my car and watched him lie on the sidewalk each day.”

Hannah says that last year, she was offered a subsidized apartment. After she viewed the apartment, she asked if she could have some time to think about it. They told her she could have one week.

“I called the manager five days later to accept the apartment and I couldn't get a hold of her. A friend suggested I write a letter and date it. I did. I dropped the letter off for the manager.”

Many weeks went by. Eventually, one of the ground floor staff told her she was denied this apartment.

“You get all your agency stripped away,” explains Hannah.

I ask her if she knows anything about her housing file.

“I have a file number. I spoke with someone about it six weeks ago. They said, ‘All I can tell you is you are high priority.’ There is no one in this system I can work with to develop a strategy to get permanent housing. The last time I called I got an endless voicemail.”

Hannah is most upset about the lack of respect she has experienced since becoming homeless.

“Shelter staff once said to me, ‘Someone has left a book for you, but you cannot have it until you clean your things out from under your bed.’ Forget that they were not my things under the bed, nobody has the right to speak to me that way. It's incredibly patronizing.”

“A few years ago I went to one of the city-owned seniors centres to become a member. I thought it would be a good place to spend the days since you have to leave the shelter. I was giving my information and when they asked for my address, I said I was homeless. They all backed away from me with wide eyes. I was so mad.”

A few weeks later, Hannah is finally moved out of the emergency shelter, but instead of permanent housing she is moved to one of the pandemic hotels. I catch up with her after moving in to see how it's going. We go for a walk and she points to all the places she has pulled ivy from the trees. She explains that the ivy is invasive. “Ivy is tenacious and overwhelms native plants.”

The hotel is a step up; she can sleep at her friend's apartment without fear of losing her room at the hotel, but she tells me she's really stuck. She can't afford her own apartment and she cannot afford to give up her hotel shelter room.

Hannah tells me that the hotel policies are designed for the least capable people.

"No kettles for making tea, no guests allowed. It's dehumanizing. I used to prevent boilers from blowing up and now I can't have a kettle."

"There needs to be a reasonable time limit on transitional housing and shelter stays. The thought of living here much longer is unbearable."

What Hannah is most concerned about is the stigma people who are homeless experience.

"What I really want the government to know is many of us were perfectly functioning working people before we became homeless. We did not make poor choices, unless working was a poor choice. I just happened to not get very wealthy. It is impossible to stay healthy living in a homeless shelter."

"And people who have a mental illness or addiction are human too."

Hannah worked her whole life as a naturalist. For a time, she was a park warden. She wrote articles for trade journals and won distinguished naturalist awards. In her early twenties, she was a shift engineer at a mill. We are looking through an old photo album together and I see a photo of an old cabin in the woods. When I ask about it, she tells me about a time she returned to her rustic cabin after a shift at the mill. "There was a full moon and I could see the reflection of the moon in the cabin window and the pond." Savouring the memory, "I saw three full moons that night!"

"I have lived in poverty my whole life. I've lived through a lot of personal and physical hardship. I still feel extraordinarily fortunate because I lived in places of such natural beauty. But the way society treats us is worse than terrible. I've worked hard my whole life. I wish the government would give us a poverty euthanasia pill."

The last time I saw Hannah was on April 6 and, after two years of being sheltered in the homelessness response system, she is still waiting for a home that will allow her to feel like her whole self again.

Her ideal home would be a suite or tiny home where she has lived her whole adult life, close to nature in one of the surrounding areas of Victoria.

Together, we agreed on the following recommendations:

1. Develop enough subsidized affordable housing so that seniors on provincial disability assistance don't need to live in homeless shelters for longer than two to three weeks.
2. Commit to getting people out of emergency shelters and into safe adequate housing within 21 days.
3. Do not forget about the people who are living in emergency shelters and transitional housing. Have a sense of urgency to help people rapidly exit these spaces, which do not provide dignified, long-term homes.
4. Require all staff and volunteers in public buildings such as community and senior centres to take anti-stigma training and submit action plans that identify how these public spaces will be made welcoming to people who are experiencing homelessness.
5. Create programs that get 'clients' into the natural world.
6. Create a healing farm for people who are recovering from homelessness.
7. Look at people's strengths, skills, and knowledge to build individualized plans to get out of homelessness.

Eric

Eric makes friends easily. And after three years of being homeless in Victoria, knows a lot of people. When I visit him at his tent there are always people popping by to say hello — fellow campers and people who live in the surrounding neighbourhoods.

Eric asks me to drive him and his wife to an interview for supportive housing. On the drive over we get the address mixed up. It's a community volunteer, not an outreach worker, who has given him the address and it doesn't match the name of the agency. After a bit of a panic and a few phone calls we end up at the right place. It's all smiles.

The meeting seems to provide hope.

Everyone is elated on the drive back to the park, confident that this long, difficult period of living outside is finally coming to an end.

“It’s hard to sleep when you’re living in a tent,” Eric tells me. “Lots of people take drugs to stay awake at night so they can keep themselves safe. Somedays you might have a short temper because you haven’t slept. People need to understand how stressful it is to live outside.”

However, despite the initial optimism, weeks go by and there is no phone call, no visits by outreach, no information about their interview. Nobody calls to say they did not make the cut. Nobody calls to explain why. Ghosted. It’s like the interview didn’t happen. Months later, Eric gets a call from a different housing operator for another interview.

This time, he’s offered a room in a transitional supportive hotel, but told to go back to the park to wait for a phone call for his move-in date. Another four weeks go by.

“I don’t feel welcome,” he sighs. “They refuse to give me any kind of timeline. I’m sitting here waiting. Obviously I’m not getting into housing. I think I’m getting housing, but it’s been weeks. They don’t give a shit. They are not accountable.”

Finally, he is told he’s allowed to move into a hotel room. The transition is difficult.

“Now that I’ve moved into a hotel,” he reveals after the first few weeks, “I feel like I’ve lost my independence a little bit. I’ve lost my relevance a bit. I helped people all the time when I was outside. Now I feel I don’t have a purpose.”

And on another day, feeling a little darker, he shares this.

“It’s not cool in here. I feel like I’m in a black hole. It sucks not having any guests. I’m not a child. It creates a reason to desire the street. That’s why homelessness is re-occurring. It’s affecting me deeply and I tell people all the time and they are like, ‘Oh yeah’. As I go through this process for the first time, I never thought about what it would be like to not have the supports I had from my friends on the street visiting me every day.”

On the plus side, he says, “There’s a lot of NIMBY’s complaining about the hotels. I don’t see any of it. People go outside for smokes. That’s all. I haven’t seen any fighting. All this crap about violence is untrue. You can’t do that kind of stuff around here.”

He continues: “You don’t find out you have trauma until after the event. You can’t just house someone and expect them to be recovered right away. Here (at the hotel) they let me be myself. Knowing you won’t be kicked out is the most important thing. A person can go through a period of healing if they know they are secure. I have been couch-surfing, moving around, sleeping rough, living in my car or in work-camps since I was a teenager. For me, it will take a few years for sure.”

I talk to him a few weeks later and ask him to reflect on his experience living outside for so long.

“Trust is really low. We went through homelessness for three years. We only saw outreach after moving into an encampment. The outreach team would come talk to us, but they wouldn’t even help us. We had no idea about that process. I wasn’t receiving income assistance the whole time I was homeless. Is someone supposed to help with that? It wasn’t until the pandemic when I met some community neighbours that I got help with income assistance. BC Housing was non-existent to us.”

“BC Housing is out to lunch. They don’t know what’s going on. We see a pamphlet saying, ‘Talk to your outreach worker’ and we all laugh. Who’s your outreach worker? They are holding back information. They are not transparent.”

“We have spent most of our lives in the system and it has let us down time and time again. There is mistrust and there is also defiance. Defiance is a way to maintain some dignity. We need to have some choice over our lives to protect our dignity.”

Eric tells me breaches are part of the system that creates and maintains homelessness.

“Breaches are a cop’s favourite tool. They can put alcohol as a breach, but if you’re an alcoholic saying don’t drink is like saying don’t breathe. They can come unannounced at any time to see if you’ve been drinking. And just like that, you’ve got 30 days in jail. Thirty days in jail is just long enough to miss a rent payment and get evicted.”

I see Eric a week later and he tells me he applied for a job with the help of a friend. He’s bored. He’s going through a really rough time. He has post-traumatic stress disorder (PTSD). “I had hoped to get help with that here but the kind of help available isn’t for trauma.”

And he’s extremely worried about his friends who are still living outside.

“When it comes down to it, everyone will accept housing. People will refuse shelters, but they will all accept housing.”

“I stayed in a shelter and I get why people refuse to go into shelters. If you have trauma and get triggered easily, it’s like you’re being set up for failure. How can you not lose your cool when people are stealing your stuff every five minutes?”

In the back of his mind, he still worries about being homeless again.

“I still don’t know how long this housing will last. I know it’s temporary, but I don’t know more than that. I can survive outside but I don’t want to go back.”

The last time I saw Eric was June 13, about four months after he moved into the hotel. He is not using the health or harm reduction services available at the hotel. He is bored and eager to start building a new life.

He tells me he won’t talk to the building staff about his PTSD. “He’s a suit. I don’t relate to him.” And explains his desire to have peer support.

He explains, “They should figure out who is willing to join an effort, or a program, to get better.” He elaborates they should advertise the program to find people who are willing: “When you’re sick of the street, and you want to improve your quality of life, come see us.”

He emphasizes that help must be available when people are ready for it, and that peer workers need to be part of it. Eric is ready for something else and would accept help from someone he trusted and could relate to. He expresses disbelief at the lack of support

“There’s nothing on the other side of housing? Seriously? There’s no way to get better.”

Together we agreed on the following recommendations:

1. Acknowledge past harms associated with repeated displacements.
2. Build trust with people who are experiencing homelessness through dedicated, consistent support workers.
3. Collaborative, active engagements with people experiencing homelessness in planning moves throughout the homelessness response system.
4. A moratorium on the expansion of shelters, with a plan to wind down the shelter system while simultaneously increasing the supply of housing specifically for people exiting long-term homelessness.
5. Offer help immediately upon move-in to supportive housing for people to better their lives and not be idle.

George

George was first homeless at the age of 14.

And he remained so for 20 years, until he was 34 when that adage that goes “it takes a village” turned out to be spot on.

Despite having accessed services from numerous agencies, it wasn’t until 2014 when 10 Victorians decided to help George find a way out of his “lifetime” of homelessness.

George calls them ‘The Power’ and you can read about it in this Globe and Mail story: <https://www.theglobeandmail.com/news/british-columbia/homeless-mans-life-repaired-through-the-support-of-strangers-and-theatre/article17841818/>

George has been living in the same apartment his 10 champions helped him find seven years ago and says his desire to leave the street and that life behind, coupled with the structure and help offered by The Power is what was needed to change his life.

The Power taught him how to pay bills, how to budget, how to cook, how to buy clothes and how to go through the myriad forms and steps to get provincial disability income assistance. During that year of help, each member of The Power contributed \$100 per month to George's living costs. It still took him about a year to learn everything to live independently and to transition to provincial disability assistance.

"I've definitely had my ups and downs," he says. "Getting a dog changed my life. It made me do things differently. It made me choose different friends. Having something to look after... that was outside myself, made me make better decisions. Anyone can learn from responsibilities of having a pet. Those social skills are transferrable. I treat other people like I treat my dog. I give a fuck about people now."

George tells me that when you're living on the street you get abandoned and disregarded regularly by the services and agencies that are supposed to be in place to help you.

"And you try your best to do things exactly how they say, and then you fail. And they abandon you when you are not successful."

He tells me that even today he can still call on most of The Power of 10 if he's afraid, mad or upset. "I can call them and at least I can get five minutes on the phone. Those five minutes make all the difference in the world."

Those involved in The Power wrote a year-long contract. In it, George made clear what he expected of The Power and they related what they expected of him in return.

The contract detailed how money had to be spent: rent, bills, food. In that order.

"It's been about seven years now," says George. "I'm still in the same place. As long as I stick to what The Power of 10 taught me, I can stay there. I do it by rote every time. When the disability cheque comes in, I pay the rent to Brown Brothers that day, even if it's five or six days early." The landlord raises his rent whenever he is allowed to but he pays \$800 per month while George acknowledges that "everything around me is \$1,200."

George met regularly with The Power and he'd tell them about his progress and they'd tell him what he might do differently.

"I needed and wanted that help. I don't figure out stuff the same way other people do. I can survive in any town in Canada, but give me some government forms and my brain just freezes."

George tells me that The Power of 10 never let him get away with anything. There were meetings and cross checks. He had to show them his bank account every two weeks.

“If I screwed up it was on me. Once I lost a third of the rent and I had to figure it out.”

I ask if he liked having this sort of strict accountability.

“I found the structure and accountability necessary,” he says. “It’s not that I liked it. I wanted to improve my life. It wasn’t a matter of like, it was a practicality. I knew that those 10 people had skills that I didn’t. They even taught me how to cook.”

“I can cook better than my mom now. We’ve just repaired our relationship in the past three years. We talk every two or three days now.”

I asked George if any of his experience with The Power of 10 was negative. He tells me about an argument he had with one of the 10:

“He lost his temper and called me a bunch of names. I came this close to shaking him like a rag doll. Why I didn’t was for a bunch of reasons. We were in the disability office. Security was there. I didn’t want to go back to jail. I didn’t want to break my contract with The Power. I didn’t want to destroy two years of work. I had a dog at home. Time slowed down and I saw all these things. Before The Power of 10 I would have given in to that rage. On the street you can’t let anyone f...k with you. If you do, it’s over; you will be prey from now on.”

George says it took him a long time to set aside the skills he had honed to survive on the street.

“It takes time to switch all that. Some go to the military, they come out and they can’t switch that off. For the homeless, it’s the same. It’s often special needs kids who slipped through the cracks. I bet more than most people think.”

We go for a walk around downtown and George shows me some of the places he used to sleep. He tells me that there used to be a Golden Rule: never tell anyone where you sleep.

“If Joel hadn’t decided to help me, I’d be in one of those encampments right now. I met them half-way. They wouldn’t have helped me if I didn’t meet them half-way.”

“I tried to get out many times. The agencies either look for people who have potential and focus on them. Or they look for the most difficult ones. There’s no middle ground. There were times I wanted to act out. I had to seek out the help I got. I knew there was no other way out.”

“I asked for structure. That was Joel’s idea as much as my own. I knew there would be times when I didn’t feel like doing what they told me to. I knew it was my last chance to get out.”

On our walk, we end up at Cool Aid. George knocks on the door and asks a worker if Wendy is in. She says no, but maybe she can help. George politely says ‘no thank you, but I don’t know you.’ And we continue our walk.

I ask him if he still uses the services at Cool Aid and he tells me his doctor is at Cool Aid and they gave him a medical advocate.

“The Jubilee (hospital) doesn’t treat homeless very well. They think everyone who is homeless is addicted or psychotic. I had a kidney stone and it hurt so much I was screaming in pain.

A doctor came over and told me to shut up. He said if I didn’t shut up, I would be taken to an isolation room and stay there until the next doctor came on at 6 a.m. tomorrow. I won’t go to the hospital without a medical advocate now.”

“The most important thing to include is the one-on-one support and it’s important to be the same people, not different, because you have to be able to trust them. Trust doesn’t come easy on the street.”

Together we agreed on the following recommendations:

1. Some people are going to need help forever, even if it’s just a five-minute phone call. Account for that.
2. The system needs to build trust through one-on-one consistent relationships.
3. Some people thrive with structure and accountability. Offer structure to those who need it.
4. Replicate ‘The Power of 10’ model to help more people exit homelessness.
5. Encourage people to have pets and consider animal therapy in supportive housing.
6. Help people volunteer with the SPCA to learn how to care for someone outside themselves.

Jeff

Jeff has been living outside for five years. I first met him at one of Victoria’s homeless encampments. He was cracking jokes and making everyone laugh.

When I see him a week after he moved into one of the shelter hotels, he can barely keep his eyes open. His eyelids are heavy and his words keep drifting off.

Jeff eventually tells me that, when he moved into the hotel, he was prescribed Suboxone by one of Victoria Cool Aid Society's doctors.

Suboxone, he explains, is a replacement for opioids. (It helps reverse the side effects of short-acting opioids, including heroin and prescription painkillers and prevents the painful withdrawal symptoms caused by opioid addiction.)

"I've been using Suboxone for a week. My girlfriend is nervous because it always looks like I'm falling asleep, but it takes a little bit of time for your body to get used to it."

We catch up a week later and Jeff has stopped taking Suboxone. "It made me sleep all the time."

Jeff reveals he's "always" been an alcoholic, but started using drugs a year ago, after being on the street for four years. "It's the life, the atmosphere, the people."

He tells me he has overdosed five times. "Last week I went down in my bathroom."

Jeff and his wife tried to get housing a few times on their own, but it was impossible, so they eventually gave up and got used to moving around.

"Being at the encampment, not having to pack up every day, was a huge relief. We were hired to do odd jobs at the encampment. It was the first time I was ever involved in anything like that. I felt reliable, heard, and respected."

Jeff goes on to tell me that it was the first time in his five years of being homeless that anyone offered any help to him.

"When I was in the encampment, I got regular phone calls from outreach. They would call to say, 'we're going to be in the park tomorrow and want to make sure you are there.' When I got offered this place, they called me and asked me if I had received my offer card with the location of my new home from BC Housing."

I ask him how the phone calls made him feel.

"That made me feel pretty good. That made me feel like something good was going to happen."

Even though he was in contact with outreach regularly since the beginning of the pandemic, Jeff never managed to get on income assistance. He plans to call his doctor tomorrow to ask him for an appointment to complete his forms to receive disability income assistance.

He's only been in the hotel for one week.

“I feel way better being inside, but my girlfriend hates it. She never leaves the hotel, but I’m out every day. I’m busy. I’m trying to get a job as a peer worker and I’m going to counselling and meeting with people like you. For us, it’s better that we have separate hotel rooms. We’re fighting a lot. She’s having a really hard time.”

“Today I did my first session of counselling. I’ve done counselling before. I did two years of counselling, workshops and cultural healing in the past. The cultural healing was the best. I went to an island by myself for two months. It was life-changing. They dropped off food. My body started getting healthy again and then my mind. My heart was open and the ancestors visited me and jumped in my heart.”

Jeff’s grateful for the hotel room but would rather be in his own apartment. Eighteen months is a long time to be in temporary housing he tells me.

“If I could change one thing, I would ask that they make it easier for us to do things for ourselves. We also would like more contact so we know what they are doing to help us.”

I ask him what his hopes are for the future.

“Going forward, I want to be alive and not struggling.”

Does it feel within reach?

“Yeah.”

Together we agreed on the following recommendations:

1. Make it easier for residents to take an active role in getting permanent housing or jobs.
2. Regular, clear communication with people experiencing homelessness.
3. Create more opportunities for Indigenous cultural healing.

Abby

Abby has been sharing a tent in one of the City’s parks with her friend, Chris for a few months.

Chris was offered a room at one of the transitional supportive hotels and he’s moving out of the park imminently. Abby is crying and very distraught at the idea of being left alone.

The street nurse found her a room at a women’s shelter.

She's planning on going into detox in two weeks.

I visit Abby the next day and she tells me she is not going into the shelter. Her hands are shaking. She's clearly upset at the idea.

"I will camp until I goes into detox," she says. "I stayed at the women's shelter before. I was sober then and being surrounded by people who were drunk or high was difficult. I'm not going back there."

I see her the following day. Her friend has moved to his hotel room and Abby has been offered a spot at a different shelter. This shelter has the reputation of being quieter than the others, and supposedly mostly older folks live there.

The shelter turns out to be OK.

"It's a little weird because I'm the only woman there," Abby explains, "and there are only pods, so there's no privacy. But there is security, and my pod is directly across from the outreach worker, so that makes me feel safer. I'm hoping to get into detox as soon as possible."

I ask her to tell me more about avoiding the women's shelter.

"There are no meetings. You are not allowed to drink or do drugs onsite, but you can be hammered," she says. "You only have to be there from 2:00 a.m. to 5:00 a.m. There's no structure. It offered nothing. No counselling. No way to improve your life. I would never go back there."

We meet up after she's moved into detox. She looks like a completely different person. Healthy, happy, a big smile on her face and optimistic about the future. She tells me all about it.

"Detox is amazing. There are group meetings, acupuncture, and good food. I lost 20 pounds living at the park."

She tells me she will be moving into a second stage recovery house the following week.

"There's a curfew every night. There will be group meetings and chores and we will take turns making dinner each night. We have passes to the pool and gym. It's very safe and clean and I will stay for three months."

Abby was living in the park for six months. It was her only experience of being homeless. The pandemic brought her into that circumstance. She's hopeful about the future. When she looks back on her experience in the park, she cannot believe it was her. She tells me how many great people she met living in the park.

“The people who were living there are so kind and caring. Everyone looked out for each other. I never felt unsafe with anyone in our community. The only time I felt unsafe was from people coming into the park to harass us, like the guy driving the mustang who threatened to burn our tents.”

The last time I saw Abby was on May 14. It had been six weeks since she'd had a drink, and eight weeks since she'd moved out of the park — and everything is different. Abby landed a part-time job and is determined in her recovery.

Together, we agreed on the following recommendations:

1. Create more supportive and recovery housing for women.
2. Require anti-stigma training and plans for neighbourhood associations and community centres.
3. Recognize that people experiencing homelessness provide valuable care to one another; build programs and solutions around that.

Summary of stories

The stories help illustrate the need for the homeless-serving system to develop multiple pathways out of homelessness to reduce the length of time that people experience homelessness. Tim and Hannah are placed in transitional supportive hotels but do not require or utilize the onsite supports. Hannah's story enables us to empathize with the unjust and degrading experience of living in an emergency shelter for years.

Bennet's story draws a straight line between the legacy of colonization and Indigenous experiences of homelessness.

Bennet and Eric are in transitional supportive hotels and need different types of support to improve their quality of life. Both have untreated trauma and long-term experiences of homelessness.

Jeff and Bennet request more opportunities for Indigenous cultural healing.

Eric and Abby's stories help us empathize with those who avoid shelters because of untreated trauma or efforts to maintain sobriety. Abby and George teach us that some people need structure and accountability. George found structure and accountability in community, while Abby found it in detox and recovery housing.

These stories are a call to action to transform the homeless-serving system.

The main recommendations of the seven individuals engaged for this report are brought forward into the final recommendations of this report.

Findings: Barriers to Ending Homelessness

People experiencing homelessness, frontline workers and managers in the homelessness response system identified four critical barriers to ending homelessness: the affordable housing crisis, the need to transition to person-centred care, returns to homelessness (housing instability), and the need for service integration.

The Affordable Housing Crisis

Key informants noted that the withdrawal of federal government investment in social, affordable housing coincided with losses in low-cost housing, and upticks in rent costs. Victoria's homelessness response efforts exist against the backdrop of the affordable housing crisis.

A dire shortage of housing that is affordable for individuals and families on social assistance prevents people from proactively addressing their pending homelessness. It also prevents exits from the homelessness response system. Stakeholders concern for governments to resolve the affordable housing crisis is supported by numerous reports that cite the need for an adequate supply of structural supports – either subsidized housing or rental supplements – to resolve homelessness. (Albert, M., Penna, T., & Pauly, B. (2015); Wallace, Pauly, Perkin, & Cross. (2018; GVCEH & CRD (2019); Aubry, T. Agha, A. Mehia-Lancheros, C. Lachaud, J. Wang, R. Nisembaum, R. Palepu, A. Hwang, S. (2021))

Affordable housing shortages cause bottlenecks in the homeless-serving system: people are living in emergency, transitional housing, and MHSU residential beyond — in some cases years beyond — the intended program length. This prevents others, including those who are unsheltered, from accessing those resources.

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This report also surfaced evidence that raises questions about the wisdom of universally applying Canada's definition of affordability, especially when the application of the definition works to maintain people's homelessness and works against self-determination.

What the stories of people experiencing homelessness tell us

Homelessness is an extreme form of poverty. The majority of the study participants rely on provincial disability income assistance, which is not sufficient income to enter the current rental market. Bennet, Hannah, and Tim made explicit recommendations to build housing affordable for those who live on provincial disability income assistance to prevent and end homelessness.

The shortage of deeply subsidized housing translated into long-term homelessness for Tim, Jeff, Hannah, Bennet and Eric.

Affordable housing shortages have also resulted in unsuitable housing placements for Hannah and Tim. Both Hannah and Tim reside in buildings with 24-hour staff and onsite supports. They accepted placements in transitional supportive hotels because there is no alternative affordable housing available. Hannah and Tim could, independently or with minimal in-community support, resolve their homelessness with access to affordable housing.

George and Tim's experiences raise questions about the policies and practices that keep people homeless in instances where the ideal metric of affordability cannot be achieved.

For the past seven years George has lived in the same apartment, which costs more than one-third of his income. According to commonly accepted definitions, his rent is not affordable. Most would agree that George is better off renting an unaffordable apartment than living outside. George was supported by community members to exit homelessness and secure his apartment. His story provides inspiration to support others to exit homelessness to housing that is driven by choice and is affordable as determined by them.

Tim was denied a non-market apartment that he determined he could afford while he was homeless because he did not meet the minimum income required by the non-profit landlord. Under certain funding agreements, BC Housing requires non-profit housing societies to vet tenants according to minimum and maximum incomes to meet their affordability targets. An unintended consequence of this policy is the exclusion of people who would increase their well-being despite paying more than 30 per cent of their income on housing. Although Tim was willing and able to pay the rent, he was deprived of affordable housing while he was homeless.

What frontline workers said

Frontline workers' main concern regarding affordable housing shortages is that congregate shelters are used as a substitute for adequate housing. Workers described the differences between congregate shelters, hotel sites, and adequate housing, noting that Housing First is a proven model that places people directly into permanent housing. As one worker explained, "When they say we're going to have housing for all, it's not true. That doesn't mean what's offered will be healthy for people and take into account trauma, privacy, and choice. The housing and shelter options may cause additional trauma for people."

Workers in transitional supportive hotels emphasized the need for adequate housing for residents. Workers noted that the number of new supportive housing units planned for 2022 is not enough to transition all residents out of the hotels that were leased and purchased from 2020 to 2021. As one worker said, "People are definitely asking, 'when will I be offered housing?' I hear that every day." While another shared, "Once we got people inside everyone wants to be on the list for supportive housing, or homes. The hotel is a long-term, temporary thing."

“Once we got people inside everyone wants to be on the list for supportive housing, or homes. The hotel is a long-term, temporary thing.”

Informants expressed an underlying concern that shelters and hotels are being used for longer-term stays than intended. Workers also seek recognition that, for some people, shelters are not suitable for any length of time.

Interviewees stressed that there are people sheltering outside because there is no adequate housing available. One key informant said, “We did have a number of people decline the arena — some people signed themselves in and signed themselves out.” The 2020 PIT Count found that 64 per cent of respondents indicated there are reasons they would not stay in a homeless shelter in the Greater Victoria region, with the top reason being safety.

What senior managers and sector experts said

Senior managers and sector experts commented that the withdrawal of government in the 1990’s from building social housing, coupled with the losses of rooming houses and other forms of low-cost market housing, has greatly increased the numbers of people experiencing homelessness. As one interviewee commented, “There was a street population in the 1990’s, but there wasn’t the massive homeless population we now see. The last five years is the worst I’ve ever seen. Five years ago, it really started to get unaffordable. There always was a problem, but it really accelerated in the last five years.”

Managers noted that the loss of low-cost housing, particularly rooming houses and value-priced hotels have increased the intensity of homelessness experiences. One interviewee elaborated, “Years ago there were lower-level hotels. Folks wouldn’t be able to stay in the summer, but in the winter they could.” And another said, “The rooming houses got shut down because the conditions weren’t great. And they weren’t, but sleeping outside isn’t great either.” Hotels are not a substitute for adequate housing, but the loss of low-cost hotels has reduced options for individuals and made things more difficult for people experiencing homelessness.

Senior managers expressed a desire to see housing planned according to the needs of the community, giving special attention to the needs of people who are at risk of homelessness. As one commented, “I think we need to get our housing under control. Rather than planning around the needs of the people of our city, we gambled on development.” And another said, “There are people who are homeless because the wages that they earn are less than rents. They are excluded from housing.”

Stakeholders acknowledged that some individuals will appropriately reside in supportive housing for life. At the same time, several expressed concerns that there are individuals living in supportive housing solely for financial reasons. As one person articulated, “At some point in supportive housing for the resident it is only about the economics and it is not about the supports. Supportive housing is intended to be supportive. If the reason people are there is just affordability you have an issue.”

Island Health shared that a new supply of appropriate housing would ease logjams in MHSU residential facilities. “We found ourselves with people going into mental health treatment settings and not being able to move anywhere else because there is nowhere to go. We get people more stable and we’re not going to send them back to a shelter, but there is no housing available.”

In April 2021, about 14 per cent of Island Health-operated MHSU beds; 17 in total were occupied by patients who completed treatment and have nowhere to go.⁵ Additionally, between December 2020 and April 2021, 38 people from Island Health operated MHSU residential were discharged into homelessness when their treatment ended and they had no housing to go to. This underscores the lack of suitable and affordable housing. Island Health also shared that they provide health services to people who are experiencing homeless, but outcomes are hindered: “Housing is an enabler for people’s health. We see people stuck in their care plan because they don’t have housing.”

LONG-TERM STAYS IN EMERGENCY SHELTER

“We have a few people that have been in our shelter for more than 800 days.”

Emergency shelters are intended for brief stays and all housing operators expressed concern over the number of people living in their shelters long-term. One simply said, “We have people living in shelters for years.” While another revealed, “We have a few people that have been in our shelter for more than 800 days.” One CEO explained, “That was meant to be a temporary shelter, but some people have been there four years waiting for permanent housing. It is basically cots. It’s a huge gym like room with 40 cots in it. They are remarkably patient. Almost everyone there has been waiting [for housing] for the full four years.” What could be short, episodic experiences with homelessness become long-term chronic homelessness due to lack of affordable housing, supportive housing, and rent subsidies.

During the course of this project, between December 2020 and April 2021, 50 people who were in emergency shelters moved into temporary hotel sites, market housing (with rent supplements), Regional Housing First Program units, or permanent supportive housing.⁶

BC Housing and the Government of B.C. issued a program framework for the Emergency Shelter Program in January 2018. The framework identifies three performance measures for the shelter program, which are:

- Number and percentage of clients housed within 60 days.
- Number and percentage of clients experiencing chronic homelessness housed within 100 days.
- Number and percentage of clients who are verified remain housed at six and 12 months. (BC Housing, 2018)

⁵ Data provided by Island Health on May 19, 2021

⁶ Data provided by BC Housing on May 31, 2021

This project made requests to BC Housing for data that could inform on the average length of stay at emergency shelters, but BC Housing has not yet set up its database to easily produce these reports. The homelessness response system does not yet track long-term shelter stays, so it is not possible to ascertain with accuracy the scope of the problem in Greater Victoria.

A study called Patterns of Homelessness in Greater Victoria examined 45,943 shelter records from 2010 – 2014 of five adult emergency shelters. It found 3,670 individuals experienced temporary homelessness or short term stays at shelters; 590 stayed episodically and 65 stayed long-term. This study found that 85 per cent of individuals in the episodic cluster experienced four or more episodes of shelter stays in the study period. Long-term shelter users had on average 4.6 stays, with each stay lasting on average six months, and some stays were considerably longer. (Rabinovitch, H., Pauly, B., & Zhao, J., 2014)

The problem of long-term shelter usage dates back many years, involves significant numbers of people and needs to become an area of focus to be resolved. Other regions with difficult rental markets have utilized structural supports such as rent supplements combined with diversion programs to successfully reduce the number of people who reside long-term in emergency shelters.

BEST PRACTICE: DIVERSION PROGRAMS AND HOUSING-FOCUSED SHELTERS

Diversion programs help new shelter-users find housing and, if necessary, connect them with services and financial assistance to help them return to permanent housing. (Social Planning, Policy and Program Administration, 2013) Housing-focused shelters employ similar strategies to all shelter clients, including long-term residents. The homeless-serving system in Greater Victoria does not yet include diversion programs or housing-focused shelters, likely because permanent affordable housing or sufficient rent subsidies are unavailable. However, diversion programs have been successful in jurisdictions with difficult rental markets, such as Los Angeles and Calgary.

Diversion programs in other jurisdictions tend to focus on people as they are applying for entry into shelter, and re-housing focuses on people who are already experiencing homelessness. The essential program elements for diversion and rehousing are the same and may include some combination of financial resources, short-term support, conflict mediation, landlord liaison, connection to services and/or benefits, housing search and move-in support.

“A housing-focused shelter is unrelenting in its pursuit to make homelessness as brief as possible while returning people to permanent accommodation.”

Diversion programs and housing-focused shelters prevent and reduce chronic homelessness. As described in Housing-Focused Shelter guide: “A housing-focused shelter is unrelenting in its pursuit to make homelessness as brief as possible while returning people to permanent accommodation.” (Org Code, CAEH, Canadian Shelter Transformation Network, 2019)

Housing navigators can also assist individuals who prefer market housing to move out of transitional supportive housing units, and help ensure that the individuals who most need supportive housing can better access it. Numerous case studies show that diversion programs and housing-focused shelters cause lengths of stays at shelters to go down, positive exits to housing go up, and returns to homelessness to go down. (Org Code, CAEH, Canadian Shelter Transformation Network, 2019)

Program outcomes from other jurisdictions challenged program managers' assumptions about the housing market, about government-definitions of affordability, about housing preferences and about individuals with high needs.

Guelph-Wellington reduced youth chronic homelessness by 76 per cent in three years

Guelph-Wellington

Guelph-Wellington in Ontario, employed diversion workers to prevent youth from becoming chronically homeless, recognizing that if youth access a shelter, it increases their risk of becoming chronically homeless. Since 2018, Guelph-Wellington has reduced youth chronic homelessness by 76 per cent, utilizing diversion workers, mental health services, addiction treatment, and new permanent supportive housing. Diversion workers have dramatically reduced the number of people coming into the shelter in Guelph. (Deutschmann, A. Guelph Today, 2021)

Housing-Focused Shelters

Over the last several years, emergency shelters across Canada have been transforming from a focus on basic needs, to a focus on housing with a mission to end homelessness. Housing-focused shelters play a critical role in preventing and ending chronic homelessness. The Canadian Shelter Transformation Network hosted a webinar on February 12, 2021 on Canadian transformed shelters that provided an overview of the activities and outcomes of Mission Services men's shelter and the Calgary Drop-In.

Mission Services tripled the number of people housed and cut in half returns to homelessness

Mission Services men's shelter in Hamilton, Ontario started their transformation to a housing-focused shelter in 2016 and, within one year, doubled the number of people who secured housing. In year three, they were housing three-times as many people in year one. In 2016, they housed 167 people and in 2019, they housed 512 people.

They used a strategy they call housing-focused engagements: staff work with shelter users to develop housing plans, and consistently engage people on their progress to securing housing. Mission Services closely tracks efforts and discovered that engagements resulted in housing for everyone regardless of their needs. People with higher needs, on average, required more engagements. Individuals with low needs averaged six engagements, while individuals with high needs averaged 24 engagements. The data challenged assumptions about people with high needs and motivated staff to provide consistent support.

The transformation had a positive impact on housing stability. Returns to homelessness were 43 per cent in 2018 and dropped to 20 per cent in 2019. The transformation of Mission Services increased positive exits from homelessness.

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Calgary Drop-In

Calgary Drop-In began their transformation in 2017. Manager Kevin Webb explains why: “We wanted to become an engine to end homelessness. We wanted to be those people that walked alongside individuals experiencing homelessness on ending their homelessness.” (Canadian Shelter Transformation webinar, 2021)

The Calgary Drop-In had individuals living in the shelter for 10, 15 and 20 years. They found the rental market was a challenge, but not insurmountable. Conversations with clients provided a new perspective and they started to recognize that some clients preferred communal living or rooming houses.

At the outset, most thought that everyone had high needs and couldn't be successful in housing without supports. It turned out to be not accurate. They learned that people with high needs can live on their own with minimal supports if they had the right type of support.

At the outset, most thought that everyone had high needs and couldn't be successful in housing without supports. It turned out to be not accurate.

Strategies like professional landlord liaison and rent supplements help overcome challenges found in the private rental market. A landlord liaison typically commits to returning landlord's phone calls within 24 hours and develops a track record of resolving issues that arise. Landlord liaisons provide benefits to landlords such as zero vacancy rates and quick resolution of problems.

Since 2017, the Calgary Drop-In has seen the number of daily average shelter users drop consistently. In January 2017 there were 1,051 shelter users, and in January 2020 there were 751. While shelter use has consistently declined, housing placements have consistently increased. In 2017, the Drop-In housed 150 people, and in 2020 they housed 428.

Almost all the long-term shelter users now live in a home that they secured themselves with the support of the shelter. The number of chronic shelter users fell by 10 per cent annually, and in December 2020 there were just 78 chronic shelter users, 300 fewer from 2017.

The number of chronic shelter users fell by 10 per cent annually, and in December 2020 there were just 78 chronic shelter users, 300 fewer from 2017.

At Home/Chez Soi – the world’s largest field trial of Housing First – demonstrated that placing people with severe mental illness and long histories of homelessness directly into permanent housing, with supports results in housing stability for the majority and positive life trajectories. The transformation of Mission Services and Calgary Drop-In to housing-focused shelters challenged assumptions about people with high needs and further demonstrated that placing people with long histories of homelessness and high needs directly into market housing with supports is an effective way to end individual’s experiences with homelessness.

The Need to Transition to Person-Centred Care

Person-centred care commits programs to adapting to the service-users needs, wishes and aspirations. (End Homeless Community Task Force, 2014) Person-centred approaches are asset-based and build upon the strengths of the individual to facilitate timely access to resources to enhance housing stability. (COH, n.d.) The needs, strengths and goals of individuals are inseparable from a person-centred approach. (Person-Centred Planning, Housing First Guide Europe)

There is a pressing need to transition to person-centred housing, social and health supports to end homelessness. A person-centred system of care would reduce the length of time a person experiences homelessness by reducing the number of inappropriate placements. It will facilitate more positive exits from homelessness by supporting greater wellness. Person-centred care means individuals get the right help at the right time.

Key components of a person-centred homelessness response system

Indigenous cultural safety.

Service-user determines what services are needed to stay housed and get healthier.

Willing participation of service-user required, therefore relationships and trust must be established first.

Service-user has a right to retain housing regardless of choices.

Commits to service-users needs, wishes and aspirations.

Asset-based approach, builds on individual’s strengths to achieve goals.

Timely access to resources to enhance housing stability.

Emphasizes service-users choice and control.

People chart their own pathway out of homelessness.

Focuses on outcomes.

Requires active dialogue.

Needs, strengths and goals of service-users are inseparable from a person-centred approach.

Person-centred care requires clients to be in active dialogue about what services they need to stay housed and get healthier.

Person-centred care requires clients to be in active dialogue about what services they need to stay housed and get healthier. It is common for those who have survived chronic homelessness to mistrust institutions. (Pauly, 2014)

Efforts must be made to build trust before willing participation can occur. Trust and relationships must be established before collaboration on individualized plans can meaningfully occur.

A person-centred system of care offers choice and control for service users. Housing resources, social and health services are designed to allow people to chart their own pathway out of homelessness. Finally, person-centred takes into account the unique history and experiences of Indigenous people and provides services within an Indigenous cultural safety framework.

People experiencing homelessness, frontline workers and senior managers are in strong agreement that the homeless-serving system in Greater Victoria needs to offer choices. People experiencing homelessness and frontline workers emphasized the need to support people's agency and participation, while senior managers emphasized the need for housing and health to diversify according to different demographics and different levels of needs.

What the stories of people experiencing homelessness tell us

The stories of people who are currently residing in Greater Victoria's homelessness response system underscore the urgency to transform the system to person-centred. The stories portray an overarching lack of communication, disempowerment, inappropriate placements, and unmet needs. The participants demonstrated a strong desire to take an active role in their recovery from homelessness, and the system needs to evolve to meet and expand on that desire.

Six out of seven participants made explicit recommendations to make it possible for people to take an active role in their lives. All made recommendations to transform the system to a person-centred approach, whether through the provision of health and housing for a specific demographic such as women, or by looking at people's strengths to collaborate on an individualized housing plan. George and Abby's stories remind us that some people thrive with structure and accountability. Transitioning to a person-centred system of care includes offering structure and accountability for those who need it.

“It's like being stuck on stupid.”

Bennet's story is especially instructive. She repeatedly seeks help to gain access to housing that better matches her needs and desires. The response to her requests is to fill out a form and wait. It is apparent that there is no one in the system dedicated to working with her to fulfill her needs and aspirations. Her story reveals that the system is lacking necessary human resources.

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Bennet also talks about the need to see information that could inspire her to take steps towards a healthier life. She says, “There are posters everywhere telling you where you can go to get high, but nothing about where you can go to get sober. We need some encouragement.” She says living in a transitional hotel, with no power to initiate a step towards something permanent or greater wellness is like “being stuck on stupid.”

“I know it’s temporary, but I don’t know more than that.”

Eric attends multiple intake interviews while homeless before being offered housing. This illuminates the need for trauma-informed approaches to revise the design of outreach and intake procedures. Eric’s story shares similarities with Bennet’s. He is bored, eager to start a new life, and frustrated that there is no-one to help him. He has post-traumatic stress disorder and wants treatment for trauma. If treatment is available, it is not accessible to him. Like Bennet, no-one is identified as his assigned support worker to gain his trust and help him navigate the system.

“You get all your agency stripped away.”

Hannah lived in one of the emergency shelters in the city for two years. Her story shows us that the homelessness response system is so deeply under-resourced that it is simply unable to provide a level of care that is acceptable. A person-centred system of care provides timely access to resources to enhance housing stability. Hannah’s experiences further confirm there is little to no opportunity for active participation to enable people to chart their own way out of homelessness. She fights to retain her dignity but the stigma she experiences is overwhelming and the shelter system “takes away all agency”. Hannah worked her whole life and has under-utilized skills and knowledge. This tells us that the homelessness response system has not adopted asset-based approaches to facilitate exits from homelessness.

Hannah lived in one of the emergency shelters in the city for two years. She fights to retain her dignity but the stigma she experiences is overwhelming and the shelter system “takes away all agency”.

TRUST THROUGH CONSISTENT ONE-ON-ONE SUPPORT

George’s story is important. He exited homelessness seven years ago, after experiencing homelessness for 20 years. He was an active participant in his transition out of homelessness while supported by a community group. His story demonstrates that multiple avenues out of homelessness create more opportunities to match different individual’s needs. George tells us about the importance of trust, active participation, and the need for ongoing dialogue.

Those involved wrote a year-long contract. In it, George made clear what he expected of the group and they relayed what they expected of him. “The most important thing to include is the one-on-one support and it’s important to be the same people, not different, because you have to be able to trust them. Trust doesn’t come easy on the street.”

What frontline workers said

Frontline workers emphasized the need for trauma-informed responses, Indigenous cultural safety, and for the system to facilitate self-determination and choice.

INDIGENOUS CULTURAL SAFETY

San’yas Indigenous Cultural Safety Training defines cultural safety: “Cultural safety is about fostering a climate where the unique history of Indigenous peoples is recognized and respected in order to provide appropriate care and services in an equitable and safe way, without discrimination.”

Interviews with frontline workers identified a need for more Indigenous workers and better training for non-Indigenous workers to ensure First Nation, Metis and Inuit clients receive services in a culturally safe environment. One worker revealed, “I had an issue with one of my co-workers. I said you shouldn’t be working with this person because she didn’t understand Indigenous worldview and experiences.”

Another stated, “My grandma went to residential school. My mother went to residential school and I grew up in foster care. When I see someone who is Indigenous I don’t need to ask them about that. The only question I might ask is what Nation are you from, or where is your family from.”

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Workers expressed desire for more Indigenous workers. One worker described a need for an Indigenous Outreach Team: “A real mix of Indigenous communities. There would be an Indigenous nurse, Indigenous doctor, Indigenous outreach, Indigenous social worker, Indigenous peer worker and more.”

TRAUMA-INFORMED HOUSING AND SERVICES

Outreach workers observed that untreated trauma is common amongst people who are unhoused: “We know the unsheltered folks have disproportionately experienced trauma.” Workers argued that trauma-informed approaches and training should be embedded into the systems responses, including municipal responses. Trauma-informed practice essentially means you assume an individual has experiences with trauma, and you understand trauma responses and take steps to reduce the risk of further traumatization.

Frontline workers elaborated that trauma-informed practices give people choices. As one worker stressed, “Having people being part of the process instead of being on the outside of the process. Person-centred means there must be some sort of choice. If the choice is go or don’t go, that isn’t really a choice.”

Workers explained that trauma needs to be considered when designing processes for housing people. One interviewee explained, “Obviously trauma is important. When you have uniforms telling people to do something, we don’t know what experiences they have had with institutions. Immediately it has the opportunity to be causing more trauma.” Another emphasized that trauma should inform, not only how agencies interact with people who are homelessness, but also how decisions are made.

One worker shared her frustration, “People are framed as problematic and challenging, and the reality is that people are carrying a lot of trauma, pain and anger. It’s hard to see people framed as problematic instead of saying what supports need to be put in place?” Interviewees expressed disappointment that trauma-informed responses were not already embedded in the system. “It’s obvious that folks don’t understand trauma. We bring it up and it’s dismissed. It shows a lack of trauma-informed concepts. And it shows a real resistance to considering it.”

“People are framed as problematic and challenging, and the reality is that people are carrying a lot of trauma, pain and anger. It’s hard to see people framed as problematic instead of saying what supports need to be put in place?”

Participants shared observations that supportive housing is not adequately resourced to provide individualized support, but people working in the system do their best. One remarked, “I don’t think I’ve seen anyone who has the role to support people to meet individual goals. They say hold me accountable on this. Some of that is done on individual basis, but it’s outside the role of their job, they do it because they know it is needed.”

“Let’s dig into recognizing people’s agency.”

Frontline workers identified the need to provide housing choices to people exiting from homelessness, with several specifically naming individuals’ preferences for market housing. “Some people do aim to get their own apartment and market housing.” If people are given the chance to influence the location or type of housing, they are more likely to stay.

Workers also identified a need for housing organized to different levels of care. As one worker imagined, “There could be different levels of support. There could be more structured living.” Another frontline worker reflected on the need to recognize individual differences and demographics. “This hotel became a shelter. We were not able to group people according to their needs. Just get them in. There wasn’t the option of grouping women together or creating safe spaces for trans folks. That was an oversight.”

Workers recognized that supporting people to have agency and self-determination are professional practices that are needed to strengthen the homelessness response system. One said, “Create dialogues for that person to create their own safety plan, their own life goals. Where do they want to live, how can we make that happen?” Others simply called for a greater commitment to encouraging people’s agency. “Let’s dig into recognizing people’s agency.”

Stakeholders identified that recognizing and strengthening client’s agency is connected to the sector’s ability to implement bottom-up processes. As one worker shared this concern, “They took my work as a criticism. They didn’t see how it could open up empowerment for people to make decisions about themselves and their lives.” Another interviewee offered, “What about working more from a bottom-up? That would be a dream. It would be amazing for them (BC Housing and other decision-makers) to meet with people who are homeless.”

What senior managers and sector experts said

Managers and sector experts argued for housing solutions tailored to the diversity of people who experience homelessness. As one manager offered, “There’s the working poor that need a house. There are people with mental health or addictions. There’s a small criminal element. We need a multitude of housing options.”

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Housing Gaps

KEY INFORMANTS IDENTIFIED THE FOLLOWING HOUSING GAPS:

- Indigenous-led housing
- housing for women and their children, or facilitates visits with children
- housing that is safe and inclusive for LGBTQ2S+
- dry housing
- couples housing
- family housing
- communal housing such as intentional communities or shared housing
- independent subsidized housing with or without community support services
- seniors housing
- youth housing

Senior managers were in strong agreement that more diverse housing and supports are required to improve people's well-being and to facilitate their exit from homelessness. More diverse housing options enable user choices — an inalienable principle of person-centred care. Key informants agree that to support more people to exit homelessness, and to reduce the length of time people experience homelessness, there needs to be a much wider diversity of health and housing models tailored to different levels of need, and inclusive of more demographics.

One key informant discussed the necessity for an Indigenous-led healing house.

“We definitely see the need for what our elders call a healing house. It would be amazing to tap into what a healing house can look like whether it is another dual model of care. It could have doctors and nurses merge together with traditional medicine and land-based healing practices. The reason why a healing space is so important, there are so many cognitive and mental health challenges that are more than what our supportive housing can offer. They want to see Indigenous people serving them. It creates safety. They experience racism and discrimination.”

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Key informants identified the need for housing that is safe for equity-seeking groups; housing that doesn't replicate the conditions that contributed to a person's homelessness in the first place. Interviewees identified a need for housing that is safe and welcoming for women, LGBTQ2S+, and Indigenous people. Stakeholders see a need for supportive housing for different demographics including families, couples, and women with children.

“A lot of affordable housing that is available for higher needs folks is not for families.”

In addition to different demographics, there needs to be options tailored to different levels of need. Informants identified a wide diversity in clientele service needs. One manager said, “I talk a lot about people being appropriately housed. Some people need more services and some people need less. I know this comes up a lot. It can't be one size fits all.” And another shared this observation: “There are some people who need intense support, more support than you can provide, and down the hall is someone who drinks too much and keeps getting fired.”

Some identified a need for dry supportive housing. One housing manager shared this concern: “People are working really hard on their addiction issues, they will go to treatment and come back to wet housing and to boredom. It sets them up for failure. People are trying really hard to change their lives. They have an unbelievable load and that margin of opportunity is so slim.”

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Stakeholders also identified the need to connect services to individuals rather than to buildings. One shared that, “Many people [experiencing homelessness] will say, ‘I’m not opposed to supports, but I’d much rather live in a basement apartment.’ Another emphasized that, “We have to have more nuance in our offerings. Some people want to live in apartments.” And more directly, “We need to think about what services should be in every housing. And what needs to be in the community. People talk about low, moderate, and high needs housing. We need to tie services to the individual.”

HEALTH AND HOUSING NEED TO BE TAILORED TO DIFFERENT LEVELS OF NEED

The Health & Housing Think Tank 2021 Summary Report: A Vision for Greater Victoria shares a detailed vision of health and housing services for people exiting homelessness tailored to different levels of need. The report envisions four different levels of need: low, medium, high, and residential care. It articulates which services should be accessible to residents through community care and in-reach and which should be available onsite for different levels of care.

The report includes 40 recommendations for system transformation, from site size (20 – 30 people in the higher needs cohorts) to community connections (connect people living in housing to their local community) and prompt access to primary health care and services to support the social determinants of health (economic, social, cultural support). The vision laid out by the Think Tank is a vision to transform the homelessness response system to a person-centred system of care. (Island Health & GVCEH, 2021)

GIVE PEOPLE CHOICES

More choices will lead them to being more successful in housing. Some prefer communal housing and have told me they never would have survived if they had to live by themselves.

Like frontline workers, senior managers spoke directly to the need to give people a choice to facilitate better health and housing outcomes. For example, “More choices will lead them to being more successful in housing. Some prefer communal housing and have told me they never would have survived if they had to live by themselves. It was so good to have people to talk to.” While others emphasized that agency and choice are foundational elements of Housing First. “Plus, we have to give people choice. We as a system shouldn’t decide what kind of housing people get. The people who are experiencing homelessness should have an active voice.”

A person-centred system of care offers clients the right help at the right time. Senior managers agreed that new models need to be developed to serve excluded demographics, to offer services based on different levels of need and to give people choices.

Housing Instability: Returns to Homelessness

Housing instability refers to returns to homelessness, whether through eviction or voluntary leave. Housing stability reduces the frequency and duration of returns to homelessness and relies on efforts to foster health and well-being of the individual. (Tunis, C. Housing Stability Policy, 2017) Housing stability is necessary to end homelessness and is the presumptive goal of housing programs. (Distasio, J., & McCullough, S. 2014 as cited in Tunis 2017)

Housing stability was identified as a priority area in the 2016/2017 Greater Victoria Coalition to End Homelessness Community Plan to End Homelessness. And in 2017 the GVCEH engaged the Community Council to carry out the Housing Stability Policy project to reduce the number of evictions and support more secure, stable, and successful housing. The project articulated best practices for eviction prevention and rapid rehousing strategies. Eviction prevention means taking proactive steps in cases where a resident may be at risk of eviction. Several of the issues raised in that report were raised in discussions for this project, suggesting the issue of evictions and housing instability persists.

This review found that the main issues that create risks to returns to homelessness are:

1. Long-term residency in emergency shelter or transitional programs with no general plan or active engagement to move to a permanent home.
2. Lack of dedicated support workers to establish trust, then work with individuals towards better health and housing.
3. Lack of a system-wide approach to evictions, with a focus on eviction prevention and rapid rehousing.
4. Isolation and loneliness are common immediately upon transition from homelessness to housing. It may lead to deteriorating health and well-being and hinder housing stability.
5. The system envisions multiple moves for some individuals, from shelter to transitional housing, from transitional housing to supportive housing, and from supportive housing to independent housing. Whereas the evidence for Housing First identifies high rates of success associated with moving people directly from homelessness to permanent housing with support.
6. Lack of mental health care for people experiencing psychosis, paranoia, and suicide ideation.

What the stories of people experiencing homelessness tell us

Tim and Abby seem to be well on their way to finding housing stability. George remains connected to the community of people who helped him exit homelessness and credits these connections with helping him maintain housing success and greater wellness.

Hannah, Jeff, Eric and Bennet are living in different hotels purchased or leased by the province as a response to the pandemic. The hotels were set up as transitional programs designed to enhance housing skills and help get residents ready to move into 'great, permanent homes.' In practice, there are no conversations about getting ready to move into permanent homes. They have a roof over their head, but they do not feel they have left homelessness and have not achieved housing stability.

Hannah tells us it is impossible to stay healthy living in an emergency shelter, and, for Hannah, deep depression is the consequence of her conditions. Although she was recently moved to a transitional hotel site after more than two years, she is still not in a permanent home. To help us understand that the hotel is not her permanent home, she tells us she is not allowed a kettle for making tea or allowed any guests.

Eric is more explicit – the no guest policy makes him feel as though he is being treated like a child. He is cut off from his friends and these factors come together to “create a desire for him to return to the street.” When he tells people about his concerns they are not taken seriously. Eric says, “That’s why homelessness is re-occurring. It is affecting me deeply and I tell people all the time and they are like, ‘Oh yeah.’ Eric’s story gives us insight that, for some, being housed in long-term temporary accommodation creates feelings of anxiety and insecurity. There is a risk Eric may return to homelessness. He’s asking for help, but help isn’t accessible.

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The experiences of Hannah, Eric, Bennet and Jeff raises the question whether housing stability can be achieved via long-term, indeterminate lengths of stay in temporary facilities in the absence of income or housing supports and a general plan to facilitate exits.

The top priority for residents of transitional supportive hotels is secure and stable housing, followed by substance use management and other health goals. (Elliott, L., Phillips, R., Jarvis Neglia, J., 2020) Both Bennet and Eric are seeking additional support to improve their life circumstances. The structure of funding and social supports is insufficient to achieve housing stability for some.

The contributions to this study from people experiencing homelessness, as well as findings from the Housing Stability Policy Project and 2016 Process Mapping Report for the CRD, establish that many living in transitional housing have signed program agreements, as opposed to landlord-tenancy agreements, and have no plan to transition to permanent housing and will likely stay in transitional housing beyond intended program lengths.

The Residential Tenancy Policy Guideline (46) for Emergency Shelters, Transitional Housing, Supportive Housing clarifies the definition and criteria for emergency and transitional housing. Both emergency and transitional housing are defined as temporary and transitional housing must include ‘at least’ a general plan for how a person residing in this type of housing will transition to more permanent accommodation. The guideline states that transitional housing must meet all the criteria of the definition even if a transitional program agreement has been signed.⁷

The guideline also clarifies that the Residential Tenancy Act applies to supportive housing, but not emergency shelters and transitional housing. The lack of available income or housing supports may result in a lack of a general plan to facilitate transition to permanent housing. This may lead to a situation where individuals are living long-term in transitional housing without the rights and responsibilities outlined in the Residential Tenancy Act. This review presents evidence that, at least some transitional housing programs in Victoria do not meet the criteria of the definition for transitional housing in the Residential Tenancy Policy guideline.

When individuals exiting homelessness sign program agreements that stipulate they are provided accommodation in a transitional program to prepare them for permanent housing, and there are no opportunities presented to prepare for permanent housing, progress towards housing stability is hindered and the risk of return to homelessness increases.

Conversations with BC Housing staff confirmed that many buildings considered supportive housing by BC Housing use program agreements rather than residential tenancy agreements. The status of the three hotels purchased by BC Housing is unclear. On one hand, they are considered permanent supportive housing according to BC Housing staff, and on the other hand, residents have signed program agreements.

What frontline workers said

Frontline workers expressed the need for a support worker role that can stay with an individual as they move through the system.

Interviewees emphasized the need to support people through transitions. One informant shared, “People have been out here 10, 20 years. Giving them a roof over their head is minimal. There was a young lady and I still see her today. She’s been housed quite a few years and she told me that when she was first housed, she camped all the time.” Another acknowledged that the decision-makers are beginning to recognize the importance of supporting transitions: “CRD and BC Housing are mostly concerned with housing people. The pandemic has created an environment for dialogue where they recognize general support services, and they recognize that transitions are important.”

Frontline workers identified a need for support workers and community development approaches to combat isolation and loneliness. As one outreach worker explained, “All of a sudden you are in four walls and you are alone. To close the door and be alone. They need support workers when they are moved into housing. That’s one of the pieces that is really missing in the system.”

⁷ RESIDENTIAL TENANCY POLICY GUIDELINE 46. Emergency Shelters, Transitional Housing, Supportive Housing

Workers commented that emergency shelters can contribute to housing instability. As one outreach worker revealed, “You have people with multiple levels of trauma, substance use, alcoholism, everything and they are all in the same room. You can’t get away from anything. So what happens is that when people get thrown out again, that just adds to their trauma. It adds to their level of anger. They become so angry.”

EVICTION CONCERNS

Workers expressed concerns about evictions, citing a need for an ombudsperson or an ethics committee. Evictions are an extreme form of housing instability resulting in homelessness when there is no rapid rehousing strategy. And the perception of unfair evictions, inadvertently causes housing instability. Workers described eviction stories and shared that when residents meet people who were evicted it can lead them to feel insecure in their housing. Workers also expressed concern that there are no appeal or review procedures for evictions as there would be if tenants were protected by the Residential Tenancy Act. As one peer worker stated, “I want to see an ethics committee for this region. If someone is banned from services and it is because of a personal issue and they lose their access to food, clothing and shelter, where do they go to make a complaint?”

What senior managers and sector experts said

Senior managers expressed concern that the system sets people up for housing instability by not having support workers and programs to tend to people’s whole health, to combat isolation and loneliness, and to build social networks. There was strong agreement that the gaps in mental health care are major, and that untreated mental health issues maintain people’s homelessness. Some stakeholders questioned how housing stability can be achieved when the system envisions multiple moves through a myriad of housing typologies. Managers, like frontline workers, raised evictions as a cause for concern. Managers emphasized they’d like to see a solution in place for eviction events that cannot be prevented.

ISOLATION AND LONELINESS INCREASE THE RISK OF RETURN TO HOMELESSNESS

They experience isolation and loneliness. If you can’t support them to develop social networks you are setting them up for failure.

Senior managers named social networks as key to housing stability and affirmed frontline workers call for strategies to combat isolation and loneliness. As one interviewee shared, “They experience isolation and loneliness. If you can’t support them to develop social networks you are setting them up for failure.” Many agreed that not enough is being done to help people develop non-professional relationships and community. As one sector expert observed, “Why would we think people should choose between community and housing? And that’s what people feel they need to choose between right now.” The development of social networks and non-professional relationships includes development of healthy family relationships for some. As one executive director said, “We need family reunification as part of a strategy to end homelessness.”

One stakeholder shared his concern that the isolation some experience in supportive housing may lead to a decline in wellness and heightened drug use. He said, “I got a fellow housed and when I circled back to check in, I would see decompensation. Drug use would skyrocket. I’ve had my clients talk about disconnect. I’ve had people talk about the feeling of the walls closing in on them. We have to have some mechanism for support. It’s counter-intuitive, but they came from community living and are now isolated.”

Several managers spoke to the need to provide in-community support for people living in market rental apartments with the help of a rent supplement. As one interviewee commented, “The subsidies have moved people into market rentals. I don’t know that we have things in place to be able to do a good job to support people. There is a risk that people will fall back into homelessness.” While another key informant maintained, “BC Housing has asked us if we can get more of those folks into market rent. They would need to continue to have some types of support.”

SUCCESS IN HOUSING STABILITY

Alternatively, some participants talked about what it takes to set people up for success. One participant mentioned, “Have a sounding board, an elder over a meal, so the individual can reflect upon a memory. It brings grounding moments in their lives.” And some spoke to the importance of tending to an individual’s emotions and their spirit. As one interviewee communicated, “Emotional supports are needed to create success.” Another remarked, “We do land-based healing through camps and that is where people really get stronger.”

HOUSING STABILITY THROUGH MULTIPLE MOVES?

Key informants questioned how housing stability can be achieved when our homelessness response system envisions people moving over many years through a variety of shelter and housing typologies. Several noted that the evidence demonstrates that placing people directly into permanent housing with an appropriate level of care achieves housing stability. This approach is called Housing First. As one sector expert noted, “Right now we’re asking people to make multiple transitions potentially. To be unsheltered, to be sheltered, to being in a hotel, to supportive housing, to market housing. When individuals are moving from place to place, they are in the position where their services and supports are constantly disrupted, because supports are tied to place instead of tying supports to the individual.”

The homeless-serving system in Victoria heavily emphasizes emergency shelters and transitional housing as preparing people for housing; this approach does not align with a rights-based approach to housing or Housing First. However, Victoria also has a program called Streets to Homes (S2H) which adheres closely to Housing First.

Streets to Homes (S2H) secures housing in the private market, provides rental subsidies and intensive case management through both direct service delivery and referrals to community partners. When operating at full capacity, S2H has the capability to support 125 individuals. There are five workers who each support 25 clients. The program supports individuals experiencing chronic and or episodic homelessness because of significant barriers to stable housing. These barriers may be mental health, substance use challenges, health concerns, early aging, brain injury, trauma, and or intergenerational poverty. The goal of the program is to ensure participants remain housed, rise to their highest potential, and progress towards self-sufficiency.

EVICTION CONCERNS

Housing organizations do not share common practices with respect to evictions. Some put considerable effort to prevent evictions by rehousing residents within the system and others have a policy to only evict individuals who are violent with residents or staff. A manager explained, “Our goal is to have people successfully housed. We try to never evict to homelessness, we always try to have a plan. We move people between buildings.” Another manager emphasized rehousing as an eviction prevention strategy. “We had an incident where someone was moved into our building and it wasn’t an appropriate fit. She started a fire. We had to initiate an eviction around health and safety. She was moved to a different building. If we cannot accommodate in our portfolio, we reach out to other agencies.” Other agencies evict people without rehousing for starting fires.

Managers shared a common desire for a new approach to house the small cohort of people who have been evicted multiple times from supportive housing facilities. As one stakeholder mentioned, “Back to evictions, there are issues that are challenging like people who are violent. People who steal. They are hard to work with because they are unpredictable. So we need to look at those issues.” One manager reported that the only reason for eviction from his organization is violence. He said, “It is very hard to lose your housing with us. People say we have a no eviction policy. That’s not true. We understand there is a lot that comes with mental health issues and we are adept at dealing with that, but if someone perpetuates real violence on someone else they will get kicked out.”

Some spoke to a desire to co-develop a solution to evictions with residents and others. As one manager said, “There are people who have multiple things going on in their life and that can shift. For a long time that has been criminalized. If we can come together and listen to them, we can figure out a solution. It’s easier for us to do in the comfort of our easy chair to make plans for people’s lives, but we’re talking about people’s lives.” While the organizations do not share common eviction policies and approaches, most share a desire to work together and some put considerable effort into rehousing people to avoid evictions.

MENTAL HEALTH SERVICES

Participants often described lack of mental health services for their clients as an impediment to housing stability and to ending homelessness. Frustrations were expressed with both the hospital and Mental Health Substance Emergency Response (MSERT). One interviewee shared, “I often instruct my staff to call MSERT, but we expect that MSERT is not going to respond. I can have someone naked in the street and MSERT will tell us to call the police. That is not the correct resource.” Others relayed that the hospital won’t treat people who are experiencing drug-induced psychosis. “The hospital will say this is drug-induced psychosis and if they didn’t take drugs they wouldn’t have psychosis. Then they send them back to us. But why not treat whatever happened in their life that caused them to take the drugs?”

“If someone is experiencing psychosis we are not trained or resourced to respond. We send them to the hospital, and they send them back.”

Interviewees described regular occurrences in which people experiencing mental health crises were discharged from the hospital to non-profit housing operators. As a housing manager relayed, “If someone is experiencing psychosis, we are not trained or resourced to respond. We send them to the hospital, and they send them back.” Untreated mental health issues are common and yet some non-profit housing operators clarified that treating mental illness is beyond their mandate and resources. “For non-profit housing agencies, mental health is beyond our level of care. But if we don’t say yes, they’re out on the street, so we say yes. Sure, we could say no but where would they go? We push back on the hospital and say no you cannot discharge, but the hospital discharges them anyway.”

“For non-profit housing agencies, mental health is beyond our level of care. But if we don’t say yes, they’re out on the street, so we say yes.”

One manager detailed the impact this has on residents and staff. “It’s a drain on people, both clients and workers, with no support for people with drug induced psychosis, severe paranoia, and violence. One resident had been picked up several times brought to the hospital, and then brought back to the hotel.”

Failures in the health care system to deliver adequate mental health services create and maintain people’s homelessness. Housing operators welcome and attempt to support people with severe mental illnesses to the best of their ability but do not have the appropriate resources or training to do so. As one participant succinctly said, “Mental health plays a big part in keeping people homeless. The supports are not there.”

The Need for Service Integration

Fragmented services and organizations operating in silos were identified as a critical barrier to ending homelessness. Service or system integration is the coordination of activities across systems or between organizations to improve individual outcomes. Individuals experiencing homelessness often interact with multiple agencies such as shelters, hospitals, income assistance, corrections, the Ministry of Children and Families or multiple housing agencies.

The goal of service integration is to improve outcomes for the individual. For service integration to ensure benefits to users it must implement and maintain meaningful outcomes data, feedback loops, opportunities for critical reflection and commit to persistent improvements. Service integration should transform the experience of the individual such that the individuals experience a seamless system of care. (Flatau et al, 2013 as cited in Turner 2019)

A critical first step in systems integration is defining the boundary of the system. If the boundaries of the system include only local non-profits, system optimization leading to better outcomes is possible, but structural change is not. Local agencies can use system integration to facilitate more positive health and housing outcomes after people have fallen into homelessness. Structural changes can prevent people from becoming homeless in the first place. Local systems integration efforts can be designed to include opportunities for structural change if the boundaries of the system are wide enough. Systems integration efforts that do not intentionally seek structural changes can fall victim to program blaming.

Several U.S. studies suggest service coordination that is closest to the client is more effective than top-down structural integration to achieve positive health and housing outcomes for individuals. (Hambrick and Rog, 2000 as cited in Turner 2014) Effective service integration starts at the local level. Systems that are external to the local homelessness serving agencies need to be engaged to stop inflows to homelessness. In Alberta, for example, this has taken the form of discharge planning from corrections, health, and child welfare. (Turner, 2014) Systems integration is a deep form of collaboration and requires government and non-profit agencies to rethink significant aspects of their approach. (Turner, 2014)

“Integration is so much more than piecemeal strategies aimed at repairing a broken system; it is a full-scale transformation of that system.” (Turner, 2019)

Common Elements of Integrated Homeless-serving System ⁸	Elements of Victoria's Homeless-serving system
Interagency management info system	Early stage of development
Co-locating services within programs	Supportive transitional hotels
Dedicated authority for system planning and system coordination	Absent
Common protocols and policies	Absent
Coordinated service delivery and training	Absent
Having staff dedicated to integration	Absent
A local interagency coordinating body	Greater Victoria Coalition to End Homelessness

What the stories of people experiencing homelessness tell us

The stories of those experiencing homelessness demonstrate the disjointed nature of services on the ground. Specific opportunities for service integration arising from these stories are integration between outreach and housing placements, elimination of referrals to ineligible services, integration between hospitals and emergency shelters, and integration between transitional and permanent housing.

Eric and Tim’s stories highlight opportunities to improve outcomes by integrating outreach with transitional housing placements. They are both left to their own to navigate the myriad of applications and interviews required to access transitional housing. They have no assigned outreach or case worker to aid communication. The process is confusing. Within the same week, an outreach worker told Tim he would be offered a hotel room, and a shelter worker asked him to complete an application for a bed in a shelter. While experiencing chronic homelessness, Hannah, Tim and Eric were interviewed for housing they were ineligible for and subsequently denied. The impact of being denied housing while homeless could range from anger, trauma, and depression to suicidal ideation. Systems integration would eliminate interviews and referrals for services that individuals are ineligible for.

⁸ Adapted from Alina Turner’s presentation for the Canadian Alliance to End Homelessness 2017 Conference “Systems Integration as Prevention: Considerations & Possibilities”

While experiencing chronic homelessness, Hannah, Tim and Eric were interviewed for housing they were ineligible for and subsequently denied. The impact of being denied housing while homeless could range from anger, trauma, and depression to suicidal ideation.

Hannah's story describes a heart-breaking return to an emergency shelter after surgery. During the daytime when shelter residents are required to leave the shelter, she recuperates in her car observing a fellow shelter resident recuperating from cancer treatments on the sidewalk. Her surgeon wanted to pay for a hotel room so she could recuperate from her surgery, but she could not avail of this generosity due to shelter policies. This highlights another opportunity for systems integration between hospitals and emergency shelters.

Bennet's and Eric's stories reveal how difficult the transition to housing can be for some. There are peer workers, social workers and case managers within the homeless-serving system, but these resources are not available or accessible to Bennet or Eric.

Bennet makes repeated attempts to move from her setting – a transitional supportive hotel – to a permanent home and completes two separate applications. This demonstrates an opportunity to integrate structural income and housing supports with transitional housing.

The stories of people experiencing homelessness confirm that they are interacting with several services, that multiple entry points to shelter and housing exist and that services are unavailable or difficult to navigate. Service integration may transform the experiences of individuals to enable access to a seamless system of care resulting in better outcomes.

What frontline workers said

The pandemic facilitated a new level of integration. Frontline workers expressed appreciation for co-located services at transitional supportive hotel. As one worker shared, “It was really cool to see the city come together in the wake of this crisis. This hotel became a shelter. The nurses started a clinic on the second floor. It's well used. Being in this building together, all these different agencies collaborating is a positive first step.”

However, there is much more work to do and frontline workers described a system that is largely disjointed. One long-time worker said, “We're not together. We're in our own little silos.” While another worker connected the lack of integration with outcomes: “There's no fluidity in any of the programs that work. There are over 1,500 homeless people in Victoria. It doesn't work together. The homeless person pays. I often say that the life expectancy of a homeless person is 43 years of age.”⁹

⁹ The BC Coroners Service released a report in 2019 of Reportable Deaths of Homeless Individuals (2007 – 2016) that 62 per cent of deaths of homeless individuals happened at 49 years old or younger.

Other frontline workers revealed specific opportunities for systems integration. Some commented that initiatives of the City of Victoria’s Bylaw and Parks departments need to be integrated with outreach services. “The public health nurse and myself work quite closely together from day one of working in parks. We’ve been able to offer additional care. That happens in the middle of an upheaval. Maybe moving from an entire park to another park. We’re losing continuity of care. We’re not able to keep up with them. That’s pretty dangerous for people who need care every day.”

While others highlighted the need for hospital discharges to be better integrated. “There’s definitely been times where people have been in the hospital and they come back and all their belongings are gone.” Frontline workers identified the need for outreach to be integrated with housing placements. As one peer-worker said, “I was asked to take someone to their suite viewing and I had never met her before. Of course, I said yes because she needs a ride, but they obviously don’t get it.”

Lack of integration between outreach and housing impedes relationship development. As one worker said, “People [who are homelessness] questioned us about housing and then our relationships were compromised and all we could say is BC Housing promised something.” While another worker shared, “Mostly, as Indigenous people, we are very relational. There are deeper connections we make to one another. Sometimes it just felt like we were asked to go out with Bylaw and then BC Housing so other agencies could piggyback on our relationships to get their info.”

APPLICATIONS ARE PROBLEMATIC

Frontline workers expressed disapproval with the number of applications required. Many held a common concern that the applications hindered the workers ability to build and maintain trust. As one worker said, “I have spent years building trust with people on the street and I am not going to throw that away with some idea about maybe housing at some point in the future. They have all filled out housing applications at some point.” Workers reported that many people who are homeless have filled out the same application multiple times, as many have been waiting for five, 10 and 20 years for housing.

They shared that BC Housing renders applications inactive after six months¹⁰ if a person doesn’t phone BC Housing to keep their file active. Outreach workers explained that this is not realistic given the daily need to eat, shower, and sleep and doesn’t recognize that homelessness is a form of extreme poverty that prevents people from having telephones and phone plans. This represents an opportunity for systems improvement.

Workers reported that many people who are homeless have filled out the same application multiple times, as many have been waiting for five, 10 and 20 years for housing.

¹⁰ BC Housing confirmed that as of spring 2021 applications are rendered inactive after 12 months.

Some workers felt the questions on the form are too personal to ask someone if the setting isn't right and if continuity of care is not promised. One stated, "I get [that] BC Housing wants to know, but we met this person 35 seconds ago and we're asking about their substance use, their physical health. We're asking folks to open up their private life." Another said, "I find the applications problematic. They were saying in the meeting today that you don't need to fill out all the personal stuff, just proof of ongoing support services."

OUTREACH COORDINATION

Housing outreach workers are not assigned to individuals and instead carry open-case loads. Workers throughout the pandemic visited the same sites and people. There was an increase in the number of outreach workers during the pandemic and it is unclear what services will remain. However, there were still large gaps in homeless outreach such as assisting with acquiring identification, facilitating access to housing appointments or facilitating access to social assistance. A few outreach workers expressed a desire for better coordination between them. One commented, "I can see how a database would be so useful. We have talked about having a shared drive with basic information about folks we're supporting." Another expressed a need for staff to support coordination. She said, "We tried to do a larger, outreach workers meeting to establish coordination. If there could be a staff person to coordinate. I've tried numerous times, but it falls apart when you're doing it off the side of your desk."

COMMON PRACTICES AND COORDINATED TRAINING

Some workers expressed concern at the high level of turnover and shared a perception that many workers had huge responsibilities, such as the well-being of individuals, with little to no work experience and specialized training. Frontline workers expressed a desire to see common practices and training. One worker suggested, "It could be great if the curriculum is based on people with lived experience. That is the core of what's needs to be taught to people." While another underscored the need for training to result in stronger alignment between approaches of staff of different agencies. She said, "I went to a hotel shelter and I can really notice a difference in the housing workers and other workers. It would be so much less confusing if there was standardized practices or training."

What senior managers and sector experts said

INTEGRATION BETWEEN THE STRUCTURAL SYSTEMS

Senior managers and sector experts spoke to the need for integration for structural policy responses acknowledging that poverty, housing markets, racism, child welfare, and colonization are drivers of homelessness. Stakeholders identified youth aging out of government care as a priority concern. As one manager stated, "There's also youth who are transitioning from foster care. There's a little wiggle room, but often those folks end up homeless quite quickly. That puts them at risk for all those other issues. Addiction itself doesn't cause homelessness. Often homelessness causes addiction. It isn't safe to sleep. People might start taking drugs to stay awake." Stakeholders want to see cross-ministry mandates and funded programs between children and family development, health, mental health and addictions, municipal affairs, and social development and poverty reduction to end homelessness.

COORDINATED ACCESS

Coordinated access is a service integration best practice within the homeless-serving sector that aims to:

- make access to housing easier
- improve health and housing outcomes by connecting individuals with housing and support matched to their needs and goals
- reduce the length of time individuals and families experience homelessness by making better connections with appropriate health and housing
- provide a systems-wide look at the resources and needs to help identify gaps and implement a cycle of continuous improvement.

A shared database called a homelessness management information system, is the backbone of coordinated access. In 2019, the CRD, BC Housing and Island Health initiated Coordinated Access and Assessment (CAA).

CAA - STREAMLINED ACCESS TO MULTIPLE HOUSING RESOURCES

The CAA process replaces separate application forms from individual housing operators with one standardized application. CAA placement table reviews applications and supportive housing vacancies and attempts to match individuals with suitable housing. This process reduces the number of doors an individual must knock on to access housing. Stakeholders confirmed there are more housing and shelter sites locally that need to join the CAA process before this outcome is fully realized. One manager expressed a desire to have the shelter she manages be part of the CAA: “We get referrals from across the community. We use our own internal waitlist. We get referrals from Island Health.” While another suggested more sites would enable better referrals: “Improve the referral system. Make sure that we’re matching people to their needs. Bring the diverse sites all into one pot.”

CAA - MATCHING AND REFERRALS

We can continue to do trial and error, which is what we’re doing now. That’s setting people up for failure.

Coordinated access aims to reduce the amount of time people experience homelessness by improving the process of matching people with resources. Senior managers spoke frequently about the need to improve the process of referring people to housing. Their perspective is best summed up with this comment: “We can continue to do trial and error, which is what we’re doing now. That’s setting people up for failure. I would like it to be a little more fulsome with the referrals.” Some spoke to the need for better information: “If we want to support people we have to know what kind of support they need.” And another shared, “One of the tools that is used to provide information is called vulnerability assessment tool (VAT). That is used to determine whether or not someone is suitable for supportive housing. But we find that some of the VAT info is outdated. It’s not very robust.”

Some stakeholders argued that to end homelessness the CAA needs to include more pathways out of homelessness.

Some stakeholders argued that to end homelessness the CAA needs to include more pathways out of homelessness. “CAA is only about streaming people into supportive housing programs.” For contrast, Edmonton’s coordinated access facilitates people’s access to Supportive Housing, Assertive Community Treatment (ACT), Intensive Case Management (ICM), Rapid Rehousing and Youth Critical Time Intervention.

There are ACT and ICM teams in Victoria but access to them is not coordinated through CAA. Island Health maintains its own intake procedures, and shares information with CAA. Some identified the need for CAA to include case management. Case management is a client-driven, collaborative approach to ensuring that a person who experiences homelessness gets the services and supports they need to move forward with their lives. (COH, n.d.) As one CEO explained, “We should have case management across mental health, addictions, and housing. We ascertain what will set them up for success and sustainability for their housing and their health and we work together to package it up for them.”

Impacts of Coordinated Access

Impacts for Clients

Greater understanding of the process to access community and housing-specific resources.

Faster connection to housing resources without needing to share personal information multiple times.

Supportive diversion from emergency services, where safe and appropriate, while still addressing immediate needs.

Shorter lengths of homelessness because the process better matches people to appropriate resources.

Fewer returns to homelessness because the process supports continuous service planning with potential for greater upstream intervention.

Referrals only to services that people are eligible for and will accept immediately.

Impacts for Service Providers

Prevents referrals to services that do not match client needs.

Shared understanding of who will be served and how, and the rationale behind these decisions.

Improved communication between service providers.

Greater collaboration and shared accountability for positive housing outcomes when working with common clients.

Ability to work together to jointly problem-solve complex cases.

Supports knowledge sharing, reflected in common service planning tools.

Source: Reaching Home Coordinated Access Guide, Employment and Social Development Canada, 2019

Coordinated access in Greater Victoria is in the early stages of development. The CRD has recently hired a community planner to facilitate members of the CAA to make decisions about new services to bring to CAA and to ensure it is fully supported by a homelessness management information system.¹¹

HOMELESS MANAGEMENT INFORMATION SYSTEM AND A BY-NAME-LIST

A centralized database providing real time, person-specific data, called a homeless management information system (HMIS) is the backbone of coordinated access. A by-name-list, often a subset of a larger HMIS, is a shared database providing real time data on the number of people who are experiencing homelessness. It may include demographic information such as age, to enable youth-specific interventions as an example. It also can track the relative effectiveness of housing and support service interventions (Turner, A. and Hansen, C. 2017) The Canadian Alliance to End Homelessness contends that actionable real time data is foundational to ending chronic homelessness. A by-name-list provides the information necessary to stop an individual's homelessness and provides monthly visibility of the dynamics of the system. It begins to coordinate the system and very specifically identifies a region's housing needs.¹²

A by-name-list provides the information necessary to stop an individual's homelessness and provides monthly visibility of the dynamics of the system. It begins to coordinate the system and very specifically identifies a region's housing needs.

Places that share publicly real-time, person-specific data include Edmonton, Toronto, Medicine Hat, Fort McMurray, Red Deer, Moncton, Saint John, Peterborough, London, and many other places. Many places such as London, Guelph-Wellington, and Edmonton attribute their ability to reduce homelessness to their ability to track it and develop more nuanced responses for sub-groups.

To that end, in 2017, the CRD and the GVCEH engaged a consultant to produce a plan to implement this database. Considerable effort went into reviewing current data practices and needs: identifying common data elements, developing an implementation plan, and completing a conceptual privacy impact assessment.

The federal government created a licensed product called the Homeless Individuals and Families Information System (HIFIS) and the CRD, in its role as Community Entity, is required to adopt HIFIS as the local management information system. BC Housing licenses HIFIS from the federal government and uses it to track information about programs that they fund. One key informant claimed, "BC Housing has a licence with the federal government to use HIFIS for all of B.C., but they only use it to track shelter spaces and supportive housing stays."

¹¹ For further reading on coordinated access, see the Reaching Home Coordinated Access Guide: https://homelessnesslearninghub.ca/wp-content/uploads/2021/06/HPD_ReachingHomeCoordinatedAccessGuide_EN_20191030-1.pdf

¹² Pers. Comm. Tim Richter. May 10, 2021

Housing operators are required to input data into BC Housing's database. In 2017, in hopes to avoid duplicating databases, the consultant identified BC Housing as the steward of the database on behalf of local users. It was anticipated that a shared database would roll out in 2018/2019 but that has not happened. The 2019-2024 Community Plan to End Homelessness, produced by the CRD and the GVCEH, identified the need to develop a by-name-list and a HMIS.

The absence of a by-name-list means no organization is tracking homelessness in Victoria. The homeless-serving system cannot precisely identify health and housing needs. As one interviewee stated, "What we're finding is we do point-in-time counts to give us the demographics, but the number [of people experiencing homelessness] changes daily. Because housing is so expensive, trying to find accommodations that are affordable and liveable is not viable, so those numbers are always shifting."

The homelessness response system relied on supportive housing applications throughout the beginning of the pandemic as an indicator of the numbers of people who are absolutely unsheltered. One stakeholder helped to illuminate the difference between a by-name-list and supportive housing applications: "Parksville is doing their own by-name-list. They have 200 people on the list, but only 70 people have filled out supportive housing applications."

A real-time, person-specific database will resolve several issues raised in this report including:

- Make visible the number of people experiencing homelessness in our region in real time.
- Tell us how long (on average) people are experiencing homelessness in our region.
- Track progress towards ending chronic homelessness.
- Eliminate the need, and associated harms, for individuals to repeatedly fill out applications because housing operators and Coordinated Access and Assessment (CAA) request up-to-date information.
- Reduce harmful mistakes such as referring people to services, such as housing, that they are not eligible for.
- Increase housing stability by matching people to housing better. Enable CAA to streamline access, assessment, prioritization, and referral to housing.
- Enable data-driven cycles of continuous improvement. Identify critical success factors for people to achieve positive exits to homelessness.
- Identify sub-populations such as youth who are couch-surfing and develop targeted interventions.
- Enhance adherence to provincial privacy legislation by eliminating the practice of casual sharing of personal information and observations about people who are experiencing homelessness in efforts to make assessments and placements.

A community effort to develop a by-name-list and HMIS must work with Indigenous partners to resolve data sovereignty issues. The protection of personal information is critical and must abide by provincial privacy legislation.

STREAMLINE APPLICATIONS, INTEGRATE OUTREACH WITH HOUSING PLACEMENTS

Senior managers, like frontline workers, acknowledged that the applications are problematic: “It’s hard for workers here, you don’t want to give people false hope. It’s hard for staff too.” Senior managers also indicated a need for outreach efforts to be integrated with housing placements. “There are some outreach workers who don’t want to get into doing applications for BC Housing, knowing there is no housing available.” Key stakeholders echoed frontline workers concerns that multiple applications paired with lengthy waits for housing offers causes institutional mistrust which may hinder future efforts to engage individuals in wellness plans to facilitate positive housing outcomes.

Multiple applications paired with lengthy waits for housing offers causes institutional mistrust which may hinder future efforts to engage individuals in wellness plans to facilitate positive housing outcomes.

COMMON PRACTICES AND COORDINATED TRAINING

Senior managers, like frontline workers, want to see coordinated training and practices. Some identified difficulties hiring qualified staff, while others identified a need for professionalization. As one sector leader shared, “The percentage of Indigenous workers is too low. We want to see a certificate or diploma program that ladders into public health so we can hire skilled workers.” Others expressed concern about staff burnout: “We have a big level of burnout especially over the last year. We have a greater demand for staffing. We cannot find people who have the skills. Many people have a knack, but a good education and baseline is needed.”

Each non-profit housing operator employs their own approach to staffing and training. Some non-profit operators emphasize the importance of cleaning while others emphasize the importance of unconditional love. In practice, the differences are less stark and the variance in training comes down to organizational culture and philosophy. Some managers see coordinated training and common practices as a way to improve housing stability outcomes. As one manager shared, “We go out of our way to train everyone from reception to finance how to have positive communication with tenants.” While another offered this criticism: “Staff often sit back. People should be engaged in support. And if they are just sitting back their job becomes surveillance.”

CODIFIED STANDARDS

Several senior managers believe staffing ratios should be codified. Stakeholders explained that older buildings have fewer staff than newer buildings and, as turnover happens, people with higher needs move into older buildings, increasing the need for staffing. One interviewee argued, “The buildings are quite large. There’s not enough staff. One of the standards should be a staff-to-resident ratio.”

Some people expressed a preference for BC Housing to develop standards for supportive housing and emergency shelters. As one manager put it, “BC Housing lets its operators form their own practices. Who else is going to keep standards of supportive housing? There should be basic standards.” Another said, “BC Housing selects operators and they need to say if you want to run this place, you need to do it this way.”

One senior manager raised the possibility that new legislation and accompanying regulations are required to improve the level of care in supportive housing noting, “If a senior goes into residential care, they are under the Community Care and Assisted Living Act.” The Government of B.C. issued a policy guideline in July 2020 clarifying that the Residential Tenancy Act applies to supportive housing, but not emergency shelters and transitional housing.

One interviewee spoke to the need for BC Housing to bring basic standards and a new funding structure to emergency shelters: “If we could transform shelters to adequate, safe, free from violence places then functional zero would be a humane goal on the road to ending homelessness. It’s the structure of the way the funding is allocated that forces people to run shelters like this.” They further elaborated that safety is different for the person who has untreated trauma, who feels constantly under threat. He concluded, “I would argue that the trauma that people experience in shelters keep them homeless.”

Policy Context

Provincial context

British Columbia is in a better position to end homelessness than it has been in decades. COVID-19 made visible the inequities in our community and the gaps and weaknesses in the systems that serve people experiencing homelessness.

The requirements for physical distancing and isolation within the public health emergency measures led to reductions in shelter occupancy capacities, new discharges from corrections and health institutions, and many relocations from couch-surfing arrangements. These moves led to large numbers of people sheltering in place in parks and along boulevards. The onset of the pandemic made homelessness highly visible across Canada, setting loose significant new investments and commitments to advance housing rights to the unhoused.

The Government of B.C. purchased or leased five hotels in Victoria, which have been operating as temporary supportive housing sites for people experiencing homelessness since spring 2020. Local stakeholders say the move was unprecedented – not only did the resources expand significantly, but with them came a new level of service integration between BC Housing and Island Health. The transitional supportive hotels have onsite primary healthcare, harm reduction services, meals, 24-hour building staff, security guards, visits from social workers, and some even include peer support workers.

When individuals moved from absolute homelessness into the hotels, the B.C. government promised that they would not be returned to homelessness when the hotels closed. And, in March 2021, the B.C. and federal governments announced plans to make good on that promise, with 280 new permanent homes set to open in 2022, located at six supportive housing sites. BC Housing owns three hotels and will continue to operate them as transitional supportive housing sites until the government can redevelop them into affordable mixed-income housing.

In the Capital Regional District (CRD) in the past 10 years, the B.C. government has completed 646 homes for those exiting homelessness. Of those, 246 homes — nearly 40 per cent — were created in the last fiscal year. Almost 70 per cent were created in 2017 and 2021; the investments were in response to increased visibility of homelessness arising from 2017 Super Intent City and from the pandemic.¹³ The B.C. government, together with the federal government, plans to build 280 more homes in the region by the end of 2022. Cool Aid plans to complete an additional 54 units of supportive housing and by the end of 2023 the Regional Housing First Program plans to complete 115 new units, but after decades of senior government neglect, it will not be enough to end homelessness.

B.C.'s forthcoming homelessness strategy is led by David Eby, the new Attorney General and Minister Responsible for Housing and is supported by six other provincial ministers: Children and Family Development, Health, Mental Health and Addictions, Municipal Affairs, and Social Development and Poverty Reduction. This indicates the strategy may include attention to prevention, turning off the tap into homelessness from child welfare, mental health, and poverty.

¹³ Unit Completion by Service Allocation Subgroup, Prepared by BC Housing's Research and Corporate Planning Department - May 2021.

Federal context

In 2019, the federal government launched a new strategy, called Reaching Home, to reduce chronic homelessness by 50 per cent, and enshrined the right to housing in legislation. In 2020, Ottawa launched the Rapid Housing Initiative with a \$1 billion investment. In the 2021 budget, the federal government committed an additional \$1.5 billion towards the Rapid Housing Initiative.

The federal government affirmed the fundamental right to housing with the National Housing Strategy (NHS) Act. In the September 2020 Throne Speech, the federal government committed to ending chronic homelessness in 10 years. And the Canada Mortgage and Housing Corporation recently committed to ensuring that everyone has a secure, affordable place to call home by 2030.

The NHS Act requires Canada to undertake actions that progressively realize the right to housing. It requires the government to ensure that all policies and programs serve to ensure the right to housing. An independent office of a Federal Housing and Homeless Advocate will provide accountability to the Act. The Advocate's primary role is to independently monitor the federal government's housing policy implementation, consult with rights holders – individuals with lived experience of housing needs and homelessness – and present information on systemic housing issues to the federal government. The Act created the National Housing Council to advise on federal housing policy. The Advocate and the Council will hold the government accountable for its commitment to realize the right to housing. (NRHN. n.d.)

To comply with human rights standards, homes must be affordable, accessible, safe, and culturally appropriate; residents must have security of tenure and be protected from arbitrary eviction; and housing must be located near employment and services and equipped with heat, water, sanitation, and information and communications technologies. (Paradis, E, 2020)

According to the Canada Mortgage and Housing Corporation, housing is considered affordable if it costs less than 30 per cent of a household's gross income. Throughout the 1970s and 1980s when the federal government was building between approximately 12,000 and 30,000 social housing units per year, the terms social and affordable housing could be used interchangeably. Today, social housing does not necessarily meet the Canadian definition of affordability and is best understood as housing protected from market forces by virtue of its ownership by a non-profit society, land trust, government or co-operative.

The following chart was published in the journal article, *The political economy of mortgage securitization and the neoliberalization of housing policy in Canada* and shows the impacts of federal government withdrawal from social housing production. (Walks & Clifford, 2015)

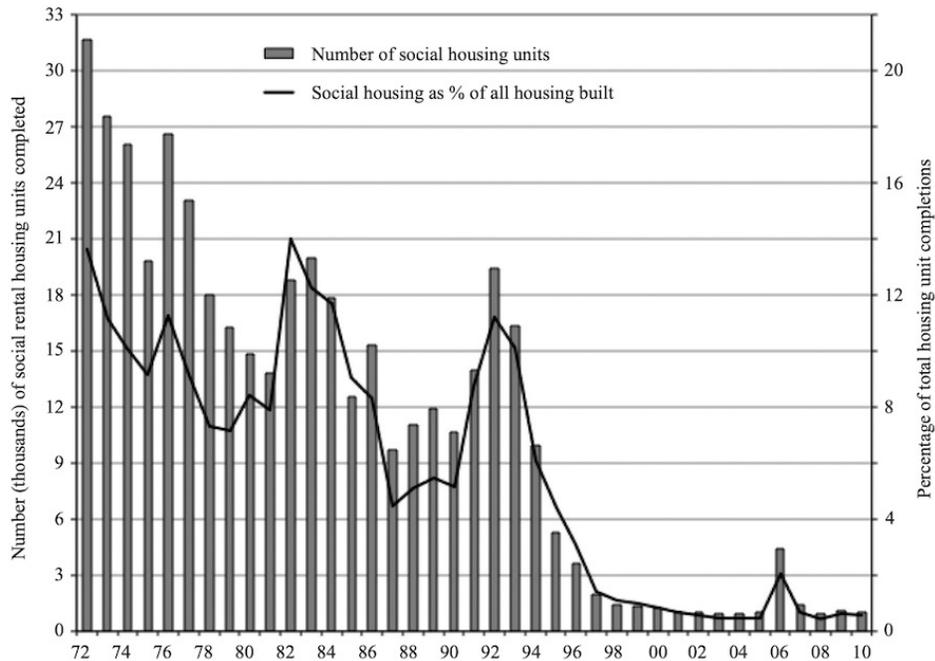
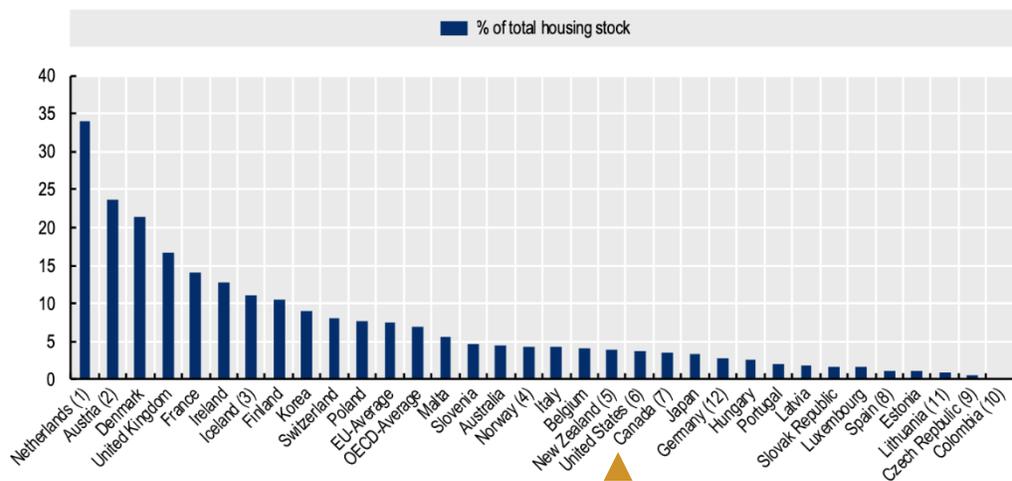


Figure 2. Social housing units built, by year, Canada 1972–2010 (source: calculated by the first author)

As a result of federal government disinvestments in social, affordable housing, Canada now has one of the most privatized housing markets of the 38 member countries in the Organization for Economic Co-operation and Development (OECD). Only 3.5 per cent of Canada’s housing stock is protected from market influences.¹⁴

Share of social rental dwellings as a % of total dwellings, 2020 or latest year available



¹⁴ Source: <https://www.oecd.org/els/family/PH4-2-Social-rental-housing-stock.pdf>

Researchers like Gaetz and DeJ identify the rise of mass homelessness in Canada with the federal withdrawal of affordable housing investments and cuts to social assistance in provinces and territories. (Gaetz & DeJ, 2017)

Local context

In 2007, the City of Victoria Mayor's Task Force on Mental Illness, Addictions, and Homelessness called for a Housing First program with assertive engagement and treatment, coordinated funding and integrated service delivery, and 1,550 net new units. The Task Force recommended a community-based governance structure to coordinate planning, policy, funding, and drive the integration of fragmented programs and services. The community launched the Greater Victoria Coalition to End Homelessness (GVCEH) in 2008 in response.

The City of Victoria provides \$100,000 annually, over and above the contribution via taxation to the Capital Region District, to the GVCEH for the following services:

- a. Regional Planning and Coordination:** ensure plans and initiatives have a region-wide focus and that housing and services are well-coordinated and integrated.
- b. Ongoing Research:** conduct research in support of evidence-based strategies and policies to end homelessness, including effective practices used in other jurisdictions.
- c. Communication:** implement community engagement and awareness strategies to ensure the underlying contributing factors of homelessness, the extent of homelessness in the region, and solutions to ending homelessness are better understood by stakeholders and the general public.
- d. Monitoring:** develop and implement a monitoring framework to ensure efforts to address homelessness are effective and are providing the necessary outcomes for the region.
- e. General Administration:** perform administrative functions required to support the Board and Committee activities, including overall day-to-day operations, annual business planning, and reviews of the long-term strategic plan as needed.

The City of Victoria contributes to the Aboriginal Coalition to End Homelessness (ACEH) via the CRD but does not directly contribute to the ACEH. Colonialism shapes Indigenous homelessness, and more than one-third of people experiencing homelessness in the region are Indigenous. The City can demonstrate its commitment to reconciliation by directly providing core funding to the ACEH.

The CRD and the City of Victoria contract the GVCEH to ensure homelessness initiatives are regional, coordinated, and integrated. The GVCEH convened stakeholders to produce a regional, collaborative 2019 – 2024 Community Plan to End Homelessness.

The CRD, BC Housing, and Island Health co-chair the Coordinated Access and Assessment Advisory (CAA) Committee, which convenes community partners to integrate services within the homeless-serving system. The CRD is the federal government's community partner to end chronic homelessness. In its role, the CRD coordinates community partners to design a homeless management information system and facilitate decisions about governance for the CAA. Many organizations and collaborations are working to coordinate better responses to homelessness in our region.

Since 2008, there has been a regional approach to homelessness, led by the GVCEH and, more recently, the CRD, in its role as Community Entity for the federal government's homelessness strategy. The CRD plays an important role in the homelessness response system. As the official partner for Reaching Home, it is responsible for allocating federal government funding strategically to end chronic homelessness. While the funding program is flexible to respond to unique community needs, there are several requirements of Reaching Home partners. Designated communities are required to implement coordinated access, supported by a homeless management information system and to convene community stakeholders to develop plans to end chronic homelessness.

The Reaching Home program provided the CRD \$4.7 million over five years. During COVID 19, the federal government almost doubled the investment in the strategy and transferred an additional \$3,231,049 to the CRD.¹⁵ The CRD was required to allocate this funding to essential emergency survival services. The Government of Canada has promised to sustain this elevated funding annually from April 2021 – March 2024. The CRD is currently preparing a call for proposals to direct this funding toward strategic investments to end chronic homelessness and to prevent individuals and families from falling into homelessness.

The CRD is also facilitating the Regional Housing First Program partnership between the CRD, BC Housing, Canadian Mortgage Housing Corporation (CMHC) and Island Health. The Regional Housing First Program was launched in 2016 to address chronic homelessness in the CRD. The program was born out of pivotal research completed by the GVCEH called *Creating Homes, Enhancing Communities*. This report estimated there were 367 – 479 individuals experiencing chronic homelessness in 2015. (Elliot, 2015)

The City of Victoria contributes to the Regional Housing First Program and the GVCEH through tax contributions to the CRD. Many of the homeless services typical to municipal governments, such as outreach or delivering the federal government Reaching Home program, are carried out by the CRD, the GVCEH, or the CAA. The City of Victoria supports a regional approach to homelessness and this does not preclude the City of Victoria from articulating a value-added policy and role.

Of the municipalities in the Capital Region, the City of Victoria experiences a disproportionate impact of the homelessness crisis. Without a designated staff role or department to lead the City of Victoria's involvement in homelessness, the approach has been largely reactive.

The August 2020 budget update noted that \$850,000 was set aside for City Bylaw, Parks, Facilities, and Public Works to manage issues arising from encampments. This does not include the additional significant police expenses related to homelessness. At the same time, there are no staff or departments with a specific mandate to address homelessness or, more importantly, undertake steps to end and prevent homelessness.

¹⁵ Extracted on May 1, 2021 from <https://www.crd.bc.ca/project/reaching-home>

Emergency responses to homelessness are much more costly than providing rapid access to housing with appropriate supports — an approach known as Housing First. The At Home/Chez Soi field study found that, on average, the Housing First intervention costs \$22,257 per person per year for participants connected to Assertive Community Teams (ACT), and costs \$14,177 per person per year for participants connected to Intensive Case Management (ICM). Every \$10 invested in Housing First resulted in an average savings of \$21.72.

One of the advantages of Housing First for those who have high levels of chronic mental and physical illness is shifting their care from institutions to the community. Most service use changes represent shifts from crisis to community services, and program involvement addresses unmet needs. (Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Nelson, G., MacNaughton, E., Streiner, D., & Aubry, T., 2014) A newer study by Nick Falvo *Cost Savings Associated with Housing First* affirmed similar cost savings. It studied data from 2,222 individuals between 2012 – 2017 and found that supporting a person in Housing First in Calgary typically cost between \$14,000 and \$30,000 each year. Every \$1 spent on Housing First resulted in \$2 in savings to the public system. (Jadidzadeh, Falvo, Dutton., 2020)

Municipal governments are limited in their ability to raise revenue to pay for Housing First interventions but are critical authors of housing policy. Municipal governments can use disaggregated data and qualitative evidence to make systemic exclusions from housing visible and communicate this to senior governments. Cities can adopt a rights-based approach to reframe the conversations that create housing policy. For example, do renters have a right to housing security? Do property owners have a right to redevelop land?

While several City departments (Public Works, Parks, Bylaw and Police) are responding to homelessness, community planning is not involved. Despite this, community planning is making contributions to preventing and ending homelessness. Community planning has a mandate to identify housing needs and undertake initiatives that will contribute to a healthy and adequate housing supply. Victoria's Housing Strategy has several actions that contribute to the prevention of homelessness and assist in the realization of the progressive right to housing.

In the Victoria Housing Strategy (Phase Two: 2019 - 2022), the City of Victoria recognizes that housing is a human right. The strategy is pulling many municipal levers to advance housing rights. The City of Victoria has developed policy to regulate vacation rentals, introduced inclusionary zoning to incentivize purpose-built rentals, introduced new standards of maintenance bylaws in conjunction with tenant resources, introduced tenant assistance policies to mitigate adverse impacts of redevelopment, hired a Tenant Planner and accelerated the development process for non-market housing, and more. The Strategy has advanced housing rights in Victoria.

While there has been no formal homelessness function, the Victoria Housing Strategy does advance several actions that prevent homelessness, such as the land acquisitions and partnerships creating supportive and affordable housing and the proposed rapid approval process for non-profit housing. In addition to facilitating supply, the Housing Strategy prevents homelessness by providing supports to tenants.

In conjunction with the new Rental Property Standards of Maintenance Bylaw, the Tenant Planner position was created to provide related support and education. The Tenant Planner can help to answer questions from renters and landlords about the Bylaw and to provide information about local resources and support. Through general education and individual case communication, the intention of the Bylaw and the role of the Tenant Planner are to help resolve maintenance issues without tenants having to escalate the issue to a dispute resolution hearing with the Residential Tenancy Branch.

In developing the Bylaw, a major consideration was the potential risks to tenants if they filed a complaint with the City, particularly if they are living in an illegal unit or where the required upgrades might result in having to vacate the unit. With the new Tenant Planner position, cases requiring a more nuanced approach can be handled in a tenant-centred way, with priority being given to an approach that supports tenant housing security.

However, without a dedicated homelessness function, there are gaps. The process of developing this report identified areas that need consideration including:

- The need for better methods to ascertain housing needs that quantify the scope of housing need for those that are at risk of homelessness.
- The need for disaggregated data to identify groups that are systemically excluded from housing.
- Tracking losses of low-cost housing and the impact on homelessness.
- Anti-stigma training and welcoming homeless action plans for recreation centres, neighbourhood associations and other civic places.
- Coordination of extreme weather responses.
- Emergency shelter and supportive housing site selection and land-use planning.

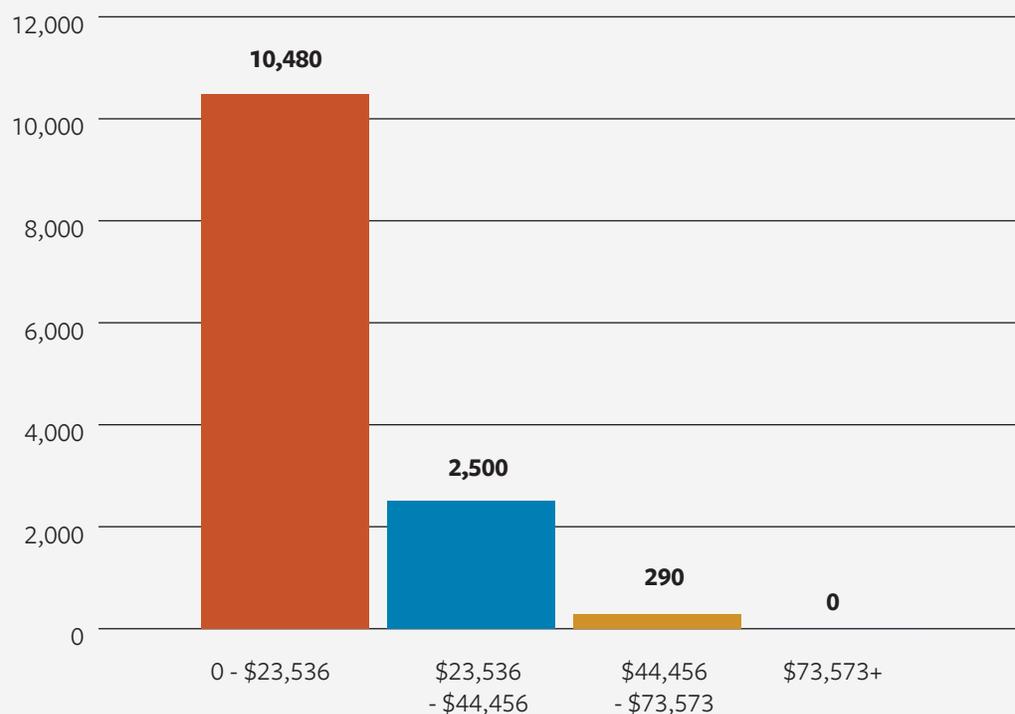
What is the housing reality for those who are at risk of homelessness in Greater Victoria?

A household is said to be in core housing need if its housing does not meet adequacy, affordability or suitability standards and is required to spend 30 per cent or more of its gross income on rent. Core housing need is an indicator of the number of people who are at risk of homelessness. (Albert, M., Penna, T., & Pauly, B., 2015) Extreme core housing need has the same meaning except that the household has shelter costs that are more than 50 per cent of before-tax household income. Extreme core housing need is more conservative indicator of the number of households at risk of homelessness than core housing need.

There are 10,480 households in need in the Capital Region and 4,975 in the City of Victoria in extreme core housing need with annual incomes below \$23,536 and averaging \$13,908.¹⁶ A portion of this population lives on provincial disability income assistance or senior's income assistance and has no way to increase their income. One-third of income is considered an affordable amount to spend on housing. Housing that is affordable to this income bracket costs approximately \$375 to \$650 each month.

¹⁶ The Canadian Rental Index using 2016 Census Data

Number of Renter Households in the CRD spending 50% of their income on rent, by income bracket



Source: Canadian Rental Index (using 2016 Census Data)

What separates those who are at risk of homelessness due to core housing need and those who are at imminent risk can be the onset of a crisis, such as an illness or job loss, or a turn of events, such as an eviction. (COH, 2012)

The impossible math of disability income assistance

Six out of seven participants experiencing homelessness interviewed for this report rely on disability income assistance. People with disabilities, or those with diagnosed mental health conditions, make up an estimated 45 per cent of Canada's homeless population. (CERA, NHRN, SRAC, 2021)

Provincial disability income assistance is for people who live with a disability, including mental illness, that is expected to continue for more than two years, and in many cases for life. Many who live on disability income assistance have constrained opportunities to increase their income. In May 2021, in Victoria, disability income assistance rates are too low to enter the rental market.

Disability income assistance rates for individuals in British Columbia beginning in April 2021 is \$1,358.42 each month. The median available rent in Victoria in May 2021 for a studio apartment is \$1,265 and for a one-bedroom apartment is \$1,595.¹⁷ The median available rent for a studio apartment is 93 per cent of disability income assistance and the median available rent for a one-bedroom apartment is 117 per cent. Others on social assistance have even less income.

The BC Expert Panel on Basic Income recommended a series of reforms to social assistance and housing benefits to ensure persons with long-term disabilities are no longer confined to poverty and housing insecurity. They put forward 65 recommendations to result in a targeted basic income including a recommendation to increase disability social assistance to at least the market basket measure poverty line and to provide housing support to all low-income renters. (Green, D., Kessleman, J, & Tedds, L., 2020)

Recipients of social assistance are provided a monthly \$375 shelter allowance. The report *Housing Discrimination and Spatial Segregation in Canada* calls this grossly inadequate in comparison to the cost of housing and identifies this as the leading cause of homelessness. Setting shelter rates at levels that make it impossible to secure housing is systemic discrimination from governments to social assistance recipients. (CERA, NHRN, SRAC, 2021) Setting total monthly income assistance rates at less than median available rental rates puts numerous households at risk of homelessness.

There are households in Victoria that rely on income assistance, have lived in the same apartment for many years, and have had their rent increases limited by legislation. These households could face homelessness with any event – such as a family break-up or eviction caused by redevelopment – that results in a new attempt to secure a market rental apartment at today’s rents.

Plans for new housing affordable to the lowest income group

While increasing supply of market housing helps slow down housing price increases, the gap between what the lowest income households can afford and housing costs can only be ameliorated through government subsidies of income or housing. (Been, V., Gould Ellen, I., and O’Regan K. 2018)

The B.C. government is building new rental housing for the lowest income group for the first time in decades. The Community Housing Fund Program will build 14,350 non-market homes over a 10-year period across the province and 2,870 (20 per cent) of those homes are planned to be affordable to the lowest income group. This program has resulted in 193 homes are completed or in process in the Capital Region that will be affordable to the lowest income group, those at risk of homelessness.¹⁸

¹⁷ The median available rent is the median of rents of apartments that are currently available and advertised for rent. The median available rent is higher than average rents as it excludes rents of apartments with long-term tenancies that have had rent increases restricted by legislation. The median available rent indicates the general cost to enter the rental market. Extracted on May 12, 2021 from <https://www.padmapper.com/apartments/victoria-bc>

¹⁸ Data provided by BC Housing staff June 30, 2021

We're losing affordable housing faster than we can create it

The Capital Region is losing affordable housing faster than we can create it. Using the methodology and terminology created by housing policy researcher, Steve Pomeroy we find that between 2011 and 2016 the number of homes renting for less than \$750 per month declined by 12,880 in the Capital Region.¹⁹

The financialization of rental housing — an asset that is attracting large and small investors seeking to benefit from on rapidly increasing rents — is primarily responsible for the losses of low-cost rental housing. (Pomeroy, 2020) Turnover, renovation, and redevelopment of modest rental properties contributes to losses of naturally occurring affordable housing and accelerates the transformation of rental housing from a social good to an investment class.

To get an accurate determination of community needs for housing, we need to pay attention to the stock of affordable housing that is being lost in addition to plans for new supply.

What are the indicators of housing need for those who are currently experiencing homelessness?

The following indicators point to the current number of people who are experiencing homelessness and provide an indication of the amount of new housing resources required to end current levels of homelessness.

The indicators below suggest the number of housing units required to address current levels of homelessness and do not attempt to estimate the numbers required to deal with new inflows assuming the status quo to overarching socio-economic policies.

2020 Point in Time Count

The 2020 Point in Time Count found 1,523 people experiencing homelessness in the Capital Region, living unsheltered, in emergency shelters, transitional housing, couch-surfing, or in public systems. Eighty-two per cent of survey respondents met the federal government definition of chronic homelessness. In 2020, it is estimated there were 1,249 people experiencing chronic homelessness in the CRD.

Active Applications for Supportive Housing

BC Housing had 1,524 active applications for supportive housing as of March 31, 2021. The number of applications is limited to applications that are new or renewed within the prior year. The application is available online and likely includes applications from people who have moved to other jurisdictions or who filled out the application by mistake. Given how closely this number matches the Greater Victoria 2020 Point in Time Count (2020 PIT Count), and in the absence of better data, the number of active applications for supportive housing can be used as an indication of the housing resources needed to end current levels of homelessness.

BC Housing Registry for Non-Market Housing

As of March 2020, there was a total of 938 households on BC Housing's housing registry for non-market housing in Victoria. This list does not consider any other waitlists of housing providers that are unaffiliated with BC Housing and should not be considered comprehensive. (CRD, 2020)

¹⁹ See Augmenting the National Housing Strategy with an affordable housing acquisition strategy by Steve Pomeroy, June 2020.

Long-term Stays at Emergency Shelters and Transitional Housing

All three non-profit operators of emergency shelters report that there are significant numbers of people who have been staying in long-term emergency shelters for one to five years. The 2020 PIT Count identified 1,093 people in emergency shelters, transitional housing, and institutions; 82 per cent of survey respondents were chronically homeless. Therefore, we can estimate, that as of March 2020, there were approximately 896 people living long-term in shelters, transitional housing and institutional settings.

Mental Health Substance Use Residential

As a snapshot as of April 2021, 17 people, taking up 14 per cent of available Island Health-operated MHSU beds, no longer require the level of care provided in MHSU residential.²⁰ They need an affordable place to live, either in supportive housing, subsidized independent housing, or market housing with a rent supplement.²¹

Supportive housing completions 2011 - 2021

According to data provided by BC Housing, over a 10-year period from 2011 – 2021, BC Housing created 640 units of housing for people experiencing homelessness in the Capital Region. The largest single investment in supportive housing was in 2020-2021 which increased the availability by 246 units.

This chart shows the number of new supportive housing units introduced to the CRD in a two-year period, compared to the estimated number of people experiencing homelessness from semi-annual PIT Counts.²²

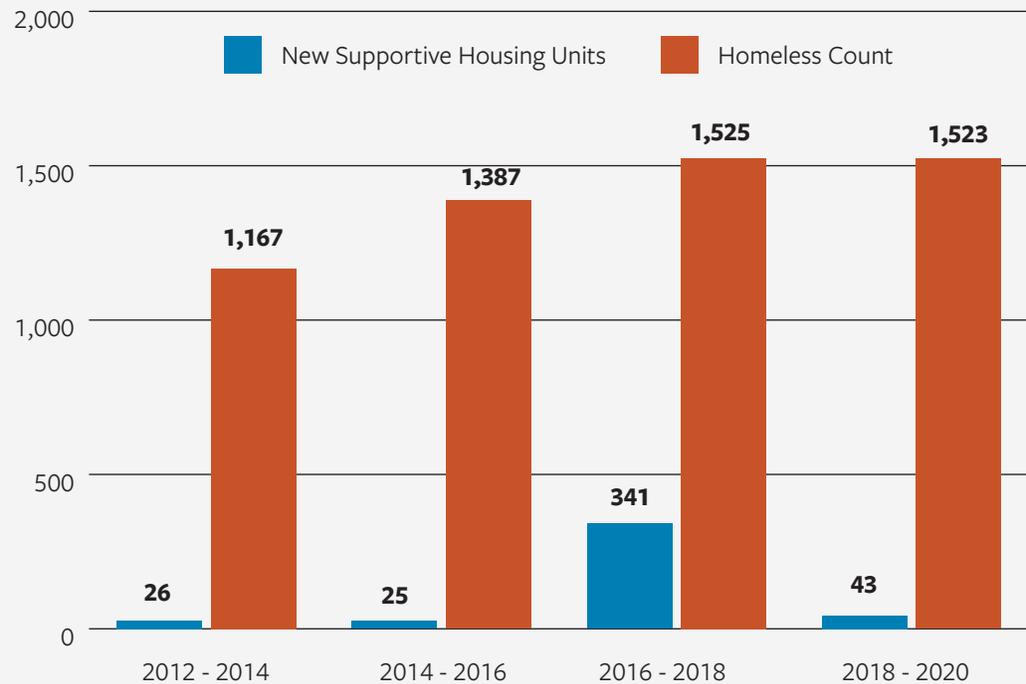
For example, 26 new supportive housing units were added to the CRD supply of supportive housing over two fiscal years 2012/13 – 2013/14, and in 2014, the Point In Time Count, called a Facility Count that year, estimated 1,167 individuals were experiencing homelessness. The methodology for PIT Counts has improved over time, and the chart below does not show a trend in the numbers of people experiencing homelessness over time. The chart compares supportive housing completions to homeless estimates.

²⁰ Data provided by Island Health on May 19, 2021.

²¹ This type of data is included in the Point in Time Count. It is included here to enhance understanding of what it means to be 'sheltered homeless' and to highlight the impacts of affordable housing shortages. An adequate supply of housing will help end homelessness and free up treatment beds.

²² 2014 Facility Count https://victoriahomelessness.ca/wp-content/uploads/2018/09/FacilityCount2014_FINAL.pdf
2016 PIT Count https://victoriahomelessness.ca/wp-content/uploads/2012/07/PITCountReport_Final.pdf
2018 PIT Count 2018-PiT-Count-Community-Report-FINAL.pdf (victoriahomelessness.ca)
2020 PIT Count <https://victoriahomelessness.ca/wp-content/uploads/2020/07/crd-pit-count-2020-community-report-2020-07-31.pdf>

2011-2021 Capital Region New supportive housing units compared with the estimated number of people experiencing homelessness



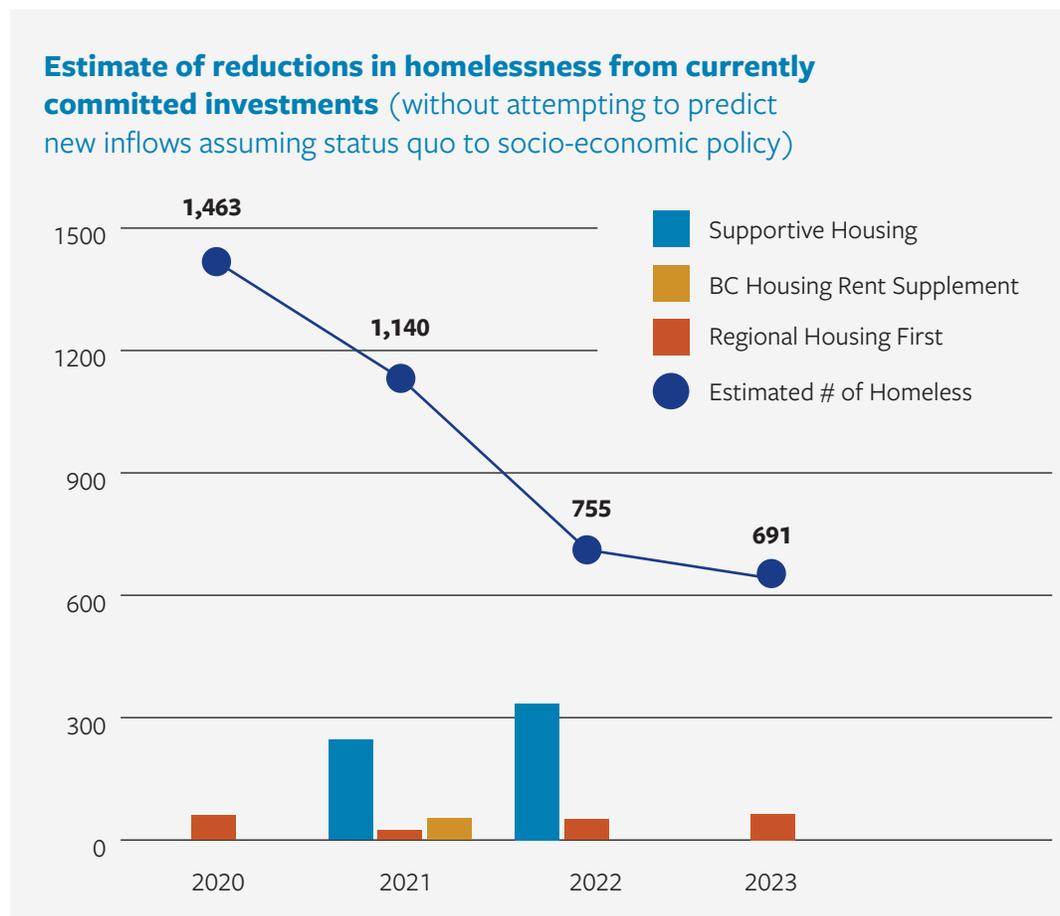
Forecast of the number of people experiencing homelessness in Greater Victoria

The following chart shows an estimate of the reductions of numbers of people experiencing homelessness, using the 2020 Greater Victoria Point-in-Time Homeless Count and Housing Needs Survey (2020 PIT Count) as a starting point (1,523), and subtracting one for each new unit of supportive housing, Regional Housing First Program, or rent supplement that has been deployed or committed since the 2020 PIT Count. BC Housing forecasts no new rent supplements in the CRD in the next three years.²³

²³ Data provided by BC Housing's Research and Corporate Planning Dept., May 2021. Source: Unit Count Reporting Model, March 31, 2021

This should be understood as a rough estimate of the impact of the new housing on the number of individuals experiencing homelessness in our region. It does not consider new inflows to homelessness. There will be discharges from corrections into homelessness, youth aging out of care, personal events like illness, job loss, or eviction of households whose income is less the amount required for re-entry into the rental market.

In 2023, this estimates there will be roughly 691 people experiencing homelessness in Victoria. It is an underestimation as we do not attempt to predict inflows to homelessness.



Two hundred and eighty modular units of new supportive housing are planned to be completed in 2022 in the Capital Region. This will be approximately enough housing to transition the approximately 283 people living in the temporary sites that are planned to close in 2022.²⁴ About 325 people will remain in three transitional hotel sites, and several hundred in other temporary institutional settings and an unknown number will still be sheltering outside. Two new supportive housing projects were announced in Spring and Summer 2021 within the City of Victoria, which will add 90 more units possibly by the end of 2024.²⁵

²⁴ Data provided by GVCEH research department. The Travel Lodge (capacity ~100), Howard Johnson (~80), Tiny Town (30) Russel Street (30) and Mt Tolmie (43) are scheduled to close in 2022.

²⁵ 2021.06.09_MR_New Housing and Community Centre.pdf (victoria.ca)
<https://letstalkhousingbc.ca/victoria-225-russell>

Conclusion

This report is a call to action for the B.C. government to lead a full-scale transformation of the homeless-serving system. The government of B.C. has an unprecedented opportunity to partner with federal and local efforts to end homelessness in its forthcoming homeless strategy.

The most important actions the provincial government can take is tackling the housing crisis experienced by the lowest income bracket, and re-aligning the homeless-serving system towards ending homelessness.

The system is overly focused on getting people inside, without enough attention paid to preventing homelessness, to the ability of individuals to recover from homelessness and achieve stability, and to facilitating positive exits from homelessness. The system is directed towards outputs rather than outcomes, tracking the number of people who have moved inside, rather than tracking the changes in the number of people experiencing chronic homelessness. The report recommends a full-scale transformation of the homeless-serving system to a rights-based approach to housing and a person-centred approach to care.

There is an urgent need to provide immediate access to permanent housing direct from homelessness, a preference by some for community-integrated, market rental housing, an imperative to introduce choices, and a generalized need for the sector to align practices to Housing First. The introduction of new rent supplement programs and expansion of S2H could resolve these issues.

People who are homeless must have a say in their lives. The stories of those experiencing homelessness show us the wide diversity of people who have experienced homelessness and help us understand that there needs to be many more pathways out of homelessness.

Individuals and families want to know there is something positive on the other side of homelessness, want help for untreated trauma, and want to be inspired by stories of those who have recovered from homelessness or ‘slowed down on drug use.’ Those who participated in this study overwhelmingly request that the system make it easier for them to take an active role in getting permanent housing, jobs, or take steps towards better health.

The system is not currently set up to support this.

By not making room for the experiences, analysis, needs and desires of those struggling to exit from homelessness, we risk facilitating returns to homelessness and to maintaining a number of people who cycle between absolute homelessness, supportive housing, emergency shelters and back again.

By not paying particular attention to the affordable housing crisis experienced by the lowest income group – those at risk of homelessness - we take away the ability for individuals and families to proactively address their current or pending homelessness independently. By ignoring the affordable housing crisis, especially as it pertains to the lowest income group, we have – to some degree – institutionalized homelessness.

The recommendations in this report call on governments to make transformative changes that will ensure that homelessness is rare, brief, and non-recurring.

Recommendations

The recommendations are organized into four calls to action.

CALL TO ACTION 1

Resolve the housing crisis by re-aligning policies and programs to realize the human right to housing.

1. That the Government of B.C. adopt the Human Right to Housing as a guiding framework to resolve the affordable housing crisis.

In practical terms, this will set new priorities, targets, and goals, resulting in housing strategies to prevent homelessness and to facilitate exits from homelessness. Government-wide procedures and practices would be reviewed to ensure they do not cause or maintain homelessness.

Adopting the human right to housing as a guiding philosophy will advance housing rights over time, prioritize those most in need, and ensure systemic exclusions to housing are identified and resolved. Implementing a right to housing approach will also breach the divide between ministries and/or departments, ensuring that there is coordination so that drivers of homelessness can be identified in various portfolios, and solutions to homelessness can be integrated therein.

Homelessness is a *prima facie* violation of the right to housing. As such, homelessness is a prioritized area of action.

Adopting the human right to housing would align British Columbia with the Government of Canada and the City of Victoria.

2. That the Government of B.C. ensure that homelessness, housing funds and or income supports are allocated according to community needs and are sufficient to realize the right to housing for all within a reasonable timeframe.

There are more than 10,000 households in the CRD spending more than 50 per cent of their income on housing, with annual incomes below \$23,536. The British Columbia Community Housing Fund Program will result in roughly hundreds of new homes in Greater Victoria that are considered affordable to this income bracket.

The Government of B.C. needs to devise a strategy that resolves the housing crisis for very low-income households to prevent new inflows to homelessness.

3. That BC Housing allocate a proportion of shelter rate units developed through the Community Housing Fund Program to the Coordinated Access and Assessment process.

There are hundreds of new shelter rate units recently completed or under construction in the Capital Region that are not accessible to those living in emergency shelters, unsheltered or the homeless-serving system. Homelessness is a violation of human rights. As such, BC Housing, through funding agreements, should require a proportion of new shelter rate units be filled through the Coordinated Access and Assessment process to reduce the number of people experiencing homelessness.

4. That the Government of B.C. strategically support new rent supplement programs.

Building supportive housing takes years. Each year that an individual experiences homelessness is a year of trauma, social exclusion, and extreme poverty to recover from. This report estimates after completions of planned supportive housing, there will remain hundreds of people experiencing homelessness in the Capital Region.

The Government of B.C. should strategically invest in rent supplement programs to provide immediate access to permanent housing, to support rapid rehousing (such as diversion programs) and to move people who are inappropriately residing in MHSU residential or supportive housing.

Rent supplements wrapped into rapid rehousing or diversion programs can return individuals to market housing after a brief experience of homelessness and is an effective strategy to reduce the risk of chronic homelessness.

Given the need to increase immediate access to permanent housing direct from homelessness, a preference by some for market rental housing, a desire to introduce more choices and a generalized need for the system to align practices more closely to Housing First principles, priority should be given to expanding Victoria's Streets to Homes program to serve more people and to include serving those with lower levels of need.

5. That the Government of B.C. establish a non-profit and co-operative provincial acquisition strategy, combined with tenant protections, to safeguard existing low-cost rental homes and expand the supply of deeply affordable housing.

The Capital Region is losing affordable housing faster than we can create it. A non-profit acquisition strategy will help prevent homelessness and expand the supply of homes preserved for non-speculative uses. An acquisition strategy must go hand in hand with tenant protections, especially for tenants in the lowest income bracket, to ensure there is no displacement or homelessness due to future redevelopment projects.

6. That the City of Victoria fully embrace the Human Right to Housing to guide its future responses to homelessness, and to continue to advance housing rights.

Implementing a right to housing approach will breach the divide between departments, ensuring that there is coordination so that drivers of homelessness can be identified in various portfolios, and solutions to homelessness can be integrated therein. Embracing the human right to housing requires reviewing government-wide procedures and practices to ensure they do not cause or maintain homelessness.

While phase 2 of the Victoria Housing Strategy advanced considerable housing rights, phase 3 could further advance housing rights by incorporating a stronger focus on the housing needs of the lowest income group and of the unhoused. The City of Victoria does not have revenue powers to provide supportive or subsidized housing, but it can quantify and communicate community needs for subsidized housing by income bracket, as this report has done. A rights-based approach also requires closer attention to the losses of low-cost housing, as losses of low-cost housing is a driver of homelessness.

7. That the City of Victoria establish a full-time staff position in the 2022 budget with a focus on homelessness in the city.

The purpose of the position is to accelerate the shift from reacting to homelessness to realizing the right to housing for all. The role will identify drivers of homelessness and assess municipal policy and programs to ensure they are in keeping with the City of Victoria's commitment to advance the right to housing. The position will add value to regional efforts to end homelessness, while not duplicating activities. The proposed duties are listed in Appendix 2.

CALL TO ACTION 2:

Lead a full-scale transformation of the homeless-serving system.

8. That the Government of B.C. ensure all homeless programs have a laser-like focus on the goal to ensure homelessness is rare, brief, and non-recurring in its forthcoming homeless strategy.

The B.C. Government through BC Housing and Island Health operate programs that are essential to those experiencing homelessness. The pandemic has unlocked a new level of information sharing between the two agencies, but programs are not integrated and not clearly oriented towards ending homelessness. This report recommends that BC Housing and Island Health and other agencies be provided with a mandate, and sufficient resources, to work together to end homelessness.

For the most part, these government efforts occur after an individual has already fallen into homelessness. To truly end homelessness, the Government of B.C. needs to integrate prevention efforts from health, children and families, corrections, Indigenous relations and reconciliation in its forthcoming homelessness strategy.

9. That the Government of B.C. support Indigenous-led solutions to homelessness.

The participants who are experiencing homelessness recommended more opportunities to participate in cultural programming. Experiences of Indigenous homelessness are directly related to colonization. This report identified a need for more Indigenous workers, cultural programming, Indigenous cultural safety, and Indigenous-led approaches to ending homelessness. The Government of B.C. can demonstrate its commitment to reconciliation by supporting Indigenous-led solutions to homelessness.

10. That the Government of B.C. fund the implementation of the recommendations of the Health & Housing Think Tank 2021.

The current model of supportive housing is described as ‘one-size-fits-all’ and works for too few people. This report identified the need to transition to a person-centred model of care and housing.

The Health & Housing Think Tank 2021 Summary Report: A Vision for Greater Victoria shares a detailed vision of health and housing services for people exiting homelessness tailored to different levels of need. It articulates which services should be accessible to residents through community care and in-reach and which should be available onsite for different levels of care.

The report includes 40 recommendations for system transformation, from site size (20 – 30 people in the higher needs cohorts) to community connections (connect people living in housing to their local community) and prompt access to primary health care and services to support the social determinants of health (economic, social, cultural support). A high-level summary of the recommendations can be found in Appendix 1.

11. That the City of Victoria support Indigenous-led regional collaborations to end homelessness.

Before the end of the 2021/2022 fiscal year, that the City of Victoria review the funding and services agreement with the Greater Victoria Coalition to End Homelessness and consider providing an equitable amount of funding to the Aboriginal Coalition to End Homelessness.

12. That the homeless-serving system provide consistent one-on-one support workers to build trust before or immediately upon a move into emergency, transitional or supportive housing.

Individuals with lengthy experiences of homelessness have high levels of mistrust. Motivation and effort towards individual health and housing goals depends upon willing participation. Trust is a prerequisite for willing participation. Drop-in services, even those that are onsite, may not be an effective model to connect some individuals with the resources they need and want.

Some of the individuals experiencing homelessness who shared their stories for this report expressed strong desire to connect with resources to make life improvements but need a dedicated worker to stand shoulder-to-shoulder with them as they walk through their journey to exit homelessness.

13. That Cool Aid or Our Place partner with BC Housing to pilot a diversion program and a housing-focused shelter to reduce the length of time people stay in emergency shelters and to reduce the number of people who are at risk of chronic homelessness.

This review documented that long-term usage of emergency shelters is a persistent widespread issue in Victoria. Shelters from across the country have taken leadership on this issue, not satisfied to wait for government intervention, with great success.

Diversion programs divert people from emergency shelters, thereby preventing chronic homelessness. Professional landlord liaison recruits and maintains landlords, while rent supplements make up the difference between incomes and market rents. Housing-focused shelters use a strategy called ‘housing engagements’ to support, prod and encourage individuals to work on their housing plans each day they stay at the shelter. All programs report outcomes that challenged their assumptions about the housing market, about government-definitions of affordability, about housing preferences and about individuals with high needs.

Sheltered homelessness is a violation of the human right to housing, therefore the local homeless-serving system has an obligation to act and be open to having assumptions challenged.

14. That the Greater Victoria Coalition to End Homelessness, the Coordinated Access and Assessment Advisory Committee and the Community Advisory Board (for Reaching Home) prioritize the implementation of a Homeless Management Information System (HMIS) and by-name-list.

The homeless-serving system needs to prioritize the implementation of a HMIS and a by-name-list to track homelessness, to precisely quantify housing needs, to track and report progress on ending homelessness, to use data to test assumptions and develop more robust programs, to better connect individuals with appropriate health and housing resources and to shift the focus from managing homelessness to ending homelessness.

15. That the Greater Victoria Coalition to End Homelessness track and report publicly, monthly:

- The number of people who are new to homelessness.
- The number of people who have returned to homelessness.
- The number of people who have exited homelessness.
- The average length of time individuals experience homelessness.
- The average length of time long-term users reside in emergency shelters.
- The average length of time residents live in transitional housing.
- The number of people who are chronically homeless.

16. That the Greater Victoria Coalition to End Homelessness develop coordinated staff training to:

- Connect staff efforts to positive exits from homelessness.
- Introduce or reinforce trauma-informed practices and Indigenous cultural safety, including within decision-making.
- Introduce new practices to support self-determination.

17. That the eviction prevention subcommittee of Coordinated Access and Assessment Advisory Committee lead a collaborative process resulting in a standardized system-wide approach to eviction prevention and rapid rehousing strategies to reduce returns to homelessness.

Each housing operator has a unique approach to evictions. Some agencies have a strong tendency towards no evictions, some report a deep commitment to rapid rehousing, while others evict people more easily. The CAA is currently conducting a review of evictions and this review should be focused on the development of common eviction prevention and rapid rehousing policies for all housing operators. The 2017 Housing Stability Project by the GVCEH and the CRD outlines the core elements of eviction prevention policies and strategies. Eviction prevention means taking proactive steps in cases where a resident may be at risk of eviction.

A lack of a common, system-wide approach to preventing evictions is at odds with local plans to end homelessness.

18. That the Greater Victoria Coalition to End Homelessness undertake systems planning to integrate trauma-informed practices, Housing First practices and Indigenous cultural safety throughout all aspects of the system, including decision-making, with the Government of B.C. as a full partner.

This review identified a need for systems integration to improve outcomes for people. This report cannot replace a thorough systems integration process, but did identify the following areas for attention:

- Integrate outreach activities with housing placements.
- Integrate hospital discharges with shelters.
- Consider replacing housing applications and interviews with a quality by-name-list.
- Ensure individuals are not occupying resource-intense MHSU or supportive housing who would prefer and thrive in independent housing, with or without in-community supports.

19. The homeless-serving system support the Greater Victoria Coalition to End Homelessness as the lead organization to drive collaborations and facilitate systems integration.

This review revealed multiple organizations and committees are convening stakeholders to collaborate on activities including the GVCEH, the CRD, the Community Advisory Board (CAB) and the CAA.

To achieve functional zero homelessness, there needs to be a designated authority with a staff team responsible for the specialized work examining and improving how the system works, while maintaining a clear line of sight on the goal. Data management, systems planning, the introduction of common practices and protocols are mutually reinforcing activities that need to be housed together to maintain a clear line of sight, and accountability for the community's agreed upon target to end homelessness.

The systems planner organization drives collaborative efforts towards ending homelessness.

20. That the Government of B.C. provide core funding to the Greater Victoria Coalition to End Homelessness to develop an integrated homeless-serving system.

The Government of B.C.'s forthcoming homeless strategy should provide core funding to backbone organizations to support the transformation of fragmented programs and services into integrated homeless-serving systems.

21. That the Government of B.C. give BC Housing, supported by other appropriate government agencies and or departments, a mandate and resources to collaborate with communities to develop regional HMIS.

BC Housing uses a HMIS to track program outputs. Housing operators are required to input data into BC Housing's database. The CRD is convening a committee of stakeholders to determine what a HMIS would do in our region. If BC Housing had a mandate and resources to collaborate on the development of regional databases, it may avoid the potential for two fragmented databases in operation.

CALL TO ACTION 3:

Improve standards and introduce accountability mechanisms.

22. That the Government of B.C. define the intended length of time for an emergency or transitional program in the Residential Tenancy Policy Guideline 46: Emergency Shelters, Transitional Housing, Supportive Housing.

Emergency shelters are not a substitute for adequate housing. There is no evidence to suggest people stabilize or prepare for housing in emergency shelters. This review raised evidence that shelters are not appropriate for people who have untreated trauma, and that the system should assume that everyone who is experiencing homelessness has trauma. Further, emergency shelters may cause additional trauma. While the majority of shelter-users are short-term, shelters are widely used as a substitute for housing in Victoria and as such are a prioritized area of focus for government interventions.

The BC Housing framework for the Emergency Shelter program suggests shelter clients should be housed within 60 days, and those experiencing chronic homelessness within 100 days. The Canadian Observatory on Homelessness suggests transitional housing stays are typically three months to three years depending on the program.

23. That the Government of B.C., through BC Housing operating agreements, ensure that landlords and residents of permanent supportive housing enter into residential tenancy agreements.

Non-profit operators of buildings that are considered permanent supportive housing by BC Housing have entered into program agreements with residents, as opposed to residential tenancy agreements. With program agreements there are no appeal or review procedures for evictions as there would be if tenants were protected by the Residential Tenancy Act. The Residential Tenancy Policy Guideline 46: Emergency Shelters, Transitional Housing, Supportive Housing states that the Residential Tenancy Act applies to supportive housing. It also says that transitional housing must meet all the criteria of the definition of transitional housing, even if a program agreement has been signed. The guideline also states:

Under section 5 of the Act, landlords and tenants cannot avoid or contract out of the Act or regulations, so any policies put in place by supportive housing providers must be consistent with the Act and regulations.

BC Housing should ensure that all its funded programs are operating in alignment with the Residential Tenancy Act.

24. That housing operators and BC Housing ensure the collection, storage, use and sharing of personal information is compliant with provincial privacy legislation.

To ameliorate the perception of surveillance in shelters and buildings, to build trust with residents and to comply with privacy legislation, housing operators must communicate consistently and clearly with residents how their personal information is collected, stored, utilized, shared, and protected.

**CALL TO ACTION 4:
Engage people experiencing homelessness as equal partners.**

25. That the Government of B.C. through BC Housing and Island Health fund or implement a user-centred design process with people experiencing homelessness to inform the program design of new supportive housing sites.

Supportive housing works for some, but not all. There are many who experience declines in well-being after moving into supportive housing. There are six new planned supportive housing sites to be completed by 2022 in Greater Victoria. User-centred design is an iterative design process that requires validation from users at every stage of use (in this case of services) to improve user outcomes.

This review found there are many people not served by the current system. They move between shelters, absolute homelessness, and supportive housing sites regularly. Transitioning the homelessness response system to person-centred will achieve better outcomes and user-centred design can support that transition.

Recommendations from people experiencing homelessness who participated in this report include better access to cultural programming, peer workers, inspiration for managing and reducing drug use in addition to harm reduction, women-centred housing, animal therapy programs and programs to connect people with nature.

26. That the homeless-serving system collaborate with clients to take an active role in their health and housing future and support self-determination through access to case management.

Six out of seven participants who shared stories for this report made explicit recommendations to make it easier for people to take an active role in improving their circumstance and well-being. Participants demonstrated a strong desire to take an active role in their recovery from homelessness whether that mean moving to an apartment, getting a job or healing from trauma. Case management supports self-determination and relies on the ongoing dialogue and engagement with the client.

27. That housing operators and BC Housing develop a communications strategy to facilitate two-way communication with people who are experiencing homelessness.

There is considerable confusion and frustration amongst people experiencing homelessness with respect to accessing services designed to meet their needs, and regarding their rights and responsibilities in transitional supportive housing. People want clear, consistent, written information about timelines and procedures for accessing permanent housing and services to improve quality of life. People want to be communicated with as equal partners and as individuals with resources and assets to contribute.

The presumptive goal of transitional and supportive housing is housing stability. Housing stability is measured by tracking progress towards individual needs and goals. The homeless-serving system needs to develop feedback loops to ensure there is a clear line of sight between program investments and outcomes for individuals. The system needs to develop ways to solicit and act upon quality feedback.

28. Provide people with the choice of where to live (such as near their work, partners, family, or friends) by making new rent supplement programs and in-reach supports readily available when required.

Providing choices is fundamental with Housing First and a person-centred approach. Providing choices will facilitate better housing stability outcomes, as people will be matched with their housing preferences. The system currently does not offer any choices.

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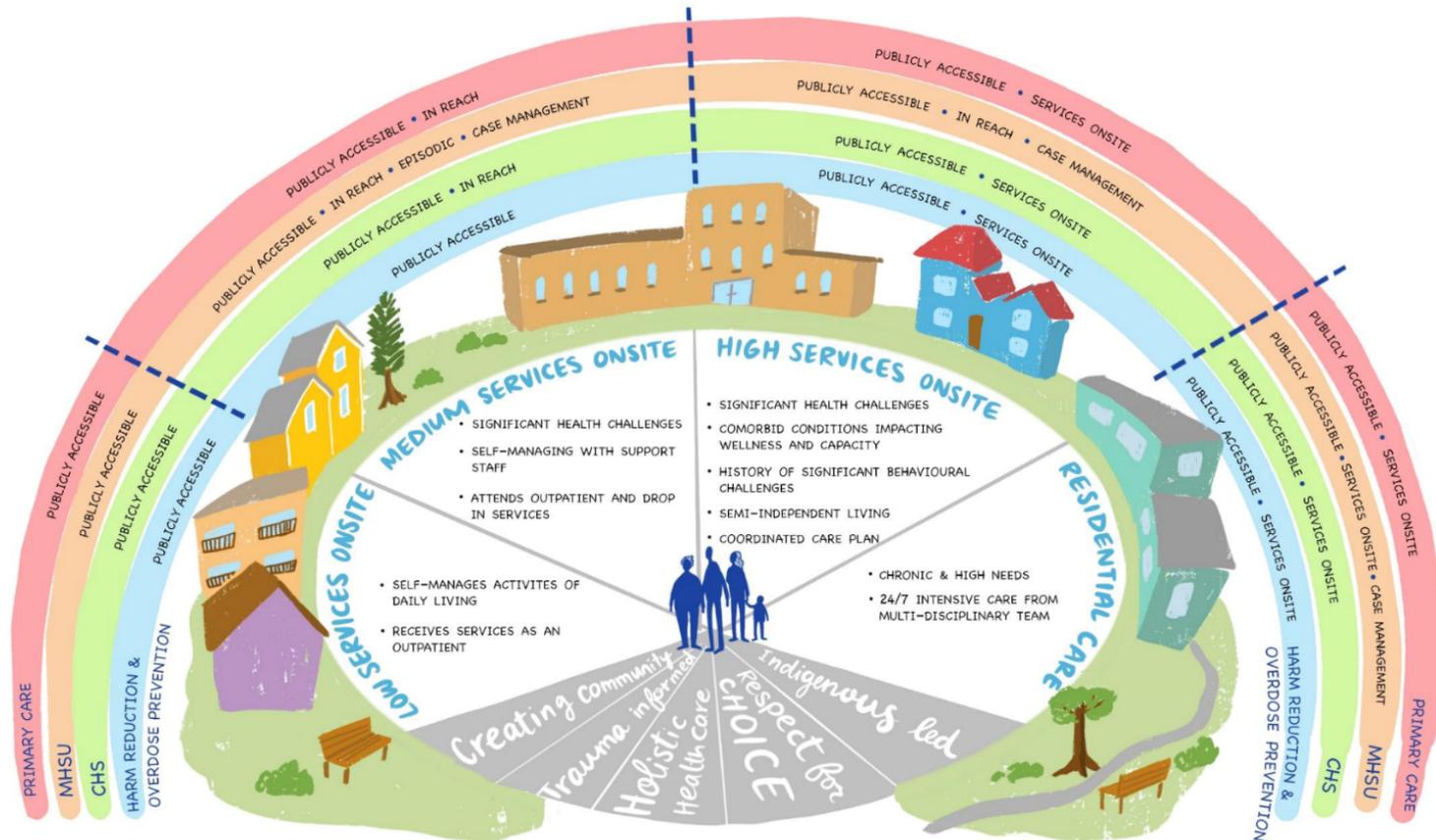
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Appendix 1: Health & Housing Think Tank Summary of Recommendations

Spectrum of Housing



MHSU = MENTAL HEALTH & SUBSTANCE USE
CHS = COMMUNITY HEALTH SERVICES

infographic: tanya gadsby, thefuselight.com

Publicly Accessible: Person travels to a publicly accessible space to receive care **In-reach:** Services are brought to the person **Episodic:** Delivered as needed, not on a scheduled basis **Case Management:** Longitudinal, multidisciplinary team support, Assertive Community Treatment (ACT), Intensive Case Management Team (ICMT) **On-site:** Services are fixed on site and have regularly scheduled hours of services **Outreach/Mobile:** Services are delivered in community where people are **OPS:** Overdose Prevention Site / **SCS:** Supervised Consumption Site

Appendix 2:

Full-time position to focus on homelessness.

The purpose of the proposed role is:

- To accelerate the shift within the City of Victoria, and with partners in the region, from managing, responding, and reacting to homelessness to advising on how to achieve housing for all.
- To identify gaps where the City can contribute most meaningfully, to complement the work of non-profits and other levels of government.
- To accelerate the shift to real-time, person-specific data on unhoused individuals seeking housing.
- Complete an annual state of homelessness report to inform the public on progress towards realizing the right to housing for all, as part of the annual housing update.
- Advise on municipal data collection to advance progress on implementation of Canada's Right to Housing Legislation.
- To communicate information regarding systemic barriers to ending homelessness to the new Federal Office of the Housing Advocate and the provincial office of homeless coordination.
- To provide support to the city's homelessness initiatives, including those funded by the city.
- To identify drivers of homelessness, and assess municipal policy and programs to ensure they are in keeping with the City's commitment to progressively realize the right to housing.