

**HOMELESS FRANCOPHONE WOMEN  
IN BRITISH COLUMBIA**

**TOWARDS AN OUTREACH PROGRAM**

**FINAL REPORT**

July 1997

Vancouver, British Columbia

RÉSEAU-FEMMES COLOMBIE-BRITANNIQUE

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*Ce document est aussi disponible en français sous le titre Femmes itinérantes Francophones en Colombie-Britannique: Vers un programme d'outreach.*

## **Note to readers**

*This document uses non-sexist language, in keeping with the guidelines set out in Words that count women out/in, published by the Ontario Women's Directorate in 1993.*

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To understand homelessness today, we need to find out not only why people are poor, but why their poverty manifests itself specifically in not having a place to live.

*Sans domicile fixe. Au-delà du stéréotype*, p. 22 [translation]

The issue is poverty. What does poverty mean? Poverty means a lack of money to acquire appropriate, adequate, safe, clean housing, but that is one part of it. Poverty also means poverty of the soul, poverty of the spirit, poverty of the intellect. The women we see coming through here are often illiterate, they may have gone up to grade 7 or 8, or even less, they might be substance abusers, which may range from sniffing glue, to drinking alcohol, to fixing cocaine, to fixing heroine, or they can also be people who have been diagnosed with a psychiatric condition.

*Interview with Connie, staff member,  
Triage Centre in Vancouver [I-TRIAC]*

Canada is truly becoming a part of the "Fourth World" and the way some women and their children are living is absolutely unacceptable.

*Judy Graves, Tenants  
Assistance Program- Housing  
and Property, City of Vancouver [I-GRAV, translation]*

## Table of contents

<b>I. RÉSUMÉ</b> .....	iv
<b>II. EXECUTIVE SUMMARY</b> .....	viii
<b>. INTRODUCTION</b> .....	1
<b>IV. RESEARCH OBJECTIVES AND METHODOLOGY</b> .....	3
<b>V. WOMEN AND HOMELESSNESS</b> .....	5
<i>A. Characteristics of homelessness in general</i> .....	5
<i>B. Characteristics of homelessness in women</i> .....	7
<i>. A population that is difficult to measure</i> .....	10
<b>. SERVICES AVAILABLE AND SERVICES DESIRED</b> .....	12
<i>. Services available to homeless persons</i> .....	13
<i>. Services available to homeless women</i> .....	14
<i>. Services available in French</i> .....	15
<i>. Desirable services for homeless Francophone women</i> .....	16
<i>. Affordable housing</i> .....	17
<b>IX. GLOSSARY</b> .....	30
<b>X. BIBLIOGRAPHY</b> .....	32
<b>XI. APPENDICES</b> .....	34
Appendix A — List of interviews.....	34
Appendix B — Questionnaire used for interviews in shelters and agencies.....	35
Appendix C — Organizations contacted or visited (non-exhaustive list).....	36
Appendix D — Sample directory of local resources for homeless persons.....	38
Appendix E — Directory of organizations that provide services to homeless persons in British Columbia, by region.....	47

## I. RÉSUMÉ

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Le constat de l'existence de femmes francophones sans abri en Colombie-Britannique a entraîné la présente recherche, de nature préliminaire et qualitative. L'étude a été entreprise pour mieux comprendre le phénomène de l'itinérance de ces femmes et pour émettre des recommandations visant à leur venir en aide.

Pour atteindre ces objectifs, nous avons effectué des lectures sur le sujet, visité des refuges, des centres de jours et des maisons de transition, et interviewé des bénévoles, des professionnelles et professionnels du milieu à Prince George, Vancouver et Victoria, de même que plusieurs personnes de l'équipe d'itinérance-*outreach* du CLSC du Centre-Ville à Montréal. En tout, quinze personnes ont été interviewées et une cinquantaine d'organismes ont été contactés ou visités.

Les résultats sont présentés dans quatre sections. La première section décrit l'itinérance en général et présente les différences entre les men et les femmes. La deuxième section traite de façon critique les divers services offerts, selon qu'ils sont adéquats pour les femmes francophones et qu'ils leur sont accessibles. On y trouve également une description des services souhaitables. La troisième section décrit l'approche de l'*outreach* telle que pratiquée à Montréal. Comme elle semble bien rejoindre une population très marginalisée, l'approche a été transposée aux besoins des femmes itinérantes francophones, tels qu'identifiés durant la recherche. Dans la quatrième section, les recommandations sont énumérées.

Les cinq annexes à la fin du rapport comprennent : A) la liste des entrevues effectuées; B) le questionnaire employé durant la recherche; C) la liste des organismes contactés ou visités; D) un exemple d'inventaire de ressources locales; et E) un inventaire de divers organismes offrant des services aux personnes itinérantes en Colombie-Britannique.

La section **Les femmes et l'itinérance** expose les principales caractéristiques du phénomène de l'itinérance en général et des femmes en particulier. Parmi les faits saillants, on retrouve les points énumérés ci-dessous.

Il existe deux sortes de personnes itinérantes : 1) celles qui vivent dans la rue le jour et dorment dehors ou dans des refuges la nuit (*itinérance absolue*); et 2) celles dont la stabilité économique et sociale en fait des personnes susceptibles de devenir sans abri (*à risque*). Les femmes sont, en grande majorité, dans la deuxième catégorie.

Ces femmes possèdent toutes trois caractéristiques importantes : 1) elles n'ont pas de logement stable, sûr et salubre même à court terme; 2) elles sont dépourvues de réseau de soutien, c'est-à-dire de personnes ou ressources sur lesquelles compter; 3) elles ont peu ou pas de revenus.

L'itinérance affecte un vaste ensemble de femmes : des mères célibataires ou des chefs de famille monoparentale avec un faible revenu; des femmes battues, avec ou sans enfants, ayant fui le domicile conjugal; des travailleuses déplacées ou saisonnières; de jeunes fugueuses; des femmes âgées; des femmes ayant des handicaps physiques ou mentaux, ou une dépendance à l'alcool, à la drogue ou au jeu; des ex-prisonnières; des femmes sortant de centres psychiatriques, etc.

Comparativement aux men, les femmes se retrouvent sans abri pour des raisons situationnelles, comme des problèmes économiques immédiats, de problèmes mentaux ou à cause de mauvais traitements. Il arrive souvent qu'il s'agisse d'une situation de crise.

Les femmes nient couramment leur situation d'itinérance. Il arrive souvent qu'elles se retrouvent dans des relations temporaires, gagnant ainsi l'accès à un toit pour une nuit ou plus longtemps.

L'itinérance est un phénomène relativement nouveau chez les femmes, reconnu depuis les années 1980. Il existe peu de services à leur intention et les services «mixtes» leur font parfois courir des risques ou ne sont pas appropriés pour une femme avec des enfants.

L'itinérance touche des femmes de plus en plus jeunes. La violence familiale, l'abus sexuel ou physique poussent un nombre croissant de femmes et de jeunes à quitter leur foyer. Les jeunes en famille d'accueil, en centre d'accueil ou en rupture avec leur famille sont particulièrement vulnérables.

À moins d'un problème de maladie mentale ou de toxicomanie, la période d'itinérance des femmes serait plus courte que celle des men. Il semble que les femmes tentent de trouver un logis rapidement, en partie parce qu'elles ont souvent des enfants et à cause de leur vulnérabilité dans la rue et les refuges mixtes pour elles.

Les femmes itinérantes courent des risques particuliers. Une très grande majorité d'entre elles ont été victimes d'agressions physiques et sexuelles. On estime même que le risque d'agression sexuelle est vingt fois plus élevé chez les itinérantes que dans l'ensemble de la population féminine.

Le nombre et la catégorie de femmes francophones utilisant les refuges en Colombie-Britannique varient selon les endroits et les saisons, par exemple durant la saison de plantation d'arbres.

Les femmes francophones qui sont unilingues viennent en toute probabilité du Québec ou appartiennent à une minorité visible.

La section **Les services offerts et les services souhaitables** a permis de dégager qu'il existe peu de services pour les femmes itinérantes en général et encore moins pour les

femmes francophones. De plus, quel que soit le sexe de la personne itinérante, tous les professionnels et professionnelles ont mentionné devoir refuser de plus en plus de femmes. L'étude a fait les constats suivants :

Dans bien des cas, la différence des besoins exprimés entre men et femmes itinérants tient souvent au fait que la femme sans abri est accompagnée d'enfants. Les besoins fondamentaux des men et des femmes sans enfants se ressembleraient beaucoup. Les services reliés aux besoins physiologiques sont pratiquement les mêmes (logement, revenu, emploi).

En Colombie-Britannique (de même qu'ailleurs, probablement), les refuges mixtes comportent de nombreux risques pour les femmes et sont souvent en très mauvais état voire insalubres. Les refuges de nuit offrent certains services très temporaires sans encadrement. Les intervenants et intervenantes ont rapporté des cas de violence à l'égard des femmes ainsi que des viols.

Les maisons de transition semblent mieux répondre aux besoins des femmes et offrent des services de qualité supérieure à ceux des organismes destinés aux men et aux femmes. La philosophie d'intervention est différente. Les services destinés aux femmes sont de création relativement récente, ils visent le soutien pour une démarche de transition vers l'autonomie et ont été créés pour des femmes et des enfants fuyant des situations de violence. Les maisons de transition ont des limites, cependant, car le séjour peut rarement dépasser 30 jours en Colombie-Britannique. Rares sont les maisons pouvant offrir des services en français, il faut plutôt compter sur la présence d'une bénévoles ou d'une intervenante parlant français.

Les organismes de langue anglaise trouvent difficile de donner des services aux femmes francophones. De plus, il existe une résistance envers la langue française en Colombie-Britannique, qui s'ajoute au fait que le palier de gouvernement d'où émane les fonds pour les personnes itinérantes échappe à la Loi sur les langues officielles.

Le seul organisme de langue française visant à aider les personnes démunies, La Boussole à Vancouver, semble attirer plutôt les men. Le seul autre service français, la ligne d'écoute téléphonique provinciale sans frais de Réseau-Femmes Colombie-Britannique, est peu connu.

L'idéal serait une maison de transition pour femmes francophones. Si une femme itinérante ne parle pas l'anglais, il lui est impossible de bénéficier pleinement des ateliers, des séances de counselling ou des cours qui sont dispensés en anglais ou dans d'autres langues non officielles. Cette lacune est d'ailleurs reconnue par des intervenantes du milieu, dont certaines ont mentionné la nécessité d'une maison francophone, en faisant un parallèle avec des maisons pour femmes autochtones ou chinoises.

La section **À clientèle marginale, interventions marginales** présente



l'approche de l'*outrreach* retenue par les divers organismes venant en aide aux personnes itinérantes à Montréal. Il s'agit d'une approche où les infirmiers, infirmières, travailleurs sociaux et travailleuses sociales se déplacent là où se trouvent les personnes itinérantes pour leur donner les services, au lieu de s'attendre à ce qu'elles se prévalent des services dans le système «normal» (approche *inreach*). Dans le cas des femmes francophones de la Colombie-Britannique, cela s'avère une solution intéressante car elle permet d'envisager certaines mesures à court terme permettant d'aider ces femmes à, par exemple, obtenir de l'aide sociale, expliquer leur situation à un médecin, grâce à l'aide d'accompagnatrices bilingues servant d'interprètes, etc. — bref, des mesures leur permettant de communiquer avec les intervenants et intervenantes.

L'ensemble des mesures visant à aider les femmes itinérantes francophones en Colombie-Britannique est présenté dans la section **Recommandations**. Des tableaux en fin de section présentent les recommandations en détail. Celles-ci peuvent se regrouper en cinq grands secteurs, pouvant chacun se décomposer selon des objectifs à atteindre (à court, à moyen et à long terme, selon le cas) :

**les intervenantes et intervenants francophones** — dresser une liste des professionnelles et professionnels qui travaillent dans le milieu, c'est-à-dire les services sociaux, juridiques et les soins médicaux ou psychiatriques (médecins, infirmiers et infirmières, travailleuses et travailleurs sociaux, juristes, etc.); rendre ces listes disponibles dans les organismes pertinents (refuges, maisons de transition, centres de jour);

**les bénévoles francophones** — dresser la liste de ceux et celles qui font déjà partie d'un centre; recruter et former des femmes bénévoles; rendre ces listes disponibles dans les organismes pertinents;

**les ressources disponibles** — trouver, établir ou mettre à jour, sous forme de listes, les ressources disponibles localement et dans l'ensemble de la Colombie-Britannique, afin que les intervenants, intervenantes et bénévoles francophones soient bien informés et puissent donner des services efficaces aux personnes itinérantes et aux femmes itinérantes en particulier;

**la sensibilisation** — faire connaître le fait qu'il existe des services, même s'ils sont informels, pour les femmes itinérantes francophones, tant auprès des organismes Anglophones que francophones; préparer ou traduire divers documents (brochures, affiches, etc.);

**le logement** — être membre d'un organisme travaillant pour l'obtention de logements à coût modique; viser l'établissement éventuel d'une maison de transition francophone.

## II. EXECUTIVE SUMMARY

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The existence of homeless Francophone women in British Columbia has led to the present research, which is both preliminary and qualitative. This study was conducted to increase understanding of the phenomenon of homelessness as it applies to these women and to issue a number of recommendations to help them.

In order to reach these objectives, we surveyed the literature on the subject and contacted and visited shelters, drop-in centres and transition houses. We also interviewed volunteers and professionals who work with homeless people in Prince George, Vancouver and Victoria, as well as several members of CLSC Centre-Ville's homelessness outreach team in Montreal. In total, we interviewed 15 people and contacted or visited some 50 organizations.

The findings are presented in four sections. The first section describes what homelessness is in general and the differences between homeless men and women. The second section takes a critical look at the services offered and whether or not they are available to and appropriate for Francophone women. It also includes a description of desirable services. In the third section, the outreach approach as practised in Montreal is presented. Because it seems to be an appropriate way to reach a highly marginalized clientele, we adapted this approach to the needs of homeless Francophone women as identified during the research. The fourth section sets out a number of recommendations.

There are five appendices at the end of the report: (A) a list of the interviews conducted; (B) the questionnaire used during the research process; (C) a list of the organizations visited or contacted; (D) a sample directory of local resources; and (E) a list of various organizations that provide services to homeless people in B.C.

The section entitled **Women and Homelessness** describes the major characteristics of homelessness in general and of women in particular. These include the following:

- There are two categories of homeless persons: (1) those who live on the street by day and who sleep outside or in shelters at night (*absolute homelessness*); and (2) those whose tenuous hold on social and economic stability places them *at risk* of becoming homeless. The vast majority of women fit into the second category.
- These women all share three major characteristics: (1) they do not have safe, stable and adequate housing, even for the short term; (2) they do not have a support network, that is, people or resources to call upon; (3) they have little or no income.

- Homelessness affects a vast and diverse group of women: single mothers and heads of single-parent families with low incomes; battered women, with or without children, who have fled from their homes; displaced and seasonal workers; young runaways; elderly women; women with physical or mental disabilities or with alcohol, drug or gambling addictions; ex-convicts; women released from psychiatric wards, etc.
- In comparison with men, women become homeless as a result of situational factors, such as immediate financial problems, mental health problems or abuse. Often, homelessness is related to a crisis situation.
- For women, it is common to deny being homeless. It is not uncommon for women to find themselves in temporary relationships, thus finding shelter for a night or longer.
- Women's homelessness is a relatively recent phenomenon, not having been acknowledged until the 1980s. There are few services for women, and the existing co-ed services may present certain risks or are not appropriate for women with children.
- Homeless women are becoming increasingly younger. Violence at home and sexual or physical abuse are forcing an increasing number of women and youth to leave their homes. Young people from foster homes or reception centres or who are estranged from their families are particularly vulnerable.
- Unless there is a problem with mental illness or substance abuse, women tend to be homeless for shorter periods of time than men. It seems that women attempt to secure housing quickly, partly because many are accompanied by children or because co-ed shelters and living in the street pose more risks for them.
- Homeless women are exposed to specific risks. The vast majority have suffered physical and sexual abuse. The risk of being sexually assaulted is estimated at being 20 times higher for homeless women than for the female population in general.
- The number and the types of Francophone women using shelters in British Columbia vary according to location and season, for example during the tree planting season.
- Unilingual Francophone homeless women most likely come from Quebec or belong to a visible minority.

The section on **Services available and services desired** highlights the fact that few services exist for homeless women in general, and even fewer for Francophone women. Furthermore, all the professionals interviewed indicated they had been having

to turn down an increasing number of women. The study yielded the following findings:

- The difference in the needs expressed by homeless men and women often stems from the fact that women often have children with them. Fundamental needs for childless and homeless men and women are relatively similar (housing, income, work).
- In British Columbia (and probably elsewhere as well), co-ed shelters expose women to many risks and are often in very poor and even substandard condition. Overnight shelters offer some temporary services without supervision. Professionals working in shelters have reported incidents of violence against women and rapes.
- Transition houses seem more suited to women's needs and have a better quality of services than traditional organizations for men and women. The intervention philosophy is different. Services for women are relatively recent and are aimed at providing support for making the transition towards autonomy. They were created for women with children who have fled from violent homes. However, it is rarely possible to stay for longer than 30 days in transition houses in British Columbia. Few transition houses are able to offer services in French, having to rely instead on having a volunteer or staff member who speaks French.
- It is difficult for Anglophone organizations to provide services to Francophone women. Furthermore, there is clearly a degree of resistance towards the French language in British Columbia, which is confounded by the fact that the level of government which funds services for homeless persons is not bound by the Official Languages Act.
- The only Francophone organization that endeavours to assist disadvantaged people, La Boussole in Vancouver, seems to attract mostly men. The only other French-language service, Réseau-Femmes' province-wide crisis line, is not well known.
- Ideally, there should be a transition house for Francophone women. Homeless women who do not speak English are unable to take full advantage of the workshops, counselling sessions and courses offered in English or in other, non-official languages. This situation is acknowledged by professionals, some of whom referred to the need for a Francophone transition house, drawing a parallel with shelters for Chinese and aboriginal women.

The section entitled **Marginal clients, marginal approaches** presents the outreach approach used by various organizations that assist homeless persons in Montreal. Instead of waiting for homeless people to come into the "normal" system of services (inreach approach), nurses and social workers seek them out. This approach

could work well with homeless Francophone women in British Columbia, since it could include such short-term measures as bilingual female escorts to help these women obtain social assistance, explain their problems to a physician, etc. - in short, to be able to communicate with professionals in general.

The **Recommendations** section details the various measures established to help homeless Francophone women in British Columbia. The tables that appear at the end of this section present the recommendations in detail. These can be categorized under five general areas, each of which can in turn be broken down according to the objectives to be met (in the short, medium and long term):

- **Francophone professionals** — draw up a list of French-speaking professionals who work in this area: namely, social, legal and medical and psychiatric services (physicians, nurses, social workers, lawyers, etc.); make these lists available to the appropriate organizations (shelters, transition houses, drop-in centres);
- **Francophone volunteers** — draw up a list of French-speaking volunteers already involved in the various organizations; recruit and train female volunteers; make these lists available to the appropriate organizations;
- **available resources** — find, establish and update lists of resources available locally and throughout the province in order to ensure that Francophone volunteers and professionals are well informed and are able to provide effective services to homeless people and to Francophone women in particular;
- **public awareness** — publicize the existence of services available to homeless Francophone women, even if said services are informal, targeting both Francophone and Anglophone organizations; produce or translate documents (brochures, posters, etc.);
- **housing** — participate in an organization working for affordable housing, with the ultimate goal being the creation of a Francophone transition house.

### **III. INTRODUCTION**

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When women's homelessness is mentioned, the image of the elderly bag lady immediately springs to mind. However, the phenomenon of homelessness has many faces aside from this mythical figure: single mothers and heads of single-parent families; women fleeing from family conflict or spousal abuse, either with or without children; drug users, many of whom have mental health problems; seasonal workers from other provinces whose contracts are cancelled at the last minute.

Despite their differences, these women all have certain things in common: a lack of stable, safe and adequate housing, even in the short term; very few financial resources; and isolation owing to a lack of support networks. Aside from the fact their numbers are continually increasing, homeless women must contend with a system of services that is often geared to the needs of men, the traditional users of such services. Homeless women in British Columbia who require assistance in French must face further difficulties which only increase their marginalization.

This study came about as a result of this observation and of the interest of Réseau-Femmes Colombie-Britannique (RFCB), as expressed in its five-year plan for 1996-2001, in the possibility of a transition house for Francophone women who have been abused. The research is preliminary and qualitative and is intended to shed light on the situation of these highly vulnerable women, with a view to providing them with assistance.

The study covered three different areas: Prince George, Vancouver and Victoria. Field visits were combined with interviews with professionals and with a literature review. The findings are presented in four sections. The first section, "Women and Homelessness", describes homelessness in general and its causes, for both men and women, in order to clarify how women's needs are different. It also explains why the idea of quantifying the population in question had to be abandoned, because of both methodological and practical difficulties. The second section provides a critical overview of the various services available and discusses how accessible they are to Francophone women. This section also contains a description of desirable services.

The third section, "Marginal clients, marginal approaches", describes the outreach approach as practised in Montreal. Since this approach seems to be very effective in reaching a highly marginalized population, it has been adapted to meet the needs identified during the research by the various intervenors. The "Recommendations" section details these outreach measures, notably the identification of Francophone professionals who are already working in this area and who might be able to help these Francophones; the recruitment and training of volunteer female interpreters who would be willing to escort homeless women in various undertakings; the compilation of resources; and more long-term measures. All of these

recommendations must be considered flexible guidelines which can be geared to local needs or structured according to various criteria.

Following the recommendations, the reader will find a glossary of terms commonly used in the text and the five appendices. The first three appendices contain a list of the interviews carried out, the questionnaire used and a compilation of the organizations visited or contacted during the course of the research. The fourth appendix consists of La Boussole's *Le P'tit Bottin*, a brochure written in French and intended for Francophones. It serves as an example of a directory of services which can be of use to all disadvantaged persons. The fifth appendix is a non-exhaustive inventory of various organizations that serve homeless persons. This inventory is not complete because it is a compilation of the organizations which were visited or contacted during the research and which offer various services to women. However, it may already be of use in quickly locating sources of French-language services and providing information on the types of services available. Organizations which request copies from the RFCB can obtain an electronic version which they can use as a model or update as required.

The usage of bibliographical references warrants explanation. To avoid frustration on the part of readers who are not used to reading research reports, the references to various information sources is presented by way of abbreviations or numbers between square brackets [ ]. Accordingly, abbreviations starting with I refer to the "List of interviews" (Appendix A). For example: [I-TRIAC] refers to Connie, who worked at the Triage Centre in Vancouver. The numbers between square brackets, such as [8:22], refer to the various titles in the bibliography, as per the following example:

8. Fournier, Louise and Céline Mercier (1996) *Sans domicile fixe. Au-delà du stéréotype*, Méridien, Montreal, 336 p.;

and page 22 of the aforementioned work.

#### **IV. RESEARCH OBJECTIVES AND METHODOLOGY**

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*(...) homelessness is a barometer of society. [8:327, translation]*

The project originally proposed by Réseau-Femmes Colombie-Britannique (RFCB) was entitled "Répondre aux besoins des femmes francophones et minoritaires" [Meeting the needs of Francophone and minority women]. Its objectives were as follows:

- to determine the specific needs of homeless Francophone women in British Columbia, specifically in Prince George, Vancouver and Victoria;
- to produce statistics on the target population;
- to identify the community services available to these women;
- to formulate recommendations aimed at helping homeless Francophone women in British Columbia.

The methodology consisted in doing readings on the subject and in going out into the field to meet with professionals working in organizations which may provide services to homeless people in Prince George, Vancouver and Victoria. In addition, interviews were carried out with various people involved in Montreal's outreach services, with the assumption that the majority of homeless unilingual Francophone women come from Quebec. During the approximately five-month period in which the data was collected (from December 1997 to April 1997), almost 15 people were interviewed and some 50 organizations were contacted or visited. Detailed lists of these interviews and organizations can be found in the appendices entitled "Organizations Contacted or Visited" and "List of Interviews". A copy of the questionnaire used during the interviews can also be found in appendix. -

One point is worth noting: the reluctance of a number of intervenors to be recorded during the interview or even to grant an interview. At one particular drop-in centre, although this situation was later resolved, the reception was clearly hostile. Some shelters have policies which prohibit them from participating in research studies; it is felt their time can be better spent serving their clients. In some cases this manifests itself as a neutral attitude ("Our doors are open to everyone") and in others, as previously mentioned, in a negative attitude. Some transition houses refused to give out any information whatsoever about their clients owing to their fear that this may have been nothing more than an attempt by an abusive spouse to locate a wife who has left the family home.

There are clearly a number of avenues that can be explored through research in this area, not the least of which would be interviews with homeless women themselves.



It might be useful to compare the situation with that of other ethnic groups, especially if they have managed to set up support networks which provide services in a language other than English (Mandarin, Punjabi, etc.), and particularly those which have some cultural similarities with the Francophone population (the Italian community, for example). Transition houses for aboriginal and Chinese women warrant a visit and even a study. The RFCB's proposal for a transition house for Francophone women could draw on the experience of these women, particularly in terms of adapting the initiatives that led to the establishment of these specialized transition houses.

## V. WOMEN AND HOMELESSNESS

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*In Montreal in the 1970s I worked with homeless women. It was the same then [as it was in Vancouver in 1991]: women scared of social workers, scared of institutions, homeless, poor, sick, were surviving by giving up their bodies for a place to sleep. [1:35]*

*The profile (...) is that of young, dependent persons who are incapable of managing their own lives. Although economic factors are the primary reason behind their homelessness, women are twice as likely as men to find themselves in this situation following a family dispute. They are poorly prepared to earn a living; two-thirds of them have not completed high school and one-fifth have never been employed. [8:237-238, translation]*

This section presents the essential characteristics of homelessness in general and of women's homelessness in particular, aspects of which distinguish it from men's homelessness. Information on the British Columbian context and the situation of Francophone women is also presented. This section also explains the difficulty of obtaining specific figures on homeless persons. The information presented here is based on that which we obtained from the professionals we interviewed and from the literature we reviewed.

### *A. Characteristics of homelessness in general*

**It is not just isolated elderly inhabitants of skid row flop houses<sup>1</sup> and bag ladies that are affected by homelessness.** These stereotypes presented in the mass media and elsewhere do not portray the true picture. Homelessness affects a broad, heterogeneous range of people, including the following groups [5:20 and I-DENO] :

- single mothers and heads of single-parent families with low incomes;
- abused women, with or without children, who have fled from domestic violence (in abusive relationships);
- workers who have been displaced because of economic changes;
- young runaways, some of whom view life on the street as an adventure;
- elderly persons with low fixed incomes;
- persons with physical or mental disabilities;
- addicts (alcohol, drugs, gambling)

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<sup>1</sup> See the explanation for the origin of this term in the glossary at the end of the document.

- men and women who travel to find seasonal work<sup>2</sup>;
- persons who have domestic disputes;
- immigrants and refugees;
- aboriginal people;
- ex-prisoners;
- persons released from detox centres, detention centres and psychiatric hospitals.

Sometimes these people have nothing in common other than their homelessness. Regardless of their age, they nonetheless share three major characteristics [3: Appendix 2]:

- they do not have stable, safe and adequate housing, even in the short term (for 60 days, let us say);
- they have no support networks, that is, persons or resources they can count on;
- they have very little, if any, income.

Furthermore, the cliché that people live on the street "by choice" lives on. Researchers and intervenors agree that homelessness is a consequence of something else, even if particular individuals maintain they themselves have opted for this way of life. The stereotypical notion of "choice" also brings with it the danger of taking away the responsibility of society at large [I-DENO]: since the homeless person is there by "choice", he or she is relegated to a soup kitchen and a shelter, and that is as far as it goes. Experience has proven that, in most cases, homelessness is a symptom of a series of problems which may entail serious intervention.

**Homeless persons can be divided into two groups: (1) those who live on the street by day and who sleep outside or in shelters at night (*absolute homelessness*) and (2) those whose tenuous hold on economic and social stability places them *at risk of becoming homeless* [1:7].** Representation by gender is inversely proportional depending on the group: absolute homelessness is overwhelmingly male (studies indicate only 13% to 29% of these people are women), while poor persons with homes are largely women (67 %) [8:77].

**Persons affected by absolute homelessness and those at risk often have more than one problem at the same time.** They are all vulnerable from a housing point of view and are lacking financial resources, and often have a number of different problems, such as mental illness and substance abuse (schizophrenics may prefer to self-medicate with cocaine rather than take anti-psychotics, for example) or seropositivity and

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<sup>2</sup> In British Columbia, often tree planting and picking fruit.

substance abuse. A considerable number of these persons have been institutionalized or even incarcerated and find themselves back in society with no support groups, in addition to being asocial. An increasing number of quadruple cases are being noted, that is, persons who : (1) are homeless, (2) are seropositive, (2) have mental health problems, and (4) have addictions, generally to drugs. [5:20-21 and I-DENO]

### ***B. Characteristics of homelessness in women***

**More women end up homeless for situational reasons, as compared with men.** Men become homeless because they lose their jobs, which leads to them losing their housing and sometimes their family relationships. This train of events may be aggravated by substance abuse or some kind of illness. Studies often refer to women as being "situationally homeless" in that they find themselves on the street as a result of immediate financial problems, mental health problems or abuse. In many instances a crisis situation is involved. [5:133-134] On the basis of their experience, the professionals interviewed considered that homeless women in British Columbia are homeless for the following reasons:

- there is a crying need for affordable housing in Vancouver and, on a proportional basis, in Prince George and Victoria (social assistance recipients spend between 50% and 70% of their incomes on housing);
- they have a past history of mental health problems and have been institutionalized; it is difficult for them to find stable housing and they do not take their medication on a regular basis without supervision, which traps them in their homelessness;
- seedy hotels — such as those in Downtown Eastside Vancouver (DEV) — are unclean, provide no guarantees concerning the duration of room rentals, are unsafe (thefts because of locks that do not work, common bathrooms that are not very safe, managers who use intimidation to receive sexual favours, rapes, etc.);
- they are the victims of abuse and have left their family homes, sometimes from another province;
- they have substance abuse problems (drugs, alcohol, gambling);
- they have come to British Columbia for seasonal or permanent work.

**Homelessness is a relatively recent phenomenon among women and there are few services for them.** Although the existence of homeless women has been noted since the nineteenth century, such observations rarely went beyond the anecdotal level. The first serious studies started appearing in the 1980s, when it was noted that there was an increasing number of women without fixed addresses and a lack of services for them. Such observations coincided with the appearance of specific subgroups such as mothers from abusive families and former psychiatric patients. This increase can be attributed to a number of factors, including the breakdown of the family, domestic

violence, sexual abuse, a decrease in the amount of affordable housing available, a tightening in the eligibility criteria for social programs and the impoverishment of female heads of families [8:215-216]. This situation is reflected in the services available to homeless persons, which often entail conditions whereby it is easier for a man to survive.

As far as services are concerned, it is important to bear in mind the situation in Montreal during the 1970s, as reported by Sheila Baxter [1], a militant who is well known in British Columbia for her work with disadvantaged and homeless persons. Finding herself in Montreal during that period, Sheila Baxter was struck by the fact that the soup kitchens and shelters were frequented largely by men. When she asked where women went to obtain such services, she was told there were practically no homeless women, which contradicted her personal experience. This led to the creation of the Chez Doris drop-in centre and the Maison Marguerite D'Youville overnight shelter, established to meet the needs of these women who supposedly did not exist. Almost 20 years later, in 1989-90, Chez Doris has taken in almost 12,000 women, with an average of 34 women a day. These homeless women include 6,531 Francophones, 3,083 Anglophones, 974 Inuit and 1,154 women from unspecified groups [1:124].

**The women affected by homelessness are getting younger and younger.** Family violence and sexual or physical abuse are pushing an increasing number of women and young people out of their homes. The crisis in affordable housing, cuts in social assistance and the difficulty in finding employment are making it difficult to set up home on one's own for the first time. Young people who are in foster families or reception centres or who are estranged from their families are especially vulnerable. [8:238]

**Unless there is mental illness or substance abuse, the period of homelessness for women is shorter than for men.** A number of studies have shown that the period of homelessness is shorter among women and that they appear to make greater use of shelters. They end up on the street less often than men do and their first period of homelessness is shorter [8:86], unless they have mental health or substance abuse problems [I-DENO]. It would appear that women attempt to find housing more quickly than do men, which can partly be explained by the fact that they often have children and by the risks associated with living on the street and in co-op shelters.

**Women are exposed to specific types of risks when they are homeless.** Most of the studies reported that a very large majority of women had suffered physical or sexual assaults, along with the physical and psychological consequences this entails. It is even estimated that the risk of sexual assault is 20 times higher among homeless women than for the female population as a whole [8:220-221]. This finding is substantiated by many professionals interviewed during the course of this research,

who reported that co-op shelters and seedy hotels were not always the safest places for women<sup>3</sup> (in comparison with transition houses).

**Women have a tendency to deny the reality of their homelessness.** Even when they are living in shelters or when their housing situations are extremely unstable, women do not necessarily consider themselves homeless [8:219]. In order to avoid living on the street, some women find themselves in a series of temporary and sometimes abusive relationships in return for a place to stay [I-GRAV]. They may be motivated by the fear of losing custody of their children. As a result of such temporary relationships, their children may have to change schools up to four times a year, which is very difficult for these children and their mothers. This denial of reality can even push them into sharing their bodies for a night: "... they agree to sleep with a man they have just met in a bar so they can sleep in a bed that night, have some breakfast if they are lucky, instead of coming to a shelter like Triage" [I-TRIAC].

**Homeless women experience specific types of health problems.** Some researchers do not hesitate to characterize homelessness as a "prescription" for poor health [5: 111]. Respiratory and digestive illnesses, skin problems, infections, wounds and dental problems are some of the health problems that affect homeless persons, both men and women alike [8:220]. Women are more vulnerable to anemia and vascular problems (varicose veins and venous insufficiency). They experience many different types of gynecological problems (sexually transmitted diseases) and pregnancies with complications are frequent. They report many chronic health problems. [8:220]

**The number and type of Francophone women who use shelters varies according to place and season.** The interviews carried out in Victoria and Prince George give reason to believe that there are more young Francophone girls using shelters during the tree planting season. Some of these girls are experiencing difficulties: their contracts may have been cancelled at the last minute after they have had to borrow money to buy their work equipment. In Vancouver, there have been cases of Francophone women who have used transition houses while they looked for apartments or who live in supervised homes for persons with mental health problems.

**Unilingual Francophones in all probability come from Quebec or belong to a visible minority.** According to a nurse who works on the street in Vancouver, a homeless unilingual Francophone woman in British Columbia will in all likelihood come from Quebec [I-DUMO]. However, at Vancouver's Positive Women's Network, cases have been reported of seropositive Francophone women from Africa. In addition to the language barrier, they must contend with cultural and ethnic obstacles [I-BRON].

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<sup>3</sup> Some shelters, such as the Triage Centre in Vancouver, prepare lists of persons to whom they refuse services because of unacceptable behaviour, including sexual assaults. Although commendable, this practice is not an adequate solution.

### *C. A population that is difficult to measure*

It was relatively easy to establish the profile of homeless Francophone women in British Columbia, at least at a level that allows us to formulate recommendations for meeting their needs in the short, medium and long term. However, it was difficult to obtain the specific responses we needed to assess the number of Francophone women who had asked for help, as the following responses indicate:

"...fewer than 5 [Francophone women] per year use our shelter but it is probably more because we receive over 100 requests a year..." [I-VICT]

"...you can find the age, go to the databank and find the number of men as compared with the number of women, how many women of a particular age, but ethnic group, language, religion and sexual orientation... we don't ask people these kinds of questions. To come up with a figure for you, for example, to say we had so many Francophone women in 1995, 96, 97, we would have to go through all the files one by one (...) probably 12 or 15, something like that..." [I-TRIAM]

"There is a problem with Francophone women who have been abused ending up in Vancouver, but this is sporadic; a case comes up from time to time." [I-DUMO, translation];

"Even at La Boussole<sup>4</sup> there are almost no women. (...) Women come in with their boyfriends, but they come in for services ("Do you have an address?") or to ask us to help them with social services." [I-PRIM, translation]

As a result, it was impossible to meet the objective of quantifying how many homeless Francophone women there are. That is not surprising in itself, since researchers are unanimous in stating that measuring the homeless population presents methodological problems that are difficult to resolve [8:45], if only in connection with the reliability of the persons interviewed. Furthermore, it is very difficult to determine the number of homeless persons because they have no fixed address, have alcohol or mental health problems or problems with the law or even a combination of such problems. Even organizations like BC Stats and Vancouver City Hall were unable to provide specific figures. Judy Graves, the coordinator of rental housing assistance programs for the City of Vancouver, finds it difficult to accept the fact that she is unable to obtain statistics from the various organizations with which she comes in contact [I-GRAV]. Shelters and drop-in centres sometimes keep records of the number of persons who ask for shelter for the night, but these records almost never contain information on language or ethnic origin. Transition houses and shelters for

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<sup>4</sup> La Boussole is the only agency which offers services to disadvantaged Francophone men and women in British Columbia. La Boussole is located in Vancouver.

women only are often excluded from studies on homeless women, depending on how "homelessness" is defined.

The professionals interviewed nonetheless knew of Francophone women who had asked for assistance during the year or who needed help. Many admitted it was even difficult to determine whether the assistance requested was for a Francophone, because in many cases these women ask someone who speaks English to make a telephone call or to initiate the necessary contact for them. Women who deny their homelessness are difficult to find, as are those who make sure they have a roof over their heads by becoming involved in temporary relationships.

It is also necessary to bear in mind the situation in Montreal in the late 1970s, when the opening of a few centres for women only caused many professionals to realize that these women existed after all when they had been convinced that the vast majority of homeless persons were men. Let us conclude by emphasizing that the uncertainty surrounding the quantitative data and the difficulty in locating these women should not cause us to lose sight of the seriousness of the urgent and pressing problems experienced by these women, which are often aggravated by the further obstacle of language and a serious lack of resources.



## **VI. SERVICES AVAILABLE AND SERVICES DESIRED**

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*... It is not one of their top priorities, it is not a glamorous financial expenditure, there is no return and it is very difficult to convince the taxpayers that it is a worthwhile venture looking after the needs of the poor and the destitute... [I-GOSPEL]*

*I know when I came here 11 years ago, I had a lot of qualifications that got me the job. I think now people are being hired who have virtually nothing, and I just shake my head, they are here because they get paycheques. [I-TRIAC]*

*Men and women are homeless for different reasons; their housing needs are different; and they require different approaches and supportive services to address those needs. [5:133]*

This section presents an overview of the services available and services desired for homeless persons in British Columbia, with reference to Francophone women. This description of services can in no way claim to be exhaustive; it is, however, complemented by Appendices D and E, entitled respectively: "Sample directory of local resources for homeless persons" and "Directory of organizations that provide services to homeless persons in British Columbia, by region". The information in these appendices is accurate as of June 1997.

Our study of existing services indicated that the French term **itinérance**, widely used to refer to *homelessness*, can lead to confusion, particularly when it is remembered that the vast majority of "homeless" women are often women with children who flee from abusive relationships so suddenly that they are left with almost nothing. Two other observations also emerge from our study: there are fewer services for women than for men and these services are practically non-existent in French, with the following two exceptions: the province-wide crisis line operated by Réseau-Femmes Colombie-Britannique; and La Boussole, a drop-in centre located in Vancouver.

### *A. Services available to homeless persons*

**The professionals and intervenors were unanimous in stating that existing services are insufficient and that the situation is getting worse.** All feared that the situation would deteriorate even further in the years ahead. The employment crisis, the budget cuts that have hit the primary sources of financial assistance, the feminization of poverty (advent of single-parent families), the decrease in affordable housing caused by the gentrification of certain neighbourhoods - when these factors are combined, there is good reason to believe that the level of need will increase in future. All types of shelters are operating at full capacity, and more and more people who require services are being turned away.

**Access to services is one of the major differences that affect homeless women and men.** Traditionally, homeless men have received a higher level of services [8:233], although the situation for women has gradually been improving because their homelessness is starting to be recognized. Many of the co-op shelters visited or contacted in the course of our research confirmed they had been obliged to refuse more and more women, for two reasons: the number of homeless women is increasing and, to begin with, these shelters have fewer places for women than for men. The Triage Centre, to name just one example, has 28 "emergency" beds: 9 for women and 19 for men.

The following facts, which are among those found by various studies to explain this inequality [8:233], appear to be most relevant to the situation in British Columbia:

- women find it difficult to find appropriate services that are accessible to them from a geographic and financial point of view;
- they often find services to be inadequate and inappropriate (co-op shelters, for example, which do not accept children) or dehumanizing (highly institutional atmosphere, relationships with social workers);
- they have a stronger need for intimacy;
- they need assistance and support in cases of rape and assault;
- they often wish to have a home of their own rather than being in a residential program.

**In many cases, the difference in the needs expressed by men and women stems from the fact the homeless woman is accompanied by children.** The basic needs of men and women without children are very similar. Services related to physical needs are essentially the same (housing, income, employment). Women indicate they have more health problems and ask for assistance for services related to day-to-day life, whereas men have a greater need for detox services [8:235].

## ***B. Services available to homeless women***

**Centres for women, such as transition houses, seem to meet their needs more effectively and to offer services of higher quality than those provided by agencies that serve both men and women.** This finding can be attributed to two facts: the intervention philosophy is different and services for women are relatively recent. Hostels for men were established in the late nineteenth century, generally by charitable organizations, in order to house seasonal workers who were unemployed. Very few services were offered. Centres for women started appearing in the 1960s, largely for women and children who were fleeing from situations of abuse. These women needed a comforting and family-oriented environment which would help them straighten out their lives. The very *raison d'être* behind these centres explains the difference in philosophy: one provided temporary accommodation out of charity, while the other provided support for making the transition toward autonomy.

**Transition houses have limitations.** Although they offer a more clearly defined structure than do overnight shelters and drop-in centres, and although there are support services, most transition houses in British Columbia have a 30-day maximum stay. This is referred to in the intervention community as the *first stage of transition*, as compared with the *second stage of transition*, a program which is designed to foster autonomy and which lasts from 1 to 3 years, depending on the case. It would appear that the 30-day period is clearly insufficient, despite the legal initiatives undertaken, to help women obtain social assistance, counselling and so forth. In fact, without a second stage program, a woman may return to live with an abusive spouse, for the following reasons:

- the fact that 30 days is not sufficient to give a woman the autonomy she needs to live on her own;
- financial difficulties, since social assistance condemns a woman to poverty if she does not have access to safe and affordable housing, especially since the ex-spouse may not necessarily be providing financial support;
- family pressures, particularly among certain traditional ethnic groups and for military wives;
- the psychological need to be with someone, even an abusive spouse.

**Shelters hold many risks for women and are often in very poor and even substandard condition.** Overnight shelters offer certain very temporary services with no supervision. Those who stay there give their names and register for a certain number of nights. Unless there is a very obvious problem, the staff does not ask any questions. Services vary: sleeping accommodations sometimes consist of dormitories, meals may be served, showers and laundry facilities are available and sometimes clothing is donated. Staff have reported cases of violence and rape against women. During the day, those using shelters do not necessarily have access to their rooms (or beds). They spend their days on the street or at drop-in centres, which are very busy.

Women are found sleeping on sofas in drop-in centres; they seem to prefer spending the night outside rather than using shelters or they have no choice but to be on the street (prostitution, no room in shelters). Moreover, these shelters, which are extremely expensive to run, are often extremely unclean and unsafe [I-GRAV]. It would appear that women in British Columbia prefer to use shelters as a last resort. This fact, combined with the fact that more and more women are being turned away from shelters, confirms that the phenomenon of homelessness is rising among women.

### *C. Services available in French*

**There is a resistance towards the French language in British Columbia, which adds to the fact that the level of government responsible for providing funding for homeless persons is not subject to the Official Languages Act.** Many of the comments heard during the research attested to a strong anti-Francophone and anti-Quebec sentiment. Many intervenors found it hard to accept the idea of research focussed on the needs of Francophone women only, with attitudes ranging from "They should go back to Quebec!" to "Why put labels on people? Misery knows no borders.". It would also appear that there is less, if any, prejudice against French women, as was noted by one of the researchers, who is originally from France, based on the reception she received. It should also be mentioned that Francophones make up a very small percentage of the population of British Columbia in comparison with the percentage of the population that speaks Cantonese or Punjabi.

**English-language agencies find it difficult to provide services to Francophone women.** Even agencies which are open-minded about Francophones are not always able to assist them. This is attested to by the cases of several young girls who had been abused in Prince George, to whom the staff at the transition house had been unable to offer satisfactory assistance. A staff member at a transition house in Victoria confided that "even with a French-speaking staff member or an interpreter, French-speaking women do not receive services similar to those offered to Anglophone women". The assistance remains superficial in terms of therapy, life skills courses, legal assistance, child care courses, etc. No organization can afford to offer these services in another language or to pay the services of an interpreter. In Prince George as well as in Victoria and Vancouver, transition house staff have confirmed that Francophone women do not stay as long because of the communication problem. In fact, many lamented the fact that such women end up learning English.

**The French-language interpretation services offered by MOSAIC Translation Services do not meet the needs of Francophones, say the professionals.** Some intervenors volunteered the fact that they had used MOSAIC's interpretation services, indicating that it was not very effective in meeting their needs [I-PRIM and I-DUMO]. MOSAIC is one of the few translation and interpretation firms to offer emergency services both day and night in over 85 languages. These services, however, entail a

number of disadvantages where homeless persons are concerned: these emergency services are expensive; French is not a priority, given the demographic composition of British Columbia; and MOSAIC is located in Vancouver.

**The only French-language organization which endeavours to assist disadvantaged persons, La Boussole in Vancouver, seems to attract more men.** The centre, which is visited by some 300 Francophones a month, was founded in February 1992. In addition to providing a place to meet, the centre offers numerous courses (English, computers, job search, etc.) and telephone reception and mail services, which are crucial to any job search. The records the centre has been keeping since June 16, 1997 give an idea as to the number of women and men who visit there. In 7 days, the centre was visited by 81 people: 16 women and 65 men signed the record book (approximately 20% and 80% respectively). La Boussole regularly publishes a brochure entitled *Le P'tit Bottin*, which lists the services available in downtown Vancouver (free or inexpensive food, accommodation, legal services, information on how to apply for social assistance, etc.). A copy of the most recent edition can be found in Appendix D, "Sample Directory of Local Resources for Homeless Persons".

#### *D. Desirable services for homeless Francophone women*

In section VIII, entitled "Recommendations", the reader will find a number of guidelines based on the overview presented here.

**The province-wide French-language crisis line needs to be better publicized.** This service already exists but is virtually unknown. One of the volunteers who had agreed to staff the crisis line said that there had been two calls in two months in 1997 [I-VAILL]. It would be worthwhile making sure the professionals and intervenors who work in the various areas that offer services to homeless persons know about the crisis line. Women in distress can call this number and leave their name and phone number so that a Francophone volunteer can call them back as quickly as possible. However, this service is available only from Monday to Friday during office hours. It would be worthwhile examining ways to operate this line 24 hours a day.

**In addition to the obstacle of having services that primarily serve men's needs, Francophone women are drowning in a sea of services available in English.** Given the current economic and political situation in British Columbia, a way needs to be found to give services in French to these women, even if this is based only on informal networks. One of the major problems experienced by these women is the fact they do not understand English. French-speaking professionals working in the field (physical and mental health, legal aid, shelters, transition houses) must be identified and made known in order to ensure that a Francophone can assist women and direct

them towards the resources and services they need. It is also necessary to ensure that there is a network of bilingual female volunteers willing to serve as interpreters in order to facilitate social integration by, for example, accompanying women through the process of obtaining social assistance. This would make it possible to promptly direct women towards people who can help them in French and perhaps even to do follow-up.

**The ideal thing would be a transition house for Francophone women.** Women who speak little or no English are unable to obtain the assistance they require in order to get back on their feet or to reintegrate into society at critical or traumatic times in their lives. They are unable to take full advantage of the workshops, counselling sessions and courses offered in English or in other, non-official languages. This shortcoming is recognized by staff at transition houses; an Anglophone staff member in Vancouver even suggested there was a need for a transition house for Francophone women along the lines of those which already exist for aboriginal and Chinese women.

**Even with a completely Francophone transition house, it will be difficult to meet the needs of women with mental health problems or substance abuse.** In addition to the challenge of establishing itself over the long term, the proposed Francophone house may not be sufficient to meet the needs of these women - unless it provides for and is able to hire staff trained for this specific group of women. In the short term, an attempt can certainly be made to find local professionals working in the fields of mental health and substance abuse who are able to provide assistance to women who speak little or no English.

### *E. Affordable housing*

Poverty and the difficulty in finding affordable housing are at the centre of the problem of homelessness. At the present time, only the privileged few can own houses, particularly in the Vancouver area. People on social assistance anywhere in British Columbia spend 50% to 70% of their income on this essential expense alone. Women make up the largest portion of vulnerable groups, whether they be heads of families, elderly women or women who have problems serious enough to warrant supervised housing.

There is a social movement in British Columbia whose member groups lobby for affordable housing and fight against the gentrification of neighbourhoods like DEV. One of these groups, the Downtown Eastside Residents Association (DERA), has been in existence since 1973. Created out of a need to find solutions to the problems of this neighbourhood well known for its poverty, DERA provides a variety of community services (preparing tax returns, canvassing, activities for elderly persons, activities for people who speak Cantonese, etc.) and owns 355 affordable housing

units and manages 70 others. There are many other similar projects and groups, such as the Bridge Housing Society for Women and Habitat for the Homeless.

The majority of the intervenors we talked with concurred with the findings of most of the research that has been done in saying that this is a crucial issue. However, progress is very slow and has not been sufficient to meet immediate needs. The possibility of Francophones participating in these groups is not ruled out, if only to establish links with the various groups that fight for social justice, to participate in long-term action and to acquire experience in this area.

For housing that is less temporary and more immediately available, it is important to be fully aware of the local resources available in terms of supervised housing for persons with mental health problems (for example, Vancouver's co-op Phoenix program; the Mental Patients Association's Virginia House, which offers housing for women only; and Camille's House, a supervised residence for women only). The latter two organizations had Francophones on staff as of the writing of this report in June 1997. Housing such as this offers the great advantage of preventing crises and stabilizing those who reside there: they no longer lose their apartments, they take their medication, receive their mail, have access to resource persons to help them out, and so forth.

With regard to women who are fleeing abusive relationships, there is a need to focus on transition houses that can provide them with a second stage program. However, if there are no Francophones on site, women should perhaps be accompanied as they look for housing (with follow-up) or assisted in their dealings with landlords.

## VII. MARGINAL CLIENTELE, MARGINAL INTERVENTIONS

*You can almost always light a little flame somewhere.* [I-DENO, translation]

This section deals with the outreach approach, specifically the experience of those who assist homeless people in Montreal. This experience warrants a closer look for the following reasons:

- the situation that gave rise to this approach in Montreal is similar in many ways to what is happening in British Columbia [I-DENO, I-LAUR and 1:124];
- with its unconventional practices, it is recognized as having significantly improved the quality of life for homeless persons by establishing a link between them and the networks capable of helping them [3];
- this approach can be functionally transposed to the needs identified through this research, if only a very modest way.

Outreach is an approach which involves seeking out those who require services. In this case, it means going to the places where homeless people are found in order to provide them with services instead of waiting for them to take advantage of the services in question within the "normal" system (inreach approach). The greatest advantage of this approach is that it resolves the problem of accessibility of services and care, particularly for serious cases involving persons who are afraid of institutions and who are socially dysfunctional.

In Montreal, the CLSC Centre-Ville's homelessness outreach team<sup>5</sup> has been in existence since 1990. Despite a difficult beginning<sup>6</sup>, six years later its practices are universally praised. In 1995 it even won the Persillier Lachapelle award, conferred by the Ministère de la Santé et des Services sociaux du Québec, for the quality of its service to the public. The street clinic in particular is the nerve centre, because health problems [TRANSLATION] "often serve as a pretext for an initial contact with a homeless person. These people's health problems are, in fact, nothing but a physical manifestation of their disengagement from society. Nurses thus become the first link

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<sup>5</sup> CLSCs (*centres local de service communautaire*, or local community service centres), which are unique to Quebec, offer a variety of services.

<sup>6</sup> These difficulties include a lack of clear directions, criticism by the community network already in place, internal dissension, staff burnout and an area of intervention that is full of traps. [3:15]



in the chain of services offered to clients who have 'dropped out' to enable them to get back into the system." [3:7]

From street clinic to reintegration into society, Montreal's outreach model has a number of different features, including the following:

- a multidisciplinary team made up of 7 members: one male and one female nurse, a physician, a social worker, a human relations officer, a community organizer and a secretary;
- the establishment of numerous partnerships with various organizations in the community (tours, information sessions, training sessions, etc.);
- follow-up with persons with AIDS;
- intervention models for persons with mental deficiencies;
- agreements between psychiatrists and drop-in centres whereby specialists spend one day a week at a centre, for example;
- action research.

We must not allow ourselves to be fooled, however. For the group of people targeted by this research - homeless Francophone women in British Columbia - a similar model is foreseeable only in the very distant future, if only because of the fact there are no CLSCs in the province. However, if a Francophone transition house were to be established, the advantages of a permanent outreach team, even a small one, should not be overlooked. Such teams could consist of a nurse and a social worker, for example. The fact remains that it is possible to help these people, if only in a modest way, as shown in the following section.

## VIII. RECOMMENDATIONS

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*You always have to give the power back to the homeless woman herself, who will come up with solutions that are right for her on her own. She is the one who needs to find what she wants.*  
[I-DUMO, translation]

*How can a women leave Quebec like that and come here with no money with her two children and what's more, without speaking English?... a staff member at a shelter in Vancouver*

The recommendations made in this section represent a summary of the needs identified during our research and suggestions made by the intervenors we interviewed. These recommendations serve as a general framework for measures to be implemented at the local level depending on regional priorities and on the human and financial resources available. A large number of these recommendations take into account an essential need that was universally agreed upon: the need to obtain services in French for unilingual homeless Francophone women. In British Columbia, the context makes it very difficult to deliver similar types of services. In addition to the fact that the demographic representation of Francophones in that province is low<sup>7</sup>, a number of levels of services are provided by entities that are not required to provide services in both official languages (almost all municipal services, including the municipal police; most services of the provincial government other than education, which is subject to section 23 of the *Canadian Charter of Rights and Freedoms*). Furthermore, a number of Anglophone intervenors were clearly hostile toward the idea of giving services in French.

For these reasons, most of the recommendations involve the creation of networks of Francophones already working in the community or bilingual volunteers willing to provide assistance on an as-needed basis or to follow up on calls. These "Francophone" lists could be distributed within the various drop-in centres, shelters and transition houses in order to let staff know that there are resources for Francophone women who do not speak English - without, however, having to go to this effort. In other words, to reiterate a comment made by a street nurse we interviewed, there is no need to "reinvent the wheel". The best approach would be to look at actual needs (assistance in rape cases, housing) and to find out about programs and services that already exist locally **in order to provide assistance and follow-up**

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<sup>7</sup> In Statistics Canada's most recent census (1991), 60,000 persons in British Columbia reported French as their first language. The data from the next national census will be available in December 1997. (Information obtained from the Fédération des Francophones de la Colombie-Britannique)

**in French [I-DUMO].** We are thus looking at modest but functional outreach measures designed to assist women whose needs are generally urgent and serious.

The recommendations are presented in detail in the table at the end of this chapter. They can be divided into five major areas, each of which can be broken down according to desired objectives (in the short, medium and long term, as the case may be):

- **Francophone intervenors** — prepare a list of professionals who work in this area, that is, in law and medical and psychiatric care (doctors, nurses, social workers, lawyers, etc); make these lists available to the appropriate agencies (shelters, transition houses, drop-in centres);
- **Francophone volunteers** — prepare a list of those who are already involved with a centre; recruit and train female volunteers; make these lists available in the appropriate agencies; participate in what is already being done to improve the fate of homeless persons;
- **resources available** — locate, create or update lists of the resources available locally and throughout British Columbia which assist homeless persons in general and homeless women in particular so that Francophone intervenors and volunteers can be properly informed;
- **awareness** — make sure that both Anglophone and Francophone organizations are aware of the fact that there are services for homeless Francophone women, even if these are informal; produce or translate various documents (brochures, posters, etc.) to facilitate this awareness;
- **housing** — become a member of an agency that works to obtain affordable housing; work towards establishing a Francophone transition house.

In reading the recommendations presented in the following tables, it must be remembered that these do not appear in any particular order. Recommendations do not appear in order of priority, because this can vary greatly depending on the criterion applied (for example, meeting needs in the field depending on their urgency or preparing an action plan on the basis of a local organization's human and financial resources). The reader will also note that it is recommended that a great many of these measures be implemented in the short term..

The most urgent measure to be implemented could well be to publicize Réseau-Femmes Colombie-Britannique's toll-free crisis line by sending letters to the appropriate places. As an intervenor in Victoria noted:

There are two or three people here who speak French, but they do not work here all the time. If a woman calls on a Wednesday morning and there are no Francophone working that day, the crisis line becomes one more difficulty. If the woman shows up at a shelter, we can help her more effectively by planning for some time with someone who speaks French. [I-VICT]

**Table — Recommendations based on needs**

The recommendations presented in this table are fairly flexible so as to respond to needs evaluated locally. Accordingly, they are not presented in any particular order, since priorities vary according to area and context. They may also serve as a starting point or as guidelines that organizations can use to draw up their own lists of recommendations.

Needs	Short term (1 year)	Medium term (2-4 years)	Long term (5 years)
<p>Publicize RFCB's toll-free crisis line:  <b>1-888-800-7322, ext. 331</b>                      Monday to Friday, 9:00 am to 5:00 pm</p>	<ul style="list-style-type: none"> <li>• write a letter and fax copies to the appropriate organizations</li> <li>• design a poster to advertise the crisis line and ask members of RFCB's satellite groups to make sure they are distributed (in English and French)</li> <li>• include this in all information kits</li> </ul> <p><u>advantage(s)</u></p> <ul style="list-style-type: none"> <li>- very rapid assistance</li> <li>- possibility of more accurately assessing these women's needs</li> </ul> <p><u>disadvantage(s)</u></p> <ul style="list-style-type: none"> <li>- the volunteers trained to participate in this crisis line are primarily knowledgeable about violence against women; they need to be given information about homelessness</li> </ul>		

Needs	Short term (1 year)	Medium term (2-4 years)	Long term (5 years)
<p>Prepare a list of Francophone professionals in the community</p> <ul style="list-style-type: none"> <li>• Examples :</li> <li>• social services (social workers)</li> <li>• physical health (nurses — particularly those who work in street clinics, physicians and gynecologists willing to offer their services to persons who have no papers or health insurance cards)</li> <li>• mental health</li> <li>• legal services</li> <li>• supervised housing (Camille's House, Peggy's House)</li> </ul>	<ul style="list-style-type: none"> <li>• identify</li> <li>• create a database</li> <li>• establish an inventory</li> <li>• prepare regular, monthly or bi-monthly updates</li> <li>• share this information with other organizations</li> </ul> <p><u>advantage(s)</u> -can be used to find information quickly</p> <p><u>disadvantage(s)</u> -frequent updates required</p>	<ul style="list-style-type: none"> <li>• set up a team that makes weekly visits to organizations and local hotels at which Francophone women may be staying</li> </ul>	<ul style="list-style-type: none"> <li>• establish a permanent centre or Francophone centre for women and Francophones</li> <li>• collaborate with other local organizations (La Boussole, RFCB satellite groups) to establish a permanent Francophone presence</li> </ul>

Needs	Short term (1 year)	Medium term (2-4 years)	Long term (5 years)
<p>Produce a directory of the resources available locally categorized according to the type of service offered (housing, meals, showers, legal services, etc.), taking into account the specific needs of women, such as:</p> <ul style="list-style-type: none"> <li>• counselling for abusive relationships</li> <li>• whether or not there is a list of sexual predators in a co-op shelter (or a list of persons with other types of violent behaviour)</li> <li>• presence of child care workers</li> <li>• presence of professionals or volunteers who speak French</li> </ul>	<ul style="list-style-type: none"> <li>• refine or update documents which already exist locally (see Appendix D for an example: La Boussole's brochure), identifying locations where there are Francophones</li> <li>• establish an update schedule</li> <li>• distribute brochures through organizations at which Francophone women may be present</li> <li>• ensure that Anglophone intervenors know that help is available in French</li> <li>• establish a schedule of visits to the various organizations in order to verify whether there are any brochures left</li> </ul>		

Needs	Short term (1 year)	Medium term (2-4 years)	Long term (5 years)
<p>Create a network of bilingual female volunteers willing to accompany homeless women and to provide interpretation in various situations</p> <p>Examples :</p> <ul style="list-style-type: none"> <li>• accompanying women when they open bank accounts, meet with social workers, fill out forms, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• prepare a list of volunteers already working in the community (eg, list of volunteers involved with RFCB's crisis line)</li> <li>• prepare an ideal profile of volunteers in order to establish recruitment criteria</li> <li>• recruit volunteers</li> <li>• train volunteers or, as necessary, make an agreement with local agencies to train them</li> </ul> <p><u>advantage(s)</u></p> <ul style="list-style-type: none"> <li>- better quality services for the women in question, even though these services are dependent on volunteers</li> <li>- monitored record of interventions (number, nature, etc.) which can be used over the long term to more effectively tailor training</li> </ul> <p><u>disadvantage(s)</u></p> <ul style="list-style-type: none"> <li>- high turnover</li> </ul>	<ul style="list-style-type: none"> <li>• have volunteers become involved in local street clinics, eg: one evening a week</li> <li>• set up volunteers at various local organizations at which Francophone women are likely to show up (eg: shadowing with an intervenor)</li> </ul> <p><u>advantage(s)</u></p> <ul style="list-style-type: none"> <li>- on-the-job training in organizations</li> <li>- ability to more effectively determine these women's needs without going around "blindly" on the street</li> <li>- helping to develop a stable and trusting relationship on a case-by-case basis</li> </ul> <p><u>disadvantage(s)</u></p> <ul style="list-style-type: none"> <li>- demanding from a public relations point of view and requires effective collaboration with various organizations</li> </ul>	

Needs	Short term (1 year)	Medium term (2-4 years)	Long term (5 years)
<p>Participate in affordable and supervised housing projects for dysfunctional persons</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>Habitat for the Homeless, Bridge Housing Society For Women and DERA in Vancouver</li> <li>the Victoria Second Stage Program of the Cridge Centre for the Family in Victoria</li> </ul>	<ul style="list-style-type: none"> <li>determine what already exists locally</li> </ul> <p><u>advantage(s)</u></p> <ul style="list-style-type: none"> <li>networking</li> <li>up-to-date information</li> </ul>	<ul style="list-style-type: none"> <li>participate (representation on various committees)</li> </ul> <p><u>advantage(s)</u></p> <ul style="list-style-type: none"> <li>opportunity to acquire experience with this type of approach</li> </ul>	<ul style="list-style-type: none"> <li>consider the possibility that a Francophone centre for homeless persons can include supervised housing units of all kinds</li> </ul>
<p>Prepare a plan to promote awareness of the specific needs and risks of homeless Francophone women, focussing on:</p> <ul style="list-style-type: none"> <li>other local and provincial Francophone organizations</li> <li>organizations which provide services to homeless persons in general</li> <li>any other local organizations that should be contacted</li> </ul>	<ul style="list-style-type: none"> <li>produce tools and resources for awareness geared to the target audience</li> <li>publicize</li> </ul>	<ul style="list-style-type: none"> <li>promote awareness in schools (including demythicizing the "adventure" of life on the street for young people)</li> </ul>	



Needs	Short term (1 year)	Medium term (2-4 years)	Long term (5 years)
<p>Have existing English-language resource documents translated, by volunteers or professionals who agree to provide their services free of charge, for distribution to:</p> <ul style="list-style-type: none"> <li>• volunteer interpreters</li> <li>• professionals who are Francophones or who speak French</li> <li>• Francophone women in particular</li> </ul>	<ul style="list-style-type: none"> <li>• find any existing local documents that have already been translated (as in Victoria)</li> <li>• identify relevant documents</li> <li>• find persons who are competent in translation and who will agree to work free of charge (contact the Society of Translators and Interpreters of BC for references of translators who work into French, or the University of British Columbia)</li> <li>• have documents translated</li> <li>• distribute them</li> <li>• get on the mailing lists of organizations that produce these documents in English in order to update documents already translated or translate new ones</li> </ul>		
<p>Establish a relationship with Quebec Social Services</p>	<ul style="list-style-type: none"> <li>• find information (telephone numbers and contact persons)</li> </ul> <p><u>advantage(s)</u></p> <ul style="list-style-type: none"> <li>- makes it possible to more quickly assist clients that are difficult cases, eg: determining whether they need to take medication and which kinds</li> </ul>		

Needs	Short term (1 year)	Medium term (2-4 years)	Long term (5 years)
Establish a relationship with outreach workers in Montreal	<ul style="list-style-type: none"> <li>• determine which CLSC could serve as a central point</li> <li>• enter into a flexible agreement with those responsible based on need (hiring criteria, etc.)</li> </ul> <p><u>advantage(s)</u></p> <ul style="list-style-type: none"> <li>- knowledge and experience of an experienced outreach team</li> <li>- willingness already expressed for collaboration between RFCB and various CLSCs</li> </ul> <p><u>disadvantage(s)</u></p> <ul style="list-style-type: none"> <li>- CLSC organization does not exist in British Columbia</li> </ul>		
Determine obligations towards minors	<ul style="list-style-type: none"> <li>• find out about provincial requirements</li> <li>• find out about the policies of other local groups</li> <li>• make a decision (whether or not to intervene), remembering that the age of majority changes from one province to the next</li> </ul>		

## IX. GLOSSARY

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### **abusive relationship**

Term used to refer to the situation of a battered woman. *Relation de violence* in French. (Source: [13])

### **counselling**

Psychological support; may consist of ongoing pre-psychotherapy in a series of long interviews with the person who requires assistance. The same term is used in French. (Source : [13])

### **crisis line; distress line**

French equivalents are *ligne téléphonique de détresse*, *ligne d'écoute téléphonique*. (Sources: [13] and *Le p'tit bottin*, La Boussole)

### **DEV**

Acronym for *Downtown Eastside Vancouver*, also referred to as *Skid Row* or *Skid Road*.

### **drop-in centre; resource centre**

Organization which offers various services and types of care. Equivalent of *centre de jour*. (Source : [13])

### **homelessness; homeless person**

In French Canada, the term *itinérant* is widely used as an equivalent for the term *sans abri* (*homeless*), despite the fact it is generally taken to refer to persons required to travel in the course of their duties, such as ambassadors and seasonal workers. (Sources: [2] and [3])

### **no fixed address**

The term used in France to render this term, which applies to homeless persons, is *sans domicile fixe (SDF)*. (Source : [2]) See *homelessness*.

### **outreach; outreach program; outreach approach**

Program or approach which involves seeking out homeless persons who would otherwise not take advantage of the services offered by various organizations. The various types of outreach services include tours by medical personnel (needle exchange vans, etc.) and accompaniment services (housing, legal services, social services, etc.). Note: The English term is used by French-speaking professionals in the field. (Source : I-DENO)

**RFCB**

Réseau-Femmes Colombie-Britannique (can be translated literally as *British Columbia women's network*).

**second stage housing**

In transition houses in B.C., *second stage programs* and *second stage housing* refer to the second stage of the transition towards independence for women leaving abusive relationships. This stage may last from 1 to 3 years. In second stage housing, the focus is on increasing awareness of the problems that lead to abusive relationships and the acquisition of skills needed in day-to-day life (child care, money management, etc.). Transition houses constitute the first step in the movement towards autonomy. (Source : Victoria Second Stage Program)

**shelter**

Place which provides temporary accommodation (one night, 10 days, 30 days) — in some cases in extremely urgent circumstances. French term is *refuge*. (source : [13]).

**skid row; skid road**

The "wrong side of the tracks": a downtown neighbourhood frequented by (1) vagrants (2) homeless alcoholics, both employed and unemployed; (3) low-income elderly persons; (4) displaced workers. (Source : [2])

**transition house**

Temporary shelter for battered women and their children which offers a variety of services. In British Columbia, the average stay does not exceed 30 days. (Source: [13] and I-VAILL)

The French term *résidence avec encadrement* can be translated literally as *residence with supervision*. As in Quebec, this term could also be used to refer to homeless persons who have opted for reintegration while still requiring supervision on such matters as taking their medication.

## X. BIBLIOGRAPHY

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## XI. APPENDICES

### Appendix A — List of interviews

I-BAXT	Sheila Baxter, of the Carnegie Community Centre, and author of <i>Under the Viaduct: Homeless in Beautiful B.C.</i>
I-BRON	Bronwyn, of the Positive Women's Network
I-CUMM	Kathleen Cummings, Downtown Eastside Women's Centre
I-DENO	Hélène Denoncourt, street nurse, Montreal
I-DUMO	Laval Dumont, nurse working on the street and in a clinic, Vancouver
I-GOSPEL	Al Mayall, chaplain at Union Gospel Mission
I-GRAV	Judy Graves, coordinator of rental housing assistance programs for the City of Vancouver (Tenants Assistance Programs, Housing and Property Department, Vancouver City Hall)
I-LAUR	Jacques Laurin, social worker who participates in homelessness outreach teams at various CLSCs in Montreal
I-LISE	Lise, Portland Hotel
I-MORR	Chris Morrissey, of Powell Place, a shelter for women and children, Vancouver
I-PRIM	Céline Primeau, volunteer at the Gathering Place and Vice-President of La Boussole, Vancouver
I-TRIAC	Connie, staff member, Triage Centre, Vancouver
I-TRIAM	Mark, staff member, Triage Centre, Vancouver
I-VAILL	Lina Vaillancourt, volunteer with RFCB's crisis line
I-VICT	Worker at a transition house in Victoria; spoke on condition of complete anonymity

## **Appendix B — Questionnaire used for interviews in shelters and organizations**

1. How many women use shelters?
2. What age groups do they belong to?
3. What kinds of backgrounds do they come from?
4. In general, what are the reasons women come to shelters?
5. To your knowledge, is there one ethnic group in particular that is more vulnerable to becoming homeless?
6. What kinds of services do women receive at your organization?
7. How long do they stay?
8. Do you have any statistics on the use of your organization's services by women?
9. Has the number of women using your services increased over the past 10 years? the past 5 years?
10. In your opinion, what is the reason for this?
11. How do you respond when women who are victims of spousal or family violence show up at your shelter?
12. In your experience, do women in difficulty use shelters as a last resort?
13. On the basis of your experience, what resources do women in distress turn to before coming to your organization?
14. Is your organization open to all women regardless of religion, sexual orientation or ethnic group?
15. Do you provide support services for finding employment or counselling?
16. Are there fees for those who use the shelters, as at Lookout, for example?
17. Are you familiar with the needs of the women who use the shelter?
18. Do the women communicate with one another, does your agency encourage such communication, what kind of support groups do you offer?
19. Do you have any regular clients?
20. How often do the same people use the shelter?
21. What is your shelter's capacity: number of beds for women, meals, etc.?



## **Appendix C — Organizations contacted or visited (non-exhaustive list)**

### **Prince George**

- Awac
- AIDS information centre
- Crisis line
- Elizabeth Fry Society
- Phoenix Transition Society
- Multicultural Society
- Together Against Poverty

### **Vancouver**

- Atira Transition House Society
- Battered Women's Support Services
- Bridge Housing Society For Women (project aimed at the construction of apartments in DEV for women in this neighbourhood who are or who have been homeless)
- Carnegie Community Centre
- Chimo
- Coquitlam House
- Downtown Eastside Women's Centre
- Downtown Eastside Residents Association (DERA)
- End Legislated Poverty (coalition of 37 organizations)
- Evergreen Transition House
- Findley Place
- Gathering Place (The)
- Habitat for the Homeless
- Ishtar Transition House
- Kate Booth House (Salvation Army)
- Kettle Friendship Society
- La Boussole
- Crisis line
- Living Room (The)
- Lookout
- Lookout South Granville
- Marguerite Dixon House
- Nova House
- Department of Social Affairs (Hope project, which works to find housing for women with serious mental disabilities)
- Peggy's House
- Community police
- Portland Hotel

- Positive Women's Network
- Powell Place (The)
- Salvation Army Homestead
- Triage Centre
- Union Gospel Mission
- Vancouver City Hall
- Vancouver Women's Health

**Victoria**

- BC Stats
- Cool Aid Society
- Greater Vancouver-Victoria Multicultural Women's Association
- Cridge Centre for the Family
- Hill Transition House
- Crisis line
- Pemberton House
- Sandy Merriman House
- Street Community Association
- Street Link Emergency Shelter
- Women's Housing Support Program

### **Appendix D — Sample directory of local resources for homeless persons**

Produced by La Boussole in Vancouver, *Le p'tit bottin* is a 16-page brochure which lists a wide range of services, some free of charge, for homeless persons (food, clothing, accommodation, counselling, etc.). It could be adapted to the needs of homeless women specifically or have a section added which covers services for women.

**CONSO MMATEURS  
EN SANTÉ MENTALE**

**Informel:** Vous êtes à l'hôpital parce que vous l'avez demandé (volontaire):

- vous pouvez accepter ou refuser certains traitements. C'est à vous de décider.
- vous devez être d'accord sans qu'on vous menace ou vous donne des ultimatums.
- après 72 heures on va vous donner votre congé, à moins que votre statut change à involontaire.

**Involontaire:** la POLICE dit que votre conduite pourrait être un danger pour vous-même ou les autres  
un JUGE croit que vous êtes une personne mentalement dérangée ou dangeureuse si vous êtes en liberté ou que la procédure habituelle entraîne une attente dangeureuse;  
un DOCTEUR dit que vous êtes mentalement dérangé, que vous avez besoin de traitement pour votre protection ou celle des autres.

**Procédure:**

- 2 docteurs doivent remplir des formulaires
- vous pouvez faire appel dès la 1ère journée
- admission patient involontaire peut être pour 30 jours
- vous avez le droit de partir après 30 jours à moins qu'un docteur dise que vous devez rester
- si le docteur dit que vous devez rester ça peut être pour 90 jours

**MENTAL HEALTH ADVOCATES  
C'EST GRATUIT**

CLAS: 685-3425      BCCPD: 875-0188  
Kettle: 251-2854      MPA: 738-2811

**LE  
P'TIT  
BOTTIN**

**\*17\***

**Guide Des  
Services  
Du  
Downtown  
Eastside**



NOURRITURE GRATUITE OU PAS CHERE..1

VÊTEMENTS ET MEUBLES.....2.

LOGEMENT ET HÉBERGEMENT.....3.

SERVICES DE SANTÉ.....4.

COUNSELLING, SUPPORT, INFO.....6.

SERVICES LÉGAUX.....9.

EDUCATION, COURS D'ANGLAIS.....10.

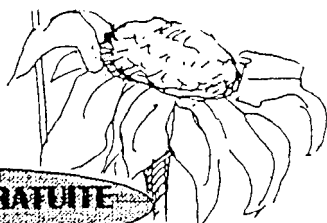
SOCIAL, LOISIRS, DROP-IN.....11.

SERVICES DES JUENES.....12.

AUTRES SERVICES...(SIDA).....13.

Ceci est "Help in the Downtown Eastside"

1.



**NOURRITURE GRATUITE**

**Dugout** 59 Powell, 685-5239: p.f. plusieurs.  
Café/Soupe - 7h15 tous les jours, le dim - 8h45  
**Crosswalk** 138-140 W.Hastings, 669-4349:  
p.f. non. Café, hres variable. Refuge de nuit.  
**First United Church** 320 E.Hastings, 681-  
8365: p.f. Joseph. Soupe et pain - 8h30 en  
semaine. Café et sandwich 19h le samedi  
**\*Harbour Light** 119 E.Cordova, 682-5208:  
p.f. non. Repas chaud à 11h sur semaine. Souper  
à 18h30 tout les soirs sauf mardi et jeudi.  
**\*Union Gospel Mission** 616 E.Cordova,  
253-3323: p.f. non. Lunch à 14h en semaine et  
souper tous les soirs à 20h.  
**Franciscan Sisters** 385 E.Cordova, 685-  
9987: p.f. frère Daniel. Sandwiches tous les  
jours à 15h30 sauf le mercredi, samedi et  
dimanche. Sandwiches le dimanche à 14h.  
**Food Banks** 876-3601: p.f. non. Billets  
disponibles à partir de 9h mercredi matin;  
distribution de la nourriture debute à 11h  
mecredi matin.  
**Women's Centre** 44 E.Cordova, 681-8480:  
Repas chaud à 12h30. Femmes seulement.  
(\*Service religieux avant le repas)



**NOURRITURE PAS CHÈRE**

**Evelyne Saller Centre** 320 Alexander, 665-  
3075 p.f. Jacques et Brian (Marcus). Cafétéria:  
déjeuner/diner (10h-14h30) \$2.00; souper(15h30  
-17h50) \$2.00.  
**Carnegie Centre** 401 Main, 665-2220:  
p.f. Gilles. Concession, cuisine; 45 déjeuners et  
40 soupers par mois. Déjeuner samedi et diman-  
che à 10h, \$1.50; soupers 5 soirs à 17h30, \$2.50.

2.

**411 Seniors Centre** 684-8171, 411 Dunsmuir:  
Cafétéria: déjeuner \$3, diner \$3.25. Lun-vend.  
8:15h-15h, samedi 9h-14h.

**Downtown Eastside Community Health  
Clinic** 412 E.Cordova, 255-3151:

p.f. Dr.Mathews. Vente d'épicerie pas chère aux  
personnes qui recoivent du bien-être. Ouvert  
lundi au vendredi à 9h30-16h30; fermé mecredi  
après midi.

**POUR PATIENTS PSYCHIATRIQUES**

**Kettle Friendship Society** 1725 Commercial,  
251-2854: p.f. non. Nourriture à 11h30, \$.75

**Coast Club House** 259 E.11th, 879-9612:  
p.f. oui. Collation lundi à mecredi, \$.50. Souper  
jeudi et mecredi.

**PRODUITS ORGANIQUES**

**La Quena Coffee House** 1111 Commercial,  
251-6626: p.f. oui.

**VÊTEMENT GRATUITS**

**First United Church** 320 E.Hastings, 681-  
8365: p.f. Joseph. Lundi, merc, vend. 9h à midi.

**Franciscan Sisters** 385 E.Cordova, 685-  
9987: p.f. frère Daniel. Lundi au jeudi, 9h à 11h  
- porte dans l'allée du côté de Dunlevy.

**Downtown Eastside Women's Centre**,  
44 E.Cordova, 681-8480: p.f. oui. Pour femmes  
et enfants.

**Crabtree Corner** 101 E.Cordova, 689-2802:  
p.f.oui. Pour femmes et enfants.

**VÊTEMENTS, MEUBLES, ARTICLES  
MÉNAGERS**

*Second-main les plus bas prix*

**Pilgrim's Market** 659 E.Hastings, 254-8721:  
p.f. non. Vêtements, couvertures, vaisselle,  
meubles.

**Hang-Ups Thrift Stores** 1832 Commercial  
**Thrift Store** 411 Dunsmuir: p.f. non. Mardi au  
vendredi, 10h à 14h. Bas prix, qualité.

3. **SPCA Thrift Store** 1885 Clark Dr: p.f. non.  
**Mainstay Thrift Store** 4661 Main: p.f. non.

*Endroits un peu plus chers*

**St. Vincent de Paul** 2244 E. Hastings, 255-8828:  
p.f. non. Vêtements, meubles, tapis, rideaux.  
**Value Village** 1820 E. Hastings, 254-4282:  
p.f. oui. Meubles neufs et usagés, articles de  
maisons, vêtements, souliers. Grand magasin.  
**Salvation Army** 261 E. 12th, 299-3908:  
p.f. non. Meubles, appareils électro-ménagers,  
lits, articles usagés et réparés.

**LOGEMENT ET HÉBERGEMENT**

**D.E.R.A. Housing Society** 1-425 Carrall,  
682-0931: p.f. Dayle. Co-ops, logements à prix  
modique. Relocalisation pour les gens du  
Downtown Eastside. Logements disponibles  
surtout dans les hôtels résidentiels.

**Low-cost Housing** - 500 Dunsmuir

*Hébergement d'urgence*

jour et nuit 660-3194

**Catholic Charities** 828 Cambie, 443-3292  
p.f. non. Tél. pour info.

**Lookout** 346 Alexander, 681-9126: p.f. Henri,  
Sandra. Hommes et femmes - intervention de  
crise et de la place pour 40 personnes.

**Triage** 707 Powell, 254-3700: p.f. non.  
Hébergement d'urgence avec 28 lits et  
counselling pour drogue, alcool et problèmes  
psychiatriques.

*Hébergement d'urgence pour femmes*

**Kate Booth House** (Urgence: 872-7774)  
872-0772: p.f. oui. Pour femmes et enfants  
victimes de violence conjugate; ligne  
téléphonique de détresse 24 heures. Séjours de  
courte durée.

**Rape Relief** 872-8712: Counselling au  
téléphone 24 heures; hébergement.

**Powell Place** 329 1/2 Powell, 683-4933:  
p.f. oui. 24 heures.

**Helping Spirit Lodge** 872-6649: Pour  
femmes autochtones et enfants.



*Logements ex-patients psychiatriques*

**Community Care Teams** 874-7626 (info):  
p.f. non. Pour être référé à des foyers spécialisés  
**Mental Patients Association** 1731 W. 4th Ave.  
738-1422 p.f. oui. Accès à 5 maisons de transition  
**Lookout** 346 Alexander, 681-9126: p.f. Henri.  
Chambres pour 39 résidents de longue durée.  
**Coast Foundation** 295 11ième E. 872-3502:  
p.f. non. Des pensions psychiatriques.

**SERVICES DE SANTÉ**

*Urgence: 911 - ambulance, feu, inhalateur*  
*Psychiatrique: 732-7307 (Police-Voiture 87)*

*Hôpitaux*

**Général de Vancouver** 875-4111, 855 12th  
**Saint-Paul** 682-2344, 1081 Burrard  
**St-Vincent** 876-7171, 749 33ième O  
**Général Burnaby** 434-4211, 3935 Kincaid.  
**Lions Gate** 988-3131, 15th et St-George  
**UBC Health Services** 288-7515: Unité  
psychiatrique. 2255 Westbrook Mall.  
**Riverview** 524-7000, 500 Lougheed Hwy.

*Services en temps de crise*

**Crisis Centre** 872-3311: p.f. oui. Ligne télé.  
pour crise émotive, violence familiale,  
prévention du suicide.

**Rape Relief** (viol) 872-8212: p.f. non.  
Aide 24 heures.

**W.A.V.A.W. (Women Against Violence  
Against Women)** 875-6011: p.f. non. Pour  
femmes. Ligne téléphonique 24 heures pour  
victimes de violence, d'assaut sexual.

**Drug & Poison Information Centre**  
682-2344, local 2126: p.f. oui.

**Venture** 879-8222 (service psychiatrique  
d'urgence après les heures 732-7307). 220 E 13th  
p.f. oui. Unité mobile donne des soins entre  
20h jusqu'à 3h du matin.

5. *Soins médicaux gratuits ou pas chers.*  
**Downtown Community Health Clinic** 412 E.Cordova, 255-3151: p.f. Dr.Mathews, Dr.Maki. Services de santé gratuits aux résidents du Downtown Eastside. Lundi au vendredi, 8h30 à 16h30. Ferme à 15h le mercredi.

**Needle Exchange Program** 221 Main, 685-6561 p.f. oui. Programme d'échange de seringues et test SIDA/HIV.

**Downtown Eastside Youth Activities Society** 223 Main, 685-4488: p.f. oui. Pour les jeunes. Infirmières, MTS, 219 Main, 660-9695: 10h à 17h30 la semaine.

**Pine Free Clinic** 1985 W.4th, 736-2391: p.f. Dr. Brvar. Soins médicaux gratuits; premier arrivé, premier servi. 9h à midi et 14h à 17h tous les jours sauf mercredi. Samedi 13h à 16h. Mandat pour les jeunes (25 ans et moins).

**Drake Street Clinic** 575 Drake à Seymour, 660-4934.

**Reach Community Health Clinic** 254-1354, 1145 Commercial: p.f. Dr. Lambert.

**Hôpital général de Vancouver** 711 W.12th Ave, 875-4060: p.f. oui. Service externe ouvert aux personnes à faible revenu.

**V.D.Clinic** 828 W.10th, 660-6161: Clinique pour maladies vénériennes.

*Services dentaires gratuits ou pas chers*

**Downtown Community Health Clinic** 255-3151, 412 E.Cordova: Soins dentaires pas chers pour les résidents du Downtown Eastside.

**Reach Dental Clinic** 1145 Commercial, 254-1331: Clinique dentaire d'urgence pour réduire la douleur. \$7.00. Mardi à 19h; tél. avant

**VGH Dental Clinic** 805 W.12th, 875-4006: Appeler pour rendez-vous entre 8h30 et 16h. Réduction de 20% pour ceux qui n'ont pas d'assurance.

**Welfare(BS)** 660-3143 pour info.

*Douches, lavage et épouillement gratuits*

**Evelyne Saller Centre** 320 Alexander, 665-3075 p.f. oui. Linge sale accepté à partir de 9h (limite quotidienne) - on enlève les poux. Douches gratuits, premiers soins. 9h à 21h.

6. **First United Church** 320 E.Hastings, 681-8365: p.f. Joseph. Douches gratuits entre 9h et 13h30 le matin la semaine.

*Douches pour ex-patients psychiatriques*  
**Coast Foundation** 295 E.11th, 879-9612: p.f.oui Douches au Clubhouse tous les après-midi à partir de 15h.

**Mental Patients Association** 1731 W.4th, 738-1422: p.f.oui. Douches pour membres. tous les jours de 9h à 23h.



Info. générale: 875-6381 p.f. Hugh  
*Psychiatrique*

**Strathcona Mental Health Team** (équipe de santé mentale) 201-330 Heatley, 253-4401: p.f. Alice

**Coast Foundation** 295 E.11th, 879-9612.

**Kettle Friendship Society** 1725 Commercial, 251-2854: p.f. oui.

**Community Care Teams** 734-5265 (info): p.f.non. Counselling individuel, maisons de chambre et réhabilitation.

*Prostituées*

**Prostitution Alternatives Counselling & Education (P.A.C.E.)** 872-7561 Aide avec logement, désintoxication, BS, vêtements, travail éducation... Sortir de la rue et aller dans un endroit sécuritaire. (Fonde par des anciennes pros)

PACE Cellular (weekends & evenings)	230-9437
SYS(STREET YOUTH SERVICES)	662-8822
EMERGENCY SERVICES	660-4927
YOUTH DETOX	251-7615
ADOLESCENT SERVICES UNIT	660-9376
D.E.Y.A.S.	685-4488
NEEDLE EXCHANGE	685-6561
DRAKE STREET CLINIC	660-4934
SAFE HOUSE	877-1234
RICHARDS STREET CLINIC	660-6776
NEXUS	660-5216
PARC	681-2122
BATTERED WOMEN'S SUPPORT SERVICE	687-1867
AIDS VANCOUVER HELPLINE	687-2437
YOUTH DETOX	299-1131
CHILDREN'S HELP LINE	Dial 0 ask for Zenith 1234

*Femmes*

**Downtown Eastside Women's Centre** 681-8480 44 E.Cordova: p.f. oui. Counselling.

7

vêtements gratuits, douches, programmes, lavage, défense des droits au bien-être et en logement. Confidentialité et support en toute sécurité.

**Crabtree Corner** 101 E. Cordova, 689-2808: p.f.non. Service de garderie d'urgence. Pour mères célibataires - groupes de support. Food Bank le mardi; soupe et bannock gratuits lundi, mercredi et vendredi à midi. Téléphone gratuit, condoms, vêtements, kit de bleach pour seringues. Programmes bébé en santé pour parents.

**Battered Women's Support Services**

687-1868 (bur), 687-1867 (counselling): Groupes drop-in et de 10 sem. pour femmes abusées, battues. Counselling individuel et conseils légaux.

**Working Women's Drop-In** 320 E. Hastings, 681-9244: pour info appeler entre 17h30-22h

**Sheway** 455 E. Hastings, 254-9951: Info sur la grossesse, alimentation pendant la grossesse, tickets d'autobus. Références.

**Vancouver Status of Women** 1720 Grant, 255-5511: Centre de Ressource excellent

**Vancouver Women's Health Collective**

219-1675 W. 8th, 736-5262: p.f. oui(lundi). Information, bibliothèque/centre de références au sujet de la santé de la femme, répertoire de docteur(e)s/thérapeutes, "counselling" au téléphone, groupes de support...

*Autochtones*

**Native Courtworkers & Counselling**

**Association** 50 rue Powell, 687-0281: p.f.non. Aide légale et autre pour autochtones.

**Vancouver Native Health Society** 254-9949, 449 E. Hasting: p.f. non. Clinique drop-in pour autochtones. Conseils sur logement, relocalisation et sur les services autochtones.

**Helping Spirit Lodge** 872-6649, #205-96 E. Broadway: Counselling pour violence familiale.

**Vancouver Aboriginal Centre Society**

251-4844, 1607 E. Hastings: 9h à 22h  
**Hey-way-noqu'** 874-1831, 206-33 E. Broadway

**Native Liaison Society** 687-8411, 239 Main: Pour rapporter un crime (victime/temoin). Coun.

8.

**Vancouver Aboriginal Child & Family**

**Services** 689-2402, 21 rue Water: Défense des droits, counselling, assistance pour familles autochtones qui vivent des situations (et défis) reliées au "foster care programme."

*Personnes avec un handicap*

**Downtown Eastside Handicapped**

**Association** 411 Dunsmuir: p.f. oui. Counselling, groupes de support, voyages: rencontres à toutes les semaines.

**BC Coalition of People with Disabilities**

204-456 W. Broadway, 875-0188: p.f.non. Groupe pour la promotion et la défense des droits des personnes avec un handicap.

**Adult Learning Disabilities Association**

1322-510 W. Hastings, 683-5554: p.f. oui. Centre d'accueil et de ressources, counselling individuel, références pour évaluations, éducation, groupe de support et bénévoles ayant des difficultés d'apprentissage.

*Aînés*

**Downtown Eastside Seniors Centre** 254-

2194, 509 E. Hastings: p.f.non. Offre plusieurs services, activités récréatives, aide diverse.

**Strathcona Community Centre** 601 rue

Keefer, 254-9496: p.f. Alice. Activités sociales et récréatives pour tous les âges.

**411 Seniors Centre** 684-8171, 411 Dunsmuir: Counselling sujet des pensions, assistance sociale logement, etc. lun-ven. 8h30-16h.

**Elders Network** 732-0812: références aux services sujet aîné(e)s.

*Autre services de counselling*

**WATARI-Alcohol et drogues stratégie au**

**Ray-Cam** 920 E. Hastings, 254-9417, 254-0747: Counselling, aide familiale et individuelle pour les résidents de Strathcona et du Downtown Eastside principalement.

**Family Services Association** 1616 W. 7th, 731-4951: p.f. oui. Coût adapté au revenu pour counselling de couple, famille et groupe.

**Alcohol & Drug Detoxes** 660-6536: p.f. non. Cliniques animées par le Ministère du travail et des services aux consommateurs.



9.

### SERVICES LEGAUX

**Legal Services Society** 1170-605 Robson 601-6300: p.f. Sandra. Gamme de services légaux pour personnes à faible revenu. Lundi, mardi, jeudi et vendredi de 9h à 15h; mercredi 9h à 12h30.

**Aboriginal Justice Institute** 191 Alexander, 684-2121: Conseils légaux et références pour autochtones.

**Law Students' Legal Advice Program** 228-5791 p.f. non. Etudiants, supervisés par des avocats, donnent des conseils et de l'aide. Cliniques partout en ville. Tél. pour info.

**UBC Legal Clinic** 822-5791: p.f. non. 9h-16h, lundi au vendredi.

**Vancouver Community Legal Assistance Society** 8th-1281 W.Georgia, 685-3425: p.f. non. Programmes et services en santé mentale, droit communautaire et pour personnes avec handicaps.

### DÉFENSE DES DROITS

**Downtown Eastside Residents' Association (DERA)** 1-425 Carrall, 682-0931: p.f. Dayle. Bien-être, logement, assurance-chômage, droits des logements, impôt.

**BC Coalition of People with Disabilities** 204-456 W.Broadway, 875-0188: p.f. non. Défense des droits pour personnes avec handicaps physique et/ou mental. Tél pour rendez-vous.

**First United Church** 320 E.Hastings, 681-8365: Bien-être Social, RTA... Lu. au vend.

**Mental Patients Association** 1731 W.4th, 738-2811: p.f. oui. Défense des droits pour ex-patients psychiatriques. Lun. au vend, 9h à 16h. \*MPA Drop-In, 738-1422/738-5177: lundi au vend. 9h du matin à 23h du soir; fin de semaine du midi à 19h30. Pas besoin de rendez-vous.

**Ombudsman for Children** 775-3203, 2050-200 Granville: Johanna. Va investiger toutes les plaintes des enfants et des personnes parlant au nom des enfants, concernant des décisions prises par le "Ministère des services sociaux et du logement" Peut prendre toute l'information au

téléphone. Lundi au vendredi, 9h à 17h. 10.

**Vancouver Community Legal Assistance Society** 8th-1281 W.Georgia, 685-3425: p.f. non. Personnes de première ligne pour développer et défendre des cas tests touchant handicaps, santé mentale, bien-être et chômage. Sur rendez-vous.

**Legal Services Society** 1170-605 Robson 601-6300: p.f. non. Conseils légaux et aide sujet du bien-être, chômage, commission des accidents du travail, blessure criminelle et problèmes de locataire. Lundi, mardi, jeudi et vend. de 9h à 15h; merc de 9h à 12h30

**United Native Nations** 736 Granville, 688-1821: p.f. non. Accueil pour autochtones, logement, emploi, vétérans, éducation.

**Aboriginal Justice Institute** 191 Alexander, 684-2121: Conseils légaux pour autochtones.

**Vancouver Aboriginal Child & Family Services** 689-2402, 21 rue water: Défense des droits, counselling, assistance pour familles autochtones qui vivent des situations (et défis) reliées au "foster care programme."

### EDUCATION, COURS D'ANGLAIS

**Carnegie Learning Centre** 401 Main, 665-3013: GED (équivalent de 12e année), cours d'anglais, langue seconde, introduction aux ordinateurs, écriture, dessin....

**La Boussole** 105 W.Cordova, 683-7337: Cours d'anglais, GED en français et apprendre à lire et écrire en français, traduction, etc. Lundi au vend, 9h à 17h.

**Service de Orientacion (S.O.S.)** 360 Jackson, 255-4611: Cours d'anglais

\*Parc Oppenheimer bloc 400 Powell: anglais langue seconde. 9h à 17h.



## ACTIVITÉS SOCIALES RÉCRÉATIVES ET DIVERSES

### Centres communautaires

**Carnegie Community Centre** 401 rue Main, 665-2220: p.f. Gilles. Ouvert tous les jours de 9h à 23h du soir. Service de nourriture et cafétéria, bibliothèque, cartes et jeux de table, gymnase, centre d'apprentissage avec tuteurs, théâtre, musique, poésie, billiards, haltérophilie, poterie, programme de bénévoles \*le plus important en ville!

**Evelyne Saller Centre** 320 rue Alexander, 665-3075: p.f. Brian, Jacques, Ouvert tous les jours de 9h à 23h et 22h le fin de semaine. Cafétéria, salles detélé (TSN), table de pool, cartes et jeux de table, épouillement, douches, lavage de vêtements.

**Ray-Cam Co-op Centre** 920 E.Hastings, 251-2141: p.f. Daryl. Gymnase, diversité de programmes récréatifs. Club des enfants.

**C.M.H.A. Recreation** 872-3148.

**La Boussole** 105 W.Cordova, 683-7337: p.f.OUI! Café. Rencontres, jeux de tables.

### Gays et Lesbiennes

**Drop-in** 401 Main: Activités les 1er et 3è jeudi de chaque mois. 15h à 17h.

### Santé mentale

**The Living Room** 528 Powell, 255-7026: p.f.Henri. Drop-in, récréation.

**Kettle Friendship Society** 1725 Commercial, p.f.non. Artisanat, jeux, pool, cuisine.

### Femmes

**Downtown Eastside Women's Centre** 681-8480, 44 E.Cordova: p.f.oui. Venez nous voir du téléphonez pour info. Diversité d'activités.

**Single Moms** (mères célibataires) 689-2808, 101 E.Cordova: Crabtree Corner - pour info.

### Ainés

**Downtown Eastside Seniors' Centre** 254-2194, 509 E.Hastings: p.f.non. Cartes, télé, table de pool, conversation et sorties.

**Continental Seniors' Centre** 1067 Seymour, 3è étage: p.f.non. Activités sociales, bon repas économiques.

**411 Seniors Centre** 684-8171.411 Dunsmuir Cotisation \$8/année pour 55+, billiards, jeux de cartes, artisanat, magasin à bas prix

### Rencontres pour autochtones

**Vancouver Aboriginal Centre Society** 1607 E.Hastings, 251-4844: 9h à 22h.

**Cultural Sharing** 401 Main, 665-3003: Echange culturel lundi soir à 19h.

**ARIES Project** (pour jeunes autochtones de la ville) 1607 E.Hastings, 225-1326: Pour les jeunes autochtones de 14 à 19 ans qui vivent sur la rue. Counselling, info en santé, artisanat. Programmes culturels, sociaux et récréatifs autochtones.

## DOWNTOWN EASTSIDE YOUTH ACTIVITIES SOCIETY

**Needle Exchange** (Echange de seringues) 221 Main, 685-6561: p.f.Mike. Ouvert de 8:30h à 20h tous les jours. Une van circule dans le centre-ville 18h à 2h (lundi 18h à 24h).

**Sexually Transmitted Diseases** (maladies transmises sexuellement) 219 Main, 660-9695: p.f.non. Infirmières spécialisées sur place lundi au vend. et dans la van le soir. Tous les tests sont confidentiels.

**Conseillers pour drogue et alcool** 685-4488, 223 Main.

**Travailleurs pour les jeunes** à 223 Main, lundi au samedi et sur les rues du centre-ville le soir. Aide pour les jeunes et les adultes dans le Downtown.

**WATARI/Désintoxication pour jeunes** 251-7615 / DEYAS 685-4488, 432 E.Hastings: Pour jeunes de la rue, 25 ans et moins. Heures d'ouverture: lundi au samedi, 9h à 16h. Services de désintoxication, counselling et références pour besoins médicaux et légaux. Groupe de support, vidéos, nourriture la nuit et banque de nourriture.

**Youth Action Coalition** 602-9747, 342 E. Hastings: Nourriture gratuite, vêtements, lavage, banque d'aliments le mercredi; seulement pour les 25 ans et moins.

13.

**AUTRES SERVICES**

**Prison** 665-2129: Ligne téléphonique 24heures pour savoir si quelqu'un est en prison à Main et Cordova. p.f. oui.

**Cour** 222 rue Main, 660-4200: Pour connaître les dates et heures de comparution à la Cour Provinciale sur Main. p.f. oui.

**Autobus** 521-0400 pour trajets et horaires

**Co-op Radio (102.7 FM)** 337 Carrall, 684-8494: Toutes sortes des programmes, musique locale, commentaires politique, etc. p.f. oui.

**Tenants' Rights Action Coalition** 255-0546: Excellent ressource, disputes entre propriétaires et locataires; info et assistance.

**Native Liaison Storefront** 324 Main, 687-8411: Aide au victime ou témoin à faire un rapport criminel. Counselling, références.

**Victims Services** 320 Main, 665-2225: p.f.oui. Tél. pour info. Confidentiel.

**Neighbourhood Safety Office** 687-1772 12 E.Hastings: Volontaires bienvenue.

**Neighbourhood Helpers Project** 509 E.Hastings, 254-6207: Liason entre bénévoles et personnes âgées et handicapées.

**Four Corners Community Savings** 606-0133, 390 rue main: Services financières.

**RECYCLAGE**

**United We Can** 52 rue cordova est., 681-0001: Pas de limites ou histoires...

**END LEGISLATED POVERTY** 879-1209, 211-456 W.Broadway: Une coalition de 40+ organismes dans le C.-B qui luttent contre la pauvreté! Quelques réussites

**AIDS(SIDA) Vancouver** 681-2122, 1107 Seymour: Le Pacific AIDS(SIDA) Centre de Ressources.

**Positive Women's Network** 681-2122, 1107 Seymour: lun-vend 9h-17h. Pour les femmes qui vivent avec le SIDA, références aux services et informations sujet SIDA. Drop-in (lun-vend 10h-16h), ateliers, counselling, rencontres individuelles, bulletin mensuel, groupes de support, éducation physique.

14.

Pour l'argent, merci!

Carnegie Assoc., First Church, PLURA, Four Sisters Co-op, DERA, Legal Services Society, Rotary Club of Chinatown, MSS.

	(500)		PRINCESS
	(400)		JACKSON
	(300)	E N — S W	DUNLEVY
	(200)		GORE
ALEX ANDERSON	POW ELL	COR DOVA	HAST INGS
(100)	(100)		* CARNEGIE COLUMBIA
(100)	(200)	(300)	(400)
	(0)		CARRALL
	(0)		DERA*
			ABBOTT
	(100)	* La Boussole	CAMBIE

PEN  
DER

**Appendix E — Directory of organizations that provide services to homeless persons in British Columbia, by region**

Comments: The names of organizations with staff who speak French appear in bold. This information is accurate as of June 1997.

Toll-free French-language crisis line: **1-888-800-7322, ext. 331**, Monday to Friday, 9:00 am to 5:00 pm

Area	Organization	Category/Services	Clientele	Francophone staff
Prince George	<b>Awac</b> Tel. (250) 562-6262 Urg. (250) 563-1214	⇒ shelter	⇒ women ⇒ children	yes
	<b>Elizabeth Fry Society</b> Off. (250) 563-1113 Shelter (250) 562-5868 Fax (250) 561-0604	⇒ transition house ⇒ referral for counselling	⇒ women ⇒ children	yes
	<b>Phoenix Transition Society</b> Tel. (250) 563-7305 Fax (250) 563-2792	⇒ transition house ⇒ counselling	⇒ women ⇒ children	no
Vancouver	<b>Triage Centre</b> Tel. (604) 254-3700 Fax (604) 254-3747	⇒ shelter, short term ⇒ emotional support ⇒ detox if required	⇒ women ⇒ men	no

### Annexe E — Inventaire d'organismes offrant des services aux personnes itinérantes en Colombie-Britannique, par région

Remarques : • Les caractères gras indiquent dans quels organismes travaillent des intervenants et intervenantes parlant français.  
Renseignements exacts en juin 1997.

Ligne d'écoute téléphonique en langue française sans frais 1-888-800-7322, poste 331, du lundi au vendredi, 9 h à 17 h

Région	Organisme	Catégorie/Services	Clientèle	Personnel francophone
Prince George	<b>Awac</b> Tél. (250) 562-6262 Urg. (250) 563-1214	✓ refuge	✓ femmes ✓ enfants	✓
	<b>Elizabeth Fry Society</b> Bur. (250) 563-1113 Ref. (250) 562-5868 Fax (250) 561-0604	✓ maison de transition ✓ référence pour counselling	✓ femmes ✓ enfants	✓
	<b>Phoenix Transition Society</b> Tél. (250) 563-7305 Fax (250) 563-2792	✓ maison de transition ✓ counselling	✓ femmes ✓ enfants	non
Vancouver	<b>Triage Centre</b> Tél. (604) 254-3700 Fax (604) 254-3747	✓ refuge, court terme ✓ soutien émotif ✓ désintoxication, selon le cas	✓ femmes ✓ hommes	non
	<b>Mental Patients Association</b> Tél. (604) 738-1422 (centre) Bur. (604) 738-2811 Fax (604) 738-4132	✓ centre de ressources pour personnes psychiatriquées (hébergement à coût modique, counselling, etc.)	✓ femmes ✓ hommes	✓
	<b>Union Gospel Mission</b> Tél. (604) 253-3323 Fax (604) 253-3496	✓ refuge ✓ repas gratuits ✓ centre de jour	✓ femmes (Mission) ✓ hommes (Van.)	non
	<b>Powell Place (The)</b> Tél. (604) 270-4911	✓ refuge	✓ femmes ✓ enfants	✓ sam./dim.

Région	Organisme	Catégorie/Services	Clientèle	Personnel francophone
Vancouver, suite	The Kettle Friendship Society Peggy's Place Tél. (604) 430-5202	✓ refuge et maison de transition, pour femmes sans enfants et avec problèmes de santé mentale	✓ femmes seulement	✓
	Camille's House Tél. (604) 879-1712	✓ hébergement à long terme pour femmes avec problèmes de santé mentale	✓ femmes seulement	✓
	The Kettle Tél. (604) 251-2854	✓ centre de jour ouvert à tous et à toutes	✓ femmes ✓ hommes	✓
	Lookout Tél. (604) 681-9126 Fax (604) 681-9150	✓ refuge pour urgence (10 jours puis aide à transférer)	✓ femmes ✓ hommes	non
	Lookout South Granville Tél. (604)	✓ idem, mais durant l'hiver	✓ femmes ✓ hommes	non
	Salvation Army Homestead Tél. (604) 270-4911	✓ refuge	✓ femmes ✓ enfants	non
	Portland Hotel Tél. (604) 683-0073	✓ hôtel temporaire	✓ femmes ✓ hommes	non
	Positive Women's Network (au Pacific Aids Resource Centre) Tél. (604) 681-2122, poste 200 Fax (604) 893-2256	✓ centre de jour	✓ femmes sidatiques ou séropositives ✓ enfants	✓ (dans le même édifice)
	Kate Booth House (Salvation Army) Tél. (604) 872-0772 Urg. (604) 872-7774	✓ maison de transition ✓ counselling	✓ femmes ✓ enfants	non
	Downtown Eastside Women's Centre Tél. (604) 681-8480 Fax (604) 681-8470	✓ centre de jour ✓ nombreux services (juridiques, santé mentale, toxicomanie, etc.)	✓ femmes	non

Région	Organisme	Catégorie/Services	Clientèle	Personnel francophone
Vancouver, suite	The Living Room Drop-In Centre Tél. (604) 255-7026	✓ centre de jour	✓ femmes ✓ hommes	clientèle francophone
	La Boussole Tél. (604) 683-7337	✓ centre de jour ✓ banque de ressources, cours d'anglais, réception de messages et de courrier	✓ femmes ✓ hommes	✓
	The Gathering Place Tél. (604) 665-2391	✓ centre de jour ✓ repas et services peu coûteux (douches, lavage, etc.)	✓ femmes ✓ hommes	✓
	Nova House (Richmond) Tél. (604) 270-4911	✓ maison de transition (30 jours) ✓ techniciennes de services à l'enfance	✓ femmes ✓ enfants	non
	Marguerite Dixon House (Burnaby) Tél. (604) 298-3454	✓ refuge (violence familiale)	✓ femmes ✓ enfants	non
	Evergreen Transition House (Surrey) Tél. (604) 584-3301 Tél. (604) 584-3271	✓ maison de transition ✓ repas ✓ counselling	✓ femmes ✓ enfants	non
	Atira Transition House Society Tél. (604) 531-9151	✓ maison de transition (10 lits) ✓ jour et nuit	✓ femmes ✓ enfants	non
	Ishtar Transition House Tél. (604) 534-1011	✓ maison de transition ✓ counselling	✓ femmes ✓ enfants	non
	Caring Place (Richmond) • Chimo Tél. (604) 279-7077 • Women's Resource Centre (WRC) Tél. (604) 279-7060	Chimo ✓ counselling ✓ ligne d'écoute d'urgence WRC ✓ information ✓ soutien par les pairs	Chimo ✓ femmes ✓ hommes WRC ✓ femmes	✓

Area	Organization	Category/Services	Clientele	Francophone staff
Vancouver, suite	<b>Mental Patients Association</b> Tel. (604) 738-1422 (centre) Off. (604) 738-2811 Fax (604) 738-4132	⇒ resource centre for psychiatric patients (affordable housing, counselling, etc.)  ⇒ shelter ⇒ free meals ⇒ drop-in centre	⇒ women ⇒ men  ⇒ women (Mission) ⇒ men (Van.)	yes
	Union Gospel Mission Tel. (604) 253-3323 Fax (604) 253-3496	⇒ shelter ⇒ free meals ⇒ drop-in centre	⇒ women (Mission) ⇒ men (Van.)	no
	<b>Powell Place (The)</b> Tel. (604) 270-4911	⇒ shelter	⇒ women ⇒ children	yes Sat./Sun.
	<b>The Kettle Friendship Society</b> <b>Peggy's Place</b> Tel. (604) 430-5202  <b>Camille's House</b> Tel. (604) 879-1712  <b>The Kettle</b> Tel. (604) 251-2854	⇒ shelter and transition house, for women without children and with mental health problems  ⇒ long-term accommodation for women with mental health problems ⇒ drop-in centre open to everyone	⇒ women only  ⇒ women only  ⇒ women only ⇒ women ⇒ men	yes  yes  yes  yes
	<b>Lookout</b> Tel. (604) 681-9126 Fax (604) 681-9150	⇒ emergency shelter (10 days plus assistance with transferring)	⇒ women ⇒ men	no
	<b>Lookout South Granville</b> Tel. (604)	⇒ idem, but during the winter	⇒ women ⇒ men	no



Area	Organization	Category/Services	Clientele	Francophone staff
Vancouver, suite	Salvation Army Homestead Tel. (604) 270-4911	⇒ shelter	⇒ women ⇒ children	no
	Portland Hotel Tel. (604) 683-0073	⇒ temporary hotel	⇒ women ⇒ men	no
	Positive Women's Network (at the Pacific Aids Resource Centre) Tel. (604) 681-2122, ext. 200 Fax (604) 893-2256	⇒ drop-in centre	⇒ women with AIDS and seropositive women ⇒ children	yes (in the same building)
	Kate Booth House (Salvation Army) Tel. (604) 872-0772 Urg. (604) 872-7774	⇒ transition house ⇒ counselling	⇒ women ⇒ children	no
	Downtown Eastside Women's Centre Tel. (604) 681-8480 Fax (604) 681-8470	⇒ drop-in centre ⇒ variety of services (legal, mental health, substance abuse, etc.)	⇒ women	no
	The Living Room Drop-In Centre Tel. (604) 255-7026	⇒ drop-in centre	⇒ women ⇒ men	Francophone clients
	La Boussole Tel. (604) 683-7337	⇒ drop-in centre ⇒ resource bank, English courses, place to pick up messages and mail	⇒ women ⇒ men	yes

Area	Organization	Category/Services	Clientele	Francophone staff
Vancouver, suite	The Gathering Place Tel. (604) 665-2391	⇒ drop-in centre ⇒ inexpensive services (showers, laundry, etc.) and meals	⇒ women ⇒ men	yes
	Nova House (Richmond) Tel. (604) 270-4911	⇒ transition house (30 days) ⇒ child care workers	⇒ women ⇒ children	no
	Marguerite Dixon House (Burnaby) Tel. (604) 298-3454	⇒ shelter (family violence)	⇒ women ⇒ children	no
	Evergreen Transition House (Surrey) Tel. (604) 584-3301 Tel. (604) 584-3271	⇒ transition house ⇒ meals ⇒ counselling	⇒ women ⇒ children	no
	Atrira Transition House Society Tel. (604) 531-9151	⇒ transition house (10 beds) ⇒ day and night	⇒ women ⇒ children	no
	Ishtar Transition House Tel. (604) 534-1011	⇒ transition house ⇒ counselling	⇒ women ⇒ children	no
	Caring Place (Richmond) • Chimo Tel. (604) 279-7077 • Women's Resource Centre (WRC) Tel. (604) 279-7060	Chimo ⇒ counselling ⇒ crisis line WRC ⇒ information ⇒ peer support	Chimo ⇒ women ⇒ men WRC ⇒ women	yes

Area	Organization	Category/Services	Clientele	Francophone staff
Victoria	<p>Cridge Centre for the Family Tel. (250) 384-8058 Fax (250) 384-5267 Hill House (transition house) Tel. (250) 479-3963</p>	<p>⇒ 9 programs in total ⇒ transition house ⇒ affordable housing (referred to as <i>second stage</i>, with the first stage being the temporary transition house) with:</p> <ul style="list-style-type: none"> <li>• communal meals</li> <li>• parenting courses</li> <li>• self-defence courses</li> <li>• nutrition courses, etc.</li> </ul>	<p>⇒ women ⇒ children</p>	
	<p>Sandy Merriman House Tel. (250) 381-2487 (centre) Shelter (250) 480-1408</p>	<p>⇒ drop-in centre ⇒ shelter</p>	<p>⇒ women only</p>	no
	<p>Street Link Emergency Shelter (associated with the Victoria Cool Aid Society) Tel. (250) 384-3634 Shelter (250) 383-1951</p>	<p>⇒ drop-in centre ⇒ shelter</p>	<p>⇒ women ⇒ men</p>	yes