

***GVRD
Aboriginal
Homelessness
Study 2003***

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2. EXECUTIVE SUMMARY

The purpose of this report is to provide an update to the *2001 Aboriginal Homelessness Plan* through a community planning process that was conducted between June and August 2003. The Aboriginal Homelessness Steering Committee (AHSC), with Lu'ma Native Housing Society hosting the contract, commissioned this study. Human Resources Development Canada (HRDC) funded the community planning consultation under the Government of Canada's Supporting Communities Partnership Initiative (SCPI).



The results of this report have demonstrated that the growing homelessness crisis documented in Canada's major urban centres, is a serious challenge for the urban Aboriginal community in the GVRD. The purpose of this community consultation process was to identify current assets, gaps in services and to delineate priorities, action strategies, and to provide recommendations to continue the work of preventing and alleviating homelessness of urban Aboriginal people in the GVRD.

This report directly or indirectly contacted over 150 different Aboriginal homeless men, women, and children, service providers and steering committee members between June and August 2003. The primary sources of information included a series of questionnaires, consultation sessions, and a literature review of existing research documents on homelessness pertaining to urban Aboriginal people. These methods were designed to enable the collection of both quantitative and qualitative data. In addition, the study was based on a continuance of the methodology applied in the *2001 Aboriginal Homelessness Plan* to ensure principles of continuity and consistency are carried into the 2003 plan.

A complete breakdown of the geographical focus area for the report is provided in Section 4 of this report. This section also includes an overview of the demographic distribution of the Aboriginal population in the GVRD as well as an important sub-section on the urban Aboriginal cultural factors that are unique to this population.

Section 5 concentrates on the participants of the report. This includes characteristics of an urban Aboriginal homeless person and those urban Aboriginal people who are at-risk of becoming homeless. A full breakdown of participating agencies, individuals and a reference to the youth sub-population are also included in this section.

The study's methodology is discussed in detail in Section 6, first from an overall perspective, and then broken-down by the individual data collection method employed. In this latter case, each of these methods are described, discussed, and evaluated for purposes of potential study replication in the future. Finally and perhaps most important, the overall methodological limitations of this study are presented to ensure the study's recommendations are not over interpreted, distorted or misrepresented.

Section 7 showcases the overall Aboriginal homelessness objectives. Section 8 includes a comprehensive list of Aboriginal homelessness 'assets' inclusive of services, programs and projects currently in operation within the GVRD.

In Section 9, the 16 clusters, first presented in the *2001 Aboriginal Homelessness Study*, are re-examined to determine whether or not they are still relevant and applicable for the purposes of this new plan. These clusters represent the Aboriginal gaps in service and as such are organized by those that have been filled and those that continue to require attention. Specific examples and implications of these gaps on sub-populations are also included to demonstrate the complexity of the issue and provide an overall richer context.

Key to the 2003 update, Section 10—the priority section, introduces a series of key principles including:

- The need for the Aboriginal community to deliver services in their own communities
- Provincial changes to the Welfare Act
- The need for more research
- The need to recognize youth as a top priority
- A focus on the proactive approach
- The need to develop extensive partnerships
- Culturally appropriate services
- The need to maintain existing service levels

In addition to these key principles, the priorities (based on the analysis of the 16 clusters) are grouped in priority and placed into a three tier model. The final product provides a visual reference guide for those priorities that are collectively deemed by the urban Aboriginal community (through the consultation sessions) to be most important, at this time. This tiered structure should be an invaluable resource for future Expression of Interest (EOI) processes.

Section 11 deals with the challenge of sustainability for the Aboriginal service delivery community. A number of themes are discussed in detail including existing partnerships, potential partnerships and community capacity. Also included in this section is a completed capacity template. This template provides a good situational analysis of the Aboriginal homeless service delivery community's overall capacity.

Section 12 is a stand-alone communication strategy. This strategy includes a brief situation analysis, key messaging, branding opportunities and other PR and communication tactics designed to formalize and enhance the existing communication capacity of the Aboriginal homelessness initiative.

Finally, Section 13 contains eight key recommendations based on the data collected throughout this report. These recommendations are an interrelated series of concrete actions that the Aboriginal Homelessness Steering Committee (AHSC) should consider implementing to address Aboriginal homelessness, stabilize and focus the initiative, and create sustainability beyond the end of the 2006 Supporting Communities Partnership Initiative (SCPI) funding cycle.

While this report offers some excellent information regarding the needs and priorities of the Aboriginal homeless population within the GVRD, it should not be considered a definitive analysis on homelessness. This does not imply that the research is erroneous or superficial; rather it should be used as a tool to help individuals gain an appreciation of the big picture. The broader perspective on homelessness can allow for a more complete understanding of the issues and enable the community to develop viable solutions leading to the reduction and prevention of the problem of homelessness for urban Aboriginal people.



My name is Charlie, I am a 27 year old male and have been living on the street for two years. I was hit by a car when I was younger and received a lifetime annuity for that. Three years ago, I was living on the West End (part of the middle class), in a one bedroom apartment on Denman Street. My trustee ripped me off, and I didn't have enough money to pay for my previous apartment. I have gone from the riches of paying \$1600 for a bachelor suite, to the dumps of the Balmoral Hotel paying \$325.

Charlie's Story
A profile of an
aboriginal male.



3. INTRODUCTION

The Aboriginal community in the Greater Vancouver Regional District (GVRD) is the third largest Aboriginal community in Canada after Winnipeg and Edmonton. As a large community within an urban area, it faces significant challenges that are distinct from smaller urban or rural centers throughout Canada. Most notably, Vancouver has emerged as a terminus for Aboriginal people throughout Canada migrating west. This effect may be attributed to the warmer climate, unique social programs or perceived better employment opportunities. However, this unique situation has resulted in a highly complex and stratified Aboriginal community in Vancouver with dramatically different cultures, beliefs, traditions, and socioeconomic status, and by extension, different basic needs. Solutions designed to target this distinct population should also appropriately address its diversity.



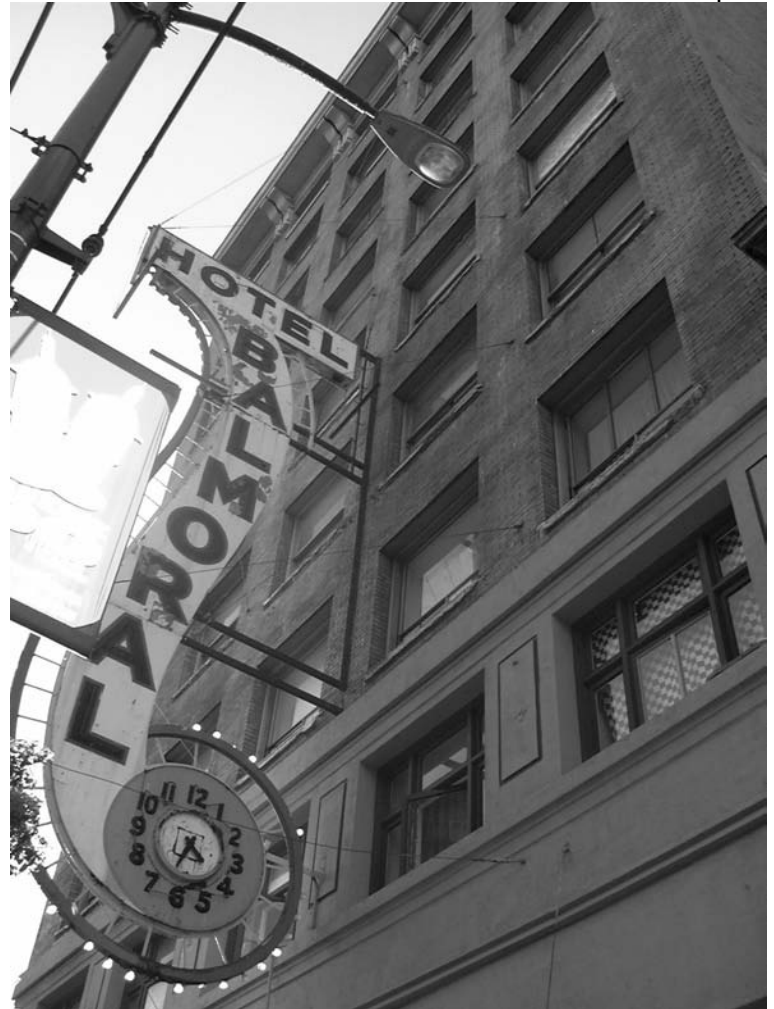
From a big picture perspective, homelessness as an issue continues to significantly affect the Aboriginal population in the GVRD. Perhaps the most compelling evidence is the disproportionate number of Aboriginal people in the Downtown Eastside and other urban homeless population concentrations throughout the GVRD. Determining the impact of homelessness on the Aboriginal population is further compounded by the lack of any definitive statistics on the homeless numbers, let alone any demographic distribution within these numbers. Only estimates of the Aboriginal homeless population exist.

In 2001, as a response to homelessness issues across Canada, Human Resources and Development Canada (HRDC) initiated the National Homelessness Initiative (NHI) under the existing Supporting Communities Partnership Initiative (SCPI). The NHI operates to ensure communities are provided with the necessary support for alleviating homelessness. Communities wishing to participate in the SCPI program were required to develop a plan that would outline the needs of the community to address homelessness. The Aboriginal Homelessness Steering Committee (AHSC) for Greater Vancouver initiated the *2001 GVRD Aboriginal Homelessness Study*. In that study, 16 major 'clusters' of focus were determined. The original methodology and findings of that study will be discussed in detail in the **Methodology** section of this report.

Based on these 16 clusters the AHSC, through a series of Expression of Interest (EOI) processes, distributed more than \$2.5 million for the Aboriginal service providers to address the clusters of focus, build capacity and support new and existing urban Aboriginal homelessness

initiatives. In that time, Aboriginal service providers have significantly improved their ability to deliver necessary services to its constituencies. As a result, there are now a number of stand-alone programs geographically distributed. A full breakdown of Aboriginal services and programs currently in operation in the GVRD are presented in the **Assets** section of this report.

Unfortunately, a number of these services remain limited in focus, regionally uncoordinated and, in most cases, are solely dependant on federal funding for survival. The specifics of these issues are addressed in the **Gaps** and **Priorities** sections of this report.



The Balmoral Hotel

In addition to the \$2.5 million, the Aboriginal community was to receive priority access to the GVRD's mainstream funding. In practice, the decision-making process was not coordinated with the Aboriginal Homelessness Steering Committee (AHSC) and therefore did not include the 'clusters' identified in the *2001 Aboriginal Homelessness Study*. This oversight has served to de-emphasize the Aboriginal side of the equation. To ensure that this omission does not happen again, it has been mandated by Human Resources and Development Canada (HRDC) that from this study, recommendations relevant to the Aboriginal community be embedded in the GVRD report. This requirement should ensure consistency and continuity between both streams of research.

To advance efforts to prevent and alleviate homelessness within the Aboriginal community, the Aboriginal Homelessness Steering Committee (AHSC) elected to update the plan in 2003 and the result is this document. The purpose of this report is two-fold: (1) to examine existing assets that the community has and; (2) to identify, through consultation with the community, the priorities in addressing homelessness. This process required an examination of gaps in services provided to the homeless community and the identification of target areas of action to address those gaps. This included:

A. The identification of four main elements for the plan

- The Objectives: where the community wants to be in 2006
- The Assets: existing services
- The Gaps: services that do not yet exist but are needed
- The Priorities: areas that have the greatest need

B. Supporting strategies to continually prevent and alleviate homelessness

- Sustainability Plan: measures to ensure the continuity of programs
- Communication Strategy: action plan to ensure information is managed and optimally utilized

While comprehensive in scope this report does have its limitations due to certain methodological restraints and the challenge of applying focus group recommendations to such a broad and diverse population. These challenges are discussed in detail in the **Methodology** section.

The broad recommendations of this report should serve to advance the knowledge and understanding of Aboriginal homelessness in the GVRD and should set the stage for building sustainable solutions. However, by 2006 the urban Aboriginal community, coordinated through the AHSC, will need to have developed sufficient partnerships and diversify funding streams to maintain their programs.





4. GEOGRAPHIC AREA

To fulfill the criteria under the Supporting Communities Partnership Initiative (SCPI) terms and conditions, a clear enunciation of the geographic area under which a community plan will apply is required, including any changes that have taken place since 2001. This section will outline some of the changes that have taken place in the Greater Vancouver Regional District (GVRD) since the publication of the *2001 Aboriginal Homelessness Study*, including:

- Municipalities and reserves in the GVRD
- The Aboriginal population of the GVRD
- Estimated Aboriginal homeless population in the GVRD
- Cultural factors in population statistics
- The three sub-regions
- Urban Aboriginal neighbourhoods in the GVRD



Geographic Area

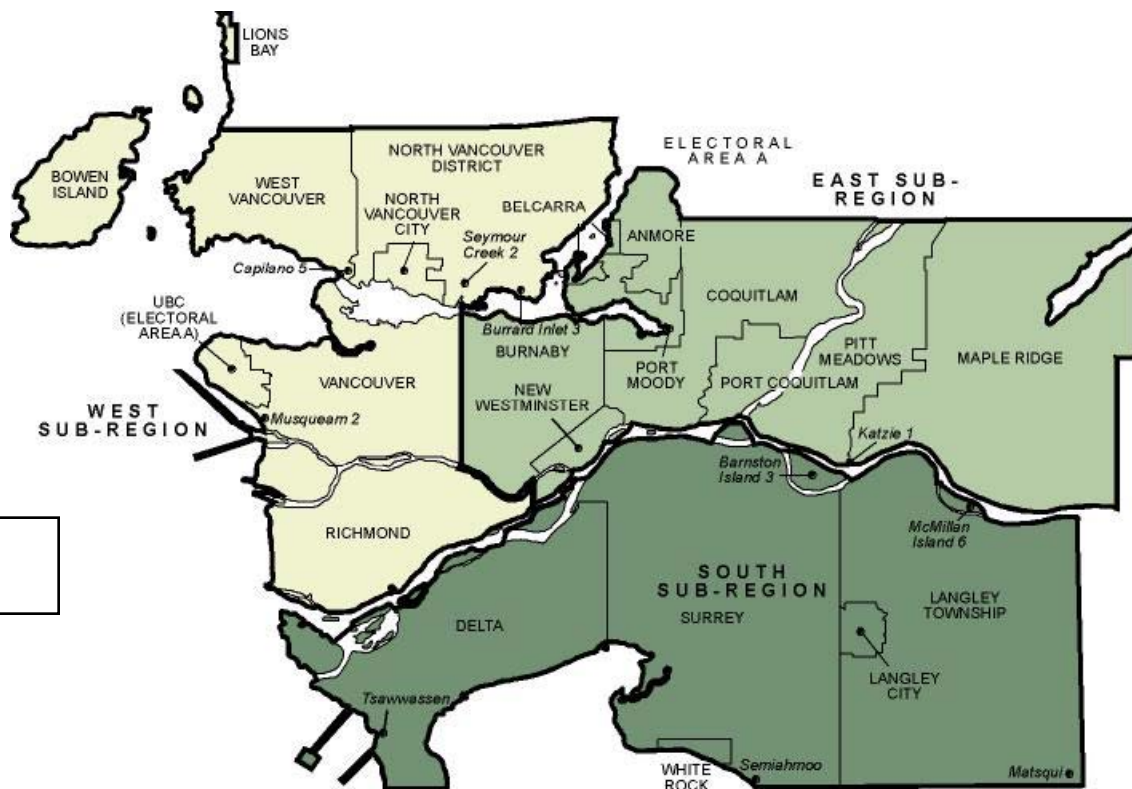


Figure 4.1: GVRD sub-regions, municipalities, and reserves.

Municipalities in the GVRD

There have been no changes in the member municipalities of the GVRD since 2001. The geographic area which the study covers is composed of the municipalities found in Table 4.1.

TABLE 4.1: URBAN ABORIGINAL POPULATION¹ IN THE VANCOUVER CENSUS METROPOLITAN AREA BY MUNICIPALITY

Municipality	Population	% Change	Municipality	Population	% Change
Vancouver	10,440	-5%	Surrey	6,895	+36%
Burnaby	3,145	+25.8%	New Westminster	1,590	+15.6%
Coquitlam	1,480	+19.4%	Richmond	1,165	-3.9%
Langley Township	1,950	+68.8%	Langley City	485	+53.6%
Maple Ridge	1,085	+43.3%	Delta	1,495	+73.8%
North Vancouver City	1,015	+42%	North Vancouver Dist.	830	+40.7%
Port Coquitlam	1,030	+44.3%	Port Moody	480	+37.1%
West Vancouver	100	+33.3%	Bowen Island	10	N/A
Pitt Meadows	310	+63.2%	White Rock	165	-6.1%
Anmore	0	N/A	Belcarra	0	N/A
Electoral Area A	165	+135.7%	Lions Bay	0	N/A
Vancouver Census Metropolitan Area (CMA)				36,855	+18.4%

Source: Statistics Canada. The 1996 Census undercounted Aboriginal people because many did not participate or self-identify as Aboriginal. The rate of growth rate, therefore, between the 1996 and 2001 Aboriginal population in Greater Vancouver is somewhat exaggerated, as more Aboriginal people self-identify in the census, but the numbers are more accurate than any previous statistics.

¹ This is a grouping of the total population of non-Aboriginal or Aboriginal population, with Aboriginal persons further divided into Aboriginal groups, based on their responses to three questions on the 2001 Census form. Included in the Aboriginal population are those persons who reported identifying with at least one Aboriginal group, that is, "North American Indian", "Métis" or "Inuit", and/or who reported being a Treaty Indian or a Registered Indian, as defined by the Indian Act of Canada, and/or who reported they were members of an Indian Band or First Nation. Source: Statistics Canada.

Aboriginal Population in the GVRD

While the *2001 Aboriginal Homelessness Study* used Statistics Canada census data from 1996 to identify how many Aboriginal people reside in each municipality. This 2003 report was able to obtain more recent data based on the Statistics Canada 2001 census. A comparison of the two bodies of information indicate an overall population growth.

TABLE 4.2: ON-RESERVE ABORIGINAL POPULATION¹ IN THE VANCOUVER CENSUS METROPOLITAN AREA BY RESERVE

Reserve	Population	% Change	Reserve	Population	% Change
Burrard Inlet 3	245	+36.1%	Musqueam 2	520	+5.1%
Capilano 5	535	+10.3%	Semiahmoo	50	-2%
Katzie 1	205	+28.1%	Tsawwassen	210	-4.8%
McMillan Island 6	55	+10%	Matsqui	30	+100%
Barnston Island 3	45	N/A	Seymour Creek 2	25	N/A

Source: Statistics Canada. The 1996 Census undercounted Aboriginal people because many did not participate or self-identify as Aboriginal. The growth rate, therefore, between the 1996 and 2001 Aboriginal population in Greater Vancouver is somewhat exaggerated, as more Aboriginal people self-identify in the census, but the numbers are more accurate than any previous statistics.

Estimated Aboriginal Homeless Population in the GVRD

In 2002, it was estimated that approximately 17% of homeless people in Greater Vancouver were Aboriginal. An interesting statistic, however, is that approximately 12% of people in homeless shelters were Aboriginal while 27% of people out on the streets without shelter were Aboriginal (Woodward, et al, 2002). This estimation was based on a 24 hour survey of homeless people on city streets and in service provider facilities.

TABLE 4.3: ESTIMATED ABORIGINAL HOMELESS POPULATION IN THE GVRD

Ethnicity	Sheltered Homeless		Street Homeless		Total Homeless	
	Number	Percent	Number	Percent	Number	Percent
Caucasian	386	69%	177	69%	562	69%
Aboriginal	70	12%	70	27%	140	17%
Other	64	11%	7	3%	17	9%
Asian	21	4%	4	1%	25	3%
Black / African	19	3%	1	0%	20	2%
Total	560	100%	529	100%	819	100%

Source: Woodward, et al. Research Project on Homelessness in the GVRD. 2002.
http://www.gvrd.bc.ca/homelessness/pdfs/research_project.pdf

While these numbers are not entirely accurate, and the Aboriginal proportion of the homeless population is likely to be much higher, these numbers do provide a rough guide to the number of Aboriginal homeless people in Greater Vancouver.

Cultural Factors in the Aboriginal Population

Generally, many Aboriginal people have not participated in census reporting in the past. But with each census conducted, more Aboriginal people are beginning to participate attributing, to a degree, a reported population growth. Where under-reporting continues to occur is in the extended family unit that is central to most Aboriginal cultures. Some family members are not reported on census cards for fear that the number of people in the home may exceed local



by-laws or because the family member may be staying at the home temporarily. Many Aboriginal people travel back and forth from reserves to home communities, which may skew census reporting because those individuals may be counted in the community they identify with the least, and may be counted twice or not at all.

Limitations Associated with Current GVRD Aboriginal Population Data

In regards to data related to Aboriginal populations, Statistics Canada frequently indicates those reports are undercounted due to a variety of cultural factors and that researchers using this data must take this into account. With this limitation in mind, researchers for this report were able to identify clear trends in the geographical distribution of the Aboriginal population in the GVRD.

The Three Sub-Regions

For the purpose of this report, the Greater Vancouver Regional District (GVRD) was divided into three sub-regions (find more details in the **Methodology** section). It is important to note that since the *2001 Aboriginal Homelessness Plan*, some of the boundaries of the sub-regions have changed. The cities of Burnaby and New Westminster, which were part of the West sub-region in the 2001 study, have since been moved to be part of the East sub-region. This change was issued to better reflect Aboriginal demographics as well as socioeconomic differences between Burnaby and New Westminster and the cities that make up the West sub-region.

TABLE 4.4: SUB-REGIONS IN THE GVRD

West Sub-region		East Sub-Region		South Sub-region	
Municipality	Reserve	Municipality	Reserve	Municipality	Reserve
Vancouver	Musqueam 2	Burnaby	Katzie 1	Surrey	Tsawwassen
U.E.L.	Burrard Inlet 3	New Westminster		Langley City	Semiahmoo
North Vancouver City	Capilano 5	Coquitlam		Langley Township	McMillan Island 6
North Vancouver District	Mission 1	Port Coquitlam		Delta	
West Vancouver		Port Moody		White Rock	
Bowen Island		Belcarra			
Lions Bay		Anmore			
Richmond		Maple Ridge			
		Pitt Meadows			

Source: Statistics Canada. The 1996 Census undercounted Aboriginal people because many did not participate or self-identify as Aboriginal. The growth rate, therefore, between the 1996 and 2001 Aboriginal population in Greater Vancouver is somewhat exaggerated.

Aboriginal Neighbourhoods in the GVRD

Data collected from the 2001 census indicated a number of neighbourhoods in the GVRD have a high proportion of Aboriginal people. These areas are important to this study because they may represent a concentration of Aboriginal people that need to access homelessness services.

The three major Aboriginal neighbourhoods are:

1. Central Vancouver
 - Mt. Pleasant
 - Downtown Eastside
 - East Hastings Corridor
2. Edmonds Town Centre/New Westminster
3. Surrey City Centre

These three areas will be referred to in more detail throughout the report. For more information, refer to the **Priorities** section.



Geographic Area

I had cable television and access to my own phone line and now I have a rat-infested cubbyhole. I even have a communal washroom, in other words, not an ideal situation. I also moved to the Balmoral Hotel, to be closer to my sister (who lives in the Washington Hotel). My sister is 29 years old, and has been living with the HIV virus for five years. She contracted the disease from someone switching her heroin needle with an infected one. She is the only family I have, so I want to help her through this difficult process.



5. PARTICIPANTS

Supporting Communities Partnership Initiative (SCPI) requires that the community list those organizations and individuals that participated in the study on all levels. The purpose of this section is to identify the level of representation, the viewpoints of specific organizations and the level of consultation carried out for this report. This chapter will outline the individuals and organizations who participated in the *2003 Aboriginal Homelessness study*.



The Definition of an Aboriginal Person

For the purposes of this report, Aboriginal persons are defined as a person who identifies themselves as a North American Indian, Métis or Inuit. The study did not include the on-reserve Aboriginal people because reserves are responsible for their own services and do not fall into the jurisdiction of the National Homelessness Initiative (NHI); however, this group is not excluded from participating on the AHSC and from applying for funding.

Clients

Both Aboriginal homeless persons and Aboriginal people who are at-risk of being homeless were consulted in the report. These participants are defined as follows:

1. Characteristics of an urban Aboriginal Homeless Person (meets any of the criteria listed):
 - Those who have no security of tenure beyond a 30-day period
 - Those who suffer from family violence or family breakdown and who have no security of tenure
 - Those who ‘couch surf’ (frequently stay at the homes of friends or family for no more than a few days) for a period of more than thirty days with no security of tenure
 - Those who are frequently living on the street
 - Those who are living in inadequate, substandard and unsafe accommodations that do not meet the minimal housing standards established by the United Nations or other local government agency such as the Canada Mortgage Housing Corporation
 - Those who rely on emergency shelters as primary residences
 - Anyone released from a mental health facility or prison with no security of tenure
 - Those who are prevented from leaving a mental health facility or prison because of lack of security of tenure (including those women and men who are unable to have children returned to them by the Ministry of Children and Family Development for want of decent affordable housing)
 - Those who flee their home as a result of sexual abuse (regardless of age) and who have no security of tenure
 - Those who alternate between sheltered and unsheltered (whether those shelters are hospitals, hostels, single room occupancy hotels or otherwise)
 - Those who suffer from discrimination and who cannot hold security of tenure for any reasonable period of time as a result of such discrimination



A homeless individual at Crab Park

2. Urban Aboriginal Person At-risk of Being Homeless (meets any of the criteria listed):
- Those who pay more than 25% of their income for accommodations (United Native Nations, 2001)
 - Those who suffer from acute life crisis such as: family violence, divorce, eviction, release from institutions
 - Those who are at-risk of losing their accommodations as a result of lack of income, overcrowding, redevelopment, or unemployment
 - Those whose income is below the Low Income Cut-Off established by the Government of Canada
 - Those whose education level would place them in social distress or poverty below the Low Income Cut-Off
 - Those who suffer from substance abuse, mental illness, or those who suffer from structural or personal barriers that may lead to homelessness
 - Those who are denied an opportunity to acquire social housing to meet their socioeconomic needs
 - Those who are hard to house for whatever reason
 - Those whose income requires them to use food banks to supplement their income for prolonged periods of time
 - Those who are entrenched in the sex trade on the streets
 - Those who, because of systemic barriers, are unable to acquire accommodation of any kind
(Pranteau, 2001)

Participating Agencies

Delivering programs and services through the National Homelessness Initiative (NHI) involves the partnership of many organizations. In the case of examining homelessness in the Aboriginal community for this report, only Aboriginal organizations were consulted. The only exception is in the targeted interviews (see **Methodology** section).

Aboriginal organizations are defined as those that are incorporated, managed, staffed by and serving Aboriginal people. These organizations helped to move this study forward while others contributed by participating in the survey component of the study.

Organizations and individuals who participated in this study include:

- All individuals and organizations who participated in the consultation process
- All Aboriginal individuals and/or organizations involved in implementing the recommendations in this study
- The specific involvement of Aboriginal organizations and/or people
- Individuals involved in approving projects funded by SCPI
- The specific involvement of Aboriginal youth and organizations serving Aboriginal youth



Individuals Involved

The majority of the organizations and individuals that participated in the report are of Aboriginal descent. For the purposes of anonymity, kitchen table participants are not named in this list.

TABLE 5.1: SPECIFIC INVOLVEMENT OF ABORIGINAL ORGANIZATIONS AND/OR PEOPLE

Name of Organization or Individual	Role in Plan Development	Extent of Involvement
Cameron McBeth	Planning Committee	Planning
Dave Pranteau	Needs identification, Planning Committee	Planning
Surrey Aboriginal Cultural Society	Needs identification, Planning Committee	Participated in Regional Workshops, Steering Committee Session
Métis Provincial Council of British Columbia	Needs identification, Planning Committee	Participated in Steering Committee Session
Stepping Stone Vision	Needs identification, Planning Committee	Participated in Steering Committee Session
Lu'ma Native Housing	Needs identification, Planning Committee	Participated in Steering Committee Session
BC Aboriginal Network on Disability Society	Needs identification, Planning Committee	Participated in Steering Committee Session
Urban Native Youth Association	Needs identification, Planning Committee	Participated in Steering Committee Session
Arrows to Freedom	Needs identification, Planning Committee	Participated in Regional Workshops, Steering Committee Session
Helping Spirit Lodge Society	Needs identification, Planning Committee	Participated in Steering Committee Session
Kekino Native Housing Society	Needs identification, Planning Committee	Participated in Steering Committee Session
Human Resources Development Canada	Planning Committee	
ACCESS	Needs identification, Planning Committee	Participated in Steering Committee Session
Aboriginal Mother Centre	Needs identification, Planning Committee	Participated in Regional Workshops, Steering Committee Session
Circle of Eagles Lodge Society	Needs identification, Planning Committee	Participated in Steering Committee Session
Vancouver Aboriginal Friendship Centre	Needs identification, Planning Committee	Participated in Steering Committee Session
Vancouver Aboriginal Council	Needs identification	Facilitated Kitchen Table Session
Aboriginal people who are homeless and at-risk of being homeless	Needs identification	Participated in Kitchen Table Session
St. Paul's Hospital	Scope identification	Participated in targeted interview
Vancouver Police Department	Scope identification	Participated in targeted interview
Anonymous Social Planner	Scope identification	Participated in targeted interview
Powell Place Emergency Shelter	Scope identification	Participated in targeted interview
Crabtree	Scope identification	Participated in targeted interview
Atira Women's Resource Society	Scope identification	Participated in targeted interview

Individuals Involved in Approving Projects

The Aboriginal Homelessness Steering Committee (AHSC) is responsible for approving and recommending projects for funding. As this study relates only to the homelessness issue in the Aboriginal community, the list below also includes Aboriginal individuals and organizations that will be involved in the implementation of the community plan.

TABLE 5.2: INDIVIDUALS INVOLVED IN APPROVING PROJECTS

Name	Organization	Representation
Sue Duggan	Downtown Eastside	Aboriginal low income and homeless
Lorelei Hawkins	Stepping Stone Vision	Aboriginal low income and homeless
Stephen Lytton	BCANDS	Disabled Aboriginal people
Jerry Adams	Urban Native Youth Association	Aboriginal youth
Dave Pranteau	Chair	
Wally Awasis	Arrows to Freedom	Aboriginal low income, homeless
Bernie Whiteford	Helping Spirit Lodge Society	Aboriginal women with children
Beverly Dagg	Kekinow Native Housing Society	Aboriginal homeless
Suzanne Noel	Surrey Aboriginal Cultural Society	Aboriginal youth, low income, and homeless
Conrad Desjarlais	Métis Provincial Council of British Columbia	Métis
Cameron McBeth	Lu'ma Native Housing	Aboriginal homeless
Sharon Bowcott Michael Sadler	First Nations Employment Services	Aboriginal individuals seeking employment, Aboriginal youth
George Holem	United Native Nations	Aboriginal people
Wayne Clark	Eastside Alcohol & Drug Rehab Society	Drug & alcohol rehabilitation
Ken Clement	Healing Our Spirit	Aboriginal people
Lou Demerais	Vancouver Native Health	Aboriginal health
Ken Drury	Metis Provincial Council of BC	Métis
Tara Gilbert Nicole Calihoo	ACCESS	Aboriginal individuals seeking employment and Aboriginal youth
June Laiter	Kekinow Native Housing Society	Aboriginal low income, and homeless
Laura McDiarmid	Musqueam Band	Musqueam Band
Wally Lavigne	Cwenengitel Aboriginal Society	Aboriginal low income, and homeless
Verna Semotuk	Greater Vancouver Regional Steering Committee on Homelessness	GVRD
Marcel Swain	Lu'ma Native Housing	Aboriginal low income, homeless
Penny Kerrigan	Aboriginal Mother Centre	Aboriginal women, low income
Barb Lawson	Urban Native Youth Association	Aboriginal youth
Lillian George	United Native Nations	Aboriginal people
Shelly Gladstone	Healing Our Spirit	Aboriginal people
Jo-Anne Ross	Aboriginal Mother Centre	Aboriginal women, low income
Bonni Hanuse	Musqueam Band	Musqueam Band
Arthur Smith	Cwenengitel Aboriginal Society	Aboriginal low income, and homeless
Kelly L'Hirondelle	Arrows to Freedom	Aboriginal low income, homeless
Blair Harvey	Vancouver Aboriginal Council	Aboriginal people
Chris Casey	Vancouver Aboriginal Council	Aboriginal people
Mary Uljevic	Lu'ma Native Housing	Aboriginal low income, homeless
Sue Hammel	Surrey Aboriginal Cultural Society	Aboriginal youth, low income, and homeless
Doreen Sinclair	Helping Spirit Lodge	Aboriginal women with children
Marjorie White	Circle of Eagles Lodge Society	Aboriginal people, ex-offenders
Merv Thomas	Circle of Eagles Lodge Society	Aboriginal people, ex-offenders
Ken Fisher	United Heritage Métis Association	Métis
Fraser McDonald	United Heritage Métis Association	Métis



Youth Component

Youth participation in the process was ensured through direct consultation with Aboriginal youth as well as representation from organizations that provide services to them.

TABLE 5.3: SPECIFIC INVOLVEMENT OF YOUTH ORGANIZATIONS

Representative	Organization Represented	Role in Implementation	Extent of Involvement
Jerry Adams	Urban Native Youth Association	<ul style="list-style-type: none"> • Proposal review • Recommendations and/or decisions on funding allocations • Evaluation 	Participated in consultation sessions
Suzanne Noel	Surrey Aboriginal Cultural Society	<ul style="list-style-type: none"> • Proposal review • Recommendations and/or decisions on funding allocations • Evaluation 	Participated in consultation sessions, hosted regional workshop



6. METHODOLOGY

The methodological basis for this study was founded on the *2001 Aboriginal Homelessness Study* for the GVRD. In that study, the 16 clusters of the Aboriginal Continuum of Care were identified through a concept mapping exercise (for more details, refer to **Appendix II**), and the three sub-regions in Greater Vancouver were identified based on demographic consultation.



This section provides an overview of the techniques used for the development of the *2003 Aboriginal Homelessness Study*. Each method used is outlined with the following details:

- Purpose
- Target Groups (where applicable)
- Preparation and Execution
- Limitations

The **Assets**, **Gaps** and **Priorities** sections provide specific findings. A summary of these findings and recommendations drawn from them can be found in the **Conclusion**.



An alley in Vancouver's Downtown Eastside

Literature Review

Through an extensive literature review, the team was able to locate many studies that addressed issues related to urban Aboriginal people in Canada. Among these, were Aboriginal homelessness studies conducted in other Canadian cities. This information was useful in shedding light on specific issues – such as mental health and transportation – as well as providing a framework for comparing the homelessness issue in other areas. A complete list of these documents can be found in the **Bibliography**.

Purpose

The purpose of the literature review was to find commonalities and differences among published literature around homelessness issues in Canada. This information provides a unique perspective that may have been overlooked by those directly involved in the Aboriginal homelessness issue in the GVRD.

While evaluating literature, researchers discovered that the continuum of care model is used to assess an individual's needs and whether the resources and services are available to meet their needs. The principle behind this model is that a coordinated effort to determine and provide services is a more efficient means of moving an individual from homelessness to stable housing and self-reliance (SIIT, 2000).

Limitations

There were two key factors affecting the literature review:

- Limited studies related to Aboriginal homelessness
- The variety of methodologies used in the Aboriginal homelessness studies that were conducted

As a result, the effort to compare results and findings relevant to the current study was limited.



6. METHODOLOGY

The methodological basis for this study was founded on the *2001 Aboriginal Homelessness Study* for the GVRD. In that study, the 16 clusters of the Aboriginal Continuum of Care were identified through a concept mapping exercise (for more details, refer to **Appendix II**), and the three sub-regions in Greater Vancouver were identified based on demographic consultation.



- Cluster 14 – Research
 - Cluster 15 – Regional Issues
 - Cluster 16 – Funding/ Partnerships/ Continuity of Services
- * For a specific breakdown of each cluster see the Gap Analysis section.

Development of the Three Sub-regions

Because of the size and diversity of the GVRD, three sub-regions were developed for the 2003 report (a modified model based on the 2001 study) in order to recognize unique qualities that characterize different areas within the region. The level of services available to homeless people, their socioeconomic status and even cultural practices can vary from one part of the GVRD to another. These differences needed to be captured during the consultation sessions and in the final report to ensure that the conclusions were accurate. The three sub-regions were identified based on Aboriginal population distribution and large geographic and political barriers (rivers, municipal boundaries). Also, while the GVRD homelessness study identified more and smaller sub-regions, those sub-regions all fall within the larger sub-regions identified in the *2001 Aboriginal Homelessness Study*.

For details on the sub-regions, refer to the **Geographic Area** section.

Consultation Methodology

Because a diversity of participants were consulted in this report, a variety of data gathering techniques were used. These tactics are listed below:

1. Kitchen Table Sessions
2. Service Provider Sessions
3. Aboriginal Homelessness Steering Committee Workshop
4. Targeted Interviews

Kitchen Table Sessions

Kitchen table sessions traditionally refer to the method of data gathering where an interviewer sits down with an interviewee at the kitchen table of a soup kitchen. For the purpose of this study, researchers interviewed Aboriginal individuals who were homeless or at-risk of being homeless, otherwise known as “clients”. The interviews were conducted at locations the interviewees feel comfortable in, such as a drop-in centre.

Target Group

The clients needed to be consulted because:

- They face homelessness on a daily basis
- They try to access services, and therefore have a good sense of where gaps in services have been filled and where they still exist
- They make efforts to alleviate their situation and have a unique knowledge of what services they need to do so
- They interface with other Aboriginal homeless people

Purpose

The kitchen table sessions provided opportunities for researchers to hear first-hand opinions and experiences from the perspective of Aboriginal people who are homeless or at-risk of being homeless. Analysis of the information would help to:

- Identify gaps in programs and services
- Identify priorities for programs and services

Tool: Kitchen Table Session Questionnaire

The questionnaire for the kitchen table session was developed in partnership with the Social Planning and Research Council of BC (SPARC BC) - the research team charged with developing the *2003 GVRD Homelessness Study*. SPARC created a template that was sent to the research team, who then added the 16 clusters, as well as a number of other culturally appropriate questions, into the questionnaire to ensure that the Aboriginal components were acknowledged during the sessions. A sample questionnaire is included in Appendix IV.

Preparation and Implementation

Kitchen table interviews were held concurrently with service provider sessions (refer to *Service Provider Sessions* in this section) now referred to as regional workshops. These workshops took place at least once in each sub-region. The host, a service provider invited by the research team to participate in the study, asked some of its clients to attend these workshops.



A homeless person sleeping in a Vancouver park

The research team offered participants a small financial incentive of \$10.00 to participate in an assessment and update of the *2001 Aboriginal Homelessness Study*. The participants self-identified themselves as Aboriginal persons and their homeless status was confirmed by the service provider. The purpose of the incentive was to encourage the highest level of participation possible among the clients, although there was a 15-participant limit to each session. To ensure participants provided unbiased opinions, details about the study were kept to a minimum.

The two exceptions to this model were the Carnegie Centre and the Aboriginal Mother Centre sessions. At Carnegie Centre, the research team went to the Downtown Eastside, where the centre is located, and asked homeless Aboriginal people to participate in the survey. At the Aboriginal Mother Centre (AMC), the questionnaire was sent to staff, who carried out the task of having their clients complete the surveys. The purpose of having staff from the AMC administer the questionnaire was the belief, both by the AMC and the research team, that the clients of that organization would be more comfortable participating if they were dealing with people they were already familiar with.

Below is a summary of the kitchen table sessions according to sub-region and the host organization.

TABLE 6.1: DATES AND LOCATIONS OF KITCHEN TABLE SESSIONS

Sub-region	Host / Location	Date
East	Arrows to Freedom	June 19, 2003
West	Carnegie Centre	June 25, 2003
South	Surrey Aboriginal Cultural Society	June 25, 2003
West	Vancouver Aboriginal Council	June 26, 2003
West	Aboriginal Mother Centre	June 30, 2003

A total of 42 clients participated in the kitchen table sessions. The table indicates the participant distribution.

TABLE 6.2: PARTICIPANTS IN KITCHEN TABLE SESSIONS

Host	Sub-region	Clients
Arrows to Freedom	East	13
Carnegie Centre	West	9
Vancouver Aboriginal Council	West	5
Surrey Aboriginal Cultural Society	South	8
Aboriginal Mother Centre	West	7
Total		42

Limitations

A key limitation was that the majority of participants were clients of the service providers who invited them to these kitchen table sessions. Homeless and at-risk Aboriginal people who have not accessed services were not equally represented in this study. However, this group of participants was directly invited by the research team to participate in the Carnegie Centre sessions.

Service Provider Sessions

Purpose

The purpose of these sessions was to obtain insight from service providers regarding gaps and priorities in preventing and alleviating homelessness in the Aboriginal community. These participants also assessed progress made since the 2001 study.

Target Group

The target group for these sessions was service providers who work with Aboriginal homeless people. Based on their unique role, the target group was able to contribute valuable insight to this study because they have in-depth knowledge of the issues surrounding Aboriginal homelessness and are informed about services currently available. It is important to note that the majority of the members of the Aboriginal Homelessness Steering Committee (AHSC) also work for service providers and that the service provider questionnaire examines the same issues as the AHSC questionnaire. The service providers listed here, therefore, are those service providers that are either not members of the AHSC or did not participate in the AHSC workshop.

Development of the Service Provider Questionnaire

The National Homelessness Initiative (NHI) has a series of questionnaire templates that it uses across Canada for homelessness projects. The purpose of the template is to ensure that comparable data is collected across the country. For the purpose of this study, Social Planning and Research Council (SPARC) modified the NHI template and tailored it to suit the GVRD study. While this amended survey was useful in obtaining information for the GVRD study, the AHSC felt the questionnaire needed further refinement to ensure it was culturally appropriate in obtaining qualitative data from the urban Aboriginal community. Therefore, the 16 clusters developed through the concept mapping exercise of the 2001 Aboriginal report were integrated into the questionnaire. When the questionnaire was appropriately amended, service providers were asked to evaluate both the 27 gaps identified in the GVRD homelessness report and the 16 clusters of the Aboriginal report.

Preparation and Implementation

The service provider sessions were jointly held with the kitchen table sessions during the regional workshops. These workshops occurred at least once in each sub-region. Service providers who work with homeless and at-risk Aboriginal people would often attend these workshops and were therefore available to complete the questionnaire.

In addition, the research team attended a number of homelessness workshops held by SPARC in order to ensure that any Aboriginal individuals or organizations that attended those sessions had an opportunity to provide input into that plan.

TABLE 6.3: DATES AND LOCATIONS FOR SERVICE PROVIDER CONSULTATIONS CONDUCTED FOR THIS STUDY

Sub-region	Host / Location	Date
West	Vancouver Aboriginal Council	June 26, 2003
East	Arrows to Freedom	June 19, 2003
West	Consultant Office	June 23-24, 2003
South	Surrey Aboriginal Cultural Society	June 25, 2003



TABLE 6.4: DATES AND LOCATIONS FOR GVRD HOMELESSNESS REGIONAL WORKSHOPS

Sub-region	Host / Location	Date
West	North Vancouver District Hall	June 19, 2003
East	Port Coquitlam City Hall	July 7, 2003
West	Richmond City Hall	July 7, 2003
West	Croatian Cultural Centre	July 8, 2003
West	Cold/Wet Weather	July 8, 2003

TABLE 6.5: DISTRIBUTION OF PARTICIPATION IN THE SERVICE PROVIDER SESSIONS

Host	Sub-region	Service Providers
Arrows to Freedom	East	2
Consultant Office	West	2
Vancouver Aboriginal Council	West	2
Surrey Aboriginal Cultural Society	South	1
Total		7



Figure 6.1: Focus Group Sessions in the Greater Vancouver Regional District. Source: Author.

The Aboriginal Homelessness Steering Committee (AHSC) Workshop

Purpose

Each member of the AHSC represents a particular Aboriginal organization in the GVRD. Therefore, their input was based on the perspective of both a service provider and from an administrative level. Participants evaluated gaps, priorities, sustainability and communication strategies related to the *2001 Aboriginal Homelessness Study*.

Target Groups

As the decision-making body for Aboriginal homelessness in the GVRD, the AHSC is responsible for allocating funding and ensuring the long-term sustainability of Aboriginal homelessness projects. Based on their extensive knowledge of Aboriginal homelessness issues and the progress made to fill service gaps identified in 2001, the AHSC provided invaluable insight to this study.

Development of the Aboriginal Homelessness Steering Committee (AHSC) Questionnaire

The National Homelessness Initiative (NHI) has a series of questionnaire templates that it uses across Canada for homelessness projects. The purpose of the template is to ensure that comparable data is collected across the country. For the purpose of this report, Social Planning and Research Council (SPARC) modified the NHI template and tailored it to suit the GVRD study. While this amended survey was useful in obtaining information for the GVRD study, the AHSC felt the questionnaire needed further refinement to ensure it was culturally appropriate in obtaining qualitative data from the urban Aboriginal community. Therefore, the 16 clusters developed through the concept mapping exercise of the 2001 Aboriginal report were integrated into the questionnaire. When the questionnaire was appropriately amended, service providers were asked to evaluate both the 27 gaps identified in the GVRD homelessness report and the 16 clusters of the Aboriginal report.

Preparation and Execution

In partnership with the AHSC, an afternoon workshop was planned as part of their regular monthly meeting. Members who regularly participate in the meetings were informed in advance that they would be asked to provide input to the GVRD and the 2001 and 2003 Aboriginal homelessness studies.

The event took place on June 19, 2003 at the Vancouver Aboriginal Friendship Centre. When the session began, the research team asked the participants to break into groups of four to six. Each member of the research team facilitated the questionnaire process with their individual groups and were also available for questions and/or comments following the session.

Limitations

Both participants and the research team felt the length of the questionnaire was a key limitation during the workshop. AHSC participants were asked to complete two 40-page questionnaires, both the GVRD and the Aboriginal, in a session that took more than five hours. The time and effort involved in completing such lengthy documents in a group discussion setting may have affected the qualitative input during the process.

Another limitation of the questionnaire was the target groups that it listed. Many participants felt that Aboriginal sub-populations were not represented in the questionnaire. The Aboriginal sub-populations that were not included, but mentioned, consisted of:

- Elders
- Gay, lesbian, transgendered
- Sex trade workers
- Women fleeing abuse
- Single fathers



Targeted Interviews

Purpose

The purpose of conducting targeted interviews was to evaluate the initial findings collected by the research team and to identify strategies for filling service gaps that had become evident during the kitchen table, service provider sessions and Aboriginal Homelessness Steering Committee (AHSC) workshop.

Target Groups

Based on their role in administering municipal and provincial social services, participants were able to provide their insight to the homelessness issue from a perspective not directly related to Aboriginal homeless people. These participants include:

- Municipal social planning departments
- Municipal police forces
- BC health regions
- Local hospitals
- Service providers not represented in other sessions

Some service providers who did not participate in the service provider sessions were also included in this forum.

Development of the Targeted Interview Questionnaire

The questionnaire used during the targeted interviews needed to address the initial findings collected by the research team and also, generate strategies to address service gaps that were identified. In order to do this, participants were sent a summary of conclusions based on the kitchen table and service providers sessions and the AHSC workshop. When they had reviewed the summary of conclusions, researchers conducted targeted interviews with each individual participant who were asked to answer three key questions:

1. Are the conclusions consistent with your viewpoint of the current homelessness issues in the GVRD?
2. If you answered no to Question 1, what is your viewpoint on the issue?
3. In your opinion, what is needed to address the homelessness issue?

These interviews were conducted after the priorities and three tiers (see the **Priorities** section) were identified. Given the scale of the study and the time allocated to complete it, the research team felt this target group was able to offer the most value by focusing on clusters categorized in the top two tiers. A blank copy of the targeted interview questionnaire is available in **Appendix V**.

Preparation and Implementation

Individuals and organizations identified as suitable participants for targeted interviews were contacted via telephone and invited to participate in the study. Upon confirmation of participation, the research team sent the individual a backgrounder document on the findings. A member of the research team conducted the interview based on the three key questions discussed above.

In total, six participants were interviewed. They are members of the following organizations:

- St. Paul's Hospital
- Vancouver Police Department
- Crabtree Common
- Powell Place Emergency Shelter
- Municipal Social Planning (municipality unidentified, at the request of the interviewee)
- Atira Women's Resource Society

Limitations

Researchers experienced resistance from many of the organizations who were approached to participate in the targeted interviews. When researchers described the type of study that was taking place – a study about homelessness in the urban Aboriginal community in the GVRD – many individuals indicated they were not prepared to address the topic. Though the individuals referred other possible interviewees, the research team was often met by the same response.

Also, the timing of the study may have inhibited the research team's ability to generate more targeted interviews. Because the project was conducted during the summer months, many suitable interviewees were away on vacation and therefore inaccessible.

Asset Methodology

Two different techniques were used to collect information on the assets that the Aboriginal community in Greater Vancouver has to draw from. These were:

1. The Aboriginal Service Inventory
2. The Financial Roll-up

Aboriginal Service Inventory

Purpose

The Aboriginal service inventory provides a complete list, description and contact information for all of the Aboriginal organizations in Greater Vancouver that provide programs to alleviate homelessness. This tool and accompanying maps highlight where there are service gaps in the GVRD.

Preparation and Implementation

The research team and Social Planning and Research Council (SPARC) contacted relevant Aboriginal organizations in order to develop and update this Aboriginal service inventory. The research team and SPARC worked together in order to avoid any duplication and to coordinate overlapping findings from the GVRD and Aboriginal studies. Relevant Aboriginal organizations were contacted.



Financial Roll-up Analysis

Purpose

The financial roll-up analysis examined the projects initiated under the Supporting Communities Partnership Initiatives (SCPI) funding between October 2002 to August 2003. While the Aboriginal service inventory provided a list of all homelessness services available in the region, the financial roll-up analysis looked at projects that had been specifically implemented since the first Aboriginal Homelessness Report under SCPI. The latter provides an illustration of what clusters have received more attention than others and also allows for an analysis of the spending levels in each of the three sub-regions.

Preparation and Implementation

Lu'ma Native Housing, the host agency (legal entity) for the AHSC, was responsible for the creation of the financial roll-up analysis and for prescribing allocated funding for service providers to prevent and alleviate homelessness in the Aboriginal community. Lu'ma issued two Expressions of Interest (EOIs) at the direction of the AHSC. When the financial roll-up analysis was completed, the research team categorized the information according to funding levels by cluster and sub-region.

Limitations

One limitation of this method was related to the breakdown of clusters by project. Because each project covered many clusters, it was impossible to ascertain how much emphasis was put on each cluster. Instead, a rough estimate had to be used with the number of projects that cited a particular cluster being listed.

Overall Methodological Limitations

Within any study, there are certain limitations that must be identified for an accurate reporting of the study. While some of these limitations are related to the methodology, others were beyond the control of the research team.

The timeframe for the project was very short – approximately two months – which limited the ability of the research team from holding additional consultation sessions or expanding on many of the issues identified in the report. Other limitations included the large questionnaire template provided by SCPI. Many participants found it difficult to complete the questionnaire given the sheer length of the document, particularly since participants were expected to complete the questionnaire twice in order to capture input for the GVRD homelessness study and the Aboriginal homelessness study. There is a possibility this affected the qualitative responses to many of the questions.

Conclusion and Methodological Recommendations

The intent of the methodological approach used for this study was to be inclusive, ensuring representation for all target groups and to cover all the major areas across the GVRD. As a result, different types of data was collected and analyzed by the research team. See the **Conclusion** for more methodology recommendations to advance future studies.

I am a periodic drug user, and have been on crystal meth for the past two years. After a two day binge on the drug, my body is so run down that I cruise the tourist spots. People feel so sorry about my current situation that people offer me food and money.



7. BEST PRACTICES & CULTURALLY APPROPRIATE SERVICES

The challenges of delivering services to Aboriginal homeless people remain as significant today as they were when the original Supporting Communities Partnership Initiative (SCPI) funding was announced to address homelessness in 2001. From the Aboriginal people's perspective, it is equally important to re-examine the critical nature of culturally appropriate services to ensure that programs and services are optimally positioned for success in 2003.



While government and the Aboriginal communities readily assume the need for specified programs and services specifically for the Aboriginal homeless population, there is no clear statement as to the context and assumptions that generate this need. Nor has it been specified how Aboriginal determination is different and or more effective in addressing Aboriginal homelessness. However, the acknowledgement of cultural differences between Aboriginal and non-Aboriginal communities is a necessary first step in understanding the issue of cultural appropriateness and best practices for preventing and alleviating Aboriginal homelessness. What should follow is an analysis of how the cultural differences impact the development and delivery of homelessness initiatives.

The basic process of government initiative development, as well as, the role of cultural differences in that process needs to be examined. In the development of any government, social service or corporate initiative, there is a hierarchy of influences that generate action. Front-line strategies and best practices for addressing homelessness naturally flow from common objectives (i.e. improving the situation of homeless people). The objective(s) themselves flow from commonly held values. This is the basic structure of any community effort; values direct the focus of community efforts (e.g. all people are worthy and deserve basic living standards), objectives are formed (e.g. homelessness services will be delivered to the homeless) and strategies and best practices are developed to ensure such things as cultural appropriateness and service efficiency are employed (e.g. organizations develop services through a proposal process).

The identification of cultural differences between Aboriginal and non-Aboriginal communities has not played a profound role in the process of developing government initiatives. In the case of Aboriginal homelessness, this is largely due to the fact that the objectives are placed as the common ground between non-Aboriginal and Aboriginal aspirations. For example, the objective of the Aboriginal homeless initiatives from both native and non-native communities is to get homelessness individuals off the streets and into safer and healthier environments. This seems simple enough. Service providers, community members and “experts” can then identify best practices and strategies to achieve the common objective of getting homeless persons (or those at-risk) into safer and more stable environments.

One area of agreement among government and service providers is that Aboriginal services need to be delivered by Aboriginal people. This acknowledges the fact that an individual’s receptivity and willingness to learn and change is fostered by their affiliation with others engaged in similar life experiences and struggles. The shared history of colonization and its many modern-day effects (racism, family violence, institutionalized poverty, etc.) offer a sense of shared understanding and sensitivity.

There is no way to bypass the fundamental role that traditional community values can play when developing initiatives to prevent and alleviate homelessness. Indeed, an understanding of cultural roles of values in the development of homelessness initiatives demonstrates that best practices needs to be identified at all levels of activity, from the training and hiring of front line workers all the way up to the development of large scale collaborative policy frameworks and funding directions.

This may lead to a strategy that addresses homelessness not based on money to develop services, but processes that empower the community as a source of positive living. In this view, “services” are only one aspect of an intricate web of community assets. But, this seems practical only when it is understood that fundamental values help to generate different approaches to create quality of life for all Canadians. This is not to suggest that these differences are inherently qualitative or that Aboriginal values are better than neo-European. It only means that Aboriginal values have proven to be better for Aboriginal people.



Mainstream Canadian institutions approach health and social policy based on the classical western European value and practice of helping individuals (individualism). From this perspective, to heal is to define and administer corrective measures for an individual’s disease. The focus for this approach is the individual him/herself, whose disease is measured against an assumed ideal state of health or social adjustment. On this basis, mainstream services and intervention attempt to address deficits in the individual, often with no real involvement of community or culture.

In contrast, current research on negative social realities of Aboriginal people suggests that an individual’s capacity or willingness to achieve a balanced, self-affirming lifestyle is in many ways almost wholly determined by the community’s level of health, cultural development, cultural continuity and self-determination/ affirmation as a community.

In this regard, the Dakota Ojibway Tribal Council Health Initiative states that mental health as holistic health:

...is more than the absence of illness, disease or dysfunction—it is the presence of a holistic wellness of the mind which is part of the full circle of mind, body, emotion, and spirit. When there is balance between these four elements, this gives rise to creativity, imagination, and growth, which enables individuals and communities to interact and function harmoniously. Holistic wellness further enhances the capacity for individuals, families and communities to deal with stress, adversity, and conflicts in a balanced way.

Indeed, much of the failure of social policy development related to Aboriginal issues is a reflection of the fact that treating individuals in isolation from the community and culture is not only ineffective but actually serves to further ratify the fragmentation of the Aboriginal



community and culture. Best practices for Aboriginal homelessness might not lie simply in the continuous development of services for Aboriginal individuals but in community strengthening (capacity building) strategies. As such an identification of best practices for Aboriginal homelessness services would not be limited to specific program development, but would necessarily include development of community governance and services. The result would be that the community could respond to the issues from a place of collective community values and norms, which are not easily or readily accomplished through mainstream initiative development and policy frameworks.



Community strengthening strategies would include the fostering of environments which formalize the coordination of services, development of consensus building strategies in place of resource competition approaches and formalizing community events that serve to foster cultural pride and community participation. The focus of this approach is to nurture the community as the provider of quality of life affirming resources. The community itself would be a source of 'connectiveness' and belonging into which individuals and families would gain the physical, emotional, mental and spiritual nourishment that sustains healthy life. In other words, individualism as a cultural value of mainstream western society is in direct contrast with the almost universally held indigenous value of the individual as inter-dependent with community, family and culture and that in fact this view has been upheld in many fields including the Supreme Court of Canada in the Delgamuukw decision, which recognizes Aboriginal culture and community as "collectivity". The value of collectivity is simultaneously an effective background, as well as, a goal of culturally appropriate homelessness services.

This sense of collectivity has yet to impact directly on how initiatives are developed and delivered before they are brought ready made to the community. Collectivity as a community value is an uncomfortable fit with the mainstream manner of program development. The Royal Commission on Aboriginal Peoples (1996) observes that:



...initiatives have taken the form of inviting Aboriginal input in decision making in non-Aboriginal programs.... These measures to secure Aboriginal input often result in improved relations between Aboriginal communities and those responsible for service delivery. In addition, there is some evidence that the effectiveness of some programs has improved because Aboriginal input has led to better decisions and greater community acceptance of decisions. Yet, the improvements in program effectiveness are often far from dramatic. Moreover, opportunities for Aboriginal input often rely on informal arrangements that depend on the interest and goodwill of individual officials in mainstream agencies. Because they seldom become institutionalized, these arrangements often remain in effect for only a limited time.

Collectivity acts as both a background from which to start developing policy frameworks and program development, as well as, a goal for Aboriginal communities who seek to find alternatives to the mainstream ways of conducting business. On the ground this may look like a process of consensus building and collaboration on homelessness issues instead of the development of competitive environments where agencies (not communities) compete for funds on the basis of proposal development.

On a strictly front-line service delivery level, collectivity stands in direct contrast to the mainstream assumptions that generate best practices for intervention, which are based on the classical European approach to healing. This approach identifies experts who perform interventions on individuals with little acknowledgement of the role of family, culture or community. This approach also contrasts most traditional Aboriginal practices where the role of healing, interventions and ceremony are the transmission of cultural



The Vancouver Aboriginal Friendship Centre

values and community and family resources. “Interventions” therefore, are an expression of the responsibility of the community to the individual. The result is almost always the consequent assumption of responsibility of the individual for the community and the acknowledgement of this interdependence. In this way, the community and the culture are the “healers” – not individuals and or experts.

It is therefore false to assume, which government officials and mainstream homeless service providers often make, that all homeless individuals have the same basic needs and that being served by the dominant culture is the same as being served by the Aboriginal community. The fact that many Aboriginal people access mainstream homelessness services may simply be the result of the disproportion between the percentage of homeless individuals who are Aboriginal, and the number of Aboriginal-run homelessness services.

Unfortunately, the assumption that Aboriginal homelessness is basically the same social phenomena as non-Aboriginal homelessness stretches across many, if not all, the well intended attempts to understand and address Aboriginal homelessness. For example, research into homelessness in the broad sense generally assumes a non-culturally specific or



multicultural methodology (sometimes attempting to include Aboriginal sensitive elements). When this comes to primary research, the question of Aboriginal status generally serves to distinguish individuals into loose generic piles. Yet, without an in-depth analysis of the current community, community of origin and relationship to family and culture, research into Aboriginal homelessness will generate only generic conclusions. Moreover, the key determinants and solutions for Aboriginal homelessness will be missed, including the development of community strengthening strategies and Aboriginal specific governance, development and delivery of homelessness resources.

The failure of mainstream social institutions to address this fact result in the delivery of ineffective services to the Aboriginal community. Indeed, it is the generation of communities of belonging and the introduction of Aboriginal practices into these institutions (health, justice, housing, children and families) that has begun to counteract the continual increase in Aboriginal over-representation in these services. It is with this frame of reference that Aboriginal homelessness initiatives must continue to be developed.

While more research on the phenomena of homelessness needs to happen, it is safe to say that homelessness is a multi-faceted phenomenon that cannot be reduced to easily identifiable causes. Homelessness is no doubt a reflection of inadequate housing policy/resources. However, any response to homelessness must also simultaneously address a host of other related issues, such as health, justice, children and family, woman's issues, culturally appropriate services, etc.

When the issue of Aboriginal homelessness is examined in detail, these issues take a different dimension. One of the fundamental questions that needs to be asked is "what, if any, is the difference between the Aboriginal homelessness and mainstream homelessness?" There is no doubt there are differences. The over-representation of Aboriginal people in Vancouver's homeless population points to the effects of colonization, i.e. forced spiritual, emotional, mental and physical dislocation. In the search for best practices, the question is "how should Aboriginal people respond to this reality?" To answer that question, Aboriginal people need to ask, "what is homelessness to us?" One way to address this is to see it not simply as concrete infrastructure and capital projects but as the result of lack of health both within communities and within individuals. Seeing homelessness as a health issue illuminates the differences between the value systems of mainstream Canadian society and Aboriginal value systems.

A cursory look at the experiences of Aboriginal homeless individuals also lends insight into this complex issue. For example, Aboriginal people often move easily between their communities of origin and the urban environment. This is not to say that either of these destinations is healthy or any less likely to result in homelessness. Indeed, many Aboriginal people exist in a constant state of transition between these two environments. Interlaced with this is contact with extended family, often resulting in more transitional states, couch surfing, and the constant state of being at-risk of homelessness. Add to this a background of traditional values and means of building relations, and some significant and unique aspects of Aboriginal life that can be integrated into the development of Aboriginal homelessness services are revealed. This in turn only makes sense in an environment that is developed and

governed by the Aboriginal community. Thus, the hope for best practices is interwoven with the aspirations of cultural continuity from the “on the ground practices” all the way up to the need to develop large-scale collaborative policy frameworks based upon traditional values. In this regard, the Aboriginal community and each Aboriginal organization has to define for itself what “best practice” means as well as what it means to provide culturally appropriate services based on some clearly agreed upon principles and standards.



Residential School Healing Centre

Accordingly, *Best Practices and Culturally Appropriate Services within the Aboriginal Homelessness Strategy* on how a "best practice" suggests that [...the context in which the ‘best practice’ functions has an impact on the development of a Best Practice...the notion of ‘best practices’ is one of those concepts which has been born in the political and administrative world of anti-poverty strategies and transported into a world of research which stands unprepared to handle it because few analytical tools are available” (Øyen, 2001)]. Since the field is so new, identifying best practice in this area would seem to be premature.

However, the Management of Social Transformations Programme (MOST) a research programme of the United Nations Educational, Scientific and Cultural Organization (UNESCO) designed to promote international comparative social science research (URL: <http://www.unesco.org/most/.htm#1>) indicates that essential features of best practices includes the following four characteristics commonly best practices related to poverty and social exclusion and are adapted here for our purposes:

1. Best practices are innovative and have developed new and creative solutions to homelessness
2. Best practices make a difference, demonstrating a positive and tangible impact on homelessness, quality of life or environment of the individuals, groups or communities concerned
3. Best practices have a sustainable effect, contributing to sustained eradication of homelessness, especially by the involvement of participants
4. Best practices have the potential for replication, serving as a model for generating policies and initiatives elsewhere



Emerging literature on best practices and culturally appropriate practice indicates the importance of the following:

- Tailoring services to clients or residents, and not imposing too many rules
- Encouraging clients or residents to be autonomous, not dependent
- Helping children and youth escape the cycle of poverty
- Being able to change and, if necessary, reinvent the organization as community needs change
- Working with other organizations to provide a continuum of services
- Getting and keeping stable core funding
- Treating staff well, paying them appropriately, and giving them opportunities to learn and participate in decision making
- Integrated service provision to coordinate the needed services

Implications for culturally sensitive practice with the homeless or those at-risk of being homeless are based on the research by Cross et al (URL: <http://www.nicwa.org.htm>) who identified 18 practices that address the integration of culture as a resource for helping children and their families:

- Use of extended family and extended family concept
- Use of traditional teachings that describe wellness, balance, and harmony or provide a mental framework for wellness and use these as objectives for the families
- Use of specific cultural approaches such as storytelling, talking circles, ceremonies, sweat lodges, feasts, etc.
- Use of cultural adaptations to mainstream system of care practices such as wraparound, respite, crisis intervention, collaboration
- Use of cultural restoration, via mentors, groups, crafts
- Use of methods to promote healing of Aboriginal identity and development of positive cultural self-esteem
- Use of methods that build connection to community, culture, group, clan, extended family
- Use of methods that build up the sense of dignity and strength
- Use of methods that invoke the positive effects of spiritual belief or tap into spiritual strengths or support
- Use of elders or intergenerational approaches
- Use of methods that prepare children to live in two cultures and cope with racism, prejudice
- Use of helping values from traditional teaching, such as 24-hour staff availability
- Use of conventional and cultural methods to recognize and treat historic cultural, intergenerational and personal trauma
- Use of approaches that strengthen or heal the community
- Use of the native language
- Maintaining an alcohol and drug free event policy and deal with substance abuse
- Incorporation of a value of respect for diversity within the tribe and exercising that value in services
- Use of all of the above alongside of conventional services such as counseling, therapy, and health care

The Royal Commission on Aboriginal Peoples' findings strongly support the view that programs for Aboriginal people must be developed specific to the needs of the Aboriginal clientele. While existing mainstream models may serve in the interim, summative evaluation of the Aboriginal homelessness initiatives must occur to identify best practices and culturally based programs in this area.





8. OBJECTIVES

The community's objectives are intended to provide an illustration of where it would like to be in March 31, 2006. By clarifying the objectives, planning groups can start working towards the examination of gaps and the development of priorities. Identified objectives should be broad goals to ensure that the community can continue to sustain its initiatives.



Supporting Communities Partnership Initiative (SCPI) requires that the Government of Canada's two long-term objectives on homelessness be made a part of the community's objectives. The community is then able to develop its own objectives at it sees fit.

Homelessness Initiative Strategic Objectives (Government of Canada)

1. To develop a comprehensive continuum of supports to help homeless Canadians move out of the cycle of homelessness and prevent those at-risk from falling into homelessness by providing communities with the tools to develop a range of interventions to stabilize the living arrangements of homeless individuals and families – encouraging self-sufficiency where possible – and prevent those at-risk from falling into homelessness
2. To ensure sustainable capacity of communities to address homelessness by enhancing community leadership and broadening ownership, by the public, non-profit and private sectors, on the issue of homelessness in Canada

Community Plan Objectives

The community plan objectives were drawn from the community during the extensive public consultation sessions and endorsed through the Aboriginal Homelessness Steering Committee (AHSC). These objectives are the guiding principles for identified priorities and are intended to be an illustration of how the Aboriginal community in Greater Vancouver will take care of its own people who face homelessness.

By March 31, 2006, the Aboriginal community, consisting of the AHSC and service providers, will:

1. Effectively articulate the Aboriginal position on homelessness to the Greater Vancouver Regional District (GVRD) to ensure that Aboriginal issues are brought to the forefront of discussions
2. Ensure that the findings of this report are embedded into the GVRD report to ensure that projects intended for Aboriginal people adhere to the priorities and criteria illustrated in this report
3. That the Aboriginal community coordinate efforts throughout the GVRD to better deliver services to Aboriginal clients to prevent overlap and duplication of services and to effectively address identified gaps in services
4. Maximize ownership and control over social service delivery to Aboriginal people to ensure that services remain culturally appropriate, and capacity is built within the Aboriginal community
5. Develop partnerships and work with non-Aboriginal organizations to achieve effective coordination



9. ASSETS

This section examines homelessness projects and funding that have been developed for the Aboriginal community in the Greater Vancouver Regional District (GVRD). The 16 clusters identified in the *2001 Aboriginal Homelessness Study* have been applied to examine the projects funded through Lu'ma Native Housing, the host agency of the Aboriginal Homelessness Steering Committee (AHSC) thereby providing a more culturally appropriate

For the purpose of this study, the term "assets" refers to all existing services, programs and resources available to the Aboriginal community in preventing and alleviating homelessness.

analysis of the homelessness issue in the GVRD. This section will provide a complete inventory of existing assets held by the Aboriginal community in its effort to prevent and alleviate homelessness in the GVRD. In particular, this section will examine the following issues:

- The geographical distribution of Aboriginal services that prevent and/or alleviate homelessness
- Assets by service type
- New projects developed and available between October 2002 to August 2003

Crystal methadone produces a state of infatuation – if you like to write, then you will definitely want to write when you are on this drug. For me, I am infatuated with 'dumpster diving.' I will spend hours in a dumpster at a time, searching for a special treasure that I believe I can find. Although, the majority of the time I come up empty handed.



Geographical Distribution of Aboriginal Services for Homeless People

There is a correlation between the location of service providers and the largest concentrations of Aboriginal homeless people in the three large Aboriginal neighbourhoods: Central Vancouver, Edmonds Town Centre/New Westminster and Surrey City Centre. Services for Aboriginal homeless people are mainly concentrated in Central Vancouver, where the highest number of Aboriginal people reside. Among suburbs in the Greater Vancouver Regional District (GVRD), Surrey has the most services available while Burnaby and New Westminster have some services available to their respective Aboriginal homeless communities. Arrows to Freedom is located in Edmonds Town Centre, Burnaby's largest Aboriginal neighbourhood; New Westminster has services located in its downtown area. Isolated services can be found in North Vancouver, West Vancouver and Richmond. Many of these services are funded by the Supporting Communities Partnership Initiative (SCPI) and are a direct result of the 2001 Aboriginal Homelessness Study.

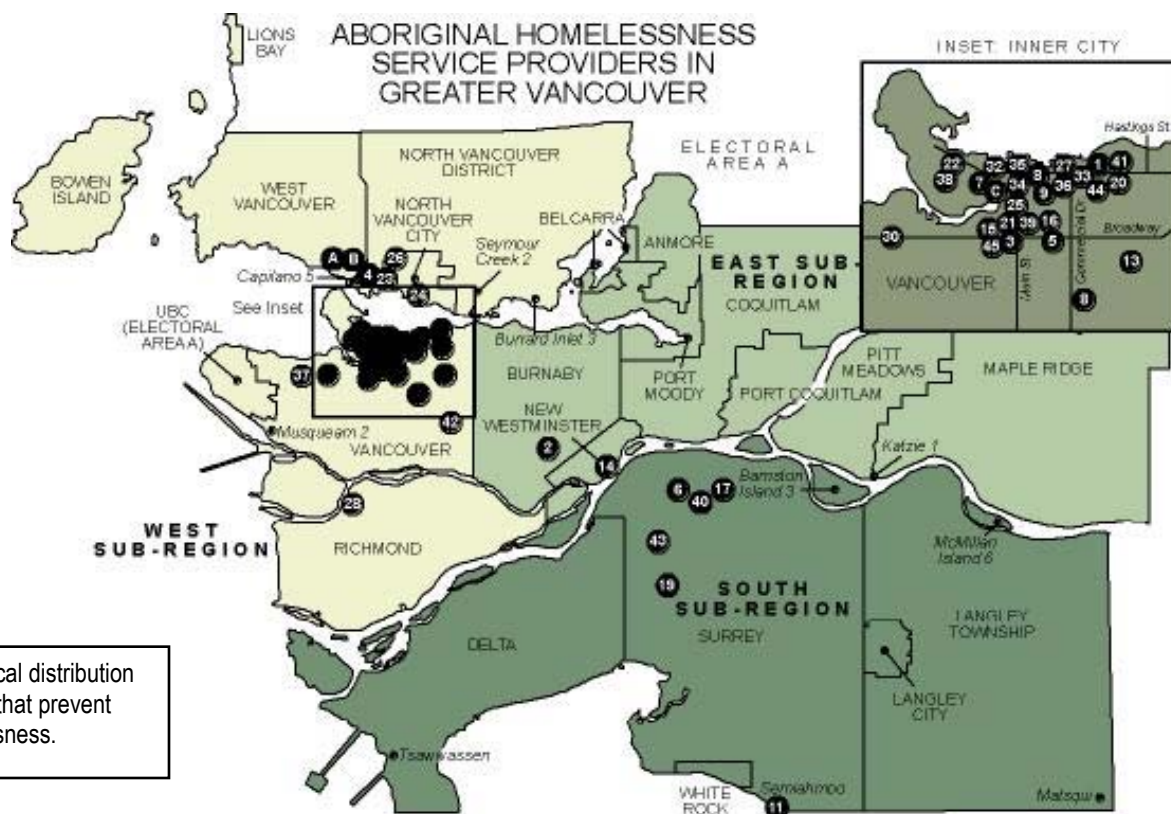


Figure 9.1: Geographical distribution of Aboriginal services that prevent and alleviate homelessness.

The following collection of maps illustrates the distribution of services that prevent and alleviate homelessness in the Aboriginal community. It is important to note that many services included in this inventory do not appear to be directly linked to homelessness. However, because the Aboriginal community feels that prevention is such a large part of alleviating homelessness, organizations that empower and assist Aboriginal people have been included. Some organizations may be listed more than once because they provide more than one type of service and therefore are appropriate in several categories. For a complete inventory of these services (and their associated map reference numbers), refer to **Appendix VI**.

Housing Services

The housing services in the Greater Vancouver Regional District (GVRD) are almost exclusively found in central and east Vancouver. The two exceptions are housing projects in the Kitsilano area and Surrey City Centre areas. Some organizations listed in this inventory hold separate properties for their administrative location and housing facility. Also, many of these housing projects have confidential addresses. The omission of the addresses in this inventory is therefore, intentional.

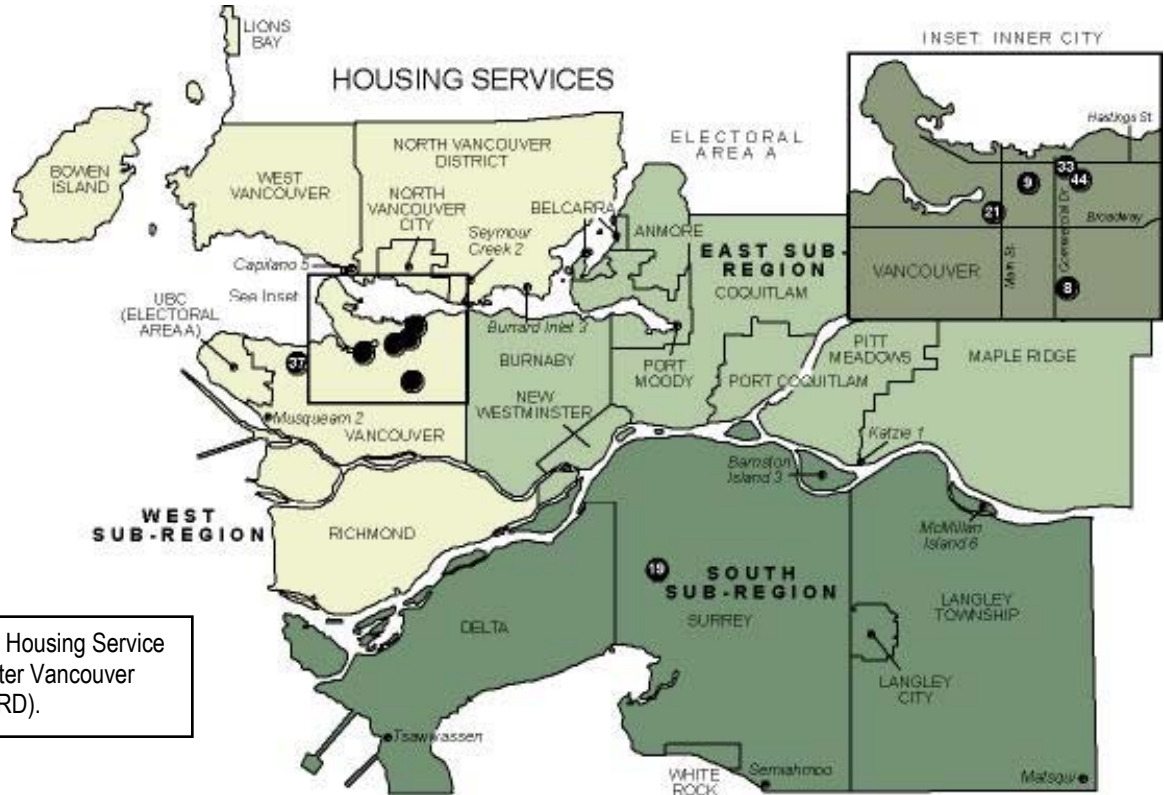


Figure 9.2: Aboriginal Housing Service Providers in the Greater Vancouver Regional District (GVRD).



Drop-In Centres

Drop-in centres are more evenly distributed across the GVRD than housing services. All three of the major Aboriginal communities (Metropolitan Core, Edmonds/New Westminster and Surrey City Centre) have at least two drop-in centres in their neighbourhoods. Each drop-in centre offers a variety of services and programs from soup and bannock to drug and alcohol counseling.

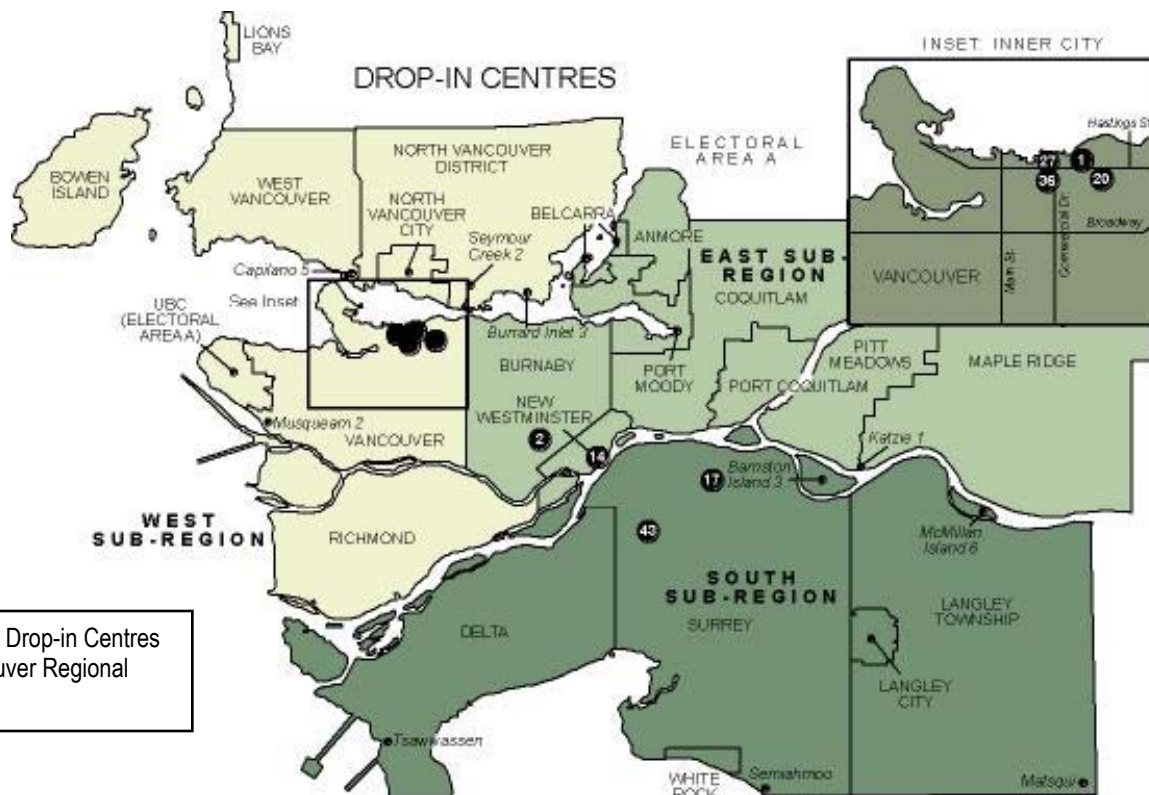


Figure 9.3: Aboriginal Drop-in Centres in the Greater Vancouver Regional District.

Employment and Education Services

Apart from one organization in Surrey and one on the North Shore, all Aboriginal employment and education services are located in the Central Vancouver area.

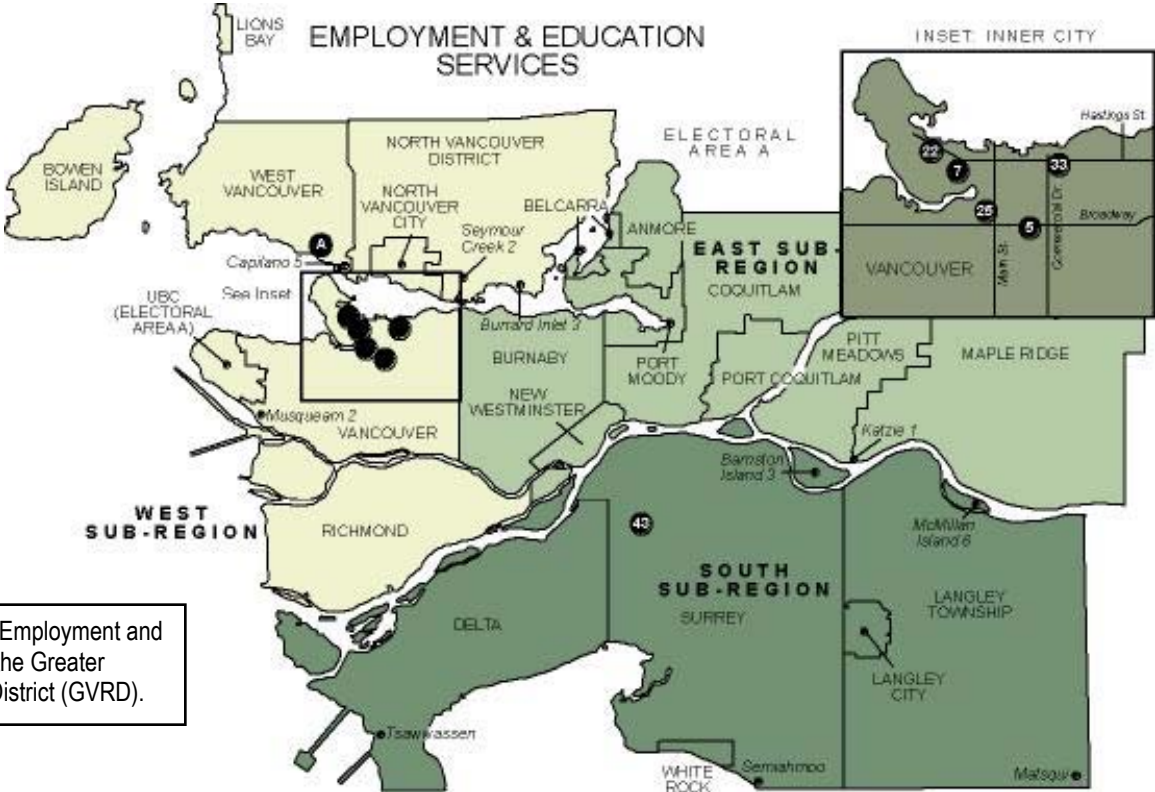


Figure 9.4: Aboriginal Employment and Education Centres in the Greater Vancouver Regional District (GVRD).



Health Services

Health services can be broken down into three main types of services:

1. Physical health services
2. Mental health services
3. Addiction services

This map does not include hospitals.

Health services for Aboriginal people are mostly focused in Central Vancouver where all three of the major health services are available. On the North Shore, both physical and mental health services are offered, while the South sub-region only has one Aboriginal facility that treats addictions in Surrey City Centre. The East sub-region does not have any health services.

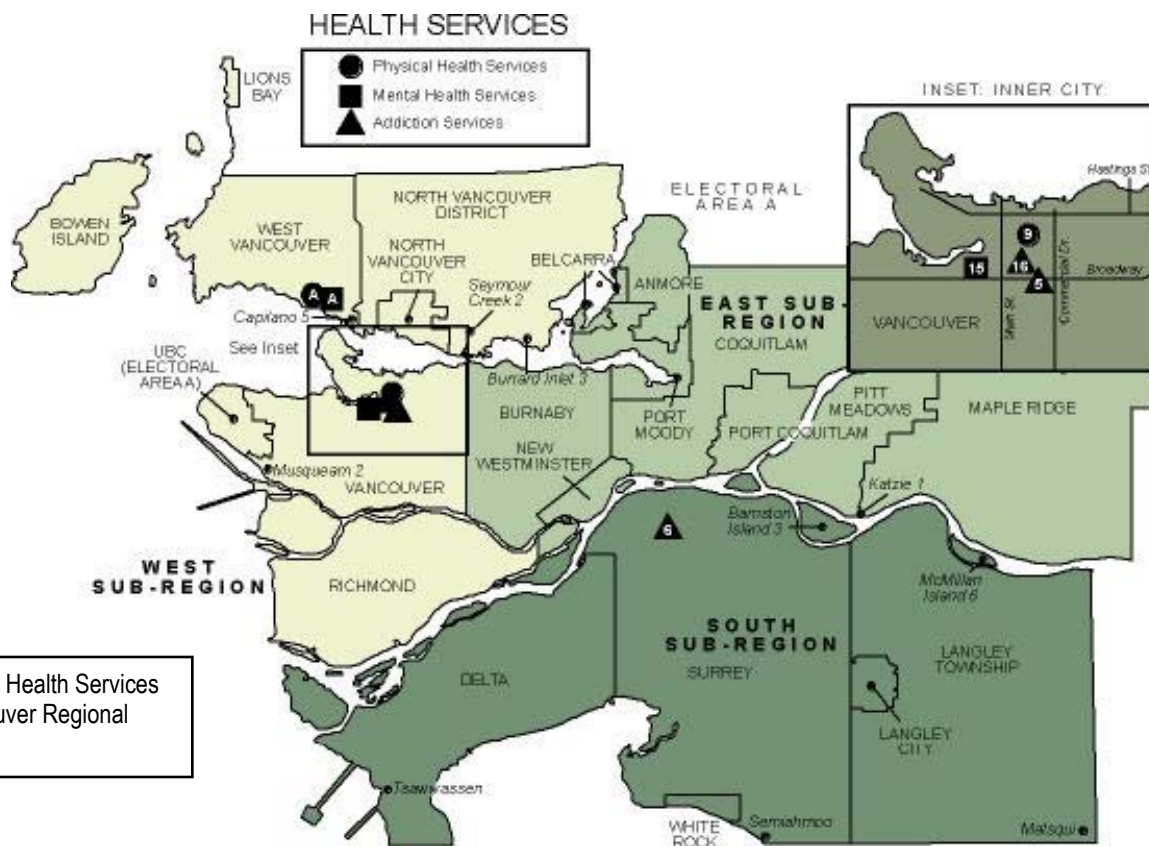


Figure 9.5: Aboriginal Health Services in the Greater Vancouver Regional District (GVRD).

Advocacy, Legal, and Information Services

Central Vancouver and the North Shore are home to most of the services of this type. Surrey has two services, one of which is in Surrey City Centre. The East sub-region does not have any services that fall into this category.

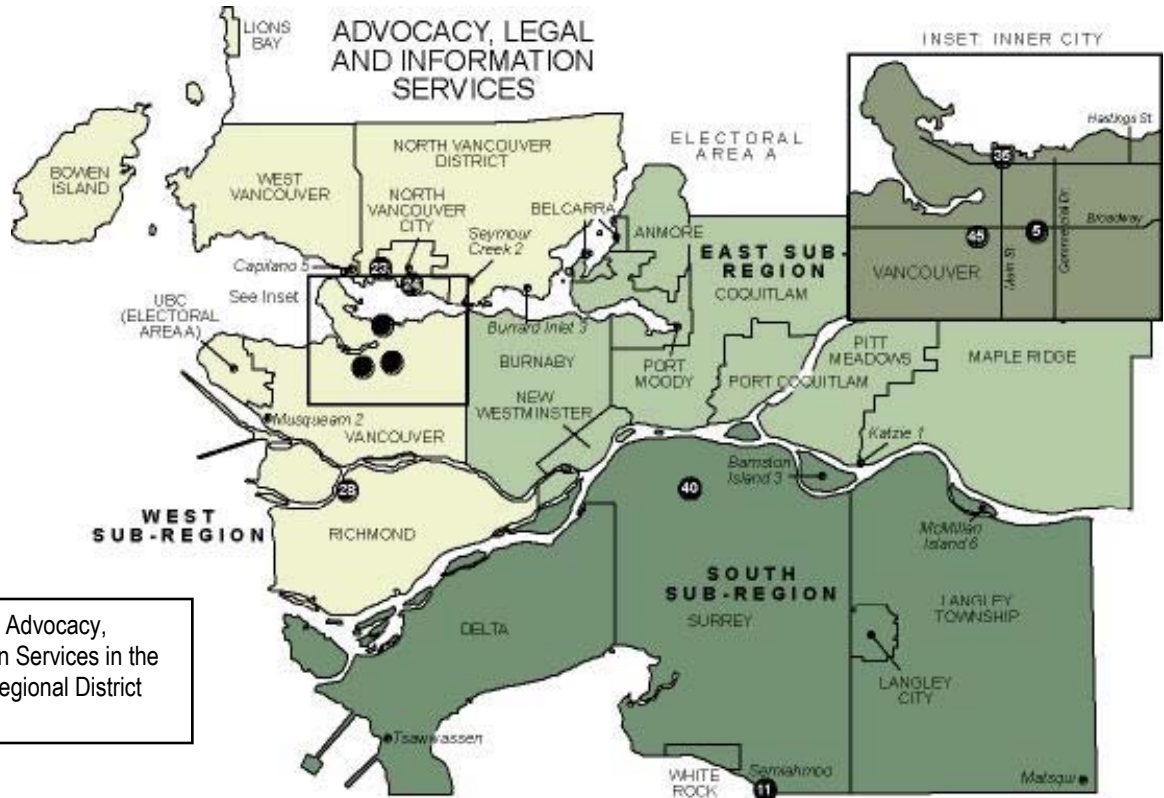


Figure 9.6: Aboriginal Advocacy, Legal, and Information Services in the Greater Vancouver Regional District (GVRD).



Cultural & Family Support Services

Cultural and family services are concentrated in Vancouver and the North Shore, with two available outside of those areas (both in Surrey). The East sub-region does not have any services that fall into this category.

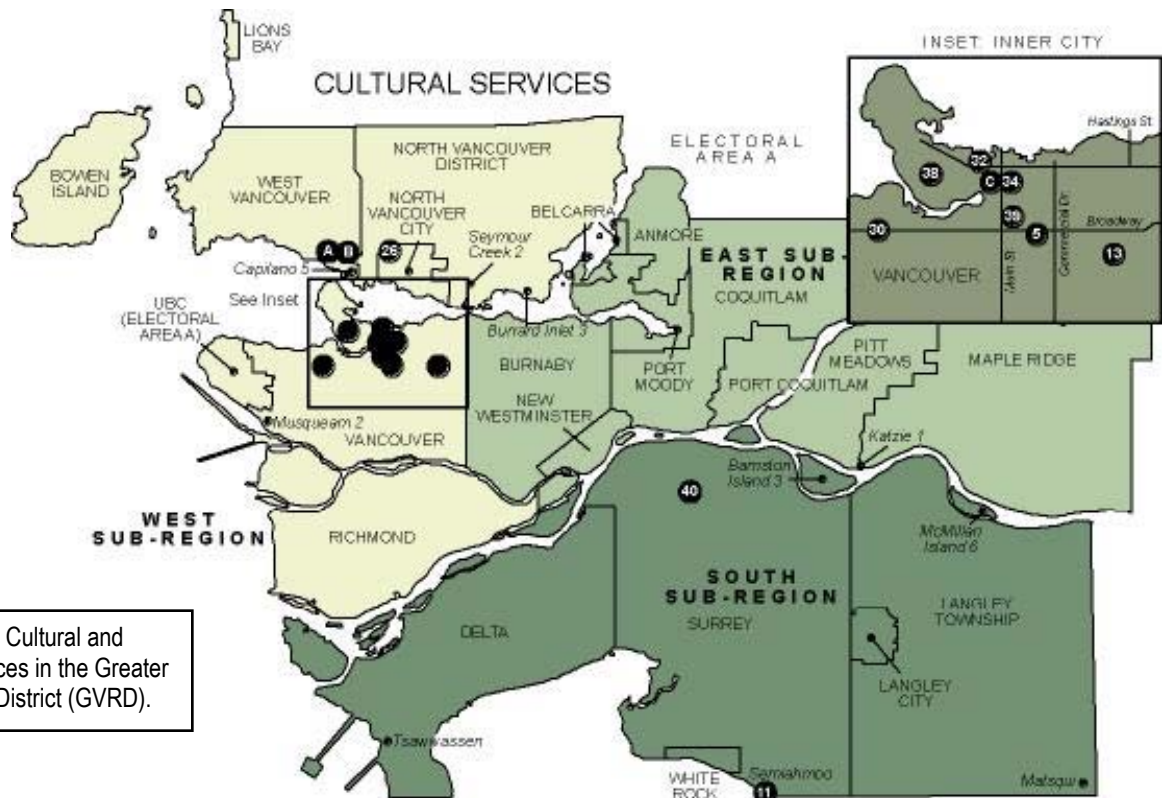


Figure 9.7: Aboriginal Cultural and Family Support Services in the Greater Vancouver Regional District (GVRD).

New Projects: October 2002 – August 2003

The purpose of examining new projects is to assess how funding allocation has been directed. Doing this, the research team may identify which clusters have received the most attention and whether there are regional trends in funding levels. Only projects that were approved are examined.

Proposals in response to the Lu'ma Native Housing Expression of Interest are examined in this section. This document assesses the projects EOI #2 and EOI #3 based on the following guidelines:

- The level of funding according to region:
 - How much money has been spent in what regions?
- The distribution of projects according to region:
 - What projects have been initiated in what regions?
- The distribution of funding applied to the 16 clusters:
 - Which clusters have received the highest and lowest levels of funding?

During the period between October 1, 2002 and August 30, 2003, more than \$2.5 million was allocated to 10 Aboriginal homelessness projects in the GVRD. For more information about these projects and results to date, contact Lu'Ma Native Housing.

Regional Funding

Each sub-region was allocated a level of funding during the specified time period. The West sub-region received the largest share, with approximately 51% of the funding. The South sub-region was allocated approximately 43% of the funding, with 84% being allocated to a single large capital project with the Surrey Aboriginal Cultural Society. The East sub-region received the smallest allocation, with 6% of the funding going to that region. Examining regional distribution of funding for Aboriginal homelessness projects provides value to addressing the homelessness issue on a truly regional scale.

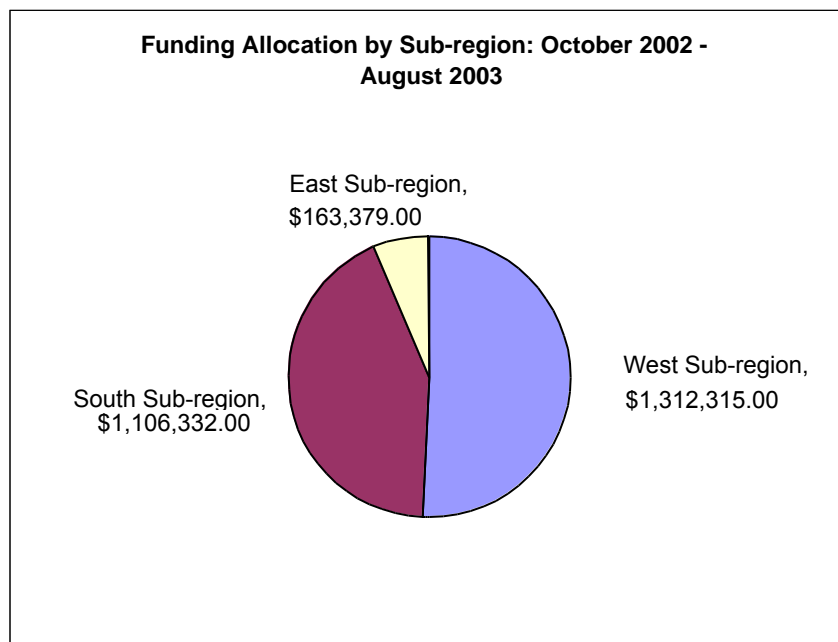


Figure 9.8: Funding Levels by Sub-region – October 2002 – August 2003

Level of Funding by Cluster

This particular assessment helps to identify which clusters have received the most attention. Most service providers and relevant organizations provide programs and services that apply to numerous clusters in the continuum of care. While it is impossible to accurately dissect a project and assess how much money within its budget was allocated to a particular cluster, the research team has compiled the following findings:

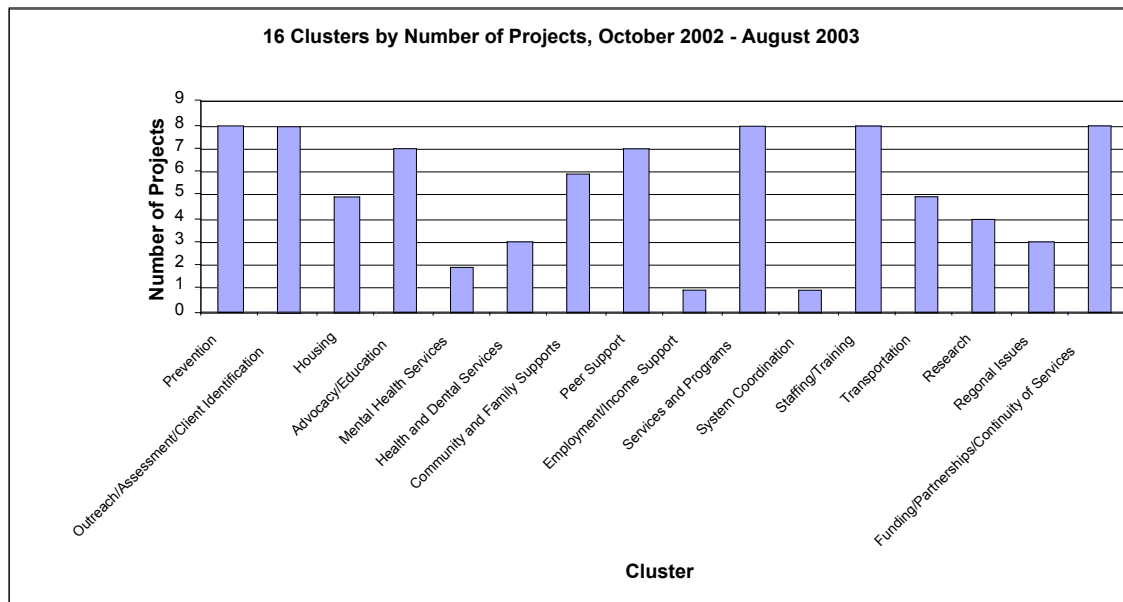


Figure 9.9: 16 Clusters by Number of Projects, October 2002 – August 2003

Project Details

The projects listed in Table 9.1 are Aboriginal homelessness projects funded through SCPI between October 2002 and August 2003. The projects listed below address the 16 clusters of the Aboriginal Continuum of Care. Most of these projects also contain a list of outcomes that occurred during the funding period. Those projects that do not list outcomes were capital projects and the outcomes are included in the description of the project. The information listed in Table 9.1 is available courtesy of Lu'ma Native Housing

TABLE 9.1: ABORIGINAL HOMELESSNESS PROJECTS IN GREATER VANCOUVER , OCTOBER 2002 – AUGUST 2003

Aboriginal Mother Centre		West Sub-region	
Project Name	Funding Period	Total Contract Value	
Capital Project	February 10, 2003 – August 29, 2003	\$220,000.00	
Aboriginal Continuum of Care Clusters		Outcomes	
<ul style="list-style-type: none"> Prevention Outreach, Assessment, Client Identification Advocacy and Education Family and Community support Peer Support Services and Programs Employment/Income Staffing/Training Transportation Regional Issues 		<ul style="list-style-type: none"> No. of clients served per year: 650 No. of interventions over the contract period: 31,680 Staff positions created: <ul style="list-style-type: none"> Full-time Counselor Homelessness Coordinator Outreach Worker Food Service Coordinator Cook 	
Description			
The project addresses the priorities established as set out in the "Aboriginal Homelessness Planning in the GVRD 2001/2002" by creating a continuum of services for Aboriginal homeless mothers, children and their families, by allowing better accessibility to more people and feeding homeless Aboriginal people. The recipient shall assist homeless Aboriginal women to: <ul style="list-style-type: none"> Develop their employment readiness skills and secure continued employment within the labor market; with work experience, counseling and life skills Gain work experience, counseling, life skills development, and labor market readiness Allow Aboriginal women to succeed in self-employment 			

Arrows to Freedom Cultural Healing Society		East Sub-region
Project Name	Funding Period	Total Contract Value
Arrow's Homelessness Project	October 21, 2003 – August 29, 2003	\$163,379.00
Aboriginal Continuum of Care Clusters		Outcomes
<ul style="list-style-type: none"> • Prevention • Outreach/Assessment/Client Identification • Housing • Advocacy/Education • Mental Health Services • Health and Dental Services • Community and Family Supports • Peer Support • Services and Programs • System Coordination • Staffing/Training • Transportation • Funding/Partnerships/Continuity of Services 		<ul style="list-style-type: none"> • 1st Q – Oct – Dec/03 N/A • 2nd Q – 02 Jan- Mar/03 <ul style="list-style-type: none"> ○ Section 3: Support facility ○ Other – housing outreach services ○ Combined food depot/bank & clothes/furniture depot/bank ○ Combined drop-in center and soup kitchen ○ Section 4: Provision of support services ○ No. of different clients served: 10 ○ Section 6: Public awareness activities ○ Other – housing outreach services ○ Combined food depot/bank & clothes/furniture depot/bank (FORMATTING OF BULLETS) • Combined Drop In Center and Soup Kitchen • Housing/Housing Support • Material/Food/Clothes/Hygiene • Health Promotion
Description		
<p>Provide a meal and share information to facilitate opportunities to Aboriginal homeless youth to make connections necessary to meet their basic and secondary needs. Project provides a continuum of supports such as referrals to other agencies, workshops, access to transportation for dental, mental health and doctor's appointments.</p> <ol style="list-style-type: none"> 1. Promote a continuum of supports to reduce homelessness 2. Bring community services providers together to develop plans that address common needs 3. Address homelessness issues at a community level by promoting the development of collaboration and broad-based partnerships among all stakeholders such as the private/non-profit/voluntary sectors, labor organizations and all levels of government 4. Develop a base of knowledge, expertise and data about homelessness and share with stakeholders and the general public 5. Design and implement services to alleviate the needs of homeless and relative homeless 6. Provide advocacy and education about Aboriginal homelessness 		

Circle of Eagles Lodge Society		West Sub-region
Project Name	Funding Period	Total Contract Value
Anderson Lodge Renovations	February 10, 2003 – July 30, 2003	\$209,000.00
Aboriginal Continuum of Care Clusters		Outcomes
<ul style="list-style-type: none"> • Capital Project – clusters do not apply 		<ul style="list-style-type: none"> • Renovations to Anderson Lodge
Description		
<p>The project addresses the priorities established as set out in the "Aboriginal Homelessness Planning in the GVRD 2001/2002" by renovating and upgrading Anderson Lodge. Anderson Lodge provides a barrier-free shelter for Aboriginal women in the correctional system and also for homeless Aboriginal women living on the street. Renovations of Anderson Lodge Women's Shelter will entail upgrades and repairs to improve the livability to the facilities and to repair the gutters, soffits, foundation and landscaping.</p>		



Circle of Eagles Lodge Society		West Sub-region
Project Name	Funding Period	Total Contract Value
Bannock on the Run	November 11, 2002 – August 30, 2003	\$88,800.00
Aboriginal Continuum of Care Clusters		Outcomes
<ul style="list-style-type: none"> • Prevention • Advocacy/Education Services • Community and Family Support • Peer Support • Research • Funding/Partnership/Continuity of Services *Project of EO1 #3 		1st Q – Jan – Mar/03 <ul style="list-style-type: none"> • Mobility facility/ food service for the homeless (1500 served, 150 turned away) • 12 homeless youth in hostel 2nd Q – April – June/03 <ul style="list-style-type: none"> • 759 people served (June alone) • 424 people served (May alone) • 503 people served (April) • 1,686 Totaling • Mobile Facility / Food Service homeless (1600 served, 140 turned away) 3rd Q – July – Sept/03 4th Q – Oct – Dec/02 <ul style="list-style-type: none"> • Mobile facility (1500 people served, had to turn away 150) • 12 youth in the lodge
Description		
<p>Project to be implemented by residents of the Young Eagles Lodge, and will address the immediate nutritional needs of homeless Aboriginal individuals in the Downtown Eastside (DTES) by providing hot nutritious meals twice a month. The Project will act as an interactive educational awareness initiative for "Young Eagles" by safely exposing young residents to the harsh social conditions of the DTES; and will proactively alleviate hardships of homeless Aboriginal individuals. The Project will also distribute dental/hygiene packs concurrent with the food service program.</p> <ol style="list-style-type: none"> 1. Prepare, deliver and hand out hot nutritious meals to the homeless in the DTES. 2. Assist the homeless people for the change of weather. 3. Deliver a 16-week educational program that embraces the topics and issues around homelessness. 4. Demonstrate the importance of participating in the community. 5. Involve the youth in planning and publishing a book (Aboriginal Homelessness Through the Eyes of Aboriginal Youth). 		

Cwenengitel Aboriginal Society		South Sub-region
Project Name	Funding Period	Total Contract Value
Cwenengitel Support Services	October 15, 2002 – July 30, 2003	\$176,201.00
Aboriginal Continuum of Care Clusters		Outcomes
<ul style="list-style-type: none"> • Prevention • Outreach/Assessment/client Identification • Housing • Advocacy/Education • Health and Dental Services • Peer Support • Services and Programs • Staffing/Training • Transportation • Funding/Partnerships/Continuity of Services 		<p>1st Q – Jan- Mar/03</p> <ul style="list-style-type: none"> • March medicine Circles (96 people) • Sweats (68 people) • Outreach for youth month of march (153 people) • Bread Run (733 people)March • Workshop (30 people) <p>2nd Q – April –June/03</p> <ul style="list-style-type: none"> • April Medicine Circles (170 people) • Sweat lodge (32 people) • Bread Run (625 people) • Outreach(600 people) • May Medicine Circle (202 people) • Sweat lodge (309 people) • Bread Run (3030 people) • Juice Run (1644 people) • Youth Outreach (2125 people) • Drum workshop (102 people) • Rattle workshop (70 people) • Anger management workshop (110 people) • Other out reach (423 people) • Cooking workshops (40 people) • Other Support (16 people) (Court , Probation, Social Services) <p>3rd Q – July – Sept/03</p> <p>4th Q – Oct – Dec/03</p> <ul style="list-style-type: none"> • Oct/02 – Feb / 03“Old Hands” sweat attendance 211 people • Dry Dog Medicine Circle (382 people) • Bread Run (2,065 people) • Juice Run(1,600 people) • Outreach to youth (396 people) • Section 2 Shelter Facilities • Section 3 Support facilities • Legal support 2 people for May (Court) • Section 4 Provision of support Services • No. of people helped (463 Aboriginal people)
Description		
<p>Provide a support house for six Aboriginal homeless men. Residents and spouses shall be serviced with a continuum of supports including emergency crisis, culturally appropriate workshops and life skills. The recipient operates seven days a week, 24 hours a day and provides three meals a day to the residents</p> <ol style="list-style-type: none"> 1. Ensure the financial stability of the Recipient facilities. 2. Enhance the existing level of basic services through the addition of an experienced Aboriginal Counselor. 3. Enhance the existing services through the provision of a spiritual healer, who conducts traditional healing programs. 4. To raise awareness about Aboriginal homelessness to other service organizations 		



Helping Spirit Lodge Society		West Sub-region
Project Name	Funding Period	Total Contract Value
Mental Health Behavioral Support	November 18, 2002-July 30, 2003	\$96,476.00
Aboriginal Continuum of Care Clusters		Outcomes
<ul style="list-style-type: none"> • Prevention • Outreach/Assessment/Client Identification • Housing • Advocacy/Education Services • Mental Health Services • Health and Dental Services • Community and Family Supports • Peer Support • Services and Programs • Staffing/Training • Transportation • Funding/Partnerships/Continuity of Services * EOI # 3 project		<ul style="list-style-type: none"> • 1St Q Oct-Dec/02 • 2nd Q Jan-Mar/03 • Section 3 Support facilities • Drop in center, Combined Drop-In Centre and • Section 4 Provision of Support Services, Psycho-Social Support, Health, Education life skills, • Parenting skills • Section 5 Capacity building, Direct delivery of training, 20 training activities and 10 Other type of Support • No. of people helped 60
Description		
<p>Project will provide long awaited and much needed services of a Behavioral Therapist to Aboriginal Women and Children in residence at "Spirit Way - Second Stage Housing". Professional service will enhance the continuum of support services for the Women and their Children whom have made the courageous step of fleeing abusive relationships. A particular emphasis will be placed upon the children in residence that have been assessed as being in most need of the services.</p> <ol style="list-style-type: none"> 1. To provide the services of a "Behavioral Therapist" to enhance the "continuum of support services" for Aboriginal Women and Children in residence at "Spirit Way - Second Stage Housing" with the priority being the children. 2. To re-educate families in non-violent behaviors using methods based on mainstream and traditional Aboriginal teachings. 3. To enhance Spirit Way's existing holistic healing programs that will serve as a model for other programs in the community. 4. To provide a "Safe Home" for homeless Aboriginal Women and their Children. 		

Native Courtworker & Counseling Association of BC		West Sub-region
Project Name	Funding Period	Total Contract Value
Vancouver Aboriginal Transformative Justice Services	October 1, 2002 – July 30, 2003	\$132,105.00
Aboriginal Continuum of Care Clusters		Outcomes
<ul style="list-style-type: none"> • Out reach/Assessment/Client Identification • Advocacy/Education Services • Community and Family Supports • Services and Programs • Staffing/Training • Research • Regional Issues • Funding/Partnerships/Continuity of Services 		<ul style="list-style-type: none"> • 1st Q Oct – Dec/02 • 2nd Q Jan – Mar 31/03 • Provision of support Services • Capacity Building • Public Awareness • No of People helped 25
Description		
<p>Ensuring long-term provision of a restorative justice program that effectively addresses the unique needs of Aboriginal people who break the law, with particular attention and concern for victims and the well being of the Vancouver Community at large. The Program embraces traditional native justice concepts, which focus on rehabilitation and healing rather than isolation and punishment.</p> <ol style="list-style-type: none"> 1. Provide Aboriginal individuals experiencing homelessness or at risk of becoming homeless and in conflict with the law with culturally appropriate services to identify root causes of wrongful actions and toward making amends to victims through the development of wellness and healing plans. 2. Expand existing database to capture additional Aboriginal homelessness related information. 3. Involve Aboriginal organizations; Elders; Women and Youth in all aspects of programming to enable input on spiritual and cultural matters. 4. Develop processes that promote self-determination for urban Aboriginal homeless individuals. 5. Provide effective justice services for urban Aboriginals including those experiencing homelessness through the provision of outreach, client assessment, and referrals. 6. Reduce the rate of incarceration and recidivism of urban Aboriginal individuals through active participation and successful completion of wellness and healing plans. 7. Reintegrate victims in community life through active participation and successful completion of wellness and healing plans. 8. Reintegrate Aboriginal people who come into conflict with the law into community life. 9. Establish referral agreements with Regional Crown Counsel to expand the geographic referral-base to include the Inner Region; Northeast Sector; Ridge/Meadows; North Shore and South Fraser. 		



Surrey Aboriginal Cultural Society		South Sub-region
Project Name	Funding Period	Total Contract Value
Capital Project	October 10, 2002 – July 30, 2003	\$930,131.00
Aboriginal Continuum of Care Clusters		Outcomes
<ul style="list-style-type: none"> • Prevention • Outreach, Assessment, Client Identification • Advocacy Education • Family and Community supports • Peer Support • Services and Programs • Staffing/Training • Transportation • Regional Issues • Funding/Partnerships/Continuity of Services 		<ul style="list-style-type: none"> • N/A
Description		
<p>The project will purchase and renovate a community centre building as a permanent investment for the Aboriginal community that provides a continuum of supports approach to the provision of programs and services directed toward homeless Aboriginal youth and those Aboriginal Youth at risk of becoming homeless, in the South Fraser region.</p> <p>The building is situated at: Civil address: 13629 108th Avenue Surrey Legal address: PID 008-459-576 Lot 1 Section 14 Block 5 North Range 2 West, Plan 75602</p> <p>The Project will:</p> <ul style="list-style-type: none"> • Enhance the existing community centre drop in program by extending services and hours of operation • Provide culturally appropriate outreach and housing support services. • Provide a community kitchen meal service for homeless Aboriginal youth • Provide facilities where homeless Aboriginal youth may shower and wash clothes • Provide supports to youth with a clothing exchange and free store <p>Project Objectives:</p> <ul style="list-style-type: none"> • Purchase and renovate a building • Staff the centre with a housing referral worker and a drop in centre coordinator • Provide food and enhanced services (detailed below) <p>The recipient along with its partners Aboriginal Healing Foundation, Arrows to Freedom Cultural Healing Society, Children and Family Aboriginal Support-Ministry of Children and Family Development, First Nations Urban Community Society, Keginow Native Housing Society, Métis Family Services, Sto:lo AHRDA, Department of Canadian Heritage – Urban Multi-purpose Aboriginal Youth Centres, and Vancouver Aboriginal Child and Family Services, will offer activities at the Centre, incorporating Aboriginal culture, where issues can be dealt with from an Aboriginal perspective. With Aboriginal culture and tradition as an over arching theme the services will:</p> <ul style="list-style-type: none"> • Provide a meeting place where Aboriginal people can share culture; • Deliver services that promote a healthy lifestyle ; • Deliver services which promote effective skills development for children and youth where the immediate family can interact and participate; • Provide social and recreational opportunities; • Promote Aboriginal community identity and contribution; and • Develop education, training and employment opportunities for youth. 		

Urban Native Youth Association		West Sub-region
Project Name	Funding Period	Total Contract Value
Recovery House for Young Aboriginal Women	January 20, 2003 – August 30, 2003	\$186,064.00
Aboriginal Continuum of Care Clusters		Outcomes
<ul style="list-style-type: none"> • Prevention • Outreach/Assessment/Client Identification • Housing • Peer Support • Services and Programs • Staffing/Training • Research • Funding/Partnerships/Continuity of Services 		<ul style="list-style-type: none"> • N/A
Description		
<p>The Recovery House for Young Aboriginal Women aged 17 to 24 years will provide a continuum of supports approach to reducing and alleviating hardships experienced by homeless Aboriginal youth, through networking partnerships with Aboriginal and non-Aboriginal community service providers. The Project will provide supportive, long-term residential care to access programs and services directed toward stabilizing their lives; toward regaining custody of their children and ultimately to make the transition to independent living.</p> <ul style="list-style-type: none"> • To establish and maintain operations of a Recovery House for Young Aboriginal Women aged 17 to 24 years at 626 East 59th Avenue, Vancouver, BC • To assist young Aboriginal Women experiencing a condition of homelessness with a residential care facility as the first step toward exiting street-life. • To assist young Aboriginal Women experiencing a condition of homelessness stabilize their lives through supportive programming and services directed toward abstinence from alcohol and drugs; self-abuse; prostitution; violence; theft and gambling. • To assist young Aboriginal Women experiencing a condition of homelessness build healthy self-esteem and learn essential life-coping skills. • To assist young Aboriginal Women experiencing a condition of homelessness improve basic living skills with an emphasis on nutrition, personal hygiene, medical/dental care, budgeting, shopping, and interpersonal communication. • To assist young Aboriginal Women experiencing a condition of homelessness acquire skills necessary to pursue education or seek employment. • To assist young Aboriginal Women make the transition to independent living into decent stable housing with strong social and familial and community supports. 		



Urban Native Youth Association		West Sub-region
Project Name	Funding Period	Total Contract Value
Emergency Youth Hostel Project	October 10, 2002 – August 30, 2003	\$379,870.00
Aboriginal Continuum of Care Clusters	Outcomes	
<ul style="list-style-type: none"> • Prevention • Outreach/Assessment/Client Identification • Housing • Peer Support • Services and Programs • Staffing/Training • Research • Funding/Partnerships/Continuity of Services 	<ul style="list-style-type: none"> • N/A 	
Description		
<p>The Emergency Youth Hostel Project will undertake activities directed at a continuum of supports approach to alleviating hardships of homeless Aboriginal Youth through the provision of emergency shelter complemented by life-stabilizing services and programming. As an integral part of providing outreach, assessment and client identification, statistical and client profiles will be generated. Should the client return; the Project will have retained a client profile and efforts can be made to provide continuity of services to meet individual client needs.</p> <ol style="list-style-type: none"> 1. To maintain operations of a 10 bed Emergency Youth Hostel at Covenant House, 326 West Pender Street, Vancouver, BC 2. To assist Aboriginal youth experiencing a condition of homelessness with emergency shelter as the first step toward exiting street-life. 3. Provide homeless Aboriginal Youth not temporarily housed, with immediate relief from the hardships of homelessness through the provision of "Cold-wet-weather" gear. 4. To assist homeless Aboriginal Youth stabilize their lives; secure housing options; connect short-stay residents with community-based resources to make the transition to independent living through one-on-one client assessment/referrals, and will be based on individual client needs. 5. To provide Aboriginal Youth temporarily housed, with information; assessment/referrals to community-based services and programming to promote and facilitate their transition to independent living. 6. To maintain the pursuit of potential funding partners to sustain Emergency Youth Hostel operations in order to demonstrate sustainability. 		

I do have one success story. One time, while dumpster diving, I came across a leather office chair. I was so impressed with the result that I rolled the chair from the West End all the way to the Eastside. Now I not only have a bed in my room but a leather chair. It is a sweet setup in the eyes of the Balmoral residents.



10. GAP ANALYSIS

The Aboriginal Continuum of Care is comprised of 16 clusters. These clusters are based on best practices that have been employed all over the world specifically to alleviate homelessness. In the *2001 Aboriginal Homelessness Study*, these clusters were identified and ratified by the Aboriginal Homelessness Steering Committee (AHSC).

This section focuses on the 16 clusters of the Aboriginal Continuum of Care that became the gaps in the *2001 Aboriginal Homelessness Report*.

1. Prevention
2. Outreach/Assessment/Client Identification
3. Housing
4. Advocacy/Education
5. Mental Health Services
6. Health and Dental Services
7. Community and Family Supports
8. Peer Support
9. Employment/Income Support
10. Services and Programs
11. System Coordination
12. Staffing/Training
13. Transportation
14. Research
15. Regional Issues
16. Funding/Partnerships/Continuity of Services



During the consultation sessions for the 2003 study, all 16 of these clusters were once again identified as important areas that still need attention. Both service providers and the Aboriginal Homelessness Steering Committee (AHSC) felt all of these clusters, as gaps, had only been partially filled at best and most were not filled at all.

Gap Analysis Based on the 16 Clusters

Feedback from clients, service providers, the AHSC and others who participated in the targeted interviews is compiled in this section in the appropriate cluster. Quantitative results, such as statistics and cross-tabulations, can be found in Appendix VII.

Cluster 1: Prevention

Prevention encompasses any initiative, program or service that proactively addresses issues that often leads to homelessness. Prevention initiatives often involve activities that are addressed in the other 15 clusters. Some examples of preventative initiatives are listed below:

- Helping people/families in financial difficulty
- Rent assistance
- Addressing family breakdown
- Early intervention
- Access to housing
- Preventing and treating substance abuse/misuse
- Preventing child abuse and neglect
- Building community capacity to be in charge of its own solutions (Pranteau, 2001)

A continuum of care is a model where an individual's needs are assessed and the necessary resources and/or services are employed to best help that individual. This model is defined as a continuum because it requires a co-ordinated effort on behalf of many individuals and organizations in order to move people from a current state (in this case, homelessness) to a state of independence and self-sufficiency. (SIIT, 2000)

It is widely believed that prevention initiatives are more cost-effective in the long-term than other, more reactive, initiatives because they prevent people from needing to access the reactive services (Pranteau, 2001).

2003 Consultation Findings

- Service providers and the AHSC felt parent-teen mediation programs and the expansion of outreach services for Aboriginal people have been effective to a certain degree
- Both the AHSC and service providers indicated that there are still many gaps to be filled
- The AHSC and service providers believe preventive initiatives tend to be ignored when funding levels become tight
- Some service providers felt preventive initiatives are difficult to implement given that many homeless people do not try to access their services until it becomes a necessity—when they are already homeless
- Participants cited a clear need for more referral programs in order to facilitate service providers to deliver the necessary services in a co-ordinated manner

Cluster 2: Outreach/Assessment/Client Identification

Outreach services are defined as those programs focused on identifying Aboriginal homeless and at-risk people who are not using the available services. These programs aim to establish rapport between the outreach workers and the homeless or at-risk person and eventually engaging the individual in services they need.

There are two types of outreach services:

1. Fixed-site – these services are based in a particular location and serve the surrounding community.
2. Mobile – those services which can move around the region for the purposes of identifying potential clients that may not have access to a fixed site service.

2003 Consultation Findings

Outreach workers are often the first-line of contact that an organization has with homeless individuals. The outreach workers consulted in this study believe their programs are the first step towards the prevention and alleviation of homelessness, therefore appropriate services need to be situated in locations easily accessible by existing and potential clients. The consultation sessions produced the following qualitative findings:

- Just over half of all clients who participated in the kitchen table sessions reported some degree of contact with an outreach worker in the past year, suggesting a slim majority of Aboriginal homeless or at-risk individuals have access to the outreach/assessment/identification cluster in the Aboriginal Continuum of Care
- Many service providers and the Aboriginal Homelessness Steering Committee (AHSC) cite a strong need to identify and deliver services to Aboriginal youth before the situation deteriorates to a point where assistance becomes difficult
- Service providers expressed frustration with their inability to reach all potential clients due to “couch surfing” – staying with family or friends when they are without a home, the individuals do not consider themselves “homeless” – common in the Aboriginal community, preventing contact with outreach workers or the identification of underlying problems
- Service providers stressed a need for more and better assessment of clients to identify those factors that require special treatment, such as mental illness, HIV/AIDS, physical disabilities and drug and alcohol addiction

Cluster 3: Housing

While it is obvious that a lack of shelter can inflict a variety of negative physical and mental effects creating numerous health problems (see Cluster 6: Health and Dental Services), there is also a risk of severing the link between an individual and his or her community. Without a strong connection to one’s community, an individual’s capacity to actively participate in that community and access available services is drastically reduced (Hamilton Executive Director’s Aboriginal Coalition, 2001).

There are two main approaches to the housing issue relevant to homelessness in the Greater Vancouver Regional District (GVRD): (1) Affordable housing (proactive) and; (2) The continuum of housing (reactive).

1. *Affordable housing* is considered a proactive approach to addressing homelessness because it is a preventive measure that allows people with lower incomes to continue to live independently with minimal reliance on outside assistance. Preventive approaches to housing are also cost-effective, creating opportunities to use money and resources in other forms of housing and/or social services. For example, St. Paul’s Hospital reports a nightly cost of \$800 - \$1000 for patients they do not discharge because they have no place to go.



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2003 Consultation Findings

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- The following population groups were identified as at-risk individuals lacking appropriate housing assistance:
 - Women not fleeing abuse
 - Single fathers and mothers
 - Youth
 - Youth fleeing abuse
 - Elders
 - Women fleeing abuse
 - Mentally ill
 - Drug/alcohol addicts

Cluster 4: Advocacy / Education

Advocacy and education can involve many different types of initiatives, including:

- *Community education* – raising awareness of and educating the community about the issues, such as mental illness, HIV/AIDS or housing, facing Aboriginal people who are homeless or at-risk of becoming homeless
- *Education for the at-risk population* – education for at-risk Aboriginal people on a variety of issues including teenage pregnancy, access to programs and drug abuse; according to the BC Aboriginal HIV/AIDS Task Force, education about HIV/AIDS is of utmost importance because Aboriginal youth are far more susceptible to infection than non-Aboriginal youth (1999)
- *Advocacy for capacity building in the community* – various levels of advocacy including direct support for families who open their homes to homeless people and securing resources for more homelessness initiatives

2003 Consultation Findings

- The AHSC and service providers felt this service gap has been partially filled with modest education campaigns
- Service providers indicated a need for stay-in-school initiatives for youth because lack of education is a major cause of homelessness and difficult to overcome
- AHSC members and service providers expressed a desire for education programs addressing teenage pregnancy, as well as, programs for young women who have become pregnant
- Service providers feel they are so overburdened with delivering immediate services that they lack time and staff to advance advocacy and education initiatives

Cluster 5: Mental Health Services

According to the *2001 Aboriginal Homelessness Study*, mental health issues disproportionately affect the Aboriginal community. Participants in the 2001 study felt that this was often due to discrimination. Many Aboriginal people who have mental health conditions are misdiagnosed as, and categorized with, substance abusers and therefore are not provided with the appropriate treatment. As a result, many Aboriginal people with mental illness suffer long-term emotional damage, which can contribute to homelessness. In addition, Aboriginal people also face inter-generational trauma attributed to residential schools and generations of deterioration in the family structure. This community is also at a higher risk of HIV/AIDS; mental health problems have been shown to lead to a higher rate of HIV/AIDS infection (BC Aboriginal HIV/AIDS Task Force, 1999).

The downsizing of mental health treatment centres in the late 1980s and early 1990s has resulted in a larger number of people with mental health problems being forced into the streets without proper treatment or support. Service providers have attempted to properly assist these individuals but lack adequate resources.



2003 Consultation Findings

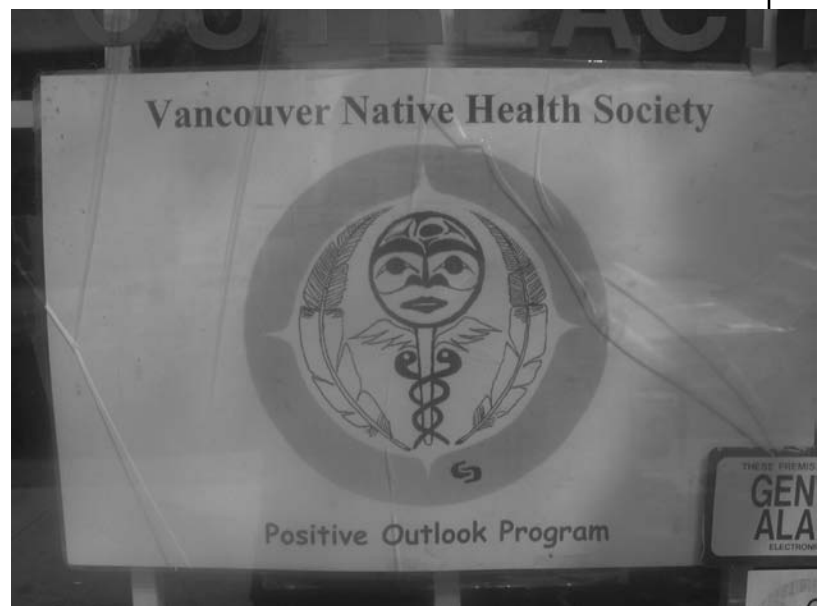
- Participants felt that a particular strength within the Aboriginal community is found in the way it provides informal support networks to members who are suffering from mental health problems
- Respondents believe improvements have been made to address mental health issues in the Aboriginal community over the past three years. These improvements include:
 - A greater number of advocacy services related to mental health are available
 - Information services for people with mental health problems help direct them to appropriate services
 - The dual-diagnosis of drug and alcohol treatment with mental health services
- During kitchen table sessions, Aboriginal homeless participants indicated mental health services are among the highest priorities in alleviating homelessness
- AHSC members felt that funding cuts for services are especially hurtful to members of the Aboriginal community who have special needs and/or mental health problems
- In situations with a dual-diagnosis client, participants and the AHSC emphasize the need to avoid dealing with only one condition. Participants felt that, in general, more emphasis needs to be placed on dual-diagnosis clients

Cluster 6: Health and Dental Services

One of the most serious consequences of homelessness is the impact on the physical and dental health of those who are homeless or at-risk of homelessness. Aboriginal homeless people face greater barriers to accessing health care services, which can turn an otherwise easily treatable illness or injury to a very serious medical problem (Pranteau, 2001). First Nations Health Benefits can provide for many health services but these benefits are difficult to access and are available only to Status Indians.

1. *Physical health* - The Vancouver/Richmond Health Board conducted a literature review on the correlation between health and the lack of adequate housing. It found that homeless persons are at a much greater risk for infectious disease, premature death, acute illness, suicide, mental health and alcohol and drug problems than the general population. The findings also indicate that homeless individuals are also more likely inflicted with the following health problems (Pranteau, 2001):

- Seizures
- Chronic obstructive pulmonary disease
- Arthritis and other musculoskeletal disorders
- Hypertension
- Diabetes and anemia, inadequately controlled and often undetected for long periods of time
- Respiratory tract infections
- Skin and foot problems
- Impetigo
- Scabies
- Body lice
- Tuberculosis



Vancouver Native Health Society Sign

- HIV infection
- Sexually transmitted diseases
- Violence related injuries
- Overdose of drugs and alcohol
- Unintentional injuries often the result of falls or being struck by motor vehicles

2. *Dental health* - Due to limited access to basic dental care – even toothbrushes and toothpaste – dental health can become a very serious problem for Aboriginal homeless people. Poor dental health can lead to nutritional deficiencies and self-esteem issues. (Pranteau, 2001)

According to McMurray, Gelburg and Breakey (1998), quality dental care for homeless people is composed of six main elements:

- Prevention: dental hygiene, education, free toothbrushes, toothpaste, and floss
- Assessment: exams and screening
- Emergency care: emergency extractions, treatment of infection
- Restorative care: fillings, root canals, crown and bridge work
- Prosthetics: dentures and partials
- Oral surgery: for more complex cases that require a specialist

2003 Consultation Findings

- Service providers reported that some health and dental gaps had been filled in the last few years but that there is still a need for more services
- During the kitchen table sessions, 75% of homeless participants reported they had received health care services in the past year; only 53% of the same group said they had received dental service in the same timeframe
- AHSC members and service providers noted that preventive dental care for homeless people is much more cost-effective in the long-run because much of the extreme surgery involved with delayed treatment is far more costly

Cluster 7: Community and Family Supports

Community and family are essential for the development of stronger, informal support systems in the Aboriginal community. Not surprisingly, those with healthy families and informal community support networks have a greater capacity to take care of themselves in an independent way.

There are two components to this cluster:

1. *Community supports* – the need for urban Aboriginal people to retain some contact with communities of origin as well as extended families.
2. *Family supports* – the need for Aboriginal people to support other members of their families as well as supports for those families to allow them to continue to care for their family members.

2003 Consultation Findings

- Members of the AHSC who participated in the study feel Aboriginal people traditionally care for their families very well and have strong family networks. This value, they believe, has helped to fill some gaps left by formal support systems



- Drop-in centres were cited as the most helpful service to homeless people by clients during the consultation sessions. Respondents believe that in ways similar to their own Aboriginal communities, drop-in centres provide a place for them to access everything from social networking to meals to cultural events and access to others with similar life experiences, alleviating the sense of isolation
- Aboriginal youth and women respondents overwhelmingly cited family breakdown as the largest cause of their homelessness; this breakdown can be attributed to generations of abuse at residential schools and increasing financial difficulties resulting in a serious erosion of the capacity for many Aboriginal families to care for their members
- Respondents indicated a need to develop more effective support services to families, including:
 - Financial supports
 - Emotional supports—more family counseling, residential school victim counseling
 - Cultural supports—reconnection with Aboriginal culture and family practices
- Both service providers and participants in the targeted interviews believe money needs to be earmarked specifically for cultural family healing programs
- Service providers and members of the AHSC indicated a lack of community support is a serious gap existing and recommended the development of repatriation assistance for urban Aboriginal people so they could reconnect with their communities of origin
- Acknowledging that many urban Aboriginal people identify their community of origin as the Vancouver area, participants recommended programs that allow people to visit land-based First Nations communities and learn about Aboriginal cultures
- Since drop-in centres were widely regarded as community support, participants identified a need to expand those services by adding:
 - More locations, especially in the South sub-region
 - Longer hours (24-hour service)
 - More staff on-site to support longer hours and to offer better support
 - Mechanisms to deal with different clientele types to make people feel more comfortable

Cluster 8: Peer Supports

One of the essential components of developing the capacity for an Aboriginal community to deal with homelessness is the development of substantial peer supports. The underlying premise is that a community can develop its own informal support services by strengthening and facilitating the development of friendships. Achieving this would lead to a greater understanding of homelessness issues and services by the community as a whole.

2003 Consultation Findings

- Participants felt that the gap in peer support has been partially filled, but that more actions need to be taken
- Drop-in centres have filled this need to a certain degree because they are a place to meet people and exchange information and ideas
- The lack of peer supports within the Aboriginal homeless community disproportionately affects youth; if family breakdown occurs, youth have few or no role models and support services to fall back on; drop-in centres need the capacity to encourage more peer support programs

Cluster 9: Employment and Income Supports

Rising rent in the Greater Vancouver Regional District (GVRD) is making it increasingly difficult for unemployed and/or low-income people to pay for housing. Aboriginal homeless people believe access to suitable employment and training opportunities, rather than simply money, would empower them to support themselves. Service providers who specialize in employment training and education play a special role in achieving this goal of self-sufficiency.

2003 Consultation Findings



Hotel in the Downtown Eastside

- Service providers and members of the AHSC felt the gap in employment and income support services had been somewhat filled
- Clients of Aboriginal homelessness services did not want to be given money by the government; they want to find work and earn a living
- An overwhelming number of clients indicated employment and training are the best ways for them to be self-sufficient and acquire housing
- Youth issues were a focus of discussions about employment support; a high rate of school drop-outs are considered at-risk of homelessness because their lack of education and training inhibit their ability to obtain adequate employment and income
- Some service providers and clients cited a need for new and innovative employment programs be provided for homeless people; for example, without a permanent address or any way to be contacted by potential employers, mainstream employment methods are ineffective
- During the consultations, service providers stated that recent cuts in government programs, have negatively affected both employment and income programs and therefore the people they are meant to help
- Service provider respondents also believe that while welfare and disability payments have never been enough to live on, the cuts have made it far more difficult for homeless or at-risk individuals in the Aboriginal community to get by; lack of a solution poses significant barriers to improve the ability of those individuals to enter the labour market



Cluster 10: Services and Programs

The participants felt that the ability for Aboriginal people to own and operate institutions which provide food, clothing, addiction treatment, in-home visits and cultural programming is essential to the alleviation and prevention of homelessness.

2003 Consultation Findings

- Drop-in centres were cited once again, as a service that is appreciated in the Aboriginal community and considered somewhat effective in filling the services and programs gap
- During the consultation sessions, respondents indicated there is still a gap in specialized services and programs serving Aboriginal homeless people; addiction treatment services and safe injection sites were frequently cited
- Service providers were particularly concerned with the absence of addiction treatment services and drug and alcohol treatment centres in the South sub-region

Cluster 11: System Coordination

Some Aboriginal homelessness studies have found that services are most effective when delivered in a coordinated manner; specifically, in an environment where the roles and responsibilities of service providers is clear and coordinated with funding sources, all levels of government and the private sector.

2003 Consultation Findings

- While service providers believe the AHSC has significantly improved their ability to network with other Aboriginal service providers and provided a forum to share ideas and coordinate service delivery
- The AHSC and service providers cited difficulty in making effective referrals in the client identification process; these respondents feel more networking needs to occur in order to effectively coordinate services

Cluster 12: Staffing/Training

Training for service providers must be specialized and culturally appropriate for the Aboriginal community. However, recruiting and retaining staff who meet both criteria is a significant challenge in the Greater Vancouver Regional District (GVRD). Specifically, agencies need to recruit, train and supervise staff to develop knowledge and skills in the following areas:

- Mental health
- Substance abuse
- Health
- Youth and families
- Engaging and developing trusting relationships with homeless clients
- Psychosocial assessments
- Individualized service planning
- Crisis intervention
- Suicide assessment and prevention
- A comprehensive knowledge of local services and resources

- Specific case management approaches and methods
- HIV/AIDS education and prevention
- Prevention of burnout

2003 Consultation Findings

- Participants felt the gap in staffing and training has been filled somewhat, mostly through the development of new programs to help staff gain appropriate and specialized skills
- The lack of funding to maintain and expand staff training programs, as well as low wages, is a key challenge identified during the consultation sessions
- More research needs to be conducted into addressing this priority

Cluster 13: Transportation

Lack of adequate transportation can negatively affect the number of services accessible to clients or their ability to obtain adequate employment. Most clients rely on public transportation, and services can be distant or difficult to access via transit.

2003 Consultation Findings

- Participants in the South Fraser region, Burnaby/New Westminster and Vancouver believe that cost is the most significant barrier affecting their access to public transportation; they believe the further they live from Vancouver, the more acute the effect of cost for public transportation
- Respondents cited as an example, a client is in Surrey needing a service available only in Vancouver and, therefore, must pay \$8.00 return fare each trip
- One possible solution raised during the workshop is to include free bus tickets with welfare cheques
- Undesirable pick-up and drop-off points along transit routes was also cited
- Respondents find it difficult to access appropriate transportation between locations offering necessary services; this opinion was particularly prevalent in Surrey where transit services is lower and service providers are more spread out in locations not easily accessible via the public transit system



Cluster 14: Research

Research examining Aboriginal homelessness can allow for better insight to the complex issues that surround the situation. During the course of this report, participants raised a number of important topics they feel needed more research.



2003 Consultation Findings

- Research regarding Aboriginal homelessness have mainly focused on health issues such as HIV/AIDS; service providers and the AHSC felt the gap has been partially filled, but much more research is needed in other areas
- Participants in all three levels of the consultation process strongly support more research into homelessness to better understand the various inter-related issues facing Aboriginal homeless people
- Clients who attended the kitchen table sessions who were faced with immediate problems, such as evictions and drug abuse, noted that they want to see more research done as a long-term solution to homelessness
- Participants from the AHSC felt that while some progress has been made to conduct proper research, there are still gaps, particularly in demographic and tracking studies, drug and alcohol research and family violence research
- Another important gap noted is the time available to perform necessary research; within the homeless population, knowledge of research initiatives is poor with nearly 80% of kitchen table participants reporting they had not been aware of any studies on homelessness issues conducted in the past three years

Cluster 15: Regional Issues

The Greater Vancouver Regional District (GVRD) is a large and diverse region in which each sub-region has its own unique set of issues related to homelessness. One unique aspect is the concentration of services for homeless people, both Aboriginal and non-Aboriginal, in central Vancouver, specifically the Downtown Eastside.

2003 Consultation Findings

- AHSC members and service providers believe the gap in addressing regional issues has been partially filled, with some resources being allocated to the South sub-region, especially Surrey
- Insufficient services available were cited in the East sub-region, particularly in Burnaby and New Westminster where only a few services are available to their communities; the South sub-region is still lacking many basic homelessness services
- For the Aboriginal population, homelessness services are difficult to access outside of Vancouver, even in rapidly developing areas like Surrey, where there is a significant Aboriginal population
- The lack of adequate services in sub-regions is forcing members from those communities to travel to the Downtown Eastside, something kitchen table participants made clear they did not want to do
- Clients also made it clear they want to be able to access services in their own communities
- AHSC members and service providers expressed a need to provide more appropriate services in areas where Aboriginal people live, by extension, where the causes of their homelessness are rooted

Cluster 16: Funding/Partnerships/Continuity of Services

Continuing to deliver programs that alleviate and prevent homelessness in the Aboriginal community requires a sustainable level of funding through partnerships with other organizations.

2003 Consultation Findings

- Respondents believe this gap has been partially filled, based on a few new partnerships developed in the past few years; an example is the recent collaboration with the Squamish First Nation to develop a safe house for Aboriginal people in the North Shore
- Respondents echoed sentiments originally communicated during the 2001 study that homelessness is not a short-term issue and funding must therefore speak to a long-term commitment; participants in both studies also indicated a desire to improve projects already in place
- Continued funding to maintain and expand projects through partnerships is necessary so that service providers and the Aboriginal community can continue to prevent and alleviate homelessness
- Participants feel the annual funding process currently in place often leaves many organizations short of adequate resources in the winter months, affecting the availability of services to clients when they need them the most
- The largest gap is in developing partnerships to maintain programs before SCPI funding expires on March 31, 2006; inability to establish these partnerships will result in a risk that services will be cut



Abandoned building on Hastings Street



I have something that I am not so proud of. About one year ago, I was so addicted to crystal meth that I resorted to prostitution. In my eyes, I would much rather have a 'normal' job but I had no other source of income. That is the bad thing about addictions – one will do anything for their next fix. I am lucky that I have not contracted the disease that is killing my sister.



11. PRIORITIES

Identifying service gaps is useful for evaluating the kinds of issues that have been addressed and those that need more attention and support. To put these findings into action, priorities need to be established so that a strategic plan for action can be created. Identifying priorities involves examining the overriding themes during the consultation sessions. There were two levels of priorities identified:

1. General Priorities: the classification of the 16 clusters by level of priority identified by the consultation participants
2. Immediate Specific Priorities: specific priorities that need immediate attention as identified by the consultation participants



Key Principles

During the consultation sessions, some very clear themes emerged surrounding the issue of Aboriginal homelessness. These themes are general statements not directly attributed to any cluster, gap, or priority, but instead are embedded in all clusters, gaps and priorities.

The Need to Deliver Services to Aboriginal People in their Own Communities

A common theme repeatedly identified at all levels of consultation was the need to expand support services to urban Aboriginal communities outside of Vancouver. The logic behind this action is that the Downtown Eastside in Vancouver is not the initial cause of homelessness – rather, the starting point occurs where people live. Homeless people often make the journey to the Downtown Eastside to access support services unavailable in their own communities. As a result, these clients become exposed to other problems associated with homelessness, which may not be as prevalent in other neighbourhoods, such as drug abuse and prostitution.

Participants in the study felt the support that Aboriginal people get in their communities was too important to lose and that formal support systems needed to be more geographically available.

According to the 2001 Census, there are three major urban Aboriginal neighbourhoods in Greater Vancouver:

1. Central Vancouver (Mt. Pleasant, the Downtown Eastside and East Hastings Corridor)
2. Edmonds Town Centre / New Westminster
3. Surrey City Centre

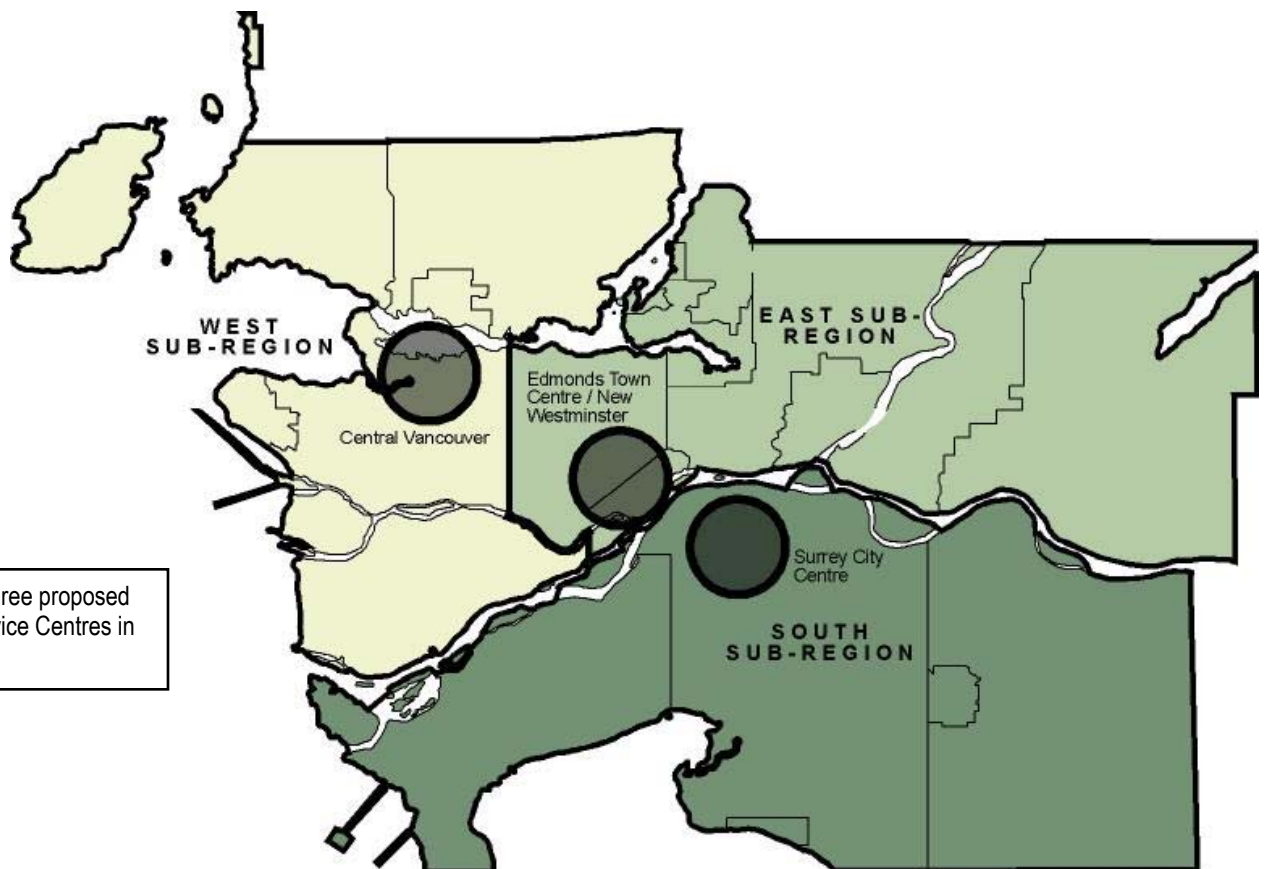


Figure 11.1: Three proposed Aboriginal Service Centres in the GVRD

It is important to identify these high-need areas to adequately distribute services for Aboriginal people.

Two of the three identified neighbourhoods (Edmonds Town Centre/New Westminster and Surrey City Centre) are currently lacking basic support services and are likely candidates for efforts to implement new programs and services. A common goal for service providers is to make all basic services available in these areas so that Aboriginal homeless and at-risk people can access support in their own communities and minimize travel to downtown Vancouver.

Given limited resources, services concentrated where there are the greatest number of Aboriginal people (in each sub-region) would be most effective. Central Vancouver would serve the West sub-region; Edmonds Town Centre/New Westminster would serve the East sub-region and Surrey City Centre the South sub-region. These centres would be more than just facilities to access services; they would be centres for the local community – a place to meet, give support, exchange ideas and engage in cultural activities.



The Deyas Youth Services Centre

There are numerous organizations in the Central Vancouver neighbourhood that act as centres for the community (for example, the Vancouver Aboriginal Friendship Centre), allowing clients in the area access to necessary services with minimal traveling. It would be beneficial to develop a similar capacity in the Edmonds Town Centre/New Westminster and Surrey City Centre neighbourhoods. Given limited resources, it is recommended that an appropriate process be implemented through a series of phases.

The first phase would focus on developing more services in Surrey City Centre with the goal of providing a full range of programs and services in that area. The second phase would see a similar development in the Edmonds Town Centre/New Westminster area. The third phase would involve efforts to continually strengthen both service centres, as well as, a re-evaluation of the distribution of Aboriginal population and effectiveness of services provided in those areas. The perceived result would see Aboriginal populations in those areas access services they need without having to travel outside their communities.

The BC Employment and Assistance Act

On April 2002, the BC Government initiated new policies on income assistance for all BC recipients and introduced the BC Employment and Assistance Act (BCEAA). The BCEAA incorporates a two-tiered system, temporary assistance and continuous assistance. Individuals who are temporarily assisted are competent and proficient in the workplace. They are assisted in loom of one day being completely self-reliant. Individuals who are continuously assisted are not capable to work. They may suffer from disabilities or Person with Persistent Multiple Barriers to Employment (PPMB), which may incorporate severe drug or alcohol addictions.



As these policies are initiated, the Aboriginal people will be affected. Some of the changes include:

- All employable (temporary-assisted) persons without children who have received income assistance for a two-year period will be cut-off of income assistance. An employable recipient can only collect income assistance for two out of every five years.
- If minor or serious welfare fraud is committed by an income assistance individual recipient and charged through the Criminal Code of Canada, the punishment is a lifetime sanction.
- Individuals over the age of 19 have to be financially independent for two years in order to be able to apply for income assistance
- Parents who are temporarily assisted can collect welfare until their youngest child is three years old. After two-years, if still unemployed, their income assistance will be reduced by 33 percent.

These new policies will have a disproportionate effect on the Aboriginal homelessness community in the GVRD because many of these individuals rely on income assistance to survive. The Aboriginal community is also affected because:

- Many suffer from addiction issues
- Mental health issues stemming back to trauma within the Aboriginal community (residential schools, for example)
- Many have difficulty finding work because of education barriers
- They are not given information regarding the BCEAA
- Illiteracy rates are higher in the Aboriginal community, so many are unable to read pamphlet or posters of information.

The Need for More Research

Throughout the consultation sessions, participants felt there has been little research into homelessness or Aboriginal issues and therefore the Aboriginal homeless people. Lack of knowledge about these issues may hinder the effectiveness in addressing them. Specifically, research should be conducted on topics such as demographics and best practices. To this end, this study will be available to all stakeholders and members of the Aboriginal community in hopes of facilitating a discussion of appropriate actions toward preventing and alleviating homelessness in the Aboriginal community. Refer to the **Conclusion** section for the research team's recommendations for further research.

The Need to Recognize Youth as a Top Priority

Both the BC Aboriginal HIV/AIDS Task Force (1999) and the Canadian Medical Association (2002) have reported that alcohol and drug abuse, sexual contact and violence are associated with higher rates of HIV in Aboriginal people. Homeless Aboriginal youth are at an even greater risk of substance abuse and physical illnesses. Placing a high priority on empowering Aboriginal youth with tools and support to lead healthier lifestyles is necessary if the Aboriginal community is to increase their capacity for a better future. However, the dissolution of the Youth Committee on Homelessness in the GVRD in July 2003 created serious concern for the Aboriginal community because it means that both Aboriginal and non-Aboriginal youth will have less of a voice in the selection of projects.

A Focus on the Proactive Approach

It is not enough to alleviate the pain of being homeless. The Aboriginal community needs to prevent homelessness by addressing its cause. In the long-term, this approach will also alleviate the financial burden on service providers.

The Need to Develop Extensive Partnerships

A change in government and/or the termination of funding can negatively affect the services and programs needed to address homelessness in the Greater Vancouver Regional District (GVRD). Partnerships with a variety of public and private organizations can therefore help sustain and expand these programs and services.

Culturally Appropriate Services

Services delivered to Aboriginal people need to be culturally appropriate if they are to be effective. Participants in the consultation sessions all voiced strong support for more culturally appropriate services of all types. Refer to the **Best Practices and Culturally Appropriate Services** section for more information.

The Need to Maintain Existing Service Levels

Many new services have been developed since the *2001 Aboriginal Homelessness Study*, such as the Bannock on the Run program and Helping Spirit Lodge's Mental Health Behavioural Support program. While it is clear these services have been well-received, participants believe the Aboriginal Homelessness Steering Committee (AHSC) must make it a priority to maintain existing services before expanding into new areas and new services. The rationale is that if the Aboriginal community cannot maintain existing services, then it is pointless to start new services that will not survive.

The Prioritization of the 16 Clusters (General Priorities)

Participants in the consultation sessions believe there are still gaps existing in all 16 clusters identified in the Aboriginal Continuum of Care. While all clusters were deemed as priorities, varying degrees of importance emerged. Three tiers of importance were identified: most important, important, and significant.

Tier One – Most Important

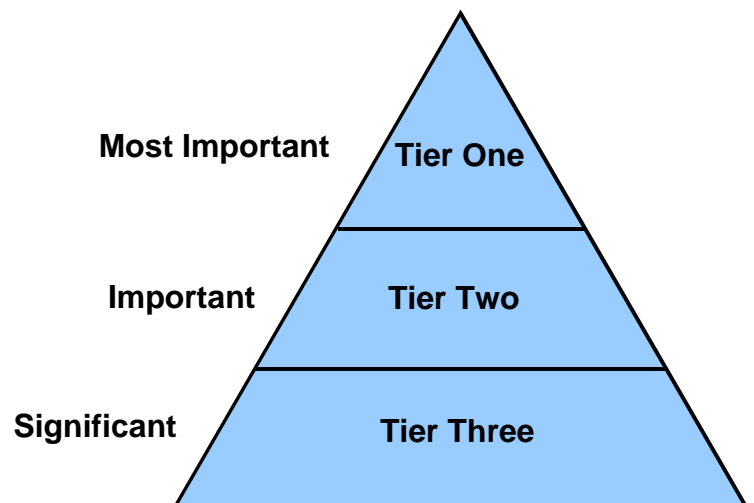
- Housing
- Community and Family Supports
- Employment/Income Supports

Tier One is composed of the three fundamental supports that people need to remain secure and avoid becoming homeless. If these supports are all in place, individuals are far less likely to end up on the streets. The key focus of Tier One is being proactive – preventing homelessness by building a strong support network for Aboriginal people, families and communities. A proactive response to housing is the preservation of the low-income and rental housing stock. Rising housing prices can push people from being comfortable to being at-risk or even homeless.



Tier Two – Important

- Prevention
- Outreach/Assessment/Client Identification
- Mental Health Services
- Health and Dental Services
- Peer Support
- Services and Programs
- Research



Most of these services are considered reactive because they help Aboriginal people after they have become homeless. Tier Two clusters are also primarily (but not completely) service-oriented because while many are services that most people need, homeless people often have difficulty accessing them. These are support systems that can alleviate the hardships Aboriginal people face when they are already homeless and informal support systems are weak.

Tier Three – Significant

- Advocacy/Education
- System Coordination
- Staffing/Training
- Transportation
- Regional Issues
- Funding/Partnerships/Continuity of Services



The Downtown Eastside Women's Centre

Tier Three clusters are primarily focused on the underlying support for homelessness projects. These clusters ensure support services are delivered in an appropriate and effective manner to the Aboriginal people who need them. Transportation is the only exception because it is a specific service rather than a support for programs.

While the tiers have been identified, participants were clear in indicating all 16 clusters continue to be important and are necessary in addressing the homelessness issue in the Greater Vancouver Regional District (GVRD).

Immediate/Specific Priorities

Housing Priorities

Priority: *Emergency shelters and transition housing for Aboriginal youth in the South sub-region, especially North Surrey.*

Proposed Activities & Community Objectives

- Develop a comprehensive continuum of support to help Aboriginal homeless people move out of the cycle of homelessness and prevent those at-risk from falling into homelessness
- Provide communities with tools to develop a range of interventions to stabilize the living arrangements of homeless individuals and families – encouraging self-sufficiency

Expected Outcomes

- Increase in local capacity and resources to deal with homelessness
- Projects and partnerships to improve services and facilities for homeless people
- Increase in homelessness resources for Aboriginal youth
- Increase in services for Aboriginal homeless people in the South sub-region and Surrey City Centre neighbourhood

Priority: *Emergency shelters, transition and supportive housing for women not fleeing abuse and additional housing for women who are fleeing abuse.*

Proposed Activities & Community Objectives

- Develop a comprehensive continuum of support to help Aboriginal homeless people move out of the cycle of homelessness and prevent those at-risk from falling into homelessness
- Provide communities with tools to develop a range of interventions to stabilize the living arrangements of homeless individuals and families – encouraging self-sufficiency

Expected Outcomes

- Projects and partnerships to improve services and facilities for homeless people
- Increase in homelessness resources for Aboriginal women
- Increase in the ability of Aboriginal women to access housing



Priority: *New transitional and supportive housing for all target groups outside of Vancouver, specifically in Edmonds Town Centre/New Westminster and Surrey City Centre.*

Proposed Activities & Community Objectives

- Develop a comprehensive continuum of support to help Aboriginal homeless people move out of the cycle of homelessness and prevent those at-risk from falling into homelessness
- Provide communities with tools to develop a range of interventions to stabilize the living arrangements of homeless individuals and families – encouraging self-sufficiency
- Coordinate efforts to better deliver services to Aboriginal clients

Expected Outcomes

- Increase in local capacity and resources to deal with homelessness
- Projects and partnerships to improve services and facilities for homeless people
- Increase in services for Aboriginal homeless people in the Edmonds Town Centre/New Westminster and/or Surrey City Centre neighbourhoods

Employment and Income Priorities

Priority: *Aboriginal education and training services for youth in the South sub-region, specifically in Surrey City Centre.*

Proposed Activities & Community Objectives

- To develop a comprehensive continuum of support to help Aboriginal homeless people move out of the cycle of homelessness and prevent those at-risk from falling into homelessness
- Provide communities with the tools to develop a range of interventions and stabilize the living arrangements of homeless individuals and families – encouraging self-sufficiency
- To ensure sustainable capacity of communities to address homelessness by enhancing community leadership and broadening ownership by the public, non-profit and private sectors on the issue of homelessness in Canada
- For the Aboriginal community to coordinate efforts to better deliver services to their clients

Expected Outcomes

- Increase in local capacity and resources to deal with homelessness
- Increase in services for Aboriginal homeless people in the South region and Surrey City Centre neighbourhood
- Increased awareness of the nature of homelessness and effective responses
- Broader range of partnerships

Priority: *Expansion of existing education and employment services in Vancouver.*

Proposed Activities & Community Objectives

- To develop a comprehensive continuum of support to help Aboriginal homeless people move out of the cycle of homelessness and prevent those at-risk from falling into homelessness
- Provide communities with the tools to develop a range of interventions and stabilize the living arrangements of homeless individuals and families – encouraging self-sufficiency
- To ensure a sustainable community capacity to address homelessness by enhancing community leadership and broadening ownership by the public, non-profit and private sectors on the issue of homelessness in Canada
- For the Aboriginal community to coordinate efforts to better deliver services to their clients

Expected Outcomes

- Increase in local capacity and resources to deal with homelessness
- Increased awareness of the nature of homelessness and effective responses
- Broader range of partnerships
- Improved and more inclusive decision-making around investments

Community and Family Supports Priorities

Priority: *Support for urban Aboriginal families to prevent family breakdown and abuse to prevent youth from becoming homeless.*

Proposed Activities & Community Objectives

- Develop a comprehensive continuum of support to help Aboriginal homeless people move out of the cycle of homelessness and prevent those at-risk from falling into homelessness
- Provide communities with the tools to develop a range of interventions and stabilize the living arrangements of homeless individuals and families – encouraging self-sufficiency
- To ensure sustainable capacity of communities to address homelessness by enhancing community leadership and broadening ownership by the public, non-profit and private sectors on the issue of homelessness in Canada
- For the Aboriginal community to coordinate efforts to better deliver services to Aboriginal clients

Expected Outcomes

- Increase in local capacity and resources to deal with homelessness
- Increased awareness of the nature of homelessness and effective responses
- Deliver services in a culturally competent manner



Priority: *Repatriation initiatives to connect urban Aboriginal people, especially Aboriginal youth, with their traditional communities.*

Proposed Activities & Community Objectives

- To develop a comprehensive continuum of support to help Aboriginal homeless people move out of the cycle of homelessness and prevent those at-risk from falling into homelessness
- Provide communities with the tools to develop a range of interventions and stabilize the living arrangements of homeless individuals and families – encouraging self-sufficiency
- To ensure a sustainable community capacity to address homelessness by enhancing community leadership and broadening ownership by the public, non-profit and private sectors on the issue of homelessness in Canada
- For the Aboriginal community to coordinate efforts to better deliver services to Aboriginal clients

Expected Outcomes

- Increase in local capacity and resources to deal with homelessness
- Increase awareness of the nature of homelessness and effective responses
- Deliver services in a culturally competent manner
- Increase application, sharing and exchange of knowledge and best practices
- Broader range of partnerships

Programs and Services Priorities

Priority: *Addiction services for Aboriginal people in the South sub-region, especially Surrey City Centre.*

Proposed Activities

- Develop a comprehensive continuum of support to help Aboriginal homeless people move out of the cycle of homelessness and prevent those at-risk from falling into homelessness
- Provide communities with the tools to develop a range of interventions and stabilize the living arrangements of homeless individuals and families – encouraging self-sufficiency
- To ensure sustainable capacity of communities to address homelessness by enhancing community leadership and broadening ownership by the public, non-profit and private sectors on the issue of homelessness in Canada

Expected Outcomes

- Increase in local capacity and resources to deal with homelessness
- Increase awareness of the nature of homelessness and effective responses
- Deliver services in a culturally competent manner
- Increase application, sharing and exchange of knowledge and best practices
- Broader range of partnerships



12. SUSTAINABILITY

The National Homelessness Initiative (NHI) defines sustainability as, “The concept of the future state of a project receiving SCPI funding.” Non-profit organizations depend on support from outside organizations in order to sustain the programs and services they provide. Support for the Aboriginal Homelessness Steering Committee (AHSC) has been extended in monetary donations, volunteering expertise and the provision of necessary resources and materials.



This section identifies three methods with which the Aboriginal Homelessness Steering Committee (AHSC) fosters sustainability, these methods include:

- Existing partnerships
- Potential partnerships
- Community capacity

Existing Partnerships

The AHSC has been successful in acquiring support from a variety of sources, including all levels of government, service providers, community volunteers, health and law enforcement entities and the business sector. This support contributes to the delivery of a broad set of programs and services, which help to prevent and alleviate homelessness and the social issues often related to it. The projects that were implemented in the Greater Vancouver Regional District (GVRD) follows the continuum of housing, which was identified as a key priority. Refer to Table 12.11 for the complete breakdown of existing partnerships.

Potential Partnerships

Table 12.12 also identifies opportunities to broaden existing partnerships. Members of the steering committee are separated into categories such as municipal government representatives, addiction services, and community volunteers. Each member was identified based on their ability to contribute to existing or future projects. The table also indicates the various ways these organizations can contribute to preventing and alleviating the homelessness issue.

Community, for the purpose of this study, is defined as that group of people who have an interest and stake in the area of homelessness. Building community capacity is an intentional activity to enhance the existing infrastructures by way of building resources in the form of an advisory committee.

Community Capacity

Each city or town involved with SCPI has had a group of representatives (advisory committee) from varying sectors working and giving advice to either the Community Entity or HRDC staff. Building community capacity will help to ensure the sustainability of the planning and decision-making processes and consequently, of the services that are provided for the people who are homeless or at-risk of being homeless.

There are three areas of capacity building:

- Increase social capacity
- Increase financial capacity
- Increase human capacity

There are also seven benchmarks used to assess community capacity. They are:

- Sense of community
- Shared vision
- Communication
- Participation
- Leadership
- Resources, knowledge and skills
- On-going learning

Community Capacity Tool

This tool and corresponding scale will assess the methods that are used to increase capacity. For the purpose of this study, Dave Pranteau, the Chair of the Aboriginal Homelessness Steering Committee (AHSC), completed the assessment. The results are compiled to get an average for each of the areas. The higher the average, the more sustainable the process is in each category.

- Scale: 1 = Do not know what this means
 2 = Have begun to think about this
 3 = Has happened but needs to be refined
 4 = Is in the process
 5 = A regular practice

Increasing Social Capacity: By focusing on an area and developing a plan to address the concerns with solutions, the social resources needed are identified.

TABLE 12.1: SOCIAL CAPACITY BENCHMARKS	
Benchmark	Rating
Our community has undergone a systematic examination to determine assets and gaps in services relating to homelessness	5
We have a clear definition of the Continuum of Supports and have placed our assets and gaps on a scale in the continuum	5
Our community Plan is an inclusive, living document, which will draw from resources from all sectors within the community and orders of government	5
We have an ongoing review and evaluation process for the community plan	4

Total: 19/20

Qualitative Response:

Social capacity has increased due to the work of the steering committee members, not because of any additional funding for this specific area. In order to further increase social capacity, increases of invested resources and monies are needed.

Increasing Financial Capacity: Financial resources are greater than cash or funding contributions, it also includes in-kind donations, which offset the expense of a program.

TABLE 12.2: FINANCIAL CAPACITY BENCHMARKS	
Benchmark	Rating
We fund and support a variety of types of projects from small capital projects, capital projects, pilot projects (one-year trial projects) to three-year funding agreements	5
All funders and potential contributors in the area are engaged in the community process	5
As a community group we have been able to leverage funding and in-kind contributors from other sources: <ul style="list-style-type: none"> • Small and large business • Private foundations, and • Other funders 	5

Total: 15/15



Qualitative Response:

To further increase financial capacity, regular networking between small and large businesses are essential. For example, the Surrey Aboriginal Cultural Society (SACS) garnered construction support through small donations from Home Depot and Cloverdale Paint. In order to gain more community services, such as a youth safehouse in the South sub-region, less visible businesses must contribute. For example:

- Consulting firms – proposal writing
- Accounting firms – generate cash flow

Increasing Human Capacity: Increasing the skills of the individuals in the community is a vital part of building capacity in the community. Skills learned can be readily transferred to address other issues as they arise in the community.

TABLE 12.3: HUMAN CAPACITY BENCHMARKS	
Benchmark	Rating
We have completed a formal (or informal) assessment of training needs in our community	3
We have provided skills development opportunities for members of the community at large in areas they have identified	3
We have provided learning forums for sharing best practices	2
We have partnered with others to leverage opportunities for skills development	3

Total: 11/20

Qualitative Response:

Networking around our best practices must be initiated. The current demonstrations and services have not taken the achievements and successes from the “good experiences.” Within service delivery, there needs to be a remedial response (structured solution) when things go wrong. Mr. Pranteau states, “It’s all about learning from your mistakes, and having adequate resources available to sustain best practices.”

Mr. Pranteau identified human capacity as a priority as it received the lowest score in the sustainability model. He recommends a systematic approach to examine the best practices. He further noted that there would be clear benefits to implementing an educational program for the general public, including potential partners. In his view, successfully increasing human capacity would require:

- An adequate researcher for the best practices assessment
- A systematic training module that is culturally appropriate and measurable
- Partnerships within the business sector (accounting, and consulting services)

Areas of Assessment for Community Capacity:

This assessment pinpoints areas that need to be strengthened in order to sustain community planning and decision-making processes.

Sense of Community: For a community process to be sustainable, all members of the community advisory community need to feel as if they are a valued part of what is happening.

TABLE 12.4: SENSE OF COMMUNITY BENCHMARKS	
Benchmark	Rating
All members felt they have a voice and can make a valuable contribution	5
There is a representation of a diverse group of the community. Diversity in ethnicity, culture and languages as well as a group of people interested in, and affected by, homelessness is respected and welcomed	5
There is a common commitment to, and sense of, responsibility for improving the community at large	5

Total: 15/15

Qualitative Response:

The sense of community can be increased by diversifying other leaders from within our community. Leaders from within these organizations or associations need to be involved:

- Canada Mortgage and Housing Corporation (CMHC)
- City Hall
- Housing Unit (Not just social development)
- CGA Association
- etc.

Leaders within the business communities and non-Aboriginal communities need to be invited.

Shared Vision: A shared vision by the community for the future is a way of indicating there is a cohesive community process.

TABLE 12.5: SHARED VISION BENCHMARKS	
Benchmark	Rating
Our community group has a long-term common vision for the community not limited by current programming	5
This vision is achievable and incorporated into the community plan	4
The vision was created through dialogue using consensus decision-making with a diversity of people	5
The vision and responsibility for working towards the vision is owned by the community group	5

Total: 19/20

Qualitative Response:

The community owns the vision, therefore, the community initiates responsibility and decision-making. The only weakness within this system is the lack of formalized governance. Pranteau states, "...informality will be the downfall."



Communication: Communication increases the visibility of an issue and mobilizes the community to support the process when it is necessary. Communication with all members of the community is vital for continued participation.

TABLE 12.6: COMMUNICATION BENCHMARKS	
Benchmark	Rating
There are opportunities for everyone in the community at large to be kept informed of community activities	3
All members of the community advisory committee take responsibility for sharing accurate information	3
Everyone in the advisory committee has a chance to speak; people are respectful and value each others opinions	5
There is a method and process in place for ensuring information is shared	5
There is a forum for sharing best practices and successes	2

Total: 18/25

Qualitative Response:

Pranteau says, "Only members at the committee level hold any meaningful opportunity to participate. There really are no formal processes in place to share information and ideas." A communication plan is needed to formalize our information collection, distribution, and provide clarity regarding roles and responsibilities.

Participation: Participation or the opportunity to participate is vital to the sustainability of an agency or community process.

TABLE 12.7: PARTICIPATION BENCHMARKS	
Benchmark	Rating
There are forums or mechanisms for community members to identify problems and actively participate in addressing them	5
The community meetings are well attended and the community feels their contributions are heard and matter	5
The meetings are set to minimize barriers to attendance (such as meeting times, babysitting provided, transportation challenges and accessible facilities)	2

Total: 12/15

Qualitative Response:

In order to participate, people must be acquainted with members of the committee. To maximize participation in the future, barriers including transportation must be eliminated. This process must extend beyond the members of the steering committee.

Leadership: Leadership is important for sustainability. Leadership can be shared or led by a single individual, but it should come from the community and have an interest in an issue beyond funding.

TABLE 12.8: LEADERSHIP BENCHMARKS	
Benchmark	Rating
There is a member who is involved in the issue of homelessness and shows leadership in the community	5
Leaders work in building consensus and collaboration and are fair when resolving conflicts	5
There is a process or method to develop new leaders from the community	3
Leaders share the decisions and information when it is appropriate	5

Total: 18/20

Qualitative Response:

Presently, there are no formal leadership training processes in place. The leadership that exists is also somewhat dependent on the Supporting Communities Partnership Initiative (SCPI) funding, as it is supported through consultation.

Resources, Knowledge, and Skills: Every community has a wide array of resources from which they can draw. Often the community group works in isolation and may not know the full extent of the resources available.

TABLE 12.9: RESOURCES, KNOWLEDGE, AND SKILLS BENCHMARKS	
Benchmark	Rating
We have an inventory of the resources, knowledge and skills that can be useful in our work in homelessness	5
We know where the resources are and can access them when we need to	5
We have identified gaps in knowledge and skills and developed plans to address those gaps	2

Total: 12/15

Qualitative Response:

Mr. Pranteau states, "Within inventory and resources, we know who is who; however, we do not know our specific client profile (the homeless) and the gaps within. There is no systematic way around remediating those gaps."



On-going Learning: In any community process there needs to be on-going learning and adaptability to what is learned.

TABLE 12.10: ON-GOING LEARNING BENCHMARKS	
Benchmark	Rating
We have an on-going process to assess and reflect on our actions and their results	3
We communicate our learning in ways that everyone can understand	5
We are able to translate our learning into action	2
We have a process where everyone can learn together	3

Total: 13/20

Qualitative Response:

Members want to learn; however, the ability to have adequate resources is limited. Pranteau states, "If the only tool you have is a hammer, everything looks like a nail – the problem will continue."

Mr. Pranteau believes there is a need to incorporate a forum to reflect on previous challenges and they must be documented for future purposes. The resources that are needed to succeed consist of:

- A planned approach for measuring progress
- Financial resources and time
- A third-party facilitation to capture dialogue reflecting and documenting the best practices, complete with recommendations
- Continuing progress evaluation (semi-annually)

Table 12.11 (following page): Illustrates a number of projects that were aimed at the prevention of homelessness. Within the continuum of support, the partnerships involved in each project are indicated through a check mark (✓). Furthermore, this grid also identifies opportunities to broaden existing partnerships.

Table 12.12 (pages 88-89): Indicates a number of organizations, introduces their representatives and explores their partnership capacity.

TABLE 12.11: EXISTING PARTNERSHIPS IN HOMELESSNESS PROJECTS

Partnerships	Continuum of Supports (Number of Projects)					
	Prevention of Homelessness	Emergency Youth Hostel	Youth Recovery Housing for Women	Supportive & Transition Housing	Housing for Males with Addictions	Housing for Aboriginal Mothers with Children
	(8)	(1)	(1)	(1)	(1)	(1)
Municipal Departments	✓	✓	✓	✓	✓	✓
Provincial Departments	✓	✓	✓	✓	✓	✓
Federal Department and Agencies	✓	✓	✓	✓	✓	✓
Other Funders [i.e. United Way, other Foundations]						
Homelessness Service Providers	✓	✓	✓	✓	✓	✓
Housing Providers		✓	✓	✓	✓	✓
Addiction Services	✓	✓	✓		✓	
Mental Health Services	✓		✓			
Other Health Services	✓					
Services for Abused Women			✓			✓
Community Volunteers	✓	✓	✓	✓	✓	✓
Individuals and Families who have been affected by Homelessness	✓	✓	✓	✓	✓	✓
Hospitals and Health Institutions						
Police, RCMP, Legal Clinics						
Service Clubs [e.g. Kiwanis]						
Unions						
Corporations [i.e. Banks]						
Local Businesses	✓		✓			✓
Media	✓			✓		
Employers						
Other - Specify						



TABLE 12.12: POTENTIAL PARTNERSHIPS IN HOMELESSNESS PROJECTS

	On-going Membership on Planning Committee or Subcommittee	Another Partnership Capacity
Municipal Government Representatives	Verna Semotuk – Chair GVRSC** Jim Sands – Project Coordinator GVRSC** Margaret Condon – Project Coordinator GVRSC**	~ May be able to provide meeting space, administration support, and technical expertise.
Provincial Government Representatives		
Federal Government Department Representatives	Penny Desjarlais – Federal Urban Aboriginal Strategy Coordinator Department of Justice	~ Potential funding and technical expertise
	Sara Clemmer – HRDC Community and Policy Unit City Facilitator Human Resources Development Canada	~ Technical expertise and HR resources
Aboriginal Government	Conrad Desjarlais – Board Member Métis Provincial Council of BC	~ Leadership, advocacy, and potential funding leads ~ Potential meeting space
	George Holem – President United Native Nations	
	Laura McDiarmid – Social Development Musqueam Indian Band Bonni Hanuse – Social Development Chair Musqueam Indian Band	
Housing Providers	Marcel Swain – Consultant Lu'ma Native Housing Mary Uljevic – Office Manager Lu'ma Native Housing	~ Expertise in housing and housing related issues ~ Potential meeting space
	Lillian George – Vice President United Native Nations	
	June Laiter – Vice President Kekinow Native Housing Society Beverly Dagg – President Kekinow Native Housing Society	
Addiction Services	Wayne Clark – Self Employed Eastside Alcohol & Drug Rehab Society	~ Social development and addiction expertise ~ Potential meeting space
	Wally Lavinge – Project Coordinator Cwenengitel Aboriginal Society	
Homelessness Service Providers	Blair Harvey – Coordinator Vancouver Aboriginal Council Chris Casey – Assistant to Coordinator Vancouver Aboriginal Council	~ Distribution of information ~ Potential meeting space
Mental Health Services		

Other Health Services	Lou Demerais – Executive Director Vancouver Native Health - Drop in Clinic, Diabetes Program	} ~ Distribution of information } ~ Potential meeting space
	Ken Clement – Executive Director Healing our Spirit Shelly Gladstone – Healing Foundation Coordinator - Treatment and support for Aboriginals affected by AIDS/HIV	
	Stephen Lytton – Board Member British Columbia Aboriginal Network on Disability Society	
Services for Abused Women		
Community Volunteers	Sue Duggan – Volunteer Freelance Advocate	} ~ Distribution of information } ~ Potential support
	Lorelei Hawkins – Volunteer & Founding Elder Stepping Stone Vision	
Individuals and Families who have been affected by Homelessness		
Universities/Colleges		
Hospitals and Health Institutions		
Employment and Training	Tara Gilbert – Executive Director & CEO ACCESS*	} ~ Potential recruitment for future projects } ~ Technical expertise and potential meeting space
	Michael Sadler – Executive Director First Nations Employment Services Sharon Bowcott – Centre Manager First Nations Employment Services	
Service Clubs		
Unions		
Corporations [e.g. Banks]		
Local Businesses		
Youth Services	Jerry Adams – Executive Director Urban Native Youth Association Barb Lawson – Residential Coordinator Urban Native Youth Association	~ Technical expertise on youth issues ~ Distribution of information
	Sue Hammell – Executive Director Surrey Aboriginal Cultural Society Suzanne Noel – Project Coordinator (Homelessness) Surrey Aboriginal Cultural Society	
Other	Penny Kerrigan – Executive Director Aboriginal Mother Centre Jo-Anne Ross – Executive Assistant Aboriginal Mother Centre - Services single mothers with children	~ Technical expertise on women's issues

* ACCESS – Aboriginal Community Career & Employment Services Society

** GVRSC – Greater Vancouver Regional Steering Committee on Homelessness





13. COMMUNICATION STRATEGY

The communication strategy outlines the objectives, audiences, key messages and tactics to be employed in the development and maintenance of an external media, community and government relations and communications program.



Situation Analysis

The National Homelessness Initiative (NHI) is currently in its fourth year of development. Over this period of time the initiative has had a number of notable successes including:

- Formalization of the Aboriginal Homelessness Steering Committee (AHSC)
- Completion of the first Aboriginal Homelessness Plan
- Distribution of over \$2.5 million to Aboriginal service delivery agencies to provide direct relief for Aboriginal homelessness in the Greater Vancouver Regional District (GVRD)

While there has been no formal communications strategy introduced previously, there have been numerous informal successes in information sharing. The steering committee itself has evolved into an exceptional mechanism for the distribution of information to the wider urban Aboriginal community, with particular effectiveness in reaching Aboriginal service providers and their respective clients. An excellent example of this mechanism in action is the distribution of funding opportunities through a series of Expression of Interest (EOI) campaigns. In each case, the number of proposal submissions exceeded the total amount of funds available. Perhaps most important, the proposals have been driven by Aboriginal service providers and the needs of Aboriginal homeless people.

Under these conditions, it might be expected that the AHSC would have a great deal of control over distributing information. In reality, this is not the case. While some members of the steering committee have made a conscious effort to distribute information, many have not had the capacity or the mechanism to do so effectively, resulting in an effort lacking strategy and consistency. In addition, because the AHSC is viewed as a subset of the Regional Steering Committee (RSC) much of the responsibilities



Crab Park tent city

regarding communication and PR have been pushed up to the RSC level. What is lost in the deferment of responsibility is strategic, consistent key messaging for the Aboriginal community and control over content. Should this situation continue under these circumstances, it will be increasingly difficult for the AHSC to maintain control over its destiny, though it will undoubtedly retain responsibility for operational performance. Clearly, this situation does not serve the long-range interests of the urban Aboriginal community.

The recommended solution is for the Aboriginal Homelessness Steering Committee (AHSC) to adopt a much more visible and proactive position in the discussion of its own issues, expectations and plans. While various levels of government will determine much of the final decision, the steering committee will base their decisions on the information available to them, creating an opportunity for the Aboriginal community to affect the decision-making process. As a result, it is critical for the AHSC to communicate extensively and effectively with its constituency and concurrently with the non-Aboriginal audience and various government funding levels.

The attached plan reflects the existing situation, and will have to be revised should significant changes become reality. However, the plan anticipates some fluctuation in the sense that the themes and activities suggested are entirely consistent with what would be needed if minor changes occur in the Aboriginal community or in federal homelessness funding considerations.

Objectives

- Position the AHSC as the primary contract for all incoming and outgoing homelessness information (pertaining to Aboriginal people)
- Communicate to the urban Aboriginal homeless individuals, the service delivery community (Aboriginal and non-Aboriginal), government decision-makers and community partners, the key messages regarding accomplishments, opportunities, needs, and issues associated with homelessness
- Generate a sense of pride and achievement within the urban Aboriginal community regarding homelessness
- Reinforce the name of the AHSC as the go-to entity for anything related to homelessness
- Identify and promote the role played by the AHSC and the greater urban Aboriginal service delivery community in addressing homelessness within the GVRD
- Develop systemized mechanisms for effective collection and distribution of information to the urban Aboriginal community
- Use facilities and resources effectively in carrying out this communication effort

Audiences (See Table 13.1)

- Government: First Nations, civic, provincial, federal
- Aboriginal Homelessness Steering Committee
- Urban Aboriginal service providers
- Urban Aboriginal community
- Non-Aboriginal service providers
- Local and special interest media
- Aboriginal Homeless individuals of all ages

In addition, other Aboriginal Homelessness Steering Committees across Canada are recipients of funding for similar initiatives. The aggregate effect of sharing information is vital to the success of all homelessness initiatives.



Strategic Approach

The Aboriginal Homelessness Steering Committee (AHSC) has carried on an informal communications effort for a number of years, both on its own, and as a member of the Regional Steering Committee (RSC). These efforts have included:

- Regular participation on the RSC
- Strategic announcement of EOI opportunities
- Regular communication with the urban service delivery community throughout the GVRD
- Participation in the GVRD Homelessness newsletter
- The development and maintenance of an Aboriginal specific website on homelessness
- Listing events in various community and event calendars

However, these efforts have been shaped by a number of factors, including:

- The need of the AHSC to observe government policy and reporting criteria (specifically those related to SCPI and HRDC).
- Limited funding and staff resources, and the need/requirement to devote these resources to front line activities
- Provincial cuts in funding and the associated reduction in the broader service delivery community
- The lack of media news stories relating to homelessness to “piggyback” success stories
- The lack of formal systems or mechanisms to regularly communicate with target audiences
- The lack of a regular “forum” for communicating with urban Aboriginal homeless individuals

The AHSC must now define an on-going communications program to actively promote the homelessness strategy and the related challenges and successes to the identified key audiences – government, the service delivery community and the homeless people themselves. In doing so, and given the staff and budgetary limitations, it must look to its unique advantages to have an impact. Some of the advantages include:

- A close-knit community of Aboriginal service providers
- Clear roles and responsibilities of the host agency (Lu’ma) related to the homelessness initiative and steering committee system coordination
- Clear HRDC support and active participation in the process
- Traditional values of respect for the individual and the group
- A collective willingness to work together to solve the problem of homelessness
- A high level of volunteer involvement by Aboriginal stakeholders
- A collective belief that the Aboriginal community is best positioned to solve its own issues

The ability to control its own information and connect credibly with the urban Aboriginal community are the AHSC’s greatest strengths. The communication plan must combine both of these advantages to ensure its messages prevail.

Key messages

The key messages for the Aboriginal Homelessness Steering Committee (AHSC) are as follows:

- The Aboriginal community has mobilized a homelessness steering committee comprised primarily of Aboriginal service providers. This steering committee has been in existence for over four years
- The AHSC has disseminated over \$2.5 million to Aboriginal homelessness projects in the GVRD
- The AHSC has, and continues to work closely with the Regional Steering Committee (RSC) ensuring a co-ordinated approach to addressing homelessness in the GVRD
- Programs for Aboriginal homeless people within the GVRD have been increased by 50% since the introduction of SCPI funding

Collateral Materials

Effective collateral materials lend consistency to the key messages and image of the AHSC. Current documents that support the AHSC's involvement with the homelessness issue include:

- Aboriginal Homelessness Plan 2001
- Aboriginal Homelessness Plan Update (2003)
- AHSC Committee Minutes (monthly)

These resources, along with other documents held by the AHSC should be reviewed to ensure all collateral materials are consistent with branding activities.

Branding Opportunities

Efforts should be made to brand the AHSC – that is the effort to generate loyalty and retention within target audiences. Strategic public relations and communication activities will help to brand the AHSC within target audiences.

Public Relations and Communications Tactics

Enhancing Online Presence

- a. Web links - The Lu'ma Native Housing Society hosts the only website (www.lnhs.ca) in the GVRD dedicated to the urban Aboriginal homelessness issue. As such, it should be linked to relevant Internet sites that reach target audiences. The majority of these web links can be established without cost. Given the financial limitations of AHSC, it would be prudent to maximize these opportunities by posting an AHSC website link on the following sites:

Vancouver Aboriginal Council (www.vac-bc.ca)

GVRD Regional Homelessness Steering Committee (www.gvrd.bc.ca/homelessness/)

The United Native Nations Society (UNNS) (www.unns.bc.ca/home.html)

The Aboriginal Mother Centre (www.amcs.ca)



With support from the Aboriginal service delivery community's decision to promote the urban Aboriginal homelessness initiative on their respective Internet sites, it is anticipated these links will increase the profile of the Aboriginal Homelessness Steering Committee (AHSC) and the homelessness issue.

To maintain the accuracy of the information, the AHSC should:

- Ensure an adequate statistical monitoring system is built into the AHSC Internet site
- Develop a regular maintenance schedule to update and maintain both html and pdf documentation

Presentation Template

- a. Create an adaptable presentation that would be suitable for conveying specific messages to targeted audiences
- b. The audience for the presentation initiative would include the Aboriginal Mother Centre, Vancouver Aboriginal Council, the United Native Nations, other Aboriginal service provider groups, Regional Steering Committee (RSC) and other non-Aboriginal service providers.
- c. The AHSC should consider creating a distribution plan to ensure the presentation is delivered to targeted areas throughout the Lower Mainland.

Target: 6 presentations per year

Stakeholder Meetings

Stakeholder meetings provide a face-to-face forum for information sharing with key stakeholders. These events also provide a direct avenue of communicating key messages and coordinating strategic activities.

- a. The AHSC should define the purpose and goals of community meetings and combine these with AHSC activities and services. Eligible groups would include many of those listed above.

Target: 3 meetings per year

- b. Participate in scheduled service delivery meetings, particularly those with a direct relationship to homelessness.

Target: 4 per year

- c. Use Urban Aboriginal Society AGM meetings to annually update members on site usage, profile opportunities and the introduction of new features or services.

Target: Annually

Stakeholder Communications

On-going communications and information sharing with key stakeholders can lend credibility and consistency to Aboriginal Homelessness Steering Committee (AHSC) activities related to the homelessness issue. Therefore, stakeholder communications should include:

- a. A one page e-mail/fax update on progress made on urban Aboriginal homelessness (to date) in the GVRD to both Aboriginal and non-Aboriginal service providers
- b. Produce and distribute an annual report and performance summary, including a 'report card' on how the objectives are being achieved.

Target: bi-annually

Media Relations

Media relations is often the most overlooked communication tool, but it can also be the least expensive, most effective and easiest to use. It can provide the widest exposure for less cost than advertising space and lends more credibility to the AHSC and homelessness issue simply because it is reported by a third party.

- a. Issue a regular media bulletin communicating upcoming events, site interest stories and media angles and carrying out follow-up to encourage more detailed coverage of key stories and opportunities.

Target: bi-monthly

- b. Invite media to all community events and announcements and provide media briefings in advance to encourage coverage.

Target: ongoing

- c. Pursue editorial opportunities in association with major events, announcements and/or features by contacting and briefing relevant media and making steering committee members available for interviews.

Target: take advantage of four media opportunities

- d. Issue media releases that feature newsworthy accomplishments, landmarks and new initiatives in relation to the activities of AHSC and its achievements in addressing homelessness.

Target: quarterly



Advertising Campaign

Advertising is an opportunity to control key messages. The committee should consider developing and placing ads in major dailies to raise awareness about the importance of addressing homelessness, highlighting successes and challenges and promoting upcoming opportunities, and important Expression of Interest (EOI) deadlines.

- a. Develop and place ads in major dailies to recognize the importance of addressing homelessness, highlighting successes and challenges and promote upcoming opportunities, and important EOI deadlines.

Target: twice yearly

- b. Develop and place ads on-line and in major dailies to advertise upcoming EOI opportunities and proposal support workshops

Target: twice yearly

Government Relations

- a. Establish and maintain regular contact with the municipal, provincial, federal and First Nation government by inviting key bureaucrats to steering committee meetings and/or key events within the GVRD. Suggested invitees include: mayors and councilors, MLA's, ministers and deputy ministers, MP's, First Nation chiefs and band councils.

Target: as opportunities are available

- b. Create profile opportunities for key bureaucrats in connection with announcements and special events, including welcome and opening remarks at appropriate events.

Target: twice yearly

- c. Brief the government on key issues related to homelessness, and maintaining a "state of awareness" via staff and board through ongoing contact.

Target: twice yearly

- d. Provide papers and briefing notes on key areas including the homelessness issues, project updates, and major activities.

Target: annually

- e. Engage officials in the process of identifying and targeting industry business through their involvement in trade, professional and governmental associations.

Target: on-going

Promotions

Create/participate in events to help increase the profile of homelessness resources and activities, including:

- a. Host a promotional event in association with the service delivery community.
- b. Consider launching new services and resources with a targeted publicity campaign.

Target: annually

- c. Actively promoting reports, studies and research on Homelessness.

Target: annually

Evaluation

The effectiveness of communication efforts will be evaluated through the following measurements, some of which are necessarily qualitative rather than quantitative:

- The quantity and quality of media coverage given to homelessness in the GVRD
- Changes in awareness of the homelessness issue and those associated strategies designed to address the gaps, as evaluated by staff and board participating steering committee meetings
- Increase of participation in homelessness events and activities
- Increase use by the media of AHSC as an information source on homelessness issues
- Increases in media and community awareness of AHSC, the issue of homelessness, service provider activities and opportunities
- Improved access to First Nation, federal, provincial, and municipal officials related to the homelessness issues
- Increased awareness and profile of AHSC and service delivery options among clients and service delivery agencies
- Increase in site visits to AHSC website
- Increased contact with Lu'ma to add or change information related to homelessness on the site
- Increase level of funding from sources other than SCPI



TABLE 13.1: SAMPLE AUDIENCE CONTACT INFORMATION**Association of First Nations Women**

204 - 96 East Broadway Avenue
 Vancouver, BC V5T 1W4
 Ph: (604) 873-1833 Fax: (604) 872-1845

Circle of Eagles Lodge

1470 East Broadway Avenue
 Vancouver, BC V5N 1V4
 Ph: (604) 874-9610 Fax: (604) 874-3858

Assisting Aboriginal people to make the transition from correctional facilities to the outside world.

Healing Our Spirits AIDS Project

319 Seymour Boulevard
 North Vancouver, BC
 Ph: (604) 983-8774 Fax: (604) 983-2667

Outreach Office:

212 - 96 East Broadway
 Vancouver, BC V5T 4N9
 Ph: (604) 879-8884 Fax: (604) 879-9926

Toll Free in BC: 1 800 336-9726

Mailing:

415B West Esplanade Street
 North Vancouver, BC V7M 1A6

Prevention education services are delivered to communities and groups across the province, for all groups, including women, prisoners, youth, elders, community groups, chief and council, health professionals and paraprofessionals. Healing Our Spirit provides services for Aboriginal people living with HIV/AIDS, their families and communities. The Vancouver office offers counseling, peer support, healing circles, cultural activities, housing advocacy, nutritional supplements, and referrals. Healing Our Spirit hosts an annual Aboriginal HIV/AIDS conference.

Helping Spirit Lodge

3965 Dumphries Street
 Vancouver, BC V5N 5R3
 Ph: (604) 872-6649 Fax: (604) 873-4402

A 33-bed transition house for Aboriginal women and children in a cycle of domestic violence. Offers Choices, a 16-week pre-employment program for Aboriginal women, with an emphasis on life skills training.

Lu'ma Native Housing Society

301 - 7 West 7th Avenue
 Vancouver, BC V5Y 1L4
 Ph: (604) 876-0811 Fax: (604) 876-0999

Social housing for Aboriginal people.

Native Court workers and Counseling Association of BC*Administration:*

P.O. Box 32 - 415 West Esplanade
 North Vancouver, BC V7M 1A6
 Ph: (604) 985-5355 Fax: (604) 985-8933

Court workers:

Alcohol and Drug Counselors
 50 Powell Street
 Vancouver, BC V6A 1E7
 Ph: (604) 687-0281 Fax: (604) 687-5119

First Nations Focus:

403 - 318 Homer Street
 Vancouver, BC V6B 2V2
 Ph: (604) 681-6536 Fax: (604) 681-2117

Assistance for Aboriginal people in the court system, as well as drug and alcohol counseling services.

Native Education Centre

285 East 5th Avenue
 Vancouver, BC V5T 1H2
 Ph: (604) 873-3761 Fax: (604) 873-9152

British Columbia's largest Aboriginal private college. The facility is a beautiful West Coast longhouse which holds up to 250 students. The Native Education Centre began with the Adult Basic Upgrading program encouraging urban Aboriginal people to achieve grade twelve. Skills training and university transfer programs have evolved over the last twenty years and our present programs include: Aboriginal Adult Basic Education, Office Administrative Training, Family and Community Counseling, Early Childhood Education, Native Criminal Justice, Aboriginal Tourism Management, Aboriginal Land Stewardship, Sun Mask Tours, First Host, Digital Video Production

Provincial Residential School Project

911 - 100 Park Royal South
 West Vancouver, BC V7T 1A2
 Ph: (604) 925-4464 Fax: (604) 925-0020
 Toll Free Survivor's Line: 1-800-721-0066

Assists First Nations in B.C. to be empowered from the generational effects of residential schools.

The Red Road HIV/AIDS Network

415B West Esplanade
 North Vancouver, BC V7M 1A6
 Ph: (604) 983-8774 Fax: (604) 983-2667

Information, education, and research on HIV and AIDS.

Urban Native Youth Association

1640 East Hastings
 Vancouver, BC V5L 1S7
 Ph: (604) 254-7732 Fax: (604) 254-7811

UNYA helps Native youth in the urban setting. UNYA's goal is to be a safe place for Native youth to find out about other services in the community. Programs and Services include alternate education, pre-employment training, outreach and prevention, a safehouse, two-spirit support, a drop-in centre, school support, and one-on-one assistance.

United Native Nations

110-425 Carrall Street
 Vancouver, BC V6B 6E3
 Ph: (604) 688-1821 Fax: (604) 688-1823
 Toll Free: 1-800-555-9756

Vancouver Native Health Society

449 East Hastings Street
 Vancouver, BC V6A 1P5
 Ph: (604) 254-9949 Fax: (604) 254-9948
 Clinic: (604) 255-9766
 Clinic Fax: (604) 254-5750

Community Health Clinic

- **Positive Outlook**
(HIV/AIDS Outreach Program)
- **Sheway Project**
(Pregnancy Outreach program)
- Youth Safe House Project
- Pre-Recovery Employment Life skills Program
- Inner City Foster Parent Program
- Community & Inter-Agency Liaison

Warriors Against Violence Society

2621 Cambridge Street
 Vancouver, BC V5K 1L6
 Ph: (604) 622-8937 Fax: (604) 622-3831

Helping to understand and prevent domestic violence in Vancouver's Aboriginal community.
 VAC Participants



Before I moved to the Downtown Eastside, I was used to getting good customer service. It was definitely a reality check when I moved. Down here, anything goes, drugs are everywhere and people are beat up. One morning I ran downstairs to see if my welfare check had arrived, and my landlord was in a sour mood. He wouldn't respond to me, so I got slightly frustrated. I told him what I thought of his attitude and before I knew, he drew a bat from behind the counter. He started hitting me and before I knew it, I was knocked unconscious. I was bed-ridden for three weeks.



14. CONCLUSION

During the course of this project, a number of important questions were raised that require attention if homelessness in the Aboriginal community is to be addressed. It is clear from this report that there are significant concerns that the Aboriginal homelessness issue has not been regarded with the same degree of urgency than other sub-populations of homeless people in the Greater Vancouver Regional District (GVRD). Research that explores more intricate and complex aspects inherent within the Aboriginal homeless population is necessary to justify a call for more resources.



Information collected for and compiled in this 2003 report can be used to further advance more in-depth research into Aboriginal homelessness. For example, the inventory of services in the **Assets** section and in **Appendix VI** can be cross-referenced with service utilization rates to examine program effectiveness.

It is recommended that additional research be conducted in the following areas before funding ceases in 2006:

- Within the continuum of homelessness, determine the Aboriginal homeless population distribution in regards to overall numbers, gender, age, sub-group and regional location, including an accurate enumeration of the incidence of Aboriginal homelessness within the GVRD. With accurate demographic information, the AHSC will be better positioned to understand and communicate the magnitude of this issue
- Determine how cultural factors impact efforts to collect accurate population data within the Aboriginal homeless community
- Determine how mobility is a factor for on and off reserve homeless people within the GVRD
- Explore the link between homelessness and a range of social and economic problems including, HIV/AIDS, poverty, lack of education and employment opportunities, and identify appropriate policies to address these issues
- Review stories of Aboriginal people who have successfully stabilized their lives and transited the continuum of housing for best practices; circulate these findings to the Aboriginal service delivery community and incorporate the information into future EOI processes to ensure funds are allocated effectively

Recommendations

In addition to collecting the information necessary for completing the prescribed Supporting Communities Partnership Initiative (SCPI) template, this study was tasked with generating a series of broad recommendations. The challenge from a research point of view was not to prescribe 'quick fix solutions' or push the recommendations beyond the methodology employed. With these cautions in mind, a number of themes have emerged based on a general synthesis of the information collected. These themes form the basis for the following AHSC recommendations:

1: The Aboriginal Homelessness Steering Committee (AHSC)

In order to increase capacity, legitimacy, sustainability and strengthen the AHSC, it is recommended it adopt a formal model of governance. This model is not meant to complicate the decision-making process, but rather, to formalize principles that drive AHSC initiatives. Recommended improvements include the creation of representative membership, delegate access for groups and individuals and the incorporation of culturally appropriate processes and practices.

It is also advised that the AHSC stabilize support to carry out basic services, including arranging meeting space, recording and archiving minutes, updating the website, circulating information and carrying out other administrative actions. These functions are currently managed by an external consultant and Lu'ma Native Housing and therefore, only

sustainable as long as SCPI funding is available. Failure to stabilize this function places the AHSC in a vulnerable situation when the SCPI funding cycle ends in 2006.

The key is to have a dedicated and stable governance entity that is committed to alleviating homelessness from an Aboriginal perspective. The AHSC would also be best served to acquire support for these functions from an Aboriginal organization with the capacity to meet its needs. Other alternatives include finding a more consistent and stable funding source or to diversify funding sources to ensure consultants either remain in their role or are replaced by employees under an existing society even if the funding landscape changes.

2: Establishing a Basic Framework of Priorities

It is recommended that the 16 clusters in the Aboriginal Continuum of Care and the Three-Tier approach be the basic framework for setting priorities to address the homelessness issue (refer to **Priorities** section). Participants in the study were clear in indicating that all 16 clusters continue to be very important and are necessary in addressing the homelessness issue in the GVRD from the Aboriginal perspective. This framework would be suitable in evaluating policies, projects and services.

3: Establishing Partnerships

Funding partnerships should be extended beyond Human Resources Development Canada (HRDC) if the overall homeless initiative and the associated frontline programs are going to continue past 2006. A dependence on one source of funding is undesirable from a number of perspectives. For example, a change in government or even government policy can disrupt or even wipe out years of development and capacity building.

The AHSC's goals and objectives are tied directly to one stream of funding in the form of 'funding requirements'. These requirements may shift the emphasis and take focus away from the community and the goals generated at that level. Diversification allows for a greater degree of control in determining independent goals and provides a level of flexibility for the AHSC to fund these priorities.

Dependence on government funding may inhibit the formation of grassroots advocacy if it risks running counter to federal or provincial agendas. This is particularly significant from the perspective of the Aboriginal community because advocacy has proved an effective catalyst for changing government social policy and priorities.

Based on these reasons, it is recommended the AHSC consider ways to immediately secure its position through partnerships with a variety of sources.

4: Providing Accessibility

All Aboriginal people should have access to equal services within common locations if the prevention and alleviation of homelessness in the Greater Vancouver Regional District (GVRD) is to be successful. Currently, Aboriginal homeless individuals have to travel great distances to receive basic services. In many cases the destination for service is the Downtown Eastside. The failure to provide adequate and equitable services could quite easily result in the AHSC developing programs for one Aboriginal sub-population, while at the same time



neglecting another. The community consultation sessions identified the following Aboriginal sub-populations inclusive of the following:

- Youth
- Women (with and without children)
- Women fleeing abuse
- Persons with a mental illness
- Persons with HIV / AIDS
- Persons with addictions and/or multiple diagnosis
- Elders
- Gay, lesbian, trans-gendered
- Single fathers
- Sex trade workers

It is recommended that the 16 clusters be cross-referenced with the Aboriginal sub-populations to determine whether or not a full-range of services is offered in locations with the highest concentrations of Aboriginal homeless people. The Aboriginal Homelessness Steering Committee (AHSC) should consider using the EOI process as a tool to reinforce this goal.

Furthermore, funding services without considering the broader regional context could result in a competitive service delivery environment, which may be uncoordinated and produce a duplication of services in one area while creating gaps in another. The situation would negatively impact the clients.

It appears from the consultation sessions that great strides have been made to develop partnerships and resource-sharing since 2001. There is still a need to develop more partnerships so that existing services and programs can be maintained when Supporting Communities Partnership Initiative (SCPI) funding expires in 2006. The AHSC should be encouraged to take the lead and develop a coordinated policy that provides equitable service delivery to all Aboriginal sub-populations.

5: Common Service Centre Locations:

The Aboriginal service delivery community is encouraged not to compete with non-Aboriginal service providers for resource parity throughout the Greater Vancouver Regional District (GVRD). Clearly, parity is not practical from a current capacity perspective, nor are the funds available or likely to be available in the foreseeable future. During the consultation sessions, the solution to strategically look at the GVRD and concentrate efforts by co-locating a full range of homeless services in a few common service centre locations was raised. Furthermore, it was suggested that the template for establishing these common service centres be based on the 16 clusters and the Aboriginal populations that have been identified as needing improved methods of accessibility to those services.

When this recommendation was raised for discussion during the consultation sessions, a clear dichotomy emerged. Participants were equally split as to whether they recommend the consolidation of all services in the Downtown Eastside or the development of capacity in the individual regions. The solution may lie somewhere in the middle of these two positions.

While every service cannot be located in every neighbourhood, establishing key service areas in communities that have the highest number of Aboriginal people can and should help maximize the number of people that are being reached. It may also prevent those individuals that do not wish to access services in the Downtown Eastside the option to gain services in other, more accessible locations.

However, this alternative recognizes that many Aboriginal people consider the Downtown Eastside and surrounding areas their home. Expanding resources in sub-regions will not result in an immediate migration of Aboriginal homeless people from the Downtown Eastside. Support services therefore still needs to continue and grow there.

Based on demographic distribution, current assets, gaps and priorities the establishment of three main service areas is recommended.

Central Vancouver: Since the bulk of services currently already exist in this area, it should be considered the first focus in which to establish a key service area. Some review of these services should be conducted to determine how well current services are working together to meet client needs.

Surrey City Centre: The second recommended service area would serve the South sub-region. While some service delivery capacity does currently exist, there is a need to provide the full range of services as set out in the 16 clusters. Many more programs will need to be established.

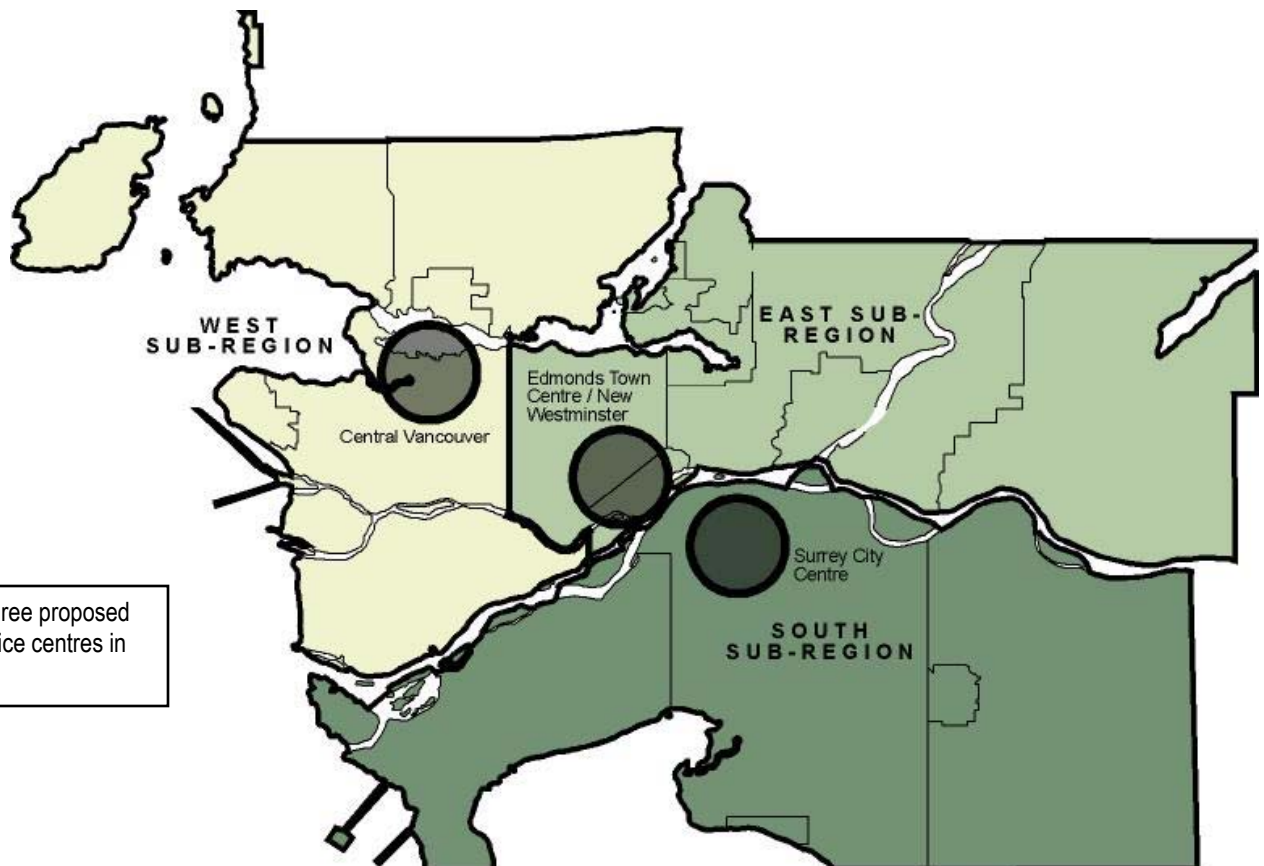


Figure 14.1: Three proposed Aboriginal service centres in the GVRD



Edmonds Town Centre/New Westminster: The third service area should be considered for the Edmonds Town Centre/New Westminster area. While only a limited capacity exists currently, it is recommended that this area be phased last, once the two other locations are developed, coordinated and made sustainable. In this way the learned experiences can be drawn upon to develop the Edmonds Town Centre/New Westminster area to similar capacity.

It is important for the Aboriginal community to critically look at the existing services in all areas to assess their effectiveness in serving all Aboriginal sub-populations. Are these services interconnected and coordinated? Outside of these service areas, partnerships should also be considered between Aboriginal and non-Aboriginal service providers to ensure all areas have access to the 16 cluster service location. In addition, it is recommended that the Aboriginal Homelessness Steering Committee (AHSC) actively promote the development of these service locations, and the co-location concept, within the Aboriginal community at all levels.

Coordinating with the RSC

The *2003 Aboriginal Homelessness Study* must be promoted on an equal level with the *RSC 2003 GVRD Homelessness Plan*. The main failing of the 2001 report is that while it was used extensively by the AHSC it was all but invisible outside of this body. This oversight was particularly costly over the past three years in that possible partnerships based on Aboriginal priorities were lost. The communication and awareness of Aboriginal issues did not take place in the general public. Finally, and perhaps most disturbing, the distribution of funding from the non-Aboriginal funding stream was not based on Aboriginal priorities but rather defaulted to the RSC to determine priority for Aboriginal projects.

In one particular case discussed during an AHSC consultation session, the RSC used this oversight to justify the disqualification of an Aboriginal proposal, citing that it was the AHSC's responsibility to fund Aboriginal proposals. Human Resources Development Canada (HRDC) had made it clear to both steering committees prior to the distribution of any Supporting Communities Partnership Initiative (SCPI) funding that priority was to be given to Aboriginal proposals within the non-Aboriginal funding stream as well as the Aboriginal specific envelope.

To prevent this situation from happening again in 2003, a number of recommendations should be considered for both the AHSC and the RSC. First, that a summarized Aboriginal chapter be included in the *2003 GVRD Homelessness Study*. This step alone will prevent the Aboriginal priorities from being lost when the plan is circulated throughout the Greater Vancouver Regional District (GVRD). Second, that the RSC be provided with a comprehensive presentation regarding the Aboriginal priorities prior to any EOI or call for proposals. This action will help educate decision-makers that it is their responsibility to include Aboriginal priorities in future funding and policy decisions. Finally, that the Aboriginal plan be equally promoted throughout the GVRD in as many ways as possible. Clearly, the findings of both reports need to be brought to the attention of as many people as possible in both the Aboriginal and non-Aboriginal community. The AHSC needs to be vigilant to ensure that these recommendations are consistently adopted by the RSC until the end of the SCPI cycle in 2006.

Establish a Collaborative Process

Effectively putting these priorities and recommendations into action will require a strategic and concerted effort by key parties. Over the course of the next three years, the service delivery community, government agencies and other target audiences within the private sector can collaborate to prevent and alleviate Aboriginal homelessness in the GVRD. This collaboration would be more effective when one structured approach is used. This plan should focus on four key elements:

- Specific goals and objectives broken down to a basic level designed to achieve the broader recommendations
- Clear roles and responsibilities for all parties involved
- A clear timeline
- Measurable outcomes and benchmarks

This plan, once produced, will need to be ratified and regularly reviewed by the Aboriginal Homelessness Steering Committee (AHSC) to ensure the goals and objectives remain relevant and to ensure accountability.

Effective Communications

The AHSC should consider adopting the communication strategy contained in this report to help it communicate with key stakeholders, such as its constituency, non-Aboriginal audience and various levels of government to raise awareness about the homelessness issue. The **Communication Strategy** section outlines the objectives, audiences, key messages and tactics to be employed in the development and maintenance of an external media, community and government relations and communications program.

While there has been no formal communications strategy introduced previously, there have been numerous informal successes in information sharing. However, to date the communication effort has lacked clear direction. What is lost in the process is strategic, consistent key messaging for the Aboriginal community and control over content. Lack of information about programs, services and initiatives to prevent and alleviate homelessness in the GVRD may impede efforts and progress to implement many of the forwarded recommendations in this study.

The recommended solution is for the AHSC to adopt a much more visible and proactive position in the discussion of its own issues, expectations and plans. Decisions are often made based on available information. Effective communication and increased awareness of the AHSC and the homelessness situation in the Aboriginal community will create an opportunity for them to establish a position to affect decision-making processes.

One option for the AHSC to consider is to contract out the management of this plan to a consultant or organization with specific expertise in communications and/or public relations. Exercising this option would ensure that the communication strategy is consistent in application and that the key focus areas are maintained as a priority for the duration of the project.



Final Conclusion

In addition to adopting the previous recommendations, the Aboriginal community has a number of strengths that should help the AHSC achieve its mandate. These include a tradition of strong extended family, sense of community and spirituality. While these may vary in degree between Aboriginal peoples, the overarching commonalties provide a strong identity and connection that can be effective for the purposes of collaborating and mobilizing efforts to prevent and alleviate homelessness. Clarity of knowledge and thorough research combined with coordinated action and long range planning is the right course of direction for the AHSC to pursue. Only from this strategic perspective and approach will the AHSC develop a substantive response to successfully address the issue of Aboriginal homelessness in the GVRD by 2006.

Bibliography

- Barker, Robert L. (1999). The Social Work Dictionary, 4th edition. National Association of Social Workers. NASW Press. Washington, DC.
- BC Aboriginal HIV/AIDS Task Force (1999). The Red Road: Pathways to Wholeness: An Aboriginal strategy for HIV and AIDS in BC. Website. Accessed July 25, 2003. <http://www.healthservices.gov.bc.ca/cpa/publications/red-road.pdf>
- Brown, Jason; Calder, Peter. (2000). Concept Mapping the Needs of Foster Parents. Vol. LXXIX, #6. Child Welfare League of America.
- Bunker, B.B. and Rubin, J.Z and Associates. (1995). Conflict, cooperation and justice. Jossey-Bass, San Francisco, CA.
- Canadian Medical Association, 2002. Risk factors for elevated HIV incidence rates among female injection drug users in Vancouver. Website. Access, August 14, 2003. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11949985&dopt=Abstract
- Carling, Paul, J. (1995). Return to Community: Building support systems for people with psychiatric disabilities. The Guilford press, New York, NY.
- Cross, Terry I., et al. (Accessed January 2002). Promising Practices: Cultural Strengths and Challenges in Implementing a System of Care Model in American Indian Communities. National Indian Child Welfare Association. Portland, Oregon. One in a series of monographs produced by the Child, Adolescent and Family Branch/Center for Mental Health Services. Substance Abuse and Mental Health Services administration. URL http://www.nicwa.org/policy/promising_practices.htm
- Dakota, Ojibway. Health Services. Program Elements: Community mental health, definition of objectives. Accessed August 11, 2003. URL <http://www.dotc.mb.ca/health/programs.html#1>
- Dennis, Deborah L.; Cocozza, Joseph J.; Steadman, Henry J.. (1998) What Do We Know About Systems Integration and Homelessness? The 1998 National Symposium on Homelessness Research. Accessed December 7, 2001. URL <http://aspe.osdhhs.gov.htm>
- Diamond, Louise, Dr.; McDonald, John, Ambassador (1996). Multi Track Diplomacy, A Systems Approach to Peace. 3rd Edition. Kumarian Press.
- Dickens, Peter M. (1998). Making Sense Out of Chaos: A Continuing Dialogue. Unpublished. The Cascadia Group Learning Inc.



- End Legislated Poverty (2003). The Corporate Agenda and Background of Welfare Legislation in B.C. British Columbia: Vancouver. [Article published online] Accessed August 11, 2003.
URL <http://www.endlegislatedpoverty.ca/background.html>
- Fraser, Larry D. The Cultural Dimensions of Standardized Programs. Vol. 3 No. 2. Public Administration and Management: An Interactive Journal Website. Accessed June 13, 2000. URL: <http://www.pamij.com/fraser.html>.
- Government of Canada's Homelessness Initiative, Supporting Partnerships Initiative, Community. August 2000.
- Hamilton Executive Director's Aboriginal Coalition (2001). The Homelessness Trail: "The Voice of the People" An Introductory Report on Aboriginal Homelessness within the New City of Hamilton. Accessed August 5, 2003.
URL <http://www.sprc.hamilton.on.ca/spcnews3.htm>
- Hwang, Stephen, W. (2001). Homelessness and Health. Canadian Medical Association Journal. Accessed December 12, 2001. URL <http://www.cma.ca.htm>
- Indian and Northern Affairs Canada. (1995). Facts From Stats: How do Aboriginal and non-Aboriginal living conditions compare? Website (2003)
URL http://www.ainc-inac.gc.ca/nr/nwltr/sts/1995fs-6_e.html
- Klein, S., & Long, A. (2003). A Bad Time to be Poor. British Columbia: Vancouver, B.C: Canadian Centre for Policy Alternatives – BC Office and SPARC B.C. Website. Accessed August 5, 2003. URL <http://www.creativeresistance.ca/awareness01/2003-jun17-a-bad-time-to-be-poor-seth-klein-andrea-long-ccpa.htm>
- Literature Review (2001). Defining Quality Evidence-Based Practice. Australia. Accessed December 7, 2001. URL <http://www.health.wa.gov.au.htm>
- Maslow, A.H. (1970). Motivation and Personality, second edition. Harper and Row, New York, NY.
- McMurray-Avila, Marsha; Gelburg, Lillian; Breakey, William, R. (1998). Balancing Act: Clinical Practices That Respond to the Needs of Homeless Persons. The 1998 National Symposium on Homelessness Research. Accessed December 7, 2001.
URL <http://aspe.hhs.gov.htm>
- Mercier, Celine; Piat, Myra: McGill University; Pealdeau, Normand; Dagenais, Christian: Quebec University in Montreal. (2000). An Application of Theory-Driven Evaluation to a Drop-In Youth Center. EVALUATION REVIEW, Vol. 24 No.1 p73-91. Sage Publications

Nabitz Udo; Severens, Peter; van den Brink, Wim & Jansen, Paul. 2001 Improving the EFQM Model: An empirical study on model development and theory building using concept mapping. TOTAL QUALITY MANAGEMENT, VOL 12, NO. 1 p69-81.

National Homelessness Strategy, A Discussion Paper (2000). Housing Support Branch, Department of Family and Community Services. Accessed December 12, 2001. URL www.facs.gov.au

Øyen, Else. (2001). "A methodological approach to "Best Practices." University of Bergen, Health and Social Policy Studies, Fosswinckelsgate 7, N-5007 Bergen. crop@uib.no

Pranteau, Dave. (2001) Aboriginal Homelessness in the GVRD: Planning in 2001/2002. Website. Accessed July 4, 2003. URL <http://www.lnhs.ca/documents/pdf/Aboriginal%20HomelessnessPlanning%20in%20the%20GVRD%202001.pdf>

Reitsma-Street, M. (2002). A Policy Analysis of the Proposed B.C. Employment and Assistance Law. British Columbia: Victoria. [Newsletter Articles published online] Retrieved August 11, 2003, from the World Wide Web: <http://www.creativeresistance.ca/awareness/2002-april01-analysis-changes-to-welfare-and-disability-laws-marge-reistma-street.htm>

Ross, David, P., et al. 2000. The Canadian Fact Book on Poverty. Canadian Council on Social Development. Ottawa, On.

Report of the Royal Commission on Aboriginal Peoples. 1996. Gathering Strength: Volume 3. Minister of Supply and Services. Canada Communication Group, Ottawa, On

Saskatchewan Indian Institute of Technologies (2000). Urban First Nations People without Homes in Saskatchewan. Website. Accessed Aug 10, 2003. URL <http://www.creativeresistance.ca/awareness01/2003-jun17-a-bad-time-to-be-poor-seth-klein-andrea-long-ccpa.htm>

Senge, P.M., et al. (1994). The fifth discipline fieldbook. Currency Doubleday, New York, NY, pp. 87-189.

Trochim, William, M.K (1989). An Introduction to Concept Mapping for Planning and Evaluation. p1-26. Cornell University URL <http://trochim.human.cornell.edu.htm>

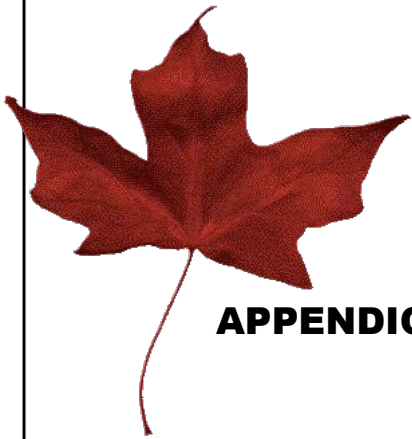
United Native Nations (2001). Aboriginal Homelessness In British Columbia.

Usatine, R.P., Gelberg, L., Smith, M.H. & Lesser J. (1994). Health Care for the Homeless: A Family Medicine Perspective. American Family Physician 49: p139-146

Vancouver/Richmond Health Board (2000). Strategic Plan for Housing Services – A Discussion Document.



- Van Hoof, Frank; Van Weeghel, Jaap; Kroon, Hans (2000). Community Care: Exploring the Priorities of Clients, Mental Health Professionals and Community Providers. International Journal of Social Psychiatry, Vol. 46 No. 3 pp208-219.
- Webster, Larry (2001). Downtown Eastside Community Forum Report. Prepared by: United Native Nations Community and Economic Team. Unpublished.
- Weiner, Richard, L.; Wiley, Deane (1994). Needs Assessment, Combining Qualitative Interviews and Concept Mapping Methodology. Vol. 18 Issue 2, p227
- Weisbord, Marvin R. (1987). Productive workplaces: Organizing and Managing for Dignity, Meaning and Community. Jossey-Bass, San Francisco, CA.
- Woodward, Jim, et al. (2001). Regional Homelessness Plan for Greater Vancouver. Prepared for the Regional Steering Committee on Homelessness
- Wheatley, M. (1999). Leadership and the new science: Discovering order in a chaotic world. (2nd ed) Berret-Koehler, San Francisco, CA



APPENDICES





Glossary

Aboriginal Person

Statistics Canada defines an Aboriginal person as a member who reported identifying with at least one Aboriginal group, that is, "North American Indian", "Métis" or "Inuit", and/or who reported being a Treaty Indian or a Registered Indian, as defined by the Indian Act of Canada, and/or who reported they were members of an Indian Band or First Nation.

Aboriginal Homelessness Steering Committee (AHSC):

The AHSC is a committee that makes recommendations on Aboriginal Homelessness issues based on the amount of SCPI funding. They represent the Aboriginal people in the Greater Vancouver Area.

Absolute Homelessness

Refers to those without any physical shelter. This would include those who are living rough (i.e. outside, in parks or on the beach, in doorways, in parked vehicles, or parking garages), as well as those in emergency shelters or in transition houses for women fleeing abuse.

Advisory Group

A community reference group for the implementation of SCPI providing a forum for sharing best practices and identifying gaps in programs and services.

Affordable Housing

Housing that is generally accessible to a wide segment of lower-income wage earners. While affordable housing should form part of the community's Continuum of Supports Plan, it cannot be funded through SCPI.

Assets

All elements currently used to support the community plan. They include, but are not limited to, services, human resources, equipment, buildings and land.

At-Risk Youth

Youth seeking safety from unhealthy or abusive environments in search of a better situation. These youth often end up on the streets as their only alternative. (Chamberlin & Saskatoon Youth Resource Network 1999).

Capacity Building

A process by which organizations increase their abilities to: set objectives and priorities, perform functions, solve problems and achieve objectives; and understand and deal with labour market needs in a broad context and in a sustainable manner.

City Facilitator

The federal employee at the community level who will assist in building or strengthening partnerships among stakeholders and other levels of government. The City Facilitator will act as a catalyst to assist in the development of community-based approaches to homelessness and represent the Government of Canada and the Federal Coordinator on Homelessness.



Clients

Aboriginal people who are homeless or at-risk of homelessness and use services and programs delivered by service providers.

Cluster

According to the 2001 Aboriginal Homelessness Study, a cluster is a priority identified as: (1) a factor in preventing and alleviating homelessness and; (2) a component within the Aboriginal Continuum of Care. The clusters are:

Cluster 1: Prevention

Cluster 2: Outreach/Assessment/Client Identification

Cluster 3: Housing

Cluster 4: Advocacy/Education Services

Cluster 5: Mental Health Services

Cluster 6: Health and Dental Services

Cluster 7: Community and Family Supports

Cluster 8: Peer Support

Cluster 9: Employment and Income Supports

Cluster 10: Services and Programs

Cluster 11: System Coordination

Cluster 12: Staffing and Training

Cluster 13: Transportation

Cluster 14: Research

Cluster 15: Regional Issues

Cluster 16: Funding, Partnerships and Continuity of Services

(Refer to the **Gaps** section for more details)

Community Advisory Board

An entity comprised of community service providers, funders and academics. This Board provides recommendations to the Community Entity or HRDC (whichever is applicable) to approve project funding.

Community Entity Model

Within this model, the Community Entity partners with the federal government for SCPI funds. It is a community-based advisory body that performs a preliminary review of projects and makes recommendations to the Community Entity. The Community Entity monitors, reports and makes final recommendations on the implementation and evolution of the Community Plan.

Community Entity

An incorporated organization that receives SCPI funding. It is responsible for ensuring that community planning is undertaken, decision making mechanisms and administrative practices are in place and for allocating SCPI funding to projects.

Community Plan

The Community Plan is a document that identifies assets, gaps and priorities in the context of homelessness within a cultural sub-group in a particular geographic area.

Community Planning Group

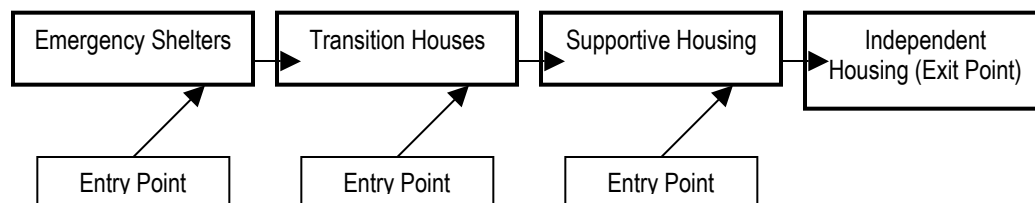
Comprised of representatives from various sectors interested in homelessness who developed the Community Plan.

Continuum of Care

The continuum of care is a model or system where an individual's needs are assessed and the resources or services available to meet their needs are presented. It is a coordinated effort in determining and providing services in a more efficient means of moving someone from homelessness to permanent housing and maximum self-sufficiency (Literature Review: Aboriginal Peoples and Homelessness, 1997).

Continuum of Housing

The continuum of housing represents a spectrum of housing categories, from people who are absolutely homeless and one end, to people who are entirely self-sufficient and independent on the other. The continuum has a number of stages, each stage representing a different level of stability (Pranteau, 2001). Refer to the **Gaps** section.



Continuum of Supports

The Continuum of Supports is a holistic approach to address the needs of homeless individuals within a community. It includes all supports and services that would be needed to assist a homeless person or someone at-risk of becoming homeless to become self-sufficient, where possible.

Contribution Agreement

The Contribution Agreement is a legal mechanism that stipulates what is required to ensure that the terms and conditions of SCPI and Treasury Board guidelines are respected and that program-specific financial and performance terms are adhered to.

Culturally Appropriate Services

Culturally appropriate services are designed to meet the physical and spiritual needs of its clients, including but not limited to a recognition of a given community's value and belief system.

dbappleton

A full service management consulting company specializing in strategic performance development; helping people and organizations realize their highest potential

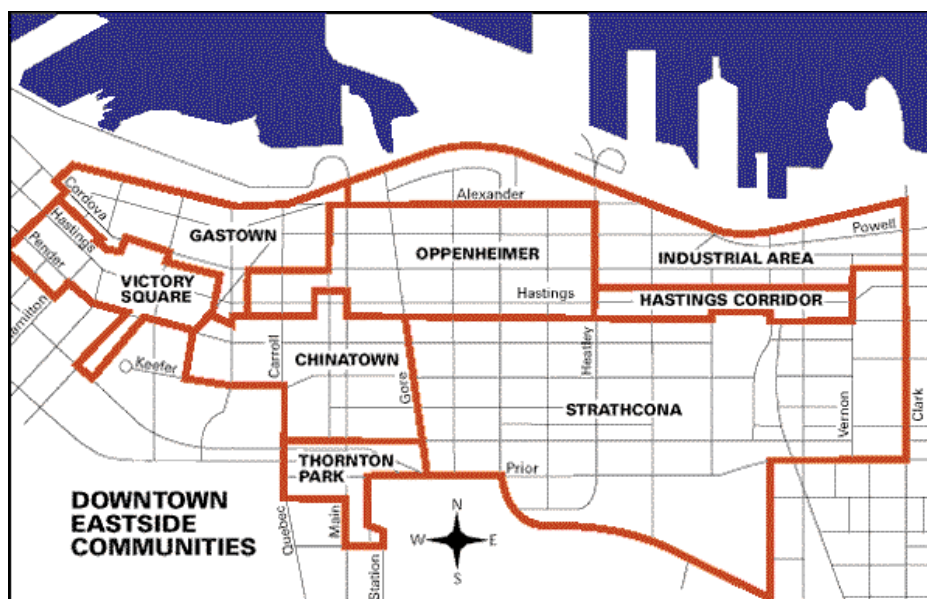


Demonstrated Need (with reference to 20% communities)

The requirement for a community to present evidence of a problem with absolute homelessness in it. Provincial/territorial and Government of Canada agreement must be reached before a community will be declared as an 'eligible community'.

Downtown Eastside (DTES)

The Downtown Eastside is a neighbourhood in the city of Vancouver that lies just to the east of the central business district and is comprised of several communities including Chinatown, Strathcona and Gastown. Hastings Street is the backbone of this generally low-income and ethnically diverse neighbourhood. The Downtown Eastside is known for having a drug problem and is home to a large number of organizations who deliver services to homeless people.



(Source: City of Vancouver)

Dual Diagnosis

Dual diagnosis occurs when someone suffers from two or more health conditions (i.e. – mental illness, addiction, or disability, etc.). This can be problematic because in many occasions the individual is only treated for one aspect.

Elders

Elders are Aboriginal persons who are respected and consulted due to their experience, wisdom, knowledge, spiritual enlightenment and insight. The term “Elder” does not necessarily equate with age.

Emergency Shelters

An emergency shelter is usually a single or shared bedroom for up to one month. Emergency shelters may also be referred to as hostels.

Expression of Interest (EOI):

An EOI is a written document expressing interest in a specific project (i.e. – Homelessness).

Greater Vancouver Regional District (GVRD):

The GVRD provides planning and management services in regards to the growth and development of the Lower Mainland.

Host Agency

A legal entity that holds or dispenses funds for a planning group or non-legal entity.

Homelessness

The United Nations defines two categories of homelessness:

Absolute Homelessness – refers to those without any physical shelter. This would include those who are living rough (i.e. outside, in parks or on the beach, in doorways, in parked vehicles, or parking garages), as well as those in emergency shelters or in transition houses for women fleeing abuse.

At-risk of homelessness – refers to individuals or families whose living spaces do not meet minimum health and safety standards, and do not offer security of tenure, personal safety and / or affordability. Those at-risk of homelessness spend more than 50% of their income on housing. The homeless at-risk population includes the invisible homeless, those who are difficult to quantify, such as individuals who are staying with friends.

Human Resource Development Canada (HRDC):

HRDC is a department of the federal Government of Canada. Some of the services and programs HRDC offers are:

- Homelessness;
- Income Security;
- Employment Services; and
- Labour Services

Independent Housing

Independent housing is permanent, affordable housing for individuals who can live independently, without need for support services provided in conjunction with the housing.

In-kind Contributions

In-kind contributions non-financial contributions used in the implementation of the community plan. This may include, for example, volunteer hours, donated supplies and facilities and professional services (accounting, legal, other).

Kitchen Table Session

The term “kitchen table” is used to describe a type of session where homeless and at-risk people are consulted on issues in an area that they frequent or feel comfortable in, such as a drop-in centre. The logic behind the term is that the researchers have traditionally gone to soup kitchens and sit down at a kitchen table with the interviewee.



Lu'ma Native Housing

Lu'ma Native Housing, the host agency (legal entity) for the AHSC, is responsible for the creation of the Financial Roll-up Analysis and for prescribing allocated funding for service providers to prevent and alleviate homelessness in the Aboriginal community.

Lu'ma's mandate is to acquire, construct, develop, hold, supply, operate, manage, and maintain housing accommodations and incidental facilities for people of Aboriginal Ancestry in the Province of British Columbia.

Métis

The term "Métis" was originally used to refer to the descendants of the early 18th and 19th century French or Scottish fur traders and Aboriginal women in the mid-west (Alberta, Saskatchewan and Manitoba). Today, Métis can also refer to people of mixed ancestry not associated with a specific First Nation.

Minimal Barrier

Minimal barrier facilities are flexible, non-judgmental service based on need, without restrictions to lifestyle, condition (e.g. intoxication), eligibility or number of times receiving the service, in a building that is accessible to everyone, regardless of physical condition, while acknowledging that acuteness of health needs, behaviour, or level of intoxication may limit the ability of the provider to give service.

Most Affected Communities

Those communities identified through bi-lateral negotiations between the Government of Canada and provinces or territories as having a significant problem with absolute homelessness. Such communities will have access to 80% of SCPI funding. They are currently identified as Vancouver, Calgary, Edmonton, Winnipeg, Toronto, Ottawa, Hamilton, Montreal, Quebec City and Halifax.

Multi-service Centres

Multi-service centres offer a broad range of services to homeless people, including meals, showers, dental hygiene services, service referrals, etc. However, such centres do not necessarily provide beds or overnight shelter.

National Homelessness Initiative (NHI):

The NHI works with community and government bodies to alleviate homelessness and individuals at-risk of homelessness.

Non-commercial Activities

Activities from which the sponsoring/delivering organization does not plan to make a profit, or where all profits would be immediately re-invested in homelessness initiatives/activities.

Non-status Indians:

Aboriginal people who for one reason or another are not registered under the Indian Act. They are not members of any bands and are not entitled to any of the rights and benefits specified in the Indian Act.

Objectives

Objectives are outcomes that the community expects to achieve by 2006, through implementation of its Plan.

Other Affected Communities

Those communities identified through bi-lateral negotiations between the Government of Canada and provinces or territories that will have access to 20% of the SCPI funding.

Priorities

Priorities are gaps in services and programs related to homelessness that have been identified as having particular precedence in preventing and alleviating homelessness in the GVRD.

Regional Facilitator

A regional facilitator is an HRDC employee who coordinates the homelessness initiative at a regional level through administrative support to City Facilitators, links with other federal departments and other levels of government. The regional facilitator also acts as a liaison between regions and the National Secretariat on Homelessness.

Second Stage Housing

Transitional, time-limited housing obtained after leaving an emergency shelter and before a person is ready for independent housing. Residents of second-stage housing are expected to move on to permanent housing once their living situation is stabilized.

Service Providers

Those agencies and organizations that deliver programs and services to individuals who are or may become homeless, regardless of where the agency is found on the continuum of supports.

Shelters

Housing intended for very short tenures (from a few days to six months), usually available on an emergency basis.

Social Housing

Public or non-profit owned housing receiving long-term federal subsidies (3+ years).

Social Planning and Research Council of BC (SPARC BC):

SPARC is a research firm that works with communities to create a more proficient and healthy society. They focus on income security and community capacity.

Stakeholders

Those individuals, agencies, organizations and funders that are interested in making a contribution to reducing or preventing homelessness. This also includes the private sector, churches and homeless individuals.



Supporting Communities Partnership Initiative (SCPI):

SCPI provides financial support to communities as well as encouraging services and providers to work together with provincial and municipal governments. Their definitive goal is to increase the distribution, and regionalization of services for homeless and at-risk people.

Supportive Housing

Public, private or non-profit owned housing with some form of support component, intended for people who cannot live independently in the community, where providers receive funding for support services. The tenure may be long term.

Sustainability

The term, “sustainability” refers to actions that meet the needs of the present without risking the needs of future generations. In the context of Aboriginal homelessness, it involves delivering programs to homeless and at-risk people while ensuring that resources will be available in the future so that new programs can be developed.

Transgender

Appearing as, wishing to be considered as, or having undergone surgery to become a member the opposite sex.

Three Ways to Home

A SCPI paradigm which states that homelessness can be most effectively addressed with three main components:

1. Adequate Income
2. Support Services
3. The Continuum of Housing

Transition Houses

Safe, secure but time limited housing (30 days) for women and children fleeing abuse or for persons leaving addiction treatment.

Urgent Need

Work (projects/activities) that must be undertaken before a community plan is in place (plan written, priorities identified and agreement among planning group reached) due to time-sensitive issues. In order for a project to qualify as an ‘urgent need’, the community has to show that homeless people would suffer from extreme hardship if the project did not commence immediately.

Youth

MCFD defines a youth as a person who is 16 years of age or over but under 19 years of age.

2001 Report Methodology

(Pranteau, 2001)

Data Collection

The workshop was facilitated by the lead consultant and co-facilitated by volunteer member/s of the Canadian Executive Services Organization (CESO). The lead consultant provided a workshop introduction and made available background information on the Supporting Communities Partnership Initiative. To ensure that all participants were clear on the direction of the workshop a presentation on the Purpose of the Workshop was provided.

The purpose of the regional workshops was: to identify the gaps in service and programs and to identify priorities, strategies, programs and services to prevent and alleviate homelessness of urban Aboriginal people in the GVRD.

The key question posed during the sub-regional workshops was: what priorities, initiatives, strategies, programs and services are needed to establish an effective system of supports and housing to prevent and alleviate homelessness of urban Aboriginal persons? The participants were left to determine the scope of the question under consideration.

To answer the key question during the workshops, the principles of concept mapping were applied. Concept mapping is a type of structured conceptualization used by groups to develop a conceptual framework that can guide evaluation or planning. Concept mapping was developed in the educational and social fields to generate conceptual frameworks based on specific terms. (Nabitz et al, 2001) Concept mapping has been applied in many settings including an assessment of the needs of foster parents (Brown and Calder, 2000), evaluation of a drop-in centre (Mercier, Piat, Peladeau, Dagenais, 2000), and a needs assessment of a crisis centre (Weiner and Wiley, 1994).

A concept map therefore, is a useful way of organizing information. There is no strict limit on the number of people who can be involved in concept mapping. Typically, between 10 and 20 people seems to be a workable number. Groups of that size ensure a variety of opinions and still enable good group discussion and interpretation. (Trochim, 1989)

Concept mapping is a step-wise approach in which statements are generated, rated, clustered, analyzed and finally interpreted.

In the typical case, six steps are involved: 1) Preparation (including selection of participants and development of focus for the conceptualization); 2) the Generation of statements; 3) the Structuring of statements; 4) the Representation of Statements; 5) Interpretation; and, 6) the Utilization of Maps. (Trochim, 1989)

In the sub-region workshops only the three-step procedure of generating, rating and clustering of statements was utilized. In the first step, brainstorming, participants were asked to state the priorities, initiatives, strategies, programs and services needed to establish an effective system of supports and housing to prevent and alleviate homelessness of urban Aboriginal persons within their region. The participants were asked to generate as many



statements as they could, no idea was considered too far-fetched and that there would be no criticism or discussion of statements. In addition participants were allowed to comment or elaborate on one another's statements only by introducing new statements. Despite these stipulations, participants often debated statements, expanded upon or clarified others' statements.

CESO volunteers facilitated the brainstorming exercise utilizing a flip chart and marker to write down the statements as they were being produced so that the participants could see the statements as they were being generated. At the end of the brainstorming session the statements were entered into a word processing program and the list of statements were printed out on single sheets of paper and distributed to all of the remaining participants in preparation for the next phase of the concept mapping process.

In total, 163 statements were generated in all three sub-regions with the East Region workshop generating 64 statements; the West Region workshop generating 58 statements; and, the South Region workshop generating 41 statements. The Lists are included as Appendix II.

In the second step, prioritizing, the individual participants in each of the sub-region workshops were handed out the typewritten statements again and were asked to rate each statement on a five-point-scale, ranging from 1 (least important) to 5 (most important).

The instructions to the participants for this phase of the exercise was that they were not to spend too much time on individual statements, that the rating exercise was not an intellectual exercise or an exercise in right/wrong. Rather, the rating was an intuitive process and the less thinking involved the better. In all 11 participants from the West Region, 5 from the East Region, and 7 participants from the South Region completed the rating task.

In the third step, clustering, the participants were asked to categorize all the statements into a self-chosen set of clusters with common themes and/or subjects. Again they were asked not to spend too much time in this phase of the process but rather to let the clustering be an intuitive process.

To facilitate the clustering exercise, in the interests of ease of application and time, participants were asked to give a heading/name to each cluster but that other designations were fine as long as they clustered the statements into similar or like themes or subjects. Upon completion of this last exercise the workshops ended and participants were free to leave. The same number of participants in each of the three sub-regions completed the clustering exercise as the rating exercise.

The approach described above is consistent with that described by Trochim et al. and that it is:

...not necessary that all participants take part in every step of the process. One might, for instance, have a relatively small group do the generation (e.g., brainstorming) step, a much larger group perform the structuring (i.e., sorting and rating) and a small group for interpretation and utilization. In general, however, we have found that concept maps are

better understood by people who have participated in all phases of the process than by those who have only taken part in one or two steps. (Trochim, 1989)

The principles of concept mapping applied in this consultation process allowed the Consultants to follow significant trends of thought, and to then analyze and organize findings into themes and clusters.

Data Analysis

Formal concept mapping provides a statistical procedure for reducing all of the statements and categories to a single 'concept map', i.e. a limited set of prioritized subject clusters. (Van Hoof, Van Weeghel, Kroon, 2000) While this formal concept mapping process provides specific guidelines in statistical analysis, the consultant/s deviated from the formal process to a more informal process. The major departure from the formal method described herein is due to a lack of technology and the lack of time necessary to build a computer generated concept map. Thus, no concept map could be produced utilizing formal concept mapping. As such, a more informal procedure of concept mapping was adopted. In spite of this challenge Cooper and Labach in their work state that "...without computer-based tools, it is quite possible to create maps which violate the rules of the notation...it is therefore desirable to be able to create concept maps with what can be termed an informal notation." (2000)

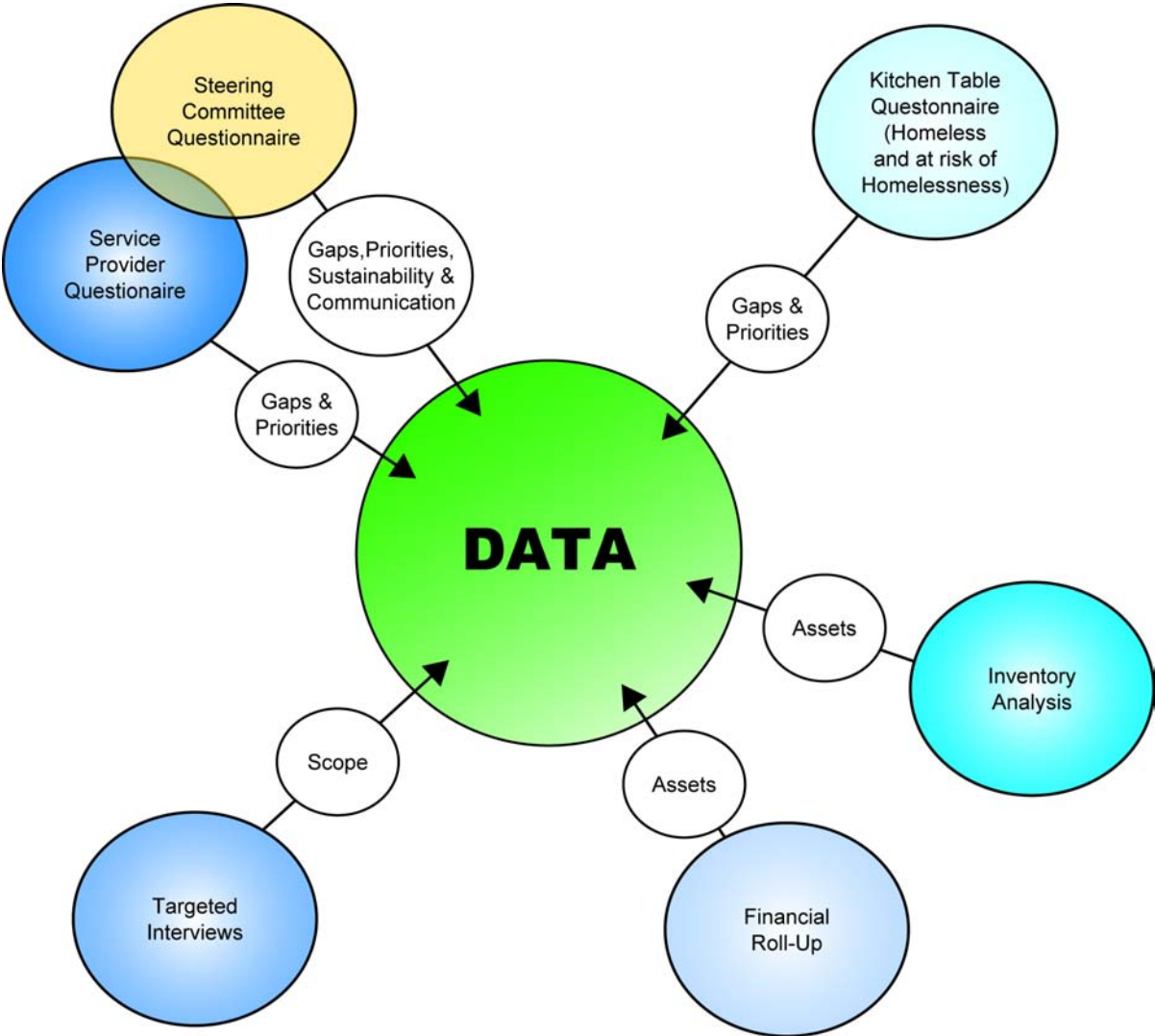
The procedure utilized to create the informal concept map was as follows: each of the sub-regions had its own set of statements, ratings, and clusters. In order to obtain an overall view of all of the results, the consultant/s went through each participant's cluster from the three sub-region workshops. There were 46 clusters in total. There are many similarities and areas of overlap between the clusters generated by the participants in all three sub-region workshops. There were some clusters that were unusable, as the clusters did not have easily identifiable headings to which they could be grouped with other clusters. The Participant Cluster List is attached as Appendix III.

The consultant/s then calculated the mean priority for each statement from each sub-region based on the five-point-scale given during the workshops. This was accomplished this first by inputting the rating given by all participants' to every statement in each sub-region to obtain the mean score for each statement. The results of the calculations of the mean score per statement from each sub-region are included as Appendix IV Tables 1, 2, and 3 as are line graphs representing a summarized view of the clusters in relation to each other in a two dimensional scale of the mean scores from each sub-region.





Data Chart



This chart illustrates the methods used to collect data for the 2003 Aboriginal Homelessness Study.



Kitchen Table Questionnaire**2003 ABORIGINAL HOMELESSNESS STUDY**
COMMUNITY MEMBER QUESTIONNAIRE**Respondents**

- Individual
- Group (Please state the number) _____

Housing**Emergency Shelters**

1. Do you think that there are enough emergency shelters in the (area of the session)?
 - Yes
 - No

2. In the past year, have you been turned away from an emergency shelter because of a lack of space?
 - Yes
 - No
 - Did not try to access an emergency shelter

3. In the past year, have you been turned away from an emergency shelter for any other reason?
 - Yes _____ (*Please specify*)
 - No
 - Did not try to access an emergency shelter

4. Do you think that there is a need for more emergency shelters in the (area of the session)?
 - Yes _____ (*Please specify*)
 - No

Transition houses for women fleeing abuse

1. Do you think that there are enough transition houses in the (area of the session)?
 - Yes
 - No



2. In the past year, have you been turned away from a transition house because of lack of space?

- Yes
- No
- Did not try to access a transition house

3. In the past year, have you been turned away from a transition house for any other reason

- Yes _____ (*Please specify*)
- No
- Did not try to access a transition house

4. Do you think that there is a need for more transition houses in the (area of the session) or in any other part of the Greater Vancouver Region?

- Yes _____ (*Please specify*)
- No

Second stage / transitional or supportive housing

1. Do you think that there is enough second stage, transitional or supportive housing in the (area of the session)?

- Yes
- No

2. In the past year, have you been turned away from second stage, transitional or supportive housing because of lack of space?

- Yes
- No
- Did not try to access this type of housing

3. In the past year, have you been turned away from second stage, transitional or supportive housing for any other reason?

- Yes _____ (*Please specify*)
- No
- Did not try to access this type of housing

4. Do you think that there is a need for more second stage, transitional or supportive housing in the (area of the session) or in any other part of the Greater Vancouver Region?

- Yes _____ (*Please specify*)
- No

Other Housing Issues

1. Do you have any concerns with security when staying in housing?

- Yes _____ (*Please specify*)
 No

2. Do you think that there is a need for any other type of housing to address homelessness or prevent people from becoming homeless?

- Yes _____ (*Please specify*)
 No

Support Services**Drop-in Centres**

1. Have you gone to a drop-in centre in the past year?

- Yes _____ (*Please specify*)
 No

2. Do you think that there are enough drop-in centres in the (area of the session)?

- Yes
 No

3. In the past year, have you been turned away from a drop-in centre because of lack of space?

- Yes
 No
 Did not try to access drop-in centres

4. In the past year, have you been turned away from a drop-in centre for any other reason?

- Yes _____ (*Please specify*)
 No
 Did not try to access drop-in centres

5. Do you think that there is a need for more drop-in centres in the (area of the session) or in any part of the Greater Vancouver Region?

- Yes _____ (*Please specify*)
 No



Outreach Workers

1. Have you been approached by or spoken to an outreach worker in the past year?
 Yes
 No

2. Do you think that there are enough outreach workers in the (area of the session)?
 Yes
 No

3. Do you think that there is a need for more outreach workers in the (area of the session) or in any other part of Greater Vancouver?
 Yes _____ (*Please specify*)
 No

4. Have you provided personal information about yourself to any service providers in the last year?
 Yes
 No

5. Have you been provided with information on homeless services in the last year?
 Yes
 No

Addiction Treatment Services

1. Do you think that there are enough addiction treatment services in the (area of the session)?
 Yes
 No

2. In the past year, have you been turned away from an addiction treatment service because of a lack of space?
 Yes _____ (*Please specify*)
 No
 Did not try to access addiction treatment services

3. In the past year, have you been turned away from an addiction treatment service for any other reason?

- Yes _____ (Please specify)
 No
 Did not try to access addiction treatment services

4. Do you feel about the availability of these services have increased or decreased over the last three years?

- Increased
 Decreased

5. Do you think that there is a need for more addiction treatment services in the (area of the session) or in any other part of Greater Vancouver?

- Yes _____ (Please specify location)
 No

6. If your response to the previous question was 'Yes', please specify what types of addiction services are needed.

Mental Health Services

1. Do you think that there are enough mental health services in the (area of the session)?

- Yes
 No

2. In the past year, have you been turned away from mental health services or unable to access mental health services?

- Yes
 No
 Did not try to access mental health services

3. If your response to the previous question was 'Yes', please specify the reason.



4. Have you faced any other barriers to accessing mental health services?

5. Do you think that there is a need for more mental health services in the (area of the session) or any other part of the Greater Vancouver Region?

- Yes
 No

6. If your response to the previous question was 'Yes', please specify what services are needed.

Health and Dental Services

1. Do you think that the availability of health and dental services in the (area of the session) is sufficient?

- Yes
 No

2. In the past year, have you been given access to health services?

- Yes
 No

3. In the past year, have you been given access to dental services?

- Yes
 No

4. Do you feel that there is a need for more health and dental services in the (area of the session)?

- Yes
 No

Community, Peer and Family Supports

1. Do you think that there is enough community and peer support in the (area of the session)?

- Yes
 No

2. In the past year, have you been assisted by other members of the community and/or your peers?

- Yes
 No

3. Do you think that family supports are strong in the (area of the session)?

- Yes
 No

4. In the past year, have you been given support by your family in any way?

- Yes
 No

5. In your response to the previous question was 'Yes', please specify how your family has given you support.

6. Do you think that there is a need for more community, peer and family supports?

- Yes
 No

Prevention

1. Have you ever gone to an advocacy or community organization for help to get housing or to keep the housing that you had (not getting evicted, for example)?

- Yes
 No

2. What kind of services do you think would prevent people from becoming homeless?

Transportation

1. Do you think that there is enough access to public transportation in your community?

- Yes
 No



2. Do you feel that there is a need for more public transportation in your community?

- Yes
- No

3. What is the largest barrier to access to public transportation?

- Location
- Frequency
- Cost
- Other _____ (Please specify)

Research

1. Have you been made aware of any research initiatives related to homelessness issues in the last three years?

- Yes _____ (Please specify)
- No

Regional Issues

1. Do you think that services are distributed equally across the Greater Vancouver Region?

- Yes
- No

2. Do you find that you often have to travel to other communities to get basic services?

- Yes
- No

3. Do you feel that the service providers whom you are in contact with work together effectively to service your needs?

- Yes
- No

4. Do you think that there is a need for a more equitable distribution of services across Greater Vancouver?

- Yes
- No

5. Do you access services on reserve?

- Yes
 No

Income

1. What kind of barriers do you face that prevent you from having more income?

- Education and/or Training
 Government Program Cuts
 Ethnicity / Cultural Background
 Family Commitments (taking care of children or another family member, for example)
 Injury, Illness and/or Disability
 Lack of Permanent Address or Telephone
 Other _____ (Please specify)

2. What kinds of programs or services would help you to have more income?

General Discussion

1. What kinds of services have you found to be most helpful?

2. What kinds of services have you found to be not so helpful?

3. Are there any other kinds of services or programs that you feel are missing to help people who are homeless or to prevent people from becoming homeless?



Priorities

1. From the following list of services, please write the top three services that are needed to help people who are homeless and to prevent homelessness?
 - a. Housing / Shelters
 - b. Education services
 - c. Mental health services
 - d. Health and dental services
 - e. Community and family supports
 - f. Employment and income support services
 - g. Staffing / training of service providers
 - h. Transportation services
 - i. More research on homeless issues
 - j. Equal distribution of services across all communities

1. _____
2. _____
3. _____

Demographics

1. What is your age group?

- Under 19
 20 – 29
 30 – 39
 40 – 49
 50 – 59
 60+

2. What is your gender?

- Male
 Female

3. What region do you identify yourself with?

- City of Vancouver
 North Shore (West, North Vancouver, Lions Bay)
 Burnaby/New Westminster
 South Fraser (Surrey, Delta, Langley)
 Tri-Cities (Coquitlam, Port Coquitlam, Port Moody, Anmore, Belcarra)
 Richmond
 Maple Ridge / Pitt Meadows

4. How long have you been homeless? _____ (Please specify)

5. What is the major cause of your homelessness? Check only one. **(Optional)**

- Alcohol Dependency
- Family Breakdown
- Community Disconnection
- Cultural Isolation
- Unemployment
- Other _____ (Please Specify)

We value the input you have provided us with in answering these questions.

THANK YOU FOR YOUR TIME AND COOPERATION IN COMPLETING THIS QUESTIONNAIRE.





Targeted Interview

Name:	Position:
Organization:	Date:

2003 Aboriginal Homelessness Interview Guide

Are the conclusions presented consistent with your viewpoint?

Housing _____

Community and Family Supports _____

Employment and Income _____

	Please comment on each of these issues:
Prevention	
Outreach / Assessment / Client Identification	
Mental Health Services	
Health and Dental Services	
Peer Support	
Services and Programs	
Research	

If your answer to previous question was no, what is your viewpoint on the issues?

Housing _____

Community and Family Supports _____

Employment and Income _____



Please comment on each of these issues:

Prevention

Outreach / Assessment / Client Identification

Mental Health Services

Health and Dental Services

Peer Support

Services and Programs

Research

What do you think it would take to address these issues?

Housing _____

Community and Family Supports _____

Employment and Income _____

Please comment on each of these issues:

Prevention

Outreach / Assessment /
Client Identification

Mental Health Services

Health and Dental Services

Peer Support

Services and Programs

Research





Aboriginal Service Inventory

A. - First Nations Chiefs' Health Committee

Suite 708 - Park Royal South, West Vancouver, BC V7T 1A2

The First Nations Chiefs' Health Committee advocates for and supports the development of health programs and services for First Nations people in British Columbia. It provides advice, guidance, and recommendations to the First Nations Summit on matters related to First Nations health. The committee is working on a Transitional Management Strategy with Health Canada and Medical Services that will identify First Nations health priorities and develop a regional budget plan. It also advocates for the protection of traditional medicine.

Administrative hours are 8:30 a.m.- 4:30 p.m. Monday to Friday.

Telephone: (604) 913-2080 Fax: (604) 913-2081

A. - Red Road HIV/AIDS Network Society

804 – 100 Park Royal, North Vancouver, BC V7M 1A6

The Red Road HIV/AIDS Network works to improve the quality of life of all Aboriginal people living with HIV/AIDS. This society holds workshops four times a year and offers networking opportunities. The society respects the traditional cultural values and beliefs of individuals, families, and communities.

Administrative hours are 8:30 a.m.-4:30 p.m. Monday to Friday (Closed daily 12:00 p.m.-1:00 p.m. for lunch). There is a maximum two week waiting period. A \$50 fee applies only to organizations that wish to become members.

Contact: Kim Louie or Bernice Doucet'ryan
Telephone: (604) 913-3332 Fax: (604) 913-3352

A. - B.C. Aboriginal Fisheries Commission

Suite 707 - 100 Park Royal West Vancouver, BC V7T 1A2

A commission which is responsible for protecting and enhancing the fishing rights of the Aboriginal people of BC. The BC Aboriginal Fisheries Commission provides facilitation and consultation for government-to-government communications.

Administrative hours are 8:30 a.m.-4:30 p.m. Monday to Friday.

Contact: Jen Thomas

Telephone: (604) 913-9060 Fax: (604) 913-9061
Email: fishing@bcafc.org



A - Native Fishing Association (NFA)

303 - 100 Park Royal, West Vancouver, BC V7T 1A2

The primary objective of this association is to maintain and increase Aboriginal participation in the commercial fishing industry of British Columbia. Financial assistance loans provided to Aboriginal people in the commercial fishing industry who meet eligibility criteria.

Administrative hours are 8:30 a.m.-5:00 p.m. Monday to Friday.

Telephone: (604) 913-2997 Fax: (604) 913-2995

A - National Aboriginal Business Association (NABA)

108 - 100 Park Royal South, West Vancouver, BC V7T 1A7

The National Aboriginal Business Association is an association of Aboriginal entrepreneurs that works to serve the needs of Aboriginal businesses. It functions as a national Chamber of Commerce for Aboriginal businesses in Canada.

Administrative hours are 8:30 a.m.- 5:00 p.m.

Telephone: (604) 913-0699 Fax: (604) 913-0559

A. - Native Brotherhood of BC Also Known As: NBBC

303 - 100 Park Royal, West Vancouver, BC V7T 1A2

NBBC is an organization that works to improve the social, spiritual, economic, and physical conditions of its members, including higher standards of education, health, and living conditions. It cooperates with government departments and recognized organizations concerned with the advancement of Aboriginal welfare. Also regulates relations between employers in the BC fishing industry and employees and dependant contractors. NBBC also publishes Native Voice.

Telephone: (604) 913-3372

A. - Provincial Residential School Project

911 - 100 Park Royal, West Vancouver, BC V7T 1A2

The Provincial Residential School Project provides crisis counseling, information, and referrals to residential school survivors (male & female). It assists communities to help survivors by offering training workshops, studies the effects that residential schools have had on Aboriginal people and creates awareness of residential school issues through the media and conferences. The organization also advocates for justice and healing initiatives in both Aboriginal and non-Aboriginal forms.

Contact: Gordon Loverin

Telephone: (604) 925-4464 Fax: (604) 925-0020

B - First Nations Summit

207 - 1999 Marine Drive, North Vancouver, BC V7P 3J3

First Nations Summit is an organization that works to ensure that the process for conducting treaty negotiations is accessible to all First Nations while also providing a forum for First Nations in BC to address issues related to treaty negotiations as well as other issues of common concern.

Telephone: (604) 990-9939

Fax: (604) 990-9949

C - Redwire Magazine

521 - 119 West Pender Street, Vancouver, BC V6B 1S5

Redwire is a magazine written by Aboriginal writers under 30 years old. The magazine features stories and profiles relevant to Aboriginal youth that examine culture, politics, and social development of urban aboriginal youth.

Contact: Simon Reece

Telephone: (604) 602-7226

Fax: (604) 689-4242

C - Native Youth Movement

c/o Redwire Magazine, 21 - 119 West Pender Street, Vancouver, BC V6B 1S5

Native Youth Movement is family of youth that fights for the earth and future generations. The movement believes in educating youth and supporting them to empower themselves. It hosts Talking Circles and camps.

Telephone: (604) 602-7226

Fax: (604) 689-4242

1. - Aboriginal Mother Centre (formally Indian Homemakers Association of BC)

2019 Dundas Street Vancouver, BC V5T 2C4

The Aboriginal Mother Centre (AMC) delivers programs and services to women and children. It assists in the prevention of discrimination, family violence, poverty, and destruction of the environment. Its programs include Advocacy & Support Services for Aboriginal Women, Families, Elders, & the Disabled; Eagle Women's Healing Circle; Eagle's Nest Preschool Aboriginal Head Start; Family Counseling & Outreach Services; Summer Student Practicum/Placement Program; Traditional Parenting Skills Program; and a clothing exchange. The Society accepts self-referrals and referrals

Administration hours are 8:30 a.m.-4:30 p.m. Monday to Friday. Closed daily 12:00 p.m.-1:00 p.m. for lunch.

Contact: Penny Kerrigan

Telephone: (604) 253-6262

Fax: (604) 253-6263



2. - Arrows to Freedom Cultural Healing Society

7753 Edmonds St. (cross street Canada way) Burnaby, BC

Arrows to Freedom provides many services, including one-on-one & group crisis counseling and referral counseling, crisis intervention, emergency food, transit tickets and personal rides as need basis, clothing and referral of services for clothing, male & female hygiene kits, referrals for shelter, monthly feasts on the 2nd Saturday, Family Night soup & bannock on Thursdays, meals for Aboriginal youth Wednesday, Friday and Saturday, computer use for job finding, e-mail, music, a Men's group, life skills, HIV presentations, traditional medicines, drumming Thursday night, an Early Childhood Development Program, and AA meetings.

Contact: Wally Awasis,
Telephone: (604) 520-6944

3. - Pacific Association of First Nation Women (formally known as "Association of First Nations Women")

204 - 96 East Broadway Avenue Vancouver, BC V5T 4N9

The Pacific Association of First Nations Women runs the Aboriginal Community Health Advocate Program, which provides advocacy, referral and support for Aboriginal Families and individuals who have difficulties accessing health and social services within the area.

It also runs the Aboriginal Elder Women's Support Program, which increases opportunities in the Lower Mainland for Aboriginal Elder Women (55 years and older) to access and participate in health care services and activities.

"Our Women: Our Strength" Program, is another program run by the organization. The primary purpose of this program is to increase the awareness of the relationship between Residential Schools and how that experience has impacted their community in regards to violence that exists in Aboriginal Communities in Canada

Contact: Jamie Barnes
Telephone: (604) 873-1833 Fax: (604) 872-1845

5. - Circle of Eagles Lodge Society

1470 East Broadway Avenue Vancouver, BC V5N 1V6

The Circle of Eagles Lodge Society (COELS) provides individual counseling and group counseling: The Alcohol & Drug Counselor, is at the Lodge conducting one-on-one counseling sessions and assisting residents in residential school issues and drug and alcohol addictions; Elders from the institutions make regular weekly visits to assist the residents. Other services include transportation, recreation, supervision of temporary absences and the Annual Canoe Healing Journey.

COELS provides vocational & employment training, counseling and referral services for upgrading and training. Residents are referred to Aboriginal organizations like the Employment & Training services at the Vancouver Aboriginal Friendship Centre, United Native Nations, The Native Education Center, and many other educational and upgrading institutions. COELS also Assists Aboriginal Brotherhoods within the Institutions and liaises between inmates, corrections and the community.

The Alcohol & Drug Counselor is at the Lodge conducting one-on-one counseling sessions and assisting residents in residential school issues and Drug and Alcohol addictions; Elders from the institutions make regular weekly visits to assist the residents: Sweat Lodge: ceremonies are held once weekly by our Spiritual Advisor. The Sweat Lodge is located just 2 blocks away from the Circle of Eagles Lodge at 2716 Clark Drive; Healing Circles: are held every Thursday at the Lodge right after supper.

The Society also runs the Musqueam / Circle Restaurant Training Program for residents leading to Level 1 Cooking Certificate. It also provides the Edith Anderson memorial annual scholarship fund whereby each year, a \$500.00 scholarship fund is available to recognize the educational achievements of individual residents.

Telephone: (604) 874-9610

Fax: (604) 874-3858

6. - Cwenengitel Aboriginal Society

13321 108th Avenue, Surrey, BC, V3T 2J7

The Cwenengitel Aboriginal Society Provides a safe environment where Aboriginal men may reside (6 beds) while addressing drug and alcohol addiction. The Society aims to help clients return to their community and lead a productive life. The Society offers referral services, food, transit tickets, counseling, life skills, and traditional healing methods to residents and non-residents. A traditional healing circle is held at 7:30 pm to 11 pm on Thursdays.

Contact: Wally LaVigne

Telephone: (604) 588-5561

Fax: 604-588-5591



7. First Nations Employment & Enterprise Centre/First Nations Employment Society

101 - 440 Cambie Street Vancouver, BC V6B 2N5

The First Nations Employment & Enterprise Centre provides adult and youth resource centre for computers, internet, phone, fax, photocopying, referral for job assistance and training, as well as education funding and referral of funding sources.

Telephone: (604) 605-8901

Fax: (604) 605-8902

8. Helping Spirit Lodge Society

3965 Dumfries Street Vancouver, BC V5N 5R3

Helping Spirit Lodge is a society that provides a transition house for Aboriginal women and children who are experiencing family violence while also incorporating traditional teachings. The Society also offers one-to-one and group counseling, 1st (33 beds) & 2nd (28 beds) stage transition homes, and pre-employment services. Helping Spirit Lodge accepts self-referrals and referrals from agencies and organizations. Applicants must contact the Society by phone for information and/or services, and then complete an intake interview. Services are delivered on a first come, first served basis and there is no cost.

Administration hours are 9:00 a.m.-5:00 p.m. Monday to Friday, but the transition house operates on a 24-hour basis.

Other facts:

- Aboriginal staff available.
- Childcare available.
- Transit accessible.
- Wheelchair accessible.

Contact: Donna Doss

Telephone: (604) 872-6649

Fax: (604) 873-4402

9. - Vancouver Native Health Society, Also Known As: VNHS

449 East Hastings Street (between Jackson and Dunlevy) Vancouver, BC V6A 1P5

The Vancouver Native Health Society offers a number of free services primarily for Aboriginal people in Vancouver, though people of all nationalities in the Downtown Eastside are welcome. Programs and services include Inner City Foster Parents Project, Medical Walk-In Clinic, Positive Outlook--HIV/AIDS Home Health Care Drop In/Outreach, Pre-Recovery Empowerment Program, Rotary Kids' Place, Sheway Project, TB Nurses, and the Youth 3 Safe House Project (9 beds).

Contact: Larry Grey

Telephone: (604) 254-9949

Fax: (604) 254-9948

Email: vnhs@shaw.ca

URL: <http://vnhs.net>

10. - Eagle's Nest Preschool Aboriginal Head Start

618 East Hastings Street (cross street Princess) Vancouver, BC V6A 1R1

Eagle's Nest prepares Aboriginal children for school within a warm, caring, secure environment. Elder and parent participation in the program is encouraged. Aboriginal culture and traditions are incorporated into the program in many ways, including language, smudging, arts & crafts, singing, dancing, and snacks. Program hours are 9:30 a.m.-11:30 a.m. and 1:30 p.m.-3:30 p.m. Monday to Friday. Program office closed daily 11:45 a.m.-12:45 p.m. for lunch.

Administration hours are 8:30 a.m.-4:30 p.m. Monday to Friday

Contact: Monica Leo

Telephone: (604) 253-3354

Fax: (604) 253-3440

11. - Eagle (Environmental Aboriginal Guardianship Through Law & Education) - Also Known As: EAGLE

Semiahmoo Reserve, 6541 Upper Beach Road, Surrey, BC V4P 3C6

EAGLE is an Aboriginal organization that donates legal expertise to First Nations on Aboriginal and environmental legal issues so that First Nations can use their rights to protect their culture and territories from environmental degradation. EAGLE also provides a course on Aboriginal law and consultation to First Nations communities throughout BC.

Administrative hours are 9:00 a.m.-5:00 p.m. Monday to Friday.

Contact: Shiela Jack

Telephone: (604) 536-6261

Fax: (604) 536-6282

13. - Federation of Aboriginal Foster Parents (FAFP)

3455 Kaslo Street (cross street 12th street) Vancouver, BC V5K 2A9

The Federation of Aboriginal Foster Parents provides a collective voice for all Aboriginal foster parents and promotes Aboriginal fostering in a nurturing and culturally appropriate environment throughout British Columbia. This agency trains and supports Aboriginal foster parents. Hours are 8:30 a.m.-4:30 p.m. Monday to Friday

Contact: Craig Stevens

Telephone: (604) 291-7091

Fax: (604) 291-7098



14. - First Nations Urban Community Society

623 Agnes St. (cross street 6th street) New Westminster, BC V3M 5Y6

The First Nations Urban Community Society provides culturally appropriate services to First Nations families. The Society offers the First Nations Full-Time Program, Drug & Alcohol Counseling, ECD, Native Awareness Parent Program, Legal Council, and Partners in Parenting. It also incorporates traditional teachings.

Administration hours are 8:30 a.m.-4:00 p.m. Monday to Friday.

Contact: Regina Hahjas

Telephone: (604) 517-6120

Fax: (604) 517-6121

15. - Healing Our Spirit BC Aboriginal HIV AIDS Society (also known as Aboriginal Health Association of BC)

Suite 100 - 2425 Quebec (cross street Broadway) Vancouver, BC V5T 4N9

Healing Our Spirit provides counseling, educational workshops local & regional, direct services for victims of HIV & AIDS, Resource Library, Research services, Grief research services, administration & volunteer, referral services shelter, food, clothing.

Contact: Elizabeth Benson

Telephone: (604) 879-8884

Fax: (604) 879-9926

16. - Hey-way'-noqu' Healing Circle for Addictions Society

206 - 33 East Broadway Avenue (between Ontario and Quebec) Vancouver, BC V5T 1V4

Hey-Way'-noqu' Healing Circle provides Spring/Summer day camps for Aboriginal children (separate camps for children 6-8 years old and 9-12 years old) during spring break, July and August. The camps include field trips, cultural activities, physical activities, and more. The society also provides one-to-one counseling, various group sessions, alcohol and drug use prevention groups, and teaches traditional drumming and singing. Hey-way'-noqu' also runs a four-week-long program focusing on Aboriginal women's experiences with alcohol and drugs.

The Society also provides a drop-in that provides in-house activities (e.g. videos and dinner) and field trips (e.g. to movies) for Aboriginal youth. Hours are 5:00 p.m.-7:30 p.m. Wednesday.

Administration hours are 8:30 a.m.-4:30 p.m. Monday, Tuesday, Thursday, Friday; 10:00 a.m.-6:00 p.m. Wednesday. Clients can drop in to access resources.

Contact: Jessica Stepp

Telephone: (604) 874-1831

Fax: (604) 874-5235

17. - Métis Family Services

13638 Grosvenor Rd. (cross street 108th) Surrey, BC V3T 2X6

Métis Family Services offers Métis people a variety of services including parent support, counseling, Income Assistance advocacy, and referrals for addictions treatment. It organizes special events and workshops for parents with young children and provides supervision for parent/child visits while the child is in the care of the Ministry for Children and Families. Métis Family Services is also active in the recruitment of Aboriginal foster homes and placements of Aboriginal children.

Contact: Lynda Gaisson

Telephone: (604) 584-6621

Fax: (604) 582-4820

19. - Kekinow Native Housing Society

1014 - 7445 132nd Street (cross street 76th avenue) Surrey, BC V3W 1J8

Kekinow Native Housing Society provides subsidized, long-term rental accommodation for people of Aboriginal ancestry. It operates six townhouse complexes with a total of 199 units.

Contact: Andrew O'Neil

Telephone: (604) 591-5299

Fax: (604) 591-5112

20. - Longhouse Council of Native Ministry, The Longhouse Church

2595 Franklin Street (Penticton St.) Vancouver, BC V5K 1X5

The Longhouse Church houses a variety of community programs for Aboriginal people who are at-risk. The church holds a service at 11:00 am on Sundays and a food bank 10:30 a.m.-11:30 a.m. every Thursday except for cheque-issue week (open to single adults without children; ID required).

The church also supports a Relapse Prevention Support Group 12:00 p.m. every Friday and the Out of School Program (contact Kiwassa Neighbourhood House: 255-1175), which is open to children from Hastings and Tillicum Elementary from Grade 1 to Grade 5. The Out of School program operates 7:30 a.m. to 9:00 a.m. and 3:00 p.m.-6:00 p.m. Monday to Friday, with cost based on ability to pay. There is often a waiting list.

Other programs include:

- Talking Circle 9:30 a.m. Tuesday; Healing Circle 7:30 p.m. Friday;
- Free Spirit AA 8:30 p.m.-9:30 p.m. Saturday;
- Longhouse AA 8:00 p.m.-9:00 p.m. Thursday;
- Circle of Hope Coalition Society 6:30 p.m. Tuesday (contact Jim Layden: 253-7333);
- Rides to Alouette Corrections van leaves church at 4:15 p.m. Saturday, contact the church in advance to book a space.

Administration hours are 9:00 a.m.-12:00 p.m. Monday to Friday.

Contact: Barry Morris



21. - Lu'ma Native Housing Society

301 - 7 West 7th Avenue (cross street Ontario) Vancouver, BC V5Y 1L4

Lu'ma provides 240 affordable housing to low-income individuals, students, and families. Applicants are housed from a waiting list, according to need. Applicants are required to contact Lu'ma by phone or drop in to obtain an application and to set up an interview. Applications and landlord references will be assessed once an interview has been conducted. Monthly rental is 25%-30% of total household income.

Administration hours are 10:00 a.m.-3:00 p.m. Tuesday to Friday.

Contact: Doreen Mayer

Telephone: (604) 876-0811

Fax: (604) 876-0999

22. - Métis Provincial Council of BC - Also Known As: Métis Nation of BC

Suite 1128 – 789 Pender St. (cross street Howe St.) Vancouver, BC V6C 1H2

An elected representative body of Métis people in BC that allocates program funding for education, training, and employment initiatives. The MPCBC also acts as an advocate for social and economic initiatives and oversees a youth council.

Administrative hours are 9:00 a.m.-5:00 p.m. Monday to Friday.

Contact: Barbara Callioh

Telephone: (604) 801-5853

Fax: (604) 801-5097

23. - National Aboriginal Veterans Association–BC Chapter

346 Chief Joseph Crescent, North Vancouver, BC V7M 1J1

The National Aboriginal Veterans Association An organization that advocates on behalf of Aboriginal veterans for pensions, disability, and medication. It also provides information about the rights of Aboriginal veterans, and may be able to provide honour guards for funerals if requested.

Administrative hours are 9:00 a.m.-5:00 p.m. Monday to Friday. The Association is closed daily 12:00 p.m.-1:00 p.m. for lunch. Contact by phone for more information.

Contact: Arthur Eggross

Telephone: (604) 984-4157

Fax: (604) 984-4183

24. - Native Courtworker & Counseling Association of BC

10 Bewick Ave. North Vancouver, BC V7M 1A6

The Native Courtworker & Counseling Association provides courtworker and counseling services for Aboriginal people in conflict with the law. It ensures Aboriginal peoples' full participation in the justice system through a holistic approach to prevention and intervention and provides information and advice concerning peoples' rights and responsibilities before the law. Child apprehension and protection courtworker services are provided.

Counseling services are available for substance abuse and victims of crime. Provides referrals for one-to-one counseling, rehabilitation, residential treatment centres, detox centres, educational institutions, pre-employment and life skills training, and aftercare.

Administrative hours are 8:30 a.m.-4:30 p.m., Monday to Friday. Office is closed daily 12:30 p.m.-1:30 p.m. for lunch. The organization accepts court orders, self-referrals, and referrals from agencies. Contact by phone or drop in for more information or services. No cost.

Contact: Darlene Shackley

Telephone: (604) 985-5355

Fax: (604) 985-8933

25. - Native Education Centre - Also Known As: NEC

285 East 5th Avenue (cross street Main St.) Vancouver, BC V5T 1H2

NEC provides educational programming and services to Aboriginal communities and organizations, including adult basic education, post-secondary programs, and professional development courses. Current programs include Aboriginal Adult Basic Education, Aboriginal Business Technology, Aboriginal Criminal Justice Program, Family and Community Counseling, Aboriginal Land Stewardship, Aboriginal Tourism Management, Warriors Against Violence, and Youth Against Violence.

Program hours are 7:00 a.m.-7:00 p.m. Monday to Friday. Administration hours are 9:00 a.m.-5:00 p.m. Monday to Friday.

Contact: Susan Soloman

Telephone: (604) 873-3761

Fax: (604) 873-9152

26. - North Vancouver Canoe Club

415 West 2nd Street (Cross Street Forbes Street) North Vancouver, BC V7M 1E3

The North Vancouver Canoe Club holds traditional cedar dug-out canoe training April-July every year and competitive racing every summer.

Contact: Penny Billy

Telephone: (604) 985-3054

Fax: (604) 980-4523



27. - Ray-Cam Family Drop-In Centre

920 East Hastings Street (Cross Street Campbell Ave.) Vancouver, BC V6A 3T1

The Ray-Cam Centre is a place where people of all ages and cultures can gather and participate in recreational, social, and educational activities. A Native arts and craft session occurs on Thursday, and a community kitchen is open on Saturday.

Centre hours are 9:00 a.m.-2:00 p.m. Monday to Friday. Administration hours are 9:00 a.m.-10:00 p.m. Monday to Friday.

Contract: Caroline Credico

Telephone: (604) 257-6949

Fax: (604) 257-6944

28. - Richmond Youth Service Agency (RYSA) First Nations Child, Youth, & Family Worker

Unit 110 – 7580 River Rd. Richmond BC (Cross Street Cambie)

RYSA assists First Nations children and their families in identifying, understanding, and overcoming individual, family, and cultural problems. The Agency provides services including community resource referrals, cultural awareness promotion, social and life skills training, crisis intervention, and behaviour management. Services are provided within individual, family, and group environments. RYSA accepts referrals from schools, social workers, and health nurses. Assessments are conducted following referrals to determine whether a First Nations child, youth, & family worker can be of assistance. The worker always obtains parents' permission prior to any service provision. The worker will provide outreach services to clients with special needs. The waiting period is approximately three months and there is no cost. Aboriginal staff is available and the office is transit accessible. RYSA provides referrals to Traditional Practitioners.

Administrative hours are 9:00 a.m.-6:00 p.m. Monday to Friday, with some flexibility in hours available.

Contact: Secareh Poufar

Telephone: (604) 271-7600

Fax: (604) 271-7626

30. - Traditional Mothers' Dance Group Society

1997 West 10th Avenue (Cross Street Maple St.) Vancouver, BC V6J 2B1

The Traditional Mothers' Dance Group Society is a dance group of First Nations women from across Canada who learn traditional songs, dances, and drumming and make their own drums, rattles, and regalia. The Society travels throughout BC and Canada to perform. It also hosts a variety of workshops, including topics such as co-dependency, family violence, urban First Nations issues, and support for women who have had their children taken away.

Contract: Margaret Harris

Telephone: (604) 731-6776

32. - Union of BC Indian Chiefs (UBCIC) Also Known As: UBCIC

5th Floor - 342 Water Street, Vancouver, BC V6B 1B6

The UBCIC is an organization that serves as the political voice for Aboriginal people living on-reserve in BC. It works to protect and preserve Aboriginal title and rights, gives presentations at workshops, meetings, and conferences about immediate and long-term Aboriginal title and rights issues. It also monitors social, health, and educational programs sponsored by the federal government, and informs communities of any proposed changes.

Administrative hours are 8:30 a.m.-4:30 p.m. Monday to Friday

Contact: Phyllis Joseph

Telephone: (604) 684-0231

Fax: (604) 684-5726

33. - Urban Native Youth Association (UNYA)

1640 East Hastings Street (Cross street Commercial Dr.) Vancouver, BC V5L 1S6

The Urban Native Youth Association provides a variety of resources for Aboriginal youth. Programs and services include: Aboriginal Safehouse (7 beds) for Youth ages 16-18, Aboriginal Youth Workers Prevention Team, Aboriginal Ways Accelerate Youth (AWAY) Program, Alcohol & Drug Counselor, Aries Project (alternative education), Native Youth Drop-In Centre, Two-Spirited Youth Group Program, and a Youth Agreements Support Worker Program.

Administration hours are 9:00 a.m.-5:00 p.m. Monday to Friday, but program hours vary.

Contact: Lynda & Robin Grey

Telephone: (604) 254-7732

Fax: (604) 254-7811

34. - United Native Nations (UNN)

110 - 425 Carrall Street, Vancouver, BC V6B 6E3

The United Native Nations (UNN) sponsors a variety of programs and services targeted toward people of Aboriginal ancestry who live off-reserve. Programs include: BC Native Housing, Family Reunification, and NU-SALYA (My Vision) Career Planning & Job Search Strategies computer use for Job finding, e-mail, music, and the Calverley Estate Scholarship Fund.

A program that provides subsidized rural and Native housing to families with a limited income. 472 rental units are available throughout BC (No urban housing).

Contact: Delilah Schoenhaar

Telephone: (604) 688-1821

Fax: (604) 688-1823



35. - Vancouver Aboriginal Council (VAC)

3rd Floor 195 Alexander St. (cross street Main St.)

The Vancouver Aboriginal Council (VAC) is a representative organization that promotes collaboration among all Aboriginal organizations and agencies providing services to the Aboriginal community in the Vancouver area. The Council promotes communication between all area Aboriginal organizations and provides a forum for participants to share information on the services and resources they provide. VAC also helps lobby federal, provincial, and city governments; supports local initiatives by Aboriginal organizations; promotes training opportunities to increase service delivery capacity; and helps develop partnerships and collaboration between service providers, the Aboriginal community, and government departments and ministries. Community meetings are held monthly, usually on the third Thursday of the month. VAC also has a variety of portfolios (committees focusing on health, housing, children and families, etc.) that meet regularly.

Contact: Blair Harvey
Telephone: (604) 682-1723

36. - Vancouver Aboriginal Friendship Centre Society Also Known As: The Friendship Centre

1607 East Hastings Street, Vancouver, BC V5L 1S7

The Friendship Centre provides social, educational, cultural, spiritual, and recreational programs for Aboriginal people. Programs and services include: Aboriginal Cultural Festival, Building Blocks Vancouver, Fetal Alcohol Syndrome (FAS) Program, First Nations Pregnancy Support Circle, First Nations Youth Food Service Training Program, Our Elders Speak Wisdom Council, Pow-wow Family Night, Sundance Daycare, Vancouver Aboriginal Transformative Justice Services, Urban Aboriginal Labour Market Development Project, West Coast Traditional Family Night, and Young Parents Support Services. Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings are available. Drop-in basketball games are held in the Friendship Centre.

The society also helps put on National Aboriginal Day (June 21st), the Aboriginal Cultural Festival (September 22nd), and a Children's Christmas Party (in December). Call or drop in for more information on the above programs. Membership costs \$1 per year; no cost for Elders. Rental facilities are available.

Administration hours are 9:00 a.m.-5:00 p.m. Monday to Friday.

Telephone: (604) 251-4844 Fax: (604) 251-1986

37. - Vi Fineday Family Shelter Society

Kitsilano Area (confidential)

The Vi Fineday Family Shelter Society provides (15 beds) emergency shelter for Aboriginal and non-Aboriginal families, men or women with children, and couples. Services are provided on a first come, first served basis. The society accepts referrals & self referrals only from the Ministry for Children & Family Development at the MCFD After Hours Office (tel: (604) 660-4927). There is no cost.

Administration hours are 9:00 a.m.-5:00 p.m. Monday to Friday.

Contact: Dawn (confidential)

Telephone: (604) 736-2423

Fax: (604) 736-2404

38. - Vancouver Métis Association

1702 - 1166 Alberni Street, Vancouver, BC V6E 3Z3

The Vancouver Métis Association provides advocacy for community members, hosts cultural and informational events, and organizes workshops. It organizes alcohol-free (dry) dances for families every other month and assists students with locating financial aid for education and job training.

Contact: John Paul Stevenson

Telephone: (604) 681-8556

Fax: (604) 687-5995

39. - Indigenous Media Arts Group (IMAG)

1965 Main Street (cross street 3rd) Vancouver, BC V5T 3C1

IMAG is an organization made up of local Aboriginal media makers. IMAG organizes an annual film and video festival which exhibits independent film and video works that are produced, written, or directed by Aboriginal media makers. It also offers training and the opportunity to participate in other media-related events.

Administrative hours are 11:00 a.m.-6:00 p.m. Tuesday and Wednesday.

Contact: Skeena Reese

Telephone: (604) 871-0173

Fax: (604) 871-0191



40. - Lower Mainland Métis Council

10707 King George Highway (Cross Street 108th St.) Surrey, BC V3T 2X6

The Lower Mainland Métis Council provides information, referrals, and advocacy to people of Métis ancestry. It lobbies to have the Métis Nation recognized as a self-governing body and promotes Métis Day in BC. The Council contributes to the Métis people's understanding of their history, accomplishments, and contributions to Canadian society and it funds and supervises the Michif Cultural Museum.

Administration hours are 12:00 a.m.-4:00 p.m. Monday to Friday.

Contact: Dale Haggerty

Telephone: (604) 581-2522

Fax: (604) 581-2575

41. - Warriors Against Violence

2425 Oxford Street (cross street Nanaimo St.)

Warriors Against Violence is a 28-session program for family dealing with issues of family violence. It provides a safe, non-judgmental environment that incorporates traditional teachings. Additional guidance is provided by a local Elder as part of the culture component. Warriors Against Violence accepts self-referrals or referrals from agencies/organizations.

Contact: Kathryn Grimm

Telephone: (604) 255-3240

Fax: (604) 255-7673

42 - Synala Housing Cooperative

3090 Kingsway, Vancouver, BC V5R 5J7

Synala is a housing co-op that offers clean and quiet units in a family-oriented atmosphere. It has a playground, laundry facilities, and community gatherings on-site and is close to schools and shopping. Other services include Drop-in child day care service for ages 0-5 yrs and day camp during the summer for children 6-12 yrs. A total of 40 units are available with 21 of these units set-aside specifically for Aboriginal people.

Administration hours are 8:30 a.m.-3:00 p.m. Monday, 9:30 a.m.-6:00 p.m. Tuesday, 8:30 a.m.-2:00 p.m. Wednesday, and 8:30 a.m.-3:00 p.m. Thursday. Contact by phone for more information. Applicants must pay a \$10 application fee to get on waiting list, a \$1,000 share purchase upon confirmation of the rental agreement, and monthly rental fee. Limited subsidies are available.

Telephone: (604) 433-0753

Fax: (604) 433-0763

37. - Vi Fineday Family Shelter Society

Kitsilano Area (confidential)

The Vi Fineday Family Shelter Society provides (15 beds) emergency shelter for Aboriginal and non-Aboriginal families, men or women with children, and couples. Services are provided on a first come, first served basis. The society accepts referrals & self referrals only from the Ministry for Children & Family Development at the MCFD After Hours Office (tel: (604) 660-4927). There is no cost.

Administration hours are 9:00 a.m.-5:00 p.m. Monday to Friday.

Contact: Dawn (confidential)

Telephone: (604) 736-2423

Fax: (604) 736-2404

38. - Vancouver Métis Association

1702 - 1166 Alberni Street, Vancouver, BC V6E 3Z3

The Vancouver Métis Association provides advocacy for community members, hosts cultural and informational events, and organizes workshops. It organizes alcohol-free (dry) dances for families every other month and assists students with locating financial aid for education and job training.

Contact: John Paul Stevenson

Telephone: (604) 681-8556

Fax: (604) 687-5995

39. - Indigenous Media Arts Group (IMAG)

1965 Main Street (cross street 3rd) Vancouver, BC V5T 3C1

IMAG is an organization made up of local Aboriginal media makers. IMAG organizes an annual film and video festival which exhibits independent film and video works that are produced, written, or directed by Aboriginal media makers. It also offers training and the opportunity to participate in other media-related events.

Administrative hours are 11:00 a.m.-6:00 p.m. Tuesday and Wednesday.

Contact: Skeena Reese

Telephone: (604) 871-0173

Fax: (604) 871-0191



45. - Vancouver Aboriginal Child & Family Services Society (VACFSS)

4th Floor - 210 West Broadway Avenue, Vancouver, BC V5Y 3W2

The Vancouver Aboriginal Child & Family Services Society (VACFSS) provides services to Aboriginal people living off-reserve in the Greater Vancouver area. VACFSS focuses on the interests of Aboriginal children and attempts to address child welfare concerns in culturally appropriate ways. Programs include the Cultural Program, Designation Program, Family Support Program, Guardianship Project, and Services for Youth. Services are available to Aboriginal children and youth, and their families or caregivers, to address a wide-range of self-identified issues. Services are also available for families who may be involved with the Ministry for Children and Families (MCF) due to child protection concerns.

Office hours are 8:30 a.m.-4:30 p.m. Monday to Friday. No cost for services.

Telephone: (604) 872-6723

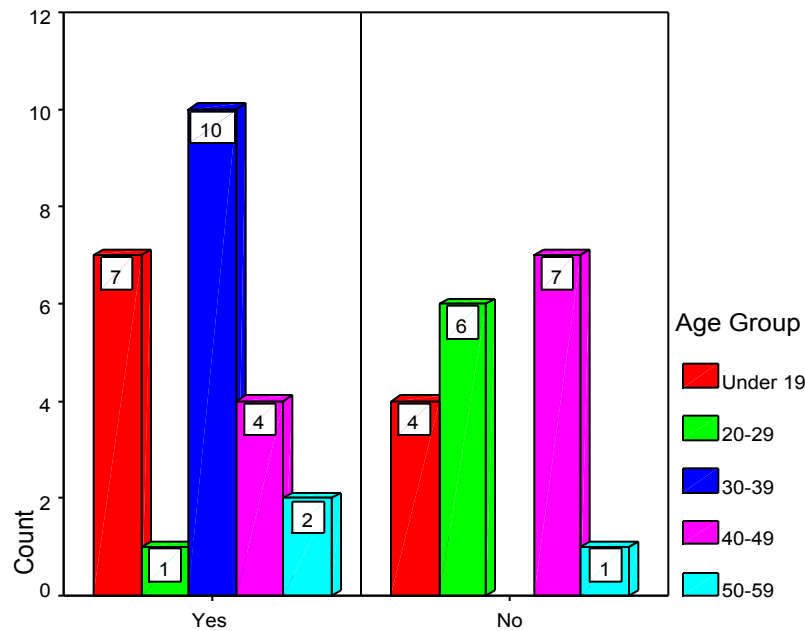
Fax: (604) 872-5274

46 - Vancouver Aboriginal Transformative Justice Services 107-1607 East Hastings Street (cross street Commercial)

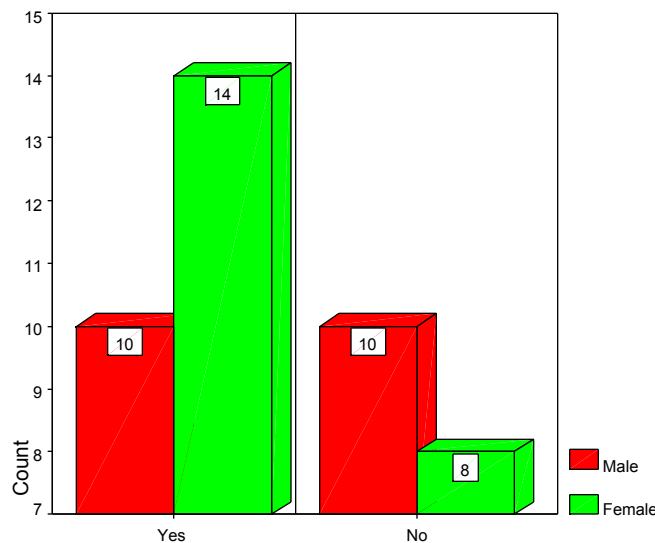
Vancouver Aboriginal Transformative Justice Services provides a culturally-appropriate alternative to the mainstream criminal justice system for Aboriginal adult and youth offenders residing in Lower Mainland. It offers a forum that attempts to reconcile offenders with those they have harmed and develops a plan that seeks positive integration of the offender and victim into the community. Referrals must be approved.

Phone: 604-251-7200

Fax: 604-251-7201

Cross Tabulations**Chart A7.1** *Have you been approached by or spoken to an outreach worker in the past year * Age*

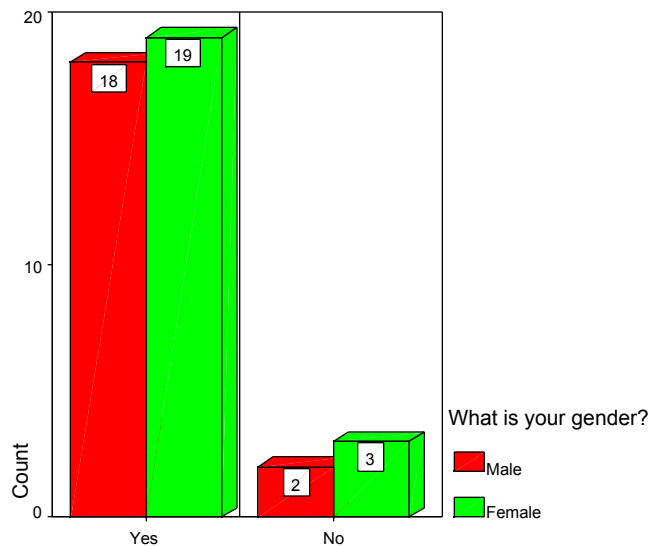
Cross tabulation A7.1 shows that in general, many participants have been approached by or spoken to an outreach worker in the past year. However, the chart also indicates that upon reaching adulthood, the amount of respondents that are in contact with outreach workers substantially decreases.

Chart A7.2 *Have you been approached by or spoken to an outreach worker in the past year * Gender*

This cross tabulation indicates that female respondents use outreach services to a greater extent than males. Only 50% of the male participants have spoken with an outreach worker in the past year.

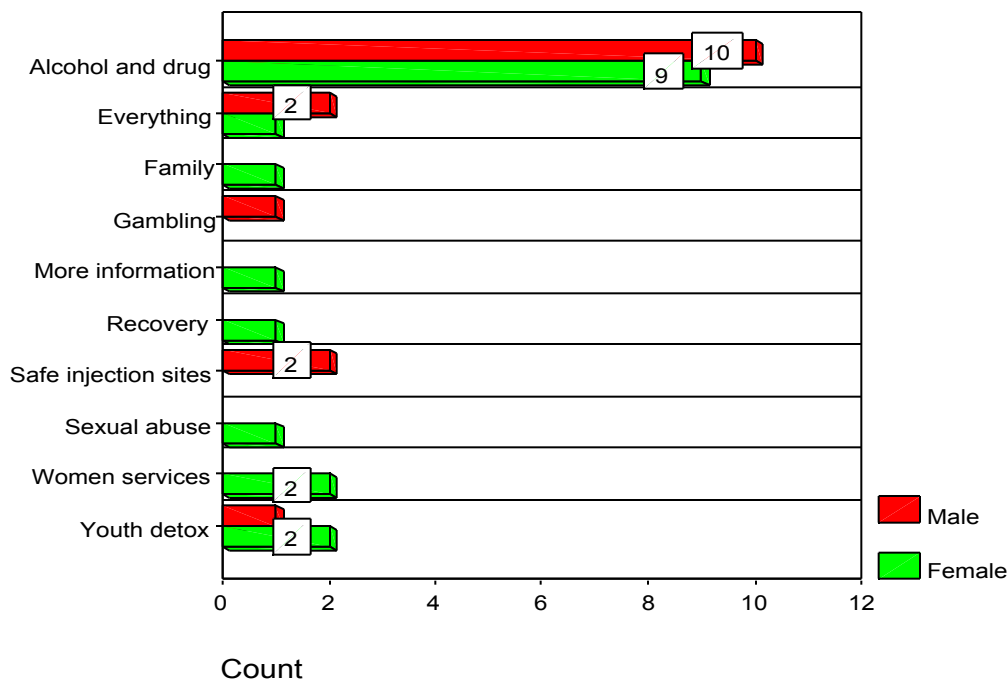


Chart A7.3 Do you think that there is a need for more addiction treatment services in the Lower Mainland in any other part of Greater Vancouver * Gender



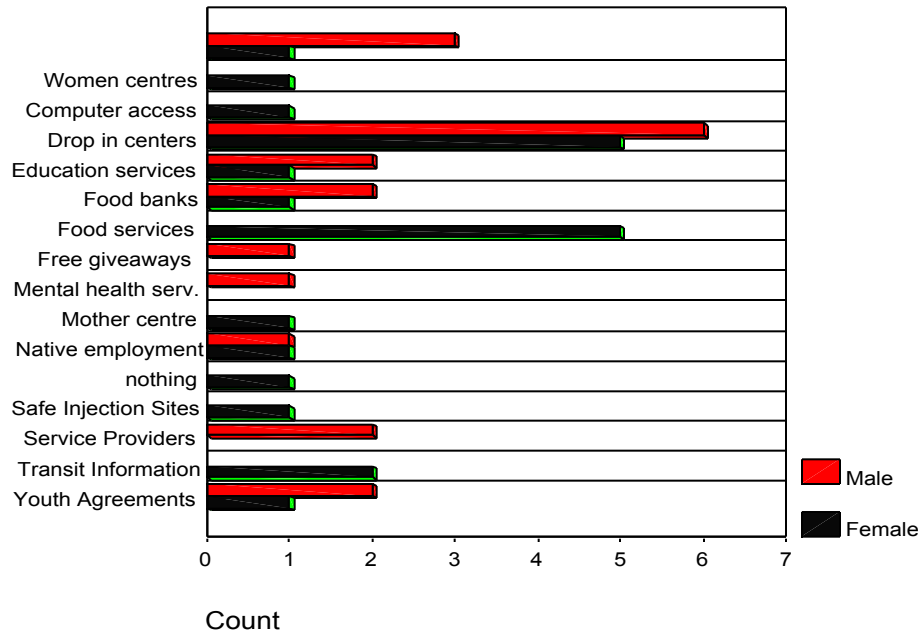
Cross tabulation A7.3 illustrates the necessity for more addiction treatment services. Of the respondents, 90% of males and 85% of females believe that additional addiction services are essential.

Chart A7.4 Do you think that there is a need for more addiction treatment services in the Lower Mainland, if so, please specify what services are needed * Gender



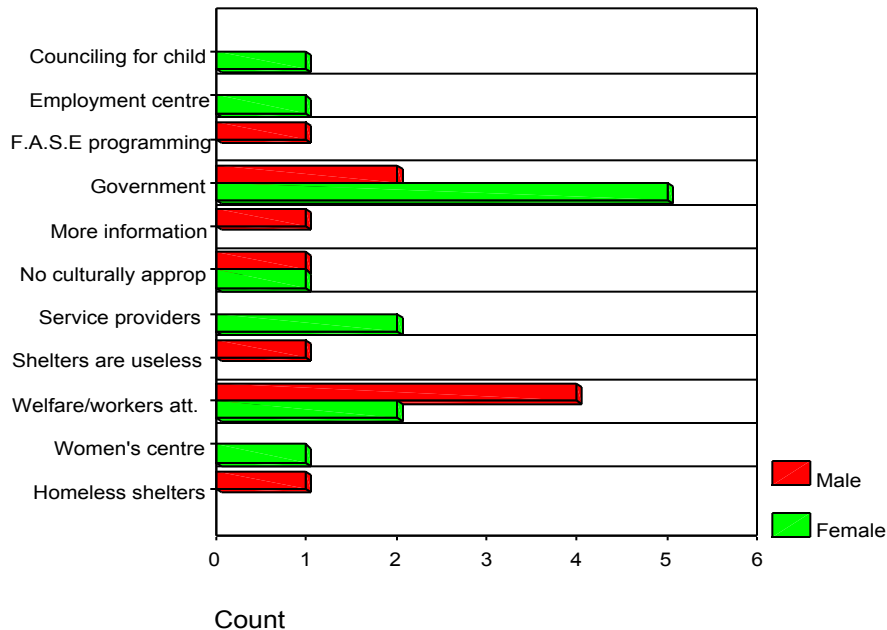
From the respondents who indicated additional treatment services are needed, both male and female participants believe that drug and alcohol treatment services are their main priorities.

Chart A7.5 *What type of services have you found to be the most helpful * Gender*



Cross tabulation A7.5 indicates that both female and male participants find drop-in centres useful. Female respondents also found food services valuable.

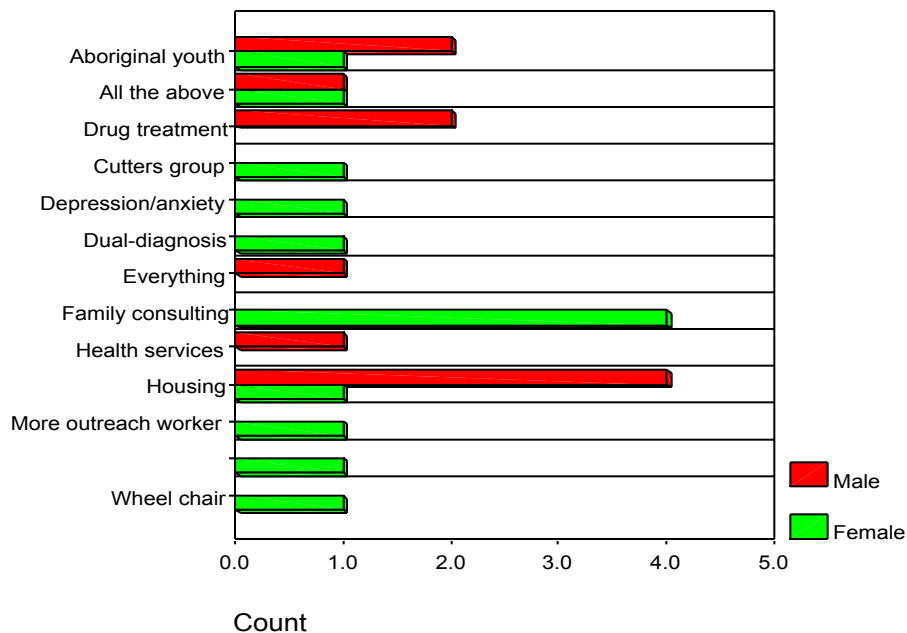
Chart A7.6 *What kinds of services have you found to be not so helpful * Gender*



This chart indicates the services that respondents have found to be the least helpful. Male participants believe welfare services and workers attitudes are the least helpful. However, female respondents believe the government; their policies, and their allocation of funding are not helpful.

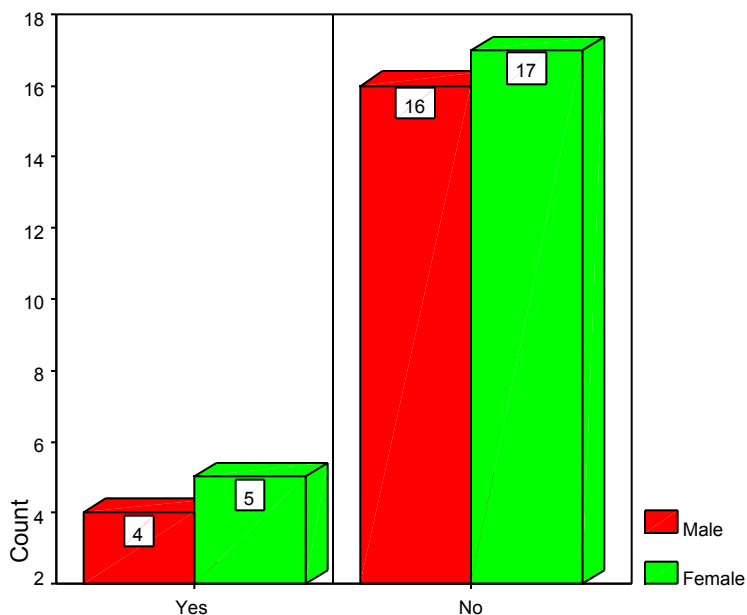


Chart A7.7 Do you think that there is a need for more mental health services in the Lower Mainland, if so, please specify what services are needed * Gender



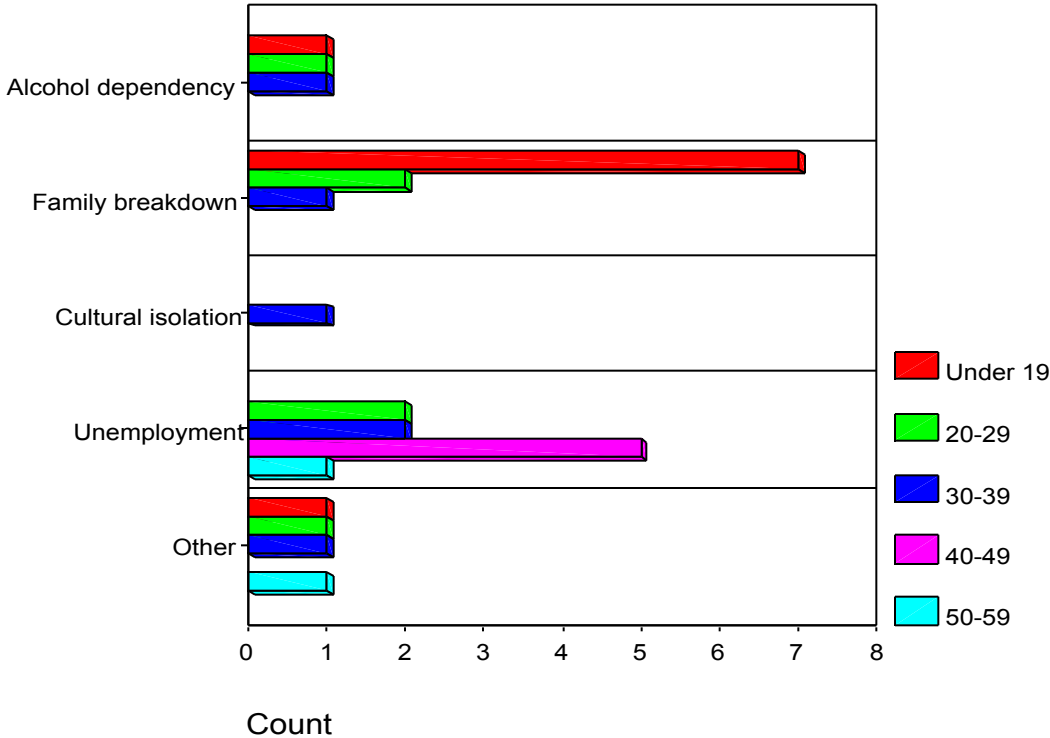
Within mental health treatment services, female respondents believed family services are the most needed. Male respondents rated housing as the greatest necessity.

Chart A7.8 Have you been made aware of any research initiatives related to homelessness issues in the past three years * Gender



These results show the lack of communication between service providers, the AHSC, and the Aboriginal homeless people. Of the total sample, 79% of the population has been unaware of research initiatives and prevention projects over the last three years.

Chart A7.9 What is the major cause of your homelessness * Age



This cross tabulation shows what the respondents consider the cause of their homelessness is, in correlation with their age. According to these results, respondents believe family support during their teenage years is the biggest factor. There is also a significant indication among the respondents between the ages of 40 – 49 that unemployment is the major cause for their homelessness.



Frequencies

Do you think that there are enough emergency shelters in the Lower Mainland?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	11.9	11.9	11.9
	No	37	88.1	88.1	100.0
	Total	42	100.0	100.0	

In the past year, have you been turned away from an emergency shelter because of a lack of space?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	28.6	28.6	28.6
	No	10	23.8	23.8	52.4
	Did not try to access an emergency shelter	20	47.6	47.6	100.0
	Total	42	100.0	100.0	

In the past year, have you been turned away from an emergency shelter for any other reason?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	35.7	35.7	35.7
	No	12	28.6	28.6	64.3
	Did not try to access an emergency shelter	15	35.7	35.7	100.0
	Total	42	100.0	100.0	

Do you think that there is a need for more emergency shelters in the Lower Mainland?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	37	88.1	90.2	90.2
	No	4	9.5	9.8	100.0
	Total	41	97.6	100.0	
Missing	System	1	2.4		
Total		42	100.0		

Do you think that there are enough transition houses in the Lower Mainland?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	14.3	18.8	18.8
	No	26	61.9	81.3	100.0
	Total	32	76.2	100.0	
Missing	System	10	23.8		
Total		42	100.0		

In the past year, have you been turned away from a transition house because of the lack of space?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	16.7	18.4	18.4
	No	9	21.4	23.7	42.1
	Did not try to access a transition house	22	52.4	57.9	100.0
	Total	38	90.5	100.0	
Missing	System	4	9.5		
Total		42	100.0		

In the past year, have you been turned away from a transition house for any other reason?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	16.7	18.4	18.4
	No	7	16.7	18.4	36.8
	Did not try to access a transition house	24	57.1	63.2	100.0
	Total	38	90.5	100.0	
Missing	System	4	9.5		
Total		42	100.0		

Do you think that there is a need for more transition houses in the Lower Mainland or in any other part of the Greater Vancouver District?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	29	69.0	76.3	76.3
	No	9	21.4	23.7	100.0
	Total	38	90.5	100.0	
Missing	System	4	9.5		
Total		42	100.0		



Do you think that there is enough second stage, transitional or supportive housing in the Lower Mainland?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	16.7	17.1	17.1
	No	33	78.6	80.5	97.6
	2	1	2.4	2.4	100.0
	Total	41	97.6	100.0	
Missing	System	1	2.4		
Total		42	100.0		

In the past year, have you been turned away from second stage, transitional or supportive housing because of the lack of space?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	14.3	14.6	14.6
	No	12	28.6	29.3	43.9
	Did not try to access this type of housing	23	54.8	56.1	100.0
	Total	41	97.6	100.0	
Missing	System	1	2.4		
Total		42	100.0		

In the past year, have you been turned away from second stage, transitional or supportive housing for any other reason?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	16.7	17.1	17.1
	No	16	38.1	39.0	56.1
	Did not try to access this type of housing	18	42.9	43.9	100.0
	Total	41	97.6	100.0	
Missing	System	1	2.4		
Total		42	100.0		

Do you think that there is a need for more second stage, transitional or supportive housing in the Lower Mainland or in any other part of the Greater Vancouver Region

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	30	71.4	73.2	73.2
	No	11	26.2	26.8	100.0
	Total	41	97.6	100.0	
Missing	System	1	2.4		
Total		42	100.0		

Do you have any concerns with security when staying in housing?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	21	50.0	52.5	52.5
	No	19	45.2	47.5	100.0
	Total	40	95.2	100.0	
Missing	System	2	4.8		
Total		42	100.0		

Do you think that there is a need for any other type of housing to address homelessness or prevent people from becoming homeless?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	33	78.6	80.5	80.5
	No	8	19.0	19.5	100.0
	Total	41	97.6	100.0	
Missing	System	1	2.4		
Total		42	100.0		

Have you gone to a drop-in center in the past year?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	37	88.1	88.1	88.1
	No	5	11.9	11.9	100.0
	Total	42	100.0	100.0	

Do you think that there are enough drop-in centers in the Lower Mainland?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	11	26.2	26.2	26.2
	No	31	73.8	73.8	100.0
	Total	42	100.0	100.0	

In the past year, have you been turned away from a drop-in center because of lack of space?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	11.9	11.9	11.9
	No	32	76.2	76.2	88.1
	Did not try to access drop-in centers	5	11.9	11.9	100.0
	Total	42	100.0	100.0	



In the past year, have you been turned away from a drop-in center for any other reason?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	6	14.3	14.3	14.3
No	30	71.4	71.4	85.7
Did not try to access drop-in centers	6	14.3	14.3	100.0
Total	42	100.0	100.0	

Do you think that there is a need for more drop-in centers in the Lower Mainland or in any part of the Greater Vancouver Region

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	35	83.3	83.3	83.3
No	7	16.7	16.7	100.0
Total	42	100.0	100.0	

Have you been approached by or spoken to an outreach worker in the past year?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	24	57.1	57.1	57.1
No	18	42.9	42.9	100.0
Total	42	100.0	100.0	

Do you think that there are enough outreach workers in the Lower Mainland?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	6	14.3	14.6	14.6
No	35	83.3	85.4	100.0
Total	41	97.6	100.0	
Missing System	1	2.4		
Total	42	100.0		

Do you think there is a need for more outreach workers in the Lower Mainland or in any other part of the Greater Vancouver Region

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	38	90.5	90.5	90.5
No	4	9.5	9.5	100.0
Total	42	100.0	100.0	

Have you provided personal information about yourself to any service providers in the last year?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	29	69.0	69.0	69.0
	No	13	31.0	31.0	100.0
	Total	42	100.0	100.0	

Have you been provided with information on homeless services in the last year?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	52.4	52.4	52.4
	No	20	47.6	47.6	100.0
	Total	42	100.0	100.0	

Do you think that there are enough addiction treatment services in the Lower Mainland?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	21.4	22.0	22.0
	No	32	76.2	78.0	100.0
	Total	41	97.6	100.0	
Missing	System	1	2.4		
Total		42	100.0		

In the past year, have you been turned away from an addiction treatment service because of a lack of space?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	9.5	9.5	9.5
	No	15	35.7	35.7	45.2
	Did not try to access addiction treatment services	23	54.8	54.8	100.0
	Total	42	100.0	100.0	

In the past year, have you been turned away from an addiction treatment service for any other reason?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	4.8	4.8	4.8
	No	17	40.5	40.5	45.2
	Did not try to access addiction treatment services	23	54.8	54.8	100.0
	Total	42	100.0	100.0	



In the past year, have you been turned away from a drop-in center for any other reason?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	6	14.3	14.3	14.3
No	30	71.4	71.4	85.7
Did not try to access drop-in centers	6	14.3	14.3	100.0
Total	42	100.0	100.0	

Do you think that there is a need for more drop-in centers in the Lower Mainland or in any part of the Greater Vancouver Region

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	35	83.3	83.3	83.3
No	7	16.7	16.7	100.0
Total	42	100.0	100.0	

Have you been approached by or spoken to an outreach worker in the past year?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	24	57.1	57.1	57.1
No	18	42.9	42.9	100.0
Total	42	100.0	100.0	

Do you think that there are enough outreach workers in the Lower Mainland?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	6	14.3	14.6	14.6
No	35	83.3	85.4	100.0
Total	41	97.6	100.0	
Missing System	1	2.4		
Total	42	100.0		

Do you think there is a need for more outreach workers in the Lower Mainland or in any other part of the Greater Vancouver Region

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	38	90.5	90.5	90.5
No	4	9.5	9.5	100.0
Total	42	100.0	100.0	

In the past year, have you been turned away from mental health services or unable to access mental health services?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	1	2.4	2.4	2.4
No	16	38.1	38.1	40.5
Did not try to access mental health services	25	59.5	59.5	100.0
Total	42	100.0	100.0	

If your response to the previous question was 'Yes,' please specify the reason

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	39	92.9	92.9	92.9
Jurisdictional Issue	1	2.4	2.4	95.2
Wait List	2	4.8	4.8	100.0
Total	42	100.0	100.0	

Have you faced any barriers to accessing mental health services?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	36	85.7	85.7	85.7
No support for PTSD	1	2.4	2.4	88.1
Refusal	2	4.8	4.8	92.9
Tranquility	1	2.4	2.4	95.2
Wait List	2	4.8	4.8	100.0
Total	42	100.0	100.0	

Do you think that there is a need for more mental health services in Lower Mainland or any other part of the Greater Vancouver Region?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	36	85.7	85.7	85.7
No	6	14.3	14.3	100.0
Total	42	100.0	100.0	



If your response to the previous question was 'Yes,' please specify what services are needed

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18	42.9	42.9	42.9
Aboriginal Youth	3	7.1	7.1	50.0
All the Above	2	4.8	4.8	54.8
Appropriate Drug Treatment	2	4.8	4.8	59.5
Cutters Group	1	2.4	2.4	61.9
Depression/Anxiety	1	2.4	2.4	64.3
Dual Diagnosis - Counseling	1	2.4	2.4	66.7
Everything	1	2.4	2.4	69.0
Family Consulting Services	4	9.5	9.5	78.6
Health Services	1	2.4	2.4	81.0
Housing	5	11.9	11.9	92.9
More outreach workers	1	2.4	2.4	95.2
There are people out there that need help	1	2.4	2.4	97.6
Wheel Chair	1	2.4	2.4	100.0
Total	42	100.0	100.0	

Do you think that the availability of health and dental services in the Lower Mainland is sufficient?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	13	31.0	31.7	31.7
	No	28	66.7	68.3	100.0
	Total	41	97.6	100.0	
Missing	System	1	2.4		
Total		42	100.0		

In the past year, have you been given access to health services?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	31	73.8	75.6	75.6
	No	10	23.8	24.4	100.0
	Total	41	97.6	100.0	
Missing	System	1	2.4		
Total		42	100.0		

In the past year, have you been given access to dental services?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	52.4	53.7	53.7
	No	19	45.2	46.3	100.0
	Total	41	97.6	100.0	
Missing	System	1	2.4		
Total		42	100.0		

Do you feel there is a need for more health and dental services in the Lower Mainland?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	33	78.6	80.5	80.5
	No	8	19.0	19.5	100.0
	Total	41	97.6	100.0	
Missing	System	1	2.4		
Total		42	100.0		

Do you think that there is enough community and peer support in the Lower Mainland?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	52.4	52.4	52.4
	No	20	47.6	47.6	100.0
	Total	42	100.0	100.0	

In the past year, have you been assisted by other members of the community and/or your peers?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	31	73.8	73.8	73.8
	No	11	26.2	26.2	100.0
	Total	42	100.0	100.0	

Do you think that family supports are strong in the Lower Mainland?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	17	40.5	40.5	40.5
	No	25	59.5	59.5	100.0
	Total	42	100.0	100.0	



In the past year, have you been given support by your family in any way?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	26	61.9	61.9	61.9
	No	16	38.1	38.1	100.0
	Total	42	100.0	100.0	

If your response to the previous question was 'Yes,' please specify how your family has given you support

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Education	2	4.8	4.8	40.5
	Emotional and Financial Support	8	19.0	19.0	59.5
	Emotional Support	4	9.5	9.5	69.0
	Financial	1	2.4	2.4	71.4
	Financial Support	5	11.9	11.9	83.3
	Suicide Prevention	2	4.8	4.8	88.1
	Supply Housing	4	9.5	9.5	97.6
	Through First Nations Parent Programs	1	2.4	2.4	100.0
	Total	42	100.0	100.0	

Do you think that there is a need for more community, peer and family supports?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	37	88.1	88.1	88.1
	No	5	11.9	11.9	100.0
	Total	42	100.0	100.0	

Have you ever gone to an advocacy or community organization for help to get housing or to keep the housing that you had?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	23	54.8	54.8	54.8
	No	19	45.2	45.2	100.0
	Total	42	100.0	100.0	

What kind of services do you think would prevent people from becoming homeless?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	8	19.0	19.0	19.0
Awareness and positive attitude	5	11.9	11.9	31.0
Bathroom - Healthy Hygiene Facilities	1	2.4	2.4	33.3
Employment Opportunities	4	9.5	9.5	42.9
More distributed information	2	4.8	4.8	47.6
More Education services offered	2	4.8	4.8	52.4
More emergency shelters	2	4.8	4.8	57.1
More Financial Support - More welfare income	4	9.5	9.5	66.7
More Hostels	1	2.4	2.4	69.0
More Outreach pro.	1	2.4	2.4	71.4
More support and jobs, training programs, care packages, hampers	1	2.4	2.4	73.8
More tenants rights	1	2.4	2.4	76.2
More Women's Shelters	1	2.4	2.4	78.6
Subsidized Housing, Lower Rent	8	19.0	19.0	97.6
Youth Housing	1	2.4	2.4	100.0
Total	42	100.0	100.0	

Do you think that there is enough access to public transportation in your community?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	22	52.4	52.4	52.4
No	20	47.6	47.6	100.0
Total	42	100.0	100.0	

Do you feel that there is a need for more public transportation in your community?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	30	71.4	71.4	71.4
No	12	28.6	28.6	100.0
Total	42	100.0	100.0	



What is the largest barrier to access to public transportation?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Location	13	31.0	31.0	31.0
	Frequency	5	11.9	11.9	42.9
	Cost	23	54.8	54.8	97.6
	Other	1	2.4	2.4	100.0
	Total	42	100.0	100.0	

Have you been made aware of any research initiatives related to homelessness issues in the last three years?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	21.4	21.4	21.4
	No	33	78.6	78.6	100.0
	Total	42	100.0	100.0	

Do you think that services are distributed equally across the Lower Mainland?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	11	26.2	26.8	26.8
	No	30	71.4	73.2	100.0
	Total	41	97.6	100.0	
Missing	System	1	2.4		
Total		42	100.0		

Do you find that you often have to travel to other communities to get basic services?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	25	59.5	61.0	61.0
	No	16	38.1	39.0	100.0
	Total	41	97.6	100.0	
Missing	System	1	2.4		
Total		42	100.0		

Do you feel that the service providers whom you are in contact with work together effectively to service your needs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	24	57.1	57.1	57.1
	No	18	42.9	42.9	100.0
	Total	42	100.0	100.0	

**Do you think that there is a need for a more equitable distribution
of services across the Lower Mainland?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	31	73.8	75.6	75.6
	No	10	23.8	24.4	100.0
	Total	41	97.6	100.0	
Missing	System	1	2.4		
Total		42	100.0		

Do you access services on reserves?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	35.7	44.1	44.1
	No	19	45.2	55.9	100.0
	Total	34	81.0	100.0	
Missing	System	8	19.0		
Total		42	100.0		

Education and/or Training

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	24	57.1	57.1	57.1
	No	18	42.9	42.9	100.0
	Total	42	100.0	100.0	

Government Program Cuts

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	19	45.2	45.2	45.2
	No	23	54.8	54.8	100.0
	Total	42	100.0	100.0	

Ethnicity/Cultural Background

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	14.3	14.3	14.3
	No	36	85.7	85.7	100.0
	Total	42	100.0	100.0	



Family Commitments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	11	26.2	26.2	26.2
	No	31	73.8	73.8	100.0
	Total	42	100.0	100.0	

Injury, Illness, and/or Disability

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	28.6	28.6	28.6
	No	30	71.4	71.4	100.0
	Total	42	100.0	100.0	

Lack of Permanent Address or Telephone

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	13	31.0	31.0	31.0
	No	29	69.0	69.0	100.0
	Total	42	100.0	100.0	

Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	9.5	9.5	9.5
	No	38	90.5	90.5	100.0
	Total	42	100.0	100.0	

What kinds of programs or services would help you to have more income?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		15	35.7	35.7	35.7
	Anything	1	2.4	2.4	38.1
	Daytime advocacy housing	1	2.4	2.4	40.5
	Educational Programs and Training	18	42.9	42.9	83.3
	Employment	1	2.4	2.4	85.7
	Getting Food Safe	1	2.4	2.4	88.1
	Organization which understand disabilities (PTSD)	1	2.4	2.4	90.5
	Support	3	7.1	7.1	97.6
	Volunteering	1	2.4	2.4	100.0
	Total	42	100.0	100.0	

What kinds of services have you found to be most helpful?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	9.5	9.5	9.5
Carnegie & Women's Centre	1	2.4	2.4	11.9
Computer Access	1	2.4	2.4	14.3
Drop in Centers	11	26.2	26.2	40.5
Education Services	3	7.1	7.1	47.6
Food Banks	3	7.1	7.1	54.8
Food services (Crabtree)	5	11.9	11.9	66.7
Free Giveaways - Condoms	1	2.4	2.4	69.0
Mental Health Services	1	2.4	2.4	71.4
Mother Centre	1	2.4	2.4	73.8
Native employment centers	2	4.8	4.8	78.6
nothing	1	2.4	2.4	81.0
Safe Injection Sites	1	2.4	2.4	83.3
Service Providers and Drop in Centres	2	4.8	4.8	88.1
Transit Information	2	4.8	4.8	92.9
Youth Agreements, Outreach Workers	3	7.1	7.1	100.0
Total	42	100.0	100.0	

What kinds of services have you found to be not so helpful?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18	42.9	42.9	42.9
Counciling for children	1	2.4	2.4	45.2
Employment Centre	1	2.4	2.4	47.6
F.A.S.E Programming in Surrey, Not welcoming	1	2.4	2.4	50.0
Government	7	16.7	16.7	66.7
Homeless Shelters, Drug and Alcohol clinics	1	2.4	2.4	69.0
More information on how the system works	1	2.4	2.4	71.4
No culturally appropriate programs	2	4.8	4.8	76.2
Service Providers	2	4.8	4.8	81.0
Shelters are helpless to youth	1	2.4	2.4	83.3
Welfare/Workers attitudes	6	14.3	14.3	97.6
Women's Centre	1	2.4	2.4	100.0
Total	42	100.0	100.0	



Are there any other kinds of services or programs that you feel are missing to help people who are homeless or to prevent people from becoming homeless

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	11	26.2	26.2	26.2
Affordable Housing	1	2.4	2.4	28.6
Awareness and Education	1	2.4	2.4	31.0
Crisis Intervention	1	2.4	2.4	33.3
Daytime Clinic, Daytime Shelter	3	7.1	7.1	40.5
Emergency Shelters	3	7.1	7.1	47.6
Food wagon on the road, Food bank less hostile	1	2.4	2.4	50.0
Free clothing	1	2.4	2.4	52.4
Independent Living and Youth Agreement	3	7.1	7.1	59.5
Job Orientations	2	4.8	4.8	64.3
Mental health support	1	2.4	2.4	66.7
More Housing	3	7.1	7.1	73.8
More service providers	2	4.8	4.8	78.6
Showers	1	2.4	2.4	81.0
Support	3	7.1	7.1	88.1
Training and stop government cuts	1	2.4	2.4	90.5
Welfare	1	2.4	2.4	92.9
Youth Shelters	3	7.1	7.1	100.0
Total	42	100.0	100.0	

Housing / Shelters

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	35	83.3	83.3	83.3
No	7	16.7	16.7	100.0
Total	42	100.0	100.0	

Education Services

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	17	40.5	40.5	40.5
No	25	59.5	59.5	100.0
Total	42	100.0	100.0	

Mental Health Services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	10	23.8	23.8	23.8
	No	32	76.2	76.2	100.0
	Total	42	100.0	100.0	

Health and Dental Services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	21.4	21.4	21.4
	No	33	78.6	78.6	100.0
	Total	42	100.0	100.0	

Community and family supports

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	14	33.3	33.3	33.3
	No	28	66.7	66.7	100.0
	Total	42	100.0	100.0	

Employment and income support services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	17	40.5	40.5	40.5
	No	25	59.5	59.5	100.0
	Total	42	100.0	100.0	

Staffing/training of service providers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	14.3	14.3	14.3
	No	36	85.7	85.7	100.0
	Total	42	100.0	100.0	

Transportation Services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	14.3	14.3	14.3
	No	36	85.7	85.7	100.0
	Total	42	100.0	100.0	



More research on homeless issues

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	21.4	21.4	21.4
	No	33	78.6	78.6	100.0
	Total	42	100.0	100.0	

Equal Distribution of services across all communities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	7.1	7.1	7.1
	No	39	92.9	92.9	100.0
	Total	42	100.0	100.0	

What is your age group?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under 19	11	26.2	26.2	26.2
	20-29	7	16.7	16.7	42.9
	30-39	10	23.8	23.8	66.7
	40-49	11	26.2	26.2	92.9
	50-59	3	7.1	7.1	100.0
	Total	42	100.0	100.0	

What is your gender?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	20	47.6	47.6	47.6
	Female	22	52.4	52.4	100.0
	Total	42	100.0	100.0	

What region do you identify yourself with?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	City of Vancouver	23	54.8	54.8	54.8
	North Shore	1	2.4	2.4	57.1
	Burnaby/New Westminister	10	23.8	23.8	81.0
	South Fraser	8	19.0	19.0	100.0
	Total	42	100.0	100.0	

How long have you been homeless

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	10	23.8	23.8	23.8
1 month	2	4.8	4.8	28.6
1 week	1	2.4	2.4	31.0
1 Year	7	16.7	16.7	47.6
2 months	3	7.1	7.1	54.8
2 years	5	11.9	11.9	66.7
2.5 years	1	2.4	2.4	69.0
3-4 years	2	4.8	4.8	73.8
3 weeks	1	2.4	2.4	76.2
3 years	1	2.4	2.4	78.6
3 Years	2	4.8	4.8	83.3
4 days	1	2.4	2.4	85.7
4 months	1	2.4	2.4	88.1
6 months	2	4.8	4.8	92.9
8 months	1	2.4	2.4	95.2
often	2	4.8	4.8	100.0
Total	42	100.0	100.0	

What is the major cause of your homelessness?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
Alcohol Dependency	3	7.1	10.7	10.7
Family Breakdown	10	23.8	35.7	46.4
Cultural Isolation	1	2.4	3.6	50.0
Unemployment	10	23.8	35.7	85.7
Other	4	9.5	14.3	100.0
Total	28	66.7	100.0	
Missing				
System	14	33.3		
Total	42	100.0		



