

Single Women's Focus Group

- d) Do participants think there is a need for more second stage, transitional or supportive housing [in the area where the focus group session is taking place] or in any other part of the Greater Vancouver region?

Yes, women were even willing to be placed in housing outside of their immediate area.

4. Do participants think there is a need for any other kind of housing to address or prevent people from becoming homeless?

YES.

Co-op housing gives people a great sense of family and community. They feel it would give people incentive to go on and stop being afraid of being homeless. One barrier would be knocked down.

Support Services

5. Drop-in centres

- a) Ask for a show of hands for how many participants have gone to a drop-in centre in the past year.

7 out of 7

- b) Do participants think there are enough drop-in centres in [the area where the focus group session is taking place]?

Not enough women's centres.

Not enough centres for drug addiction, mental illness or abuse.

- c) In the past year, was anyone ever turned away from a drop-in centre?

NO

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- d) Were drop-in centres open at times that were convenient?

No, convenient hours would be 24 hours around the clock with care from first aid attendants, counselors, outreach staff.

- e) Do participants think there is a need for more drop-in centres [in the area where the focus group session is taking place] or in any other part of the Greater Vancouver region?

Yes, throughout the lower mainland. Some women need to leave the area of their addiction and crisis, to have other drop-ins they can make contact with would benefit greatly.

It is important to note that they do want more drop-in centres in their area of the DTES.

6. Outreach workers

- a) Ask for a show of hands for how many participants have been approached by or have spoken to an outreach worker in the past year.

Eight participants

- b) Do participants think there are enough outreach workers in [the area where the focus group session is taking place]?
- **Women would like to see more outreach workers in the DTES.**
 - **Some women felt as if some of the existing outreach workers are burnt out.**
 - **They would like to see more support and more staff educated on women's issues specific to the DTES.**
 - **More outreach workers for youth, more eyes and ears to watch and help kids.**
 - **More information on alternatives to street life**

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- c) Do participants think there is a need for more outreach workers [in the area where the focus group session is taking place] or in any other part of the Greater Vancouver?

Yes, everywhere in every community there is a need.

7. Addiction treatment services

- a) Do participants think there are enough addiction treatment services in [the area where the focus group session is taking place]?

**No! not enough beds for immediate help.
They feel that if they need to seek treatment and are told to come back in four days or so they will lose that urgent feeling and will not wait.**

- b) In the past year, has anyone been turned away from an addiction treatment service because of a lack of space? If so, ask what kind of place this was – Detox? Recovery?

YES! ALL participants have been turned away from detox and recovery due to a waiting list.

- c) Do participants think there is a need for more addiction treatment services [in the area where the focus group session is taking place] or in any other part of the Greater Vancouver region? If so, please specify what kinds of services are needed.

Yes, a definite need in the DTES.

Women wanted to live in addiction treatment housing that healed and did not treat them so clinically. They wanted enough support staff so that they weren't living in an addicted environment. They felt if this took place it would help them to adjust to a somewhat "normalized" community housing setting.

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8. Mental health services

- a) Do participants think there are enough mental health services in [the area where the focus group session is taking place]?

Women felt there are many facets of mental health issues not being addressed in the DTES.

They would like services that were specific yet encompassed all facets of mental health.

Physical, mental, verbal, and self harm.

- b) In the past year, has anyone been turned away from mental health services or unable to access mental health services? If yes, why?

Yes, not deemed clinically mentally ill.

Women felt there are many types of mental illness or mental health issues. They felt depression (suicidal), issues of homelessness and addiction were valid mental health reasons for assistance and care.

- c) Have participants faced any other barriers to accessing mental health services?

Yes, barriers such as stated above. Clinically, textbook terms did not fit into their conditions of mental health issues. Appearance and smell from not being able to access showers also proved to be a barrier.

- d) Do participants think there is a need for more mental health services [in the area where the focus group session is taking place] or in any other part of the Greater Vancouver region? If so, please specify what kinds of services are needed.

YES!

All-encompassing centres with more compassionate staff, multi-faceted place for showers, food and healing.

A calm place to rest and feel safe.

9. Prevention

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- a) Have participants ever gone to an advocacy or community organization for help to get housing or to keep the housing they already had (e.g. not get evicted)?

YES.

They felt if they went to an agency, they had to wait for a period of at least five days. In the meantime all their possessions were stolen or lost. The hotels in the DTES were not spoken highly of as far as safety, cleanliness and bugs went. Women feel there needs to be a 'watchdog' to monitor the hotels and housing in the DTES.

- b) What kind of services do participants think would help prevent people from becoming homeless?

Community housing that teaches basic life skills i.e. Cooking, cleaning, money management.

Shelters with quick and easy access. Shelters that have services to offer such as laundry, food and nurses. Shelters that allow people to bring in their shopping buggies full of their possessions. Making people a part of the decision of where they go for help.

Income

10. What kind of barriers do participants face that prevent them from having more income? (Note to facilitators: some examples of issues could include education, training, ethnicity, government program cuts, family commitments, injury, illness, disability, lack of permanent address, lack of telephone, or other).

- **Illness, disability, stress (feeling like you're not able to step up to the plate.)**
- **Mental health issues**
- **Connections (who's willing to give you a chance?)**
- **Appearance (clean places to shower, wash clothes and feel good about yourself)**
- **Moral integrity and support.**

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11. What kinds of programs or services would help participants to have more income?

More co-op programs that let housing communities give each other support.

Community support staff. Pooling peoples energy and talents together with a community support staff.

Showers and laundry services.

Nutrition to help people function better (vitamins, fruit, veggies and meat)

C) General Discussion

12. What kind of services have participants found most helpful?

- **Female support with females who have had experiences similar to theirs. They felt safe disclosing personal issues with women who could relate.**
- **Getting back on welfare was good for one woman who was working and injured on the job and her Workers Compensation ended. Being on welfare allowed her to heal and pick herself up again and find the courage to go back out to look for a job or resources.**
- **W.I.S.H. program because they understood where these women came from.**

13. What kind of services have participants found not so helpful?

- **Services which judge you with pre-conceived ideas about who you are .i.e. all women are prostitutes and drug addicted if they live on the streets.**
- **Racist and sexist staff who talk down to women. Burned out staff.**
- **Being told that they can't offer you help – lack of beds.**
- **Portland Hotel Society. (the women referred to this agency as "poverty pimps")**
- **Burned out social workers and financial aid workers.**

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

- **Services that could help the women be re-introduced to the 'outside' world after long periods of addiction and being on welfare for long periods of time.**
- **Services that could help make co-op housing where people could work together to make safe and affordable housing.**
- **Services that are available 24 hours a day is more realistic.**
- **Let people create programs that are useful.**
- **Having a home lets people heal and knocks down one barrier blocking them from recovery.**

D) Priorities

15. What would participants say are the top three services that are needed to help people who are homeless and to prevent homelessness - i.e. How do participants think the government money should be spent?

- **Nutrition for physical and mental health**
- **Multi-vitamins**
- **Habitat for Humanity or similar organization to build [subsidized] co-op community housing.**
- **Community kitchens to bring people together, everyone takes part.**
- **Women's group to discuss human interest.**
- **Subsidized housing**
- **Support services to bring families back together (mother and children, women and their parents, relatives).**

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