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# **PRINCE GEORGE COMMUNITY PLAN**

*September 2001*

*Updated November 2003*

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## ***SECTION 1: Expanded Executive Summary***

## ***Expanded Executive Summary***

The National Homelessness Initiative began in Prince George in February 2001. Now referred to as Phase 1 of the initiative, it commenced with Prince George service providers, agencies, non-profit organizations, and government ministries and departments at the municipal, provincial and federal level agreeing to work together in a group named the Community Partners Addressing Homelessness (CPAH). This collaboration saw combining of the expertise and knowledge of their members along with the results of community consultations and focus groups with service providers, agencies, and service consumers in Prince George. The result cumulated in the Community Plan on Homelessness released in September 2001.

In 2003, the Federal Government renewed its commitment and finances to the homelessness initiative, with phase 2 scheduled to run from March 1, 2003 until March 31, 2006.

### **PHASE 1 DEVELOPMENT:**

This CPAH Community Plan begins with an overview of the federal initiative on Homelessness and the funding programs available under this initiative as they were presented in 2001, alongside the updated overview as presented by the federal initiative for 2003. A brief description of each of the nine elements required in the Community Plan is also included. Some minimal changes did occur within the elements between phase 1 and phase 2 based on the evaluations completed in each community at the close of phase 1.

This Community Plan covers the geographic area of the City of Prince George. The objectives of the CPAH and the process followed to create this document are described in detail. Also included is a chart listing some of the current 'Assets' in Prince George: that is, the Housing and other Services that are currently available in the community to assist those who are absolutely or relatively homeless. Where possible, data quantifying the size of the service are provided, as are data identifying the gaps between the service provided and the demand for service, typically expressed as a waiting list.

The priorities that were identified through consultation, focus groups and expert knowledge are next identified in the Community Plan. While services addressing the needs of those who are absolutely homeless were the first priority, other issues and needs were also considered. Each priority was placed on a chart to show its location on the continuum of supports: that is how the priority relates to the supports needed by people experiencing absolute or relative homelessness or those at-risk of homelessness. This chart allows those services that address those who are absolutely homeless to be clearly identified and demonstrates in a graphic way the continuum of supports model. It was intended to assist service providers and agencies to make creative links between services and programs in the future.

Sustainability of activities was an ongoing concern, and the CPAH discussed various approaches to the sustainability of projects and activities in Prince George. Activities and timeframes by which the CPAH monitored and evaluated both this Community Plan and the activities undertaken in support of it are also identified. Finally, a Communication Strategy for sharing this Community Plan, the anticipated Call for Expressions of Interest, and future evaluation results with the community is included.

Following the call for proposals across the community, a total of 23 projects were funded and covered the range of expanding emergency housing stock to support services to research. Given the time constraints left to the community during phase 1 however, it was felt at the conclusion that no areas had been fully addressed although some of the stated priorities were deemed partially addressed.

## **PHASE 2 DEVELOPMENT:**

Phase 2 had a somewhat different focus than did phase 1. The first phase was development of a community plan, establishing priorities, exploring resources from the ground up. Phase 2 was an update of those elements. It began with the re-establishment of the community partners that had been involved in phase 1. Following consensus, it was agreed to utilize the same plan of activities format as was used in the first phase. Dates were set for milestones and the update commenced.

The major elements covered in the update were that of the assets and gaps data and updating the priorities list. Recognizing that extensive community consultation had taken place during phase 1, it was felt that the vast majority of the priorities, if not all, still existed. However, it was also recognized that there could be additional priorities that needed to be added or some existing ones that had become more urgent. To determine the scope of these priorities, a community forum was held. All activities that were identified during phase 1 were placed under broad based priority headings and participants were required to add any additional priorities to the existing lists and then to prioritise those issues it was felt were the most critical in Prince George at this time. This updated list became the new phase 2 list of priorities and the call for expressions of interest went out on November 14, 2003.

Rather than write a new edition of the Prince George Community Plan, the format was re-structured and can be identified as follows:

### **Section 1: Expanded Executive Summary**

Detailing the steps taken during phases 1 and 2 and any critical information that emerged, followed by the updated list of priorities at commencement of phase 2.

### **Section 2: Phase 2 elements**

In line with the newly numbered and slightly altered elements set forth by NHI, the second section highlights these elements and any pertinent information.

### **Section 3: Phase 1 data**

This section contains all the information as it was presented during phase 1 and has been retained to show progress and historical reference.

The appendices to the Community Plan contain additional information about the research, processes and data linked to the completion of the Community Plan. The appendices include:

- the original input and data from the community consultation workshop
- the original input and data from the five focus groups
- the original input and data from the community consultation on priorities and the continuum of supports
- the charts outlining the Housing Assets and Other Services Assets in the community, including an estimate of capacity and waiting lists where possible
- the membership of the CPAH
- examples of the invitations and documents related to the community consultations
- background research completed on homelessness in the community of Prince George.

The key to the Community Plan is the identification of priorities for further action. These will be used to drive the activities of the CPAH in Prince George over the life of the Supporting Communities Partnership Initiatives (SCPI) program. In broad based priority format, the priorities identified by the CPAH and the agencies, service providers, organizations, ministries and the homeless people of Prince George are:

### ***Priorities***

#### **Housing**

- Beyond homelessness support for those recovering from addictions
- Housing for seniors and other adults at risk / or facing abuse, neglect and self neglect
- Independent housing made more available and appropriate for those in recovery from drug / alcohol addiction
- Support for 2<sup>nd</sup> stage and supportive housing – for a variety of lifestyles and needs  
Housing for people with mental illness
- Housing and program for people with HIV / Aids
- More shelter beds
- Provide a safe place for those who are intoxicated to sleep
- More resources dedicated to advocacy and indep. Legal advice on all issues
- More safe houses for youth
- Housing needs assessment
- Housing (2<sup>nd</sup> stage) for women leaving prison
- Provide shelter suitable to elderly men
- Housing for brain injured individuals
- Transitional housing for youth at risk ‘yap’

- Standards of maintenance bylaw

### **Health**

- Improve access to nutritious food
- Provide more nutritious food
- Pro-active life skills
- Health care professional based in youth service facilities
- Provide easier access to doctors
- Recognize seniors as homeless at risk
- Improve service in hospital to addicts
- Have weekly Public Health Nurse visits to shelters
- Have a street clinic open late, with access to doctors and RNs (dietitian)
- Pre/post natal care
- Accessible fitness facilities
- Provide access to foot care
- Support oral health by providing all levels of dental care including proactive cleaning

### **Substance Use**

- Transitional / supportive safe housing life skills for individuals in recovery
- Provide drug and alcohol counselors in shelters
- Youth priorities to cover linkages for support services / priority for those youth that have to demonstrate two years independent living.
- Provide more detox beds for adults and youth
- After hours activities / resources / service providers i.e. night street workers
- Explicit services for seniors, brain injured, other disabled groups / individuals
- Detox centre with family units
- More prevention over post vention or harm reduction
- Provide longer hours of access to methadone
- Increase needle exchange hours

### **Other Client Services**

- Long term life skills / Work skills (with work to go too) added on an original issue listing
- Use a mobile van to bring people to services or to bring the services to people i.e. (public health nurse, doctor, food, sleeping bags, referral, advice, medical help, blankets, needles)
- Centralized multi services
- Shower, laundry and toilet facilities
- Drop in services / 24 hour facility
- Telephone access / mail box access for purposes of service / job / apartment settings
- Youth involvement to create strategies to address all issues facing them.

### **Education/Information**

- Provide respectful treatment that allows dignity Education



- Information centre: where to find services, assistance, resources, emergency help
- Provide education to service providers on how to work with people with concurrent disorders
- Incorporate “homelessness curriculum” into courses for potential service providers
- Transformational education / certification / training programs (*note: must show clear linkages to reducing homelessness*)
- Educate public service personnel in recognizing signs and symptoms of all types of reasons for varied behaviors (i.e. diabetes lows, epilepsy, schizophrenia)
- Pro active life skills for young and single parent
- Informing the community – causes, difference between absolute and relative homelessness, framed in a positive manner
- Inform / educate health services about relative homelessness (hidden homelessness)
- Incorporate cultural linkages to the community.

### ***Principles***

These principles should be considered when designing, selecting or implementing services or activities.

#### **Communication at all levels**

- Education of and by all stakeholders using a multi-media approach towards homelessness in order to change public perception and clarify issues by using tools which promote buy-in and reduce barriers by keeping it simple
- Dialogues among all stakeholders to build trust and understand issues

#### **Advocacy, Outreach and Sensitivity**

- Advocacy to ensure dollars are properly spent
- Outreach to deal with barriers
- Sensitivity to show respect for intoxicated individuals, to maintain the individual’s right to privacy, to maintain cultural awareness, when dealing with public disputes

#### **Systemic Redesign – Partnerships**

- Coordination and consistency in the delivery of services by using partnerships to reduce fragmented funding, use a single point of entry for seamless delivery and pool dollars to have one facility which takes care of everything
- Maximize service provision by reducing inefficient use of scarce resources
- Support agencies that have existing services to provide consistency to the client “stop reinventing the wheel

#### **Addressing the Continuum of Housing in the long term**

- Rental market issues: define a standard for landlords or for renters, engage landlords in discussions and partnerships, increase the shelter portion of IA, provide avenues for dealing with discrimination
- Funding for low income housing: subsidized, affordable, accessible

- Accessible support staff providing early and ongoing support that includes life skills, is open-ended, provides a sense of belonging and occurs in homelike shelters
- Other issues: safety, stability of housing, cleanliness

### **Community Education and Awareness**

- Inter-agency awareness of services and the knowledge service providers need, such as a registry of people for emergencies, how to recognize mental illness, the dangers of seizures and withdrawal for people with alcoholism
- Informing clients and community through outreach and resource directories so that people know where services are

### **Sustainability Issues**

- Collaboration between business and social services to maximize resources and plan together to coordinate services in order to provide a neutral place with all services available
- Planning and prioritizing to remove systemic barriers to long term funding, to provide data, to increase funder's efficiency, to pursue non-government funding sources, to increase IA cheques
- Commitment and community vision to empower individuals so that over time they can give back to the community. Self-sustainability is an eventual goal, and seed funding is critical to start.

### **Involve Clients in the Solutions**

- By appreciating and valuing their experiences, hiring those who have been there, good role models, by getting their input through client surveys, spending time with clients, exploring the process and their roles, and helping them identify or express their needs
- Activities that will bring all shelter people together as a community
- Client focused and directed work and life skills development.

## ***SECTION 2: Phase 2 Elements***

# ***Introduction***

## **Supporting Communities Partnership Initiative (SCPI)**

The cornerstone of the government's homelessness initiative is the \$305 million Supporting Communities Partnership Initiative (SCPI) program. The goal of SCPI is to provide a flexible means for communities to plan and implement comprehensive local strategies to reduce and prevent homelessness. This is a community based approach, designed to decide on community service providers' priorities for action and to participate in setting priorities for the use of SCPI funds.

The funding for the initiative is divided into two streams. Eighty per cent of SCPI funding is targeted to 10 Canadian cities with a documented significant absolute homeless problem: Vancouver, Calgary, Edmonton, Winnipeg, Hamilton, Toronto, Ottawa, Montreal, Quebec City and Halifax. The criteria used to determine which cities were eligible was the size of the population, the rental vacancy rate and the low-income cut-off rate for each community.

The remaining 20 per cent of SCPI funds are being directed to smaller communities that are able to demonstrate a homelessness problem. Communities in every province and territory are being included. In the British Columbia/Yukon Region, Victoria, Nanaimo, Nelson, Kamloops, Kelowna, Prince George and Whitehorse share the 20% allocation.

The goal of the SCPI program is to provide flexible funding for communities to plan and implement comprehensive local strategies that reduce and prevent homelessness. Eligible initiatives must derive from a continuum of supports model contained in a plan that addresses the problem of absolute homelessness as a first priority.

The SCPI is one way in which the Federal Government will assist communities to work together with provincial and municipal governments. The initiative will also include the public, not for profit and private sectors in addressing the immediate needs of homeless people and in taking steps to reduce and prevent homelessness.

Because the best solutions to homelessness are to be found at the community level, this initiative engages all levels of government and community partners in the development of appropriate responses to the priorities identified at the local level. Over time, these responses will assist homeless people to move from the streets and emergency shelters to more secure lives.

## Background

Homelessness, as defined by the United Nations can occur in two forms: absolute homelessness and relative homelessness.

Absolute homelessness refers to those who are without physical shelter. They may be living on the street, or using emergency shelters or other forms of temporary shelter.

Relative homelessness refers a situation in which people's homes do not meet the basic housing standards of:

- adequate protection from the elements
- access to safe water and sanitation
- provision of secure tenure and personal safety
- at a cost of less than 50% of the individual's or family's total income.

The homeless at risk population also includes the 'invisible homeless', whose numbers are difficult to quantify, such as individuals who are "couch surfing".

The Government of Canada's approach to homelessness recognizes that communities are best positioned to develop responses to local issues in broad-based partnership arrangements. In combating homelessness, the Federal Government is building partnerships with provinces and territories, municipal governments, non-profit organizations, the private sector and individuals.

The continuum of supports approach to homelessness identifies responses to the full range of factors that contribute to homelessness. The main elements are:

- outreach and assessment of the needs of the homeless,
- emergency shelter
- transitional housing
- supportive housing

The continuum of supports approach to homelessness is intended to:

- promote a coordinated, community-based process of identifying needs and strategies
- focus communities on long term strategies
- assist the homeless towards self-sufficiency.

## **SCPI Community Plan Elements Phase 2**

A Community Plan to reduce and prevent homelessness provides a focal point for joint community action. The Community Plan will give community service organizations a framework within which to work together to achieve common goals and assist the community to make the best possible use of scarce resources by reducing overlap and duplication.

The plan should identify the complete range of activities necessary to address the reduction and prevention of homelessness, regardless of where the funding may come from. The plan must provide information on the following nine elements:

### **1. Geographic Area**

The geographic area over which the SCPI funding applies.

### **2. Community Plan Development and Implementation**

The community must identify the representatives involved in the process to update and implement the community plan. It is important that the plan accurately reflects the specific needs of all members within the community, in particular, those of Aboriginal people and youth. It is also important that in the implementation of the plan that funding for projects focussed on meeting the needs of homeless or at risk local Aboriginal people and youth reflects the demographics of the community. *Therefore, the confirmation of attendance by, and active participation of local Aboriginal people and youth (individuals and/or organizations) in planning and implementation is required for plan approval.*

### **3. Overall Objectives**

Describe the overall objectives the community expects to achieve by March 31, 2006 through the implementation of the Community Plan. The community's objectives should be supportive of the Government of Canada's long-term objectives on homelessness (listed below) and should contribute to the sustainability of community efforts.

When identifying the community's priorities in section 7, it is important that the expected outcomes of the priorities are supportive of the community's objectives.

#### Homelessness Initiative Strategic Objectives.

- 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.

#### **4. Supports to Sustainability – Partnerships and Community Capacity Building**

Partnership development and community capacity building are viewed as essential elements to achieving the Homeless Initiatives (HI) overall objectives of ensuring the sustainable capacity of communities to address homelessness.

Accordingly, this section aims to assist in the identification of community projects and/or activities that will contribute to partnership development, capacity building, and ultimately, sustainability. *Therefore, please consider these results when completing Section Six on Assets and Gaps and Section Seven on Priorities.*

##### Partnerships.

Partnerships are a key component of a community's sustainability strategy. They assist in strengthening and enhancing projects, as well as the community process.

##### Community Capacity.

Developing community capacity is an ongoing process that strengthens the capacity of individuals, agencies, networks, and the broader community to develop a meaningful and sustainable response to homelessness.

#### **5. Communication Strategy**

A coordinated and effective communications strategy for the Community Plan development and implementation process is an important element in the success and sustainability of a community's efforts on homelessness. Communication helps ensure that individuals and community agencies have the opportunity to be involved in the community plan and can obtain information on the calls for proposals related to funding-specific initiatives within the plan's list of priorities. Furthermore, the community's communications strategy should help foster community support for the process, increase partnerships and public awareness, and address NIMBYism etc...thereby contributing to the sustainability of the community effort.

#### **6. Assets and Gaps**

The community must review the assets and gaps described in the original plan and update them based on present needs. This could include assets and gaps in the areas of sheltering facilities, support service facilities, services, partnership or community capacity building activities, communication or public awareness activities, research and information management (e.g. Homeless Individuals and Families Information System (HIFIS)). This may involve physical gaps such as new facilities (i.e. transitional houses) and renovations (i.e. installation of showers and laundry facilities in a drop-in centre), but could also include less tangible needs such as a community capacity coordinator, or a community life-skills program.

As this is an inventory of all community needs related to homelessness, the items identified may not necessarily be eligible for SCPI funding (i.e. affordable housing).

## **7. Priorities**

Priorities will be identified by communities according to their objectives and the analysis of the assets and gaps within their respective continuum of supports. These priorities will focus on the needs of the homeless people and at-risk populations, including the Aboriginal and Youth population. These priorities may be flexible and broad, and with either a short or long-term focus, in order to be flexible enough to respond to changing community circumstances.

## **8. Communities Contribution**

For a community to access their SCPI federal funds confirmed funding from other sources must equal the community's maximum SCPI allocation. Confirmation in the form of a letter from the sponsors must be appended to the Community Plan when it is submitted for approval. Where a community cannot confirm the necessary funds to match the federal allocation, it should contain a strategy for securing the remainder of the required funds (i.e. funding on a project by project basis, identification of tentative sponsors etc.).

## **9. Evaluation Strategy**

This element encompasses aspects of both evaluation and results reporting.

Some communities will be selected to participate in the National Evaluation of the Initiative. The proposed Evaluation Strategy will look at the cumulative impacts, activities, outputs and outcomes in each community with respect to some of the key objectives of the Homeless Initiative such as: a) the extent to which the continuum of supports are in place, b) the extent to which broad partnerships have been established and c) the extent to which knowledge transfer shaped programming and decision making. This evaluation may start as early as the beginning of the third year (this is being negotiated between Evaluation and Data Development and the National Secretariat on Homelessness).

Communities will be required to report in their progress mid-way through the Initiative and then complete a community plan assessment or an evaluation at the end of the three years.

Communities will be required to present a strategy to collect, analyze and report information on results and impacts of their activities against the plan outcomes.



## **Phase 2 Implementation**

### **1. Geographic Area**

The geographic area covered by this Community Plan is the City of Prince George, British Columbia.

### **2. Community Plan Development and Implementation**

Given that the participatory evaluation at the end of phase 1 had seen the community express satisfaction with the original Community Plan Development process, it was determined that the same process would be followed when completing the Community Plan update. The steering committee was re-established and milestones and timelines were set. Recognising that this phase was an update, there was a desire to see the original planning and activities maintained and built upon to increase capacity and partnerships already in existence.

The first task saw an update of the Terms of Reference to reflect the new reality that the community was focussing on a three year process as opposed to the original phase one that saw the activities completed in a one year time span. The Terms of Reference now stand as follows:

#### **Objectives/Activities of CPAH**

Ensure an open, inclusive and transparent process:

- Report back to various memberships through diverse methods, including the distribution of minutes, reports and notices of meetings
- Include consultations with the community in the process

Identify existing services, resources and gaps:

- Gather data, statistics and reports from stakeholders
- Utilize information from community consultation processes

Develop and carry out an action plan for updating the Community Plan:

- Identify methods of consultation and tools to be used
- Identify activities to be undertaken
- Form working groups as necessary
- Create check points to evaluate progress
- Develop a work plan and timeline for the process, including a timeline and process for multiyear operations if necessary
- Submit the Community Plan to HRDC for approval of SCPI elements
- Ensure Calls for Proposals are linked to the Community Plan priorities

Recommend projects and proposals to be undertaken:

- Communicate the Community Plan as widely as possible

- Invite proposals for identified priority needs
- Hold community workshops to explain the Call for Proposals process
- Develop and use a combination of screening devices to ensure proposals contain all required elements. To include both administrative checklists and community knowledge.
- Review proposals for projects against selection criteria
- Recommend SCPI projects to HRDC
- Contribute to the objectives and recommendations concerning housing as specified in the Prince George Social Plan

## Membership of the CPAH

The CPAH members will be:

- Representative of the diversity of homeless individuals, service providers, funders and the community at large
- Committed to the Mandate and Objectives of the Community Plan at all times
- Dedicated to working in a collaborative manner, making partnerships a priority throughout
- Responsible to provide the group they represent with full information throughout the process, and to provide the input of the group they represent to the CPAH
- Responsible to meet as often as necessary to carry out the Objectives
- Responsible to be aware of Conflict of Interest issues, to declare if they are in a conflict situation, and to remove themselves from decision making when a conflict of interest exists
- Membership of the CPAH can be one of three levels:
  - *Working Group Member*  
Attends meetings as requested to provide ratification of CPAH activities and provide input and suggestions around CPAH process and progress. May also be called to volunteer on sub committees where necessary. Required to provide communication and input between CPAH and any committees/groups/organizations the member has contact with
  - *Steering Group Member*  
Responsible for ensuring activities which address the CPAH objectives and mandates are completed according to the CPAH committee directives. Responsible for calling and overseeing ad hoc or sub committees wherever necessary. Each sub committee deemed necessary will be given an objective/s by CPAH and tasked with developing time lines and action plans to achieve the objective. Sub committees required for year 2003 have been identified as:
    - Communication Sub Committee
    - Proposal Review Sub Committee
    - Others as required
  - *Information Only Members*  
This level of membership allows an individual to remain updated and informed of CPAH activities without attending meetings. Any responses to

information however, must be made in person to the CPAH group. Occasional requests for input may occur.

- The role of the CPAH chairperson will include acting as the primary representative of the CPAH to the public and to the media.

#### Operation and Funding of the CPAH

- The frequency, length and location of meetings will be agreed upon by the CPAH, as will the duration of the CPAH
- Administrative support will be provided by HRDC through SCPI staff
- Additional support may be contracted as needed and determined by the CPAH
- CPAH members may choose to receive minutes for information rather than attend meetings, but will provide comments or input in person at meetings
- The CPAH will work towards decision making by consensus through dialogue. Each member is responsible to ensure their input is heard as well as to challenge behaviours that do not further consensual decision making. When consensus appears to have been reached on a particular decision, the CPAH may use a round table process to ensure that consensus has been achieved.
- If a member cannot attend a meeting they will send one, consistent, alternate who is able to make decisions on their behalf and is informed about the activities of the CPAH
- The CPAH is prepared to apply to HRDC for an agreed upon portion of the SCPI allocation for Prince George to be spent on development activities related to the update of the Community Pan, such as, but not limited to, the use of facilitators for community forums, focus groups or processes, or the compilation of research. The CPAH will reach consensus on the level of funding to be used for developmental activities and assign or delegate an eligible organization to hold the contract. **For 2003 this amount has been set at \$20,000 and the organization delegated is the Community Planning Council of Prince George.**

The next task was to open the process to any new members that were interested and committed to the CPAH process. As a result, the steering committee members and working group members as of 2003 are:

Name of Member	Organization	Contact Number	Email Address
Dr Alex Michalos	University of Northern BC	(250) 960-6697	<a href="mailto:Michalos@unbc.ca">Michalos@unbc.ca</a>
Marianne Sorenson	AWAC / ShelterNet BC	(250) 563-4632 (250) 562-6262	<a href="mailto:awac@telus.net">awac@telus.net</a>
Lynn Florey	Community Planning Council	(250) 562-2667	<a href="mailto:Cpc@shawbiz.ca">Cpc@shawbiz.ca</a>
Alice Ross	PG Housing Coalition	(250) 564-6616	<a href="mailto:pghc@shawbiz.ca">pghc@shawbiz.ca</a>

Ann Howard	BC Housing	(250) 562-9251	<a href="mailto:ahoward@bchmc.bc.ca">ahoward@bchmc.bc.ca</a>
Claudette Plante	E. Fry Society	(250) 563-1113	<a href="mailto:Claudette@pgefry.bc.ca">Claudette@pgefry.bc.ca</a>
Jason Morgan	PG Nechako Aboriginal Employment Training	(250) 561-1199	<a href="mailto:jasonmg@bcgroup.net">jasonmg@bcgroup.net</a>
Tom Madden	City of Prince George	(250) 561-7644	<a href="mailto:tmadden@city.pg.bc.ca">tmadden@city.pg.bc.ca</a>
Beth Bastien	HRDC	(604) 666-7301	<a href="mailto:Elizabeth.bastien@hrdc-drhc.gc.ca">Elizabeth.bastien@hrdc-drhc.gc.ca</a>

### Working Group Membership as of 2003

Name of Member	Organization	Contact Number	Email Address
Dennis Nore	Salvation Army	(250) 564-4000	<a href="mailto:salarmy1@telus.net">salarmy1@telus.net</a>
Tammy Marleau	Future Cents	(250) 565-6278	<a href="mailto:futurecentsgal@hotmail.com">futurecentsgal@hotmail.com</a>
Linda Rempel	St Patrick's House	(250) 564-5530	<a href="mailto:lrempe@sd57.bc.ca">lrempe@sd57.bc.ca</a>
Boyanne Young	Canadian Diabetes Assoc	(250) 561-9284	<a href="mailto:boyanne.young@diabetes.ca">boyanne.young@diabetes.ca</a>
Lea Felker	PGNFC	(250) 563-1982	<a href="mailto:adriennefelker@yahoo.ca">adriennefelker@yahoo.ca</a>
Marilyn Rayner	St Patrick's House	(250) 564-5530	<a href="mailto:stpats_ed@telus.net">stpats_ed@telus.net</a>
Barbara Old	CNC	(250) 562-2131	<a href="mailto:oldb@cnc.bc.ca">oldb@cnc.bc.ca</a>
Karla Staff	Regional Mental Health	(250) 565-2127	<a href="mailto:Karla.staff@northernhealth.ca">Karla.staff@northernhealth.ca</a>
Emma Faulkner	PGNFC		<a href="mailto:efaulkner@pgnfc.ca">efaulkner@pgnfc.ca</a>
Franca Letendre	John Howard Society	565-6278	<a href="mailto:franca@bcgroup.net">franca@bcgroup.net</a>
Dawn Hemingway	UNBC	960-5694	<a href="mailto:hemignwa@unbc.ca">hemignwa@unbc.ca</a>

### 3. Overall Objectives

The Prince George CPAH has continued its focus of developing priorities based on the continuum of supports listed in the original version of the plan, which is consistent with the overall objectives of the National Homeless Initiative. We fully recognize and support programs and projects that address the issue of homelessness at all levels of community. We have further developed some new partnerships at the committee level designed to allow us to broaden our capacity and ultimately lead to sustainability from within.

#### **4. Supports to Sustainability – Partnerships and Community Capacity Building**

As noted in element 3, the CPAH continues to maintain its existing partners and has demonstrated the encouragement of partnerships through programs and projects already funded under Phase 1 of the initiative E.g. Brothers' Soup Bus Kitchen partnering with St. Patrick's Transition House, allowing for resources to be shared and avoiding issues of duplication. We will be continuing to encourage these partnerships throughout the duration of the NHI. CPAH also moved towards recruiting new members with the development of a membership package that was designed to illustrate more clearly where sectors were being represented and where there were potential gaps in representation. We further developed new partnerships in phase 2 with the representation of PGNAETA on the steering committee with a view to a better exchange of information and communication both between the two streams of general funds and UAS funds and also better collaboration and efficient use of resources for funding purposes.

#### **5. Communication Strategy**

Communication is a key concern for the CPAH committee and during its evaluation at the close of phase 1, we recognized an increased need for us to communicate more effectively on a number of levels: the homelessness issue, the need for partnerships and capacity building, the benefits of community collaboration, the need to share information and resources at an agency and client based level etc. There are a number of recommendations contained within the evaluation that relate to the communication strategy and which the CPAH steering committee has committed to working on for the remaining duration of the NHI.

#### **6. Assets and Gaps**

This was a fairly problematic area regarding updates as agencies' contacts have changed, some have moved or closed and others simply did not have enough time to respond to the request for updates. As a result, only 18 of the original 50+ agencies responded with updates on their agency information. The relevant information appears in the assets and gaps table beginning page 46 and shows as italic font.

#### **7. Priorities**

As was mentioned earlier under section 2 – community plan development and implementation, there was a community consultation focus group held to build upon the priority list from phase 1. The new priority list for Prince George now shows as follows:

##### **Housing**

- Beyond homelessness support for those recovering from addictions
- Housing for seniors and other adults at risk / or facing abuse, neglect and self neglect
- Independent housing made more available and appropriate for those in recovery from drug / alcohol addiction

- Support for 2<sup>nd</sup> stage and supportive housing – for a variety of lifestyles and needs  
Housing for people with mental illness
- Housing and program for people with HIV / Aids
- More shelter beds
- Provide a safe place for those who are intoxicated to sleep
- More resources dedicated to advocacy and indep. Legal advice on all issues
- More safe houses for youth
- Housing needs assessment
- Housing (2<sup>nd</sup> stage) for women leaving prison
- Provide shelter suitable to elderly men
- Housing for brain injured individuals
- Transitional housing for youth at risk ‘yap’
- Standards of maintenance bylaw

### **Health**

- Improve access to nutritious food
- Provide more nutritious food
- Pro-active life skills
- Health care professional based in youth service facilities
- Provide easier access to doctors
- Recognize seniors as homeless at risk
- Improve service in hospital to addicts
- Have weekly Public Health Nurse visits to shelters
- Have a street clinic open late, with access to doctors and RNs (dietitian)
- Pre/post natal care
- Accessible fitness facilities
- Provide access to foot care
- Support oral health by providing all levels of dental care including proactive cleaning

### **Substance Use**

- Transitional / supportive safe housing life skills for individuals in recovery
- Provide drug and alcohol counselors in shelters
- Youth priorities to cover linkages for support services / priority for those youth that have to demonstrate two years independent living.
- Provide more detox beds for adults and youth
- After hours activities / resources / service providers i.e. night street workers
- Explicit services for seniors, brain injured, other disabled groups / individuals
- Detox centre with family units
- More prevention over post vention or harm reduction
- Provide longer hours of access to methadone
- Increase needle exchange hours

### **Other Client Services**

- Long term life skills / Work skills (with work to go too) added on an original issue listing
- Use a mobile van to bring people to services or to bring the services to people i.e. (public health nurse, doctor, food, sleeping bags, referral, advice, medical help, blankets, needles)
- Centralized multi services
- Shower, laundry and toilet facilities
- Drop in services / 24 hour facility
- Telephone access / mail box access for purposes of service / job / apartment settings
- Youth involvement to create strategies to address all issues facing them.

### **Education/Information**

- Provide respectful treatment that allows dignity Education
- Information centre: where to find services, assistance, resources, emergency help
- Provide education to service providers on how to work with people with concurrent disorders
- Incorporate “homelessness curriculum” into courses for potential service providers
- Transformational education / certification / training programs (*note: must show clear linkages to reducing homelessness*)
- Educate public service personnel in recognizing signs and symptoms of all types of reasons for varied behaviors (i.e. diabetes lows, epilepsy, schizophrenia)
- Pro active life skills for young and single parent
- Informing the community – causes, difference between absolute and relative homelessness, framed in a positive manner
- Inform / educate health services about relative homelessness (hidden homelessness)
- Incorporate cultural linkages to the community.

### ***Principles***

These principles should be considered when designing, selecting or implementing services or activities.

### **Communication at all levels**

- Education of and by all stakeholders using a multi-media approach towards homelessness in order to change public perception and clarify issues by using tools which promote buy-in and reduce barriers by keeping it simple
- Dialogues among all stakeholders to build trust and understand issues

### **Advocacy, Outreach and Sensitivity**

- Advocacy to ensure dollars are properly spent
- Outreach to deal with barriers
- Sensitivity to show respect for intoxicated individuals, to maintain the individual’s right to privacy, to maintain cultural awareness, when dealing with public disputes

### **Systemic Redesign – Partnerships**

- Coordination and consistency in the delivery of services by using partnerships to reduce fragmented funding, use a single point of entry for seamless delivery and pool dollars to have one facility which takes care of everything
- Maximize service provision by reducing inefficient use of scarce resources
- Support agencies that have existing services to provide consistency to the client “stop reinventing the wheel

### **Addressing the Continuum of Housing in the long term**

- Rental market issues: define a standard for landlords or for renters, engage landlords in discussions and partnerships, increase the shelter portion of IA, provide avenues for dealing with discrimination
- Funding for low income housing: subsidized, affordable, accessible
- Accessible support staff providing early and ongoing support that includes life skills, is open-ended, provides a sense of belonging and occurs in homelike shelters
- Other issues: safety, stability of housing, cleanliness

### **Community Education and Awareness**

- Inter-agency awareness of services and the knowledge service providers need, such as a registry of people for emergencies, how to recognize mental illness, the dangers of seizures and withdrawal for people with alcoholism
- Informing clients and community through outreach and resource directories so that people know where services are

### **Sustainability Issues**

- Collaboration between business and social services to maximize resources and plan together to coordinate services in order to provide a neutral place with all services available
- Planning and prioritizing to remove systemic barriers to long term funding, to provide data, to increase funder’s efficiency, to pursue non-government funding sources, to increase IA cheques
- Commitment and community vision to empower individuals so that over time they can give back to the community. Self-sustainability is an eventual goal, and seed funding is critical to start.

### **Involve Clients in the Solutions**

- By appreciating and valuing their experiences, hiring those who have been there, good role models, by getting their input through client surveys, spending time with clients, exploring the process and their roles, and helping them identify or express their needs
- Activities that will bring all shelter people together as a community
- Client focused and directed work and life skills development.

## **8. Communities Contribution**

Matching funds were identified as the communities’ contribution through the Provincial Government.



## **9. Evaluation Strategy**

Evaluation is an ongoing integral component of the CPAH process. In addition, a participatory evaluation was completed at the close of phase 1 which will direct some of the CPAH activities over the next phase. CPAH will also engage in an evaluation at the end of the first and each subsequent year of the process.

### ***Section 3: Historical Data Phase 1***

# ***SCPI Community Plan Elements Phase 1***

A Community Plan to reduce and prevent homelessness provides a focal point for joint community action. The Community Plan will give community service organizations a framework within which to work together to achieve common goals and assist the community to make the best possible use of scarce resources by reducing overlap and duplication.

The plan should identify the complete range of activities necessary to address the reduction and prevention of homelessness, regardless of where the funding may come from. The plan must provide information on the following nine elements:

## **1. Geographic Area**

The geographic area over which the SCPI funding applies.

## **2. Objectives**

Outcomes that your community expects to achieve by March 31, 2003, through the implementation of its Community Plan. The Government of Canada's objectives on homelessness and your community's specific objectives must be compatible.

## **3. Community Plan Development Process**

The community should describe the process followed to develop the Community Plan, including what actions were taken to ensure that the process was open and that it included participation by all interested stakeholders, giving particular attention to the inclusion of Aboriginal groups, Youth groups and homeless persons. Your plan must also address how stakeholders and others will be included in the ongoing decision making associated with implementing your plan.

A Community Plan provides a focus for joint community action and should be developed using an inclusive consultation process that allows all interested groups and individuals to contribute to its development.

## **4. Assets and Gaps**

Homelessness is most effectively reduced through the implementation of a continuum-of-supports approach to help individuals move from absolute homelessness to self-sufficiency. Using this approach, list the supports and services for homeless people (assets) that currently exist in your community - services, human resources, equipment, buildings, land, etc. Use this list to then identify the supports and services that are required (gaps) to meet the needs of the homeless people in your community.

## **5. Priorities**

The essence of a Community Plan is the identification of priority issues by the community. The community will then highlight the specific aspects (target areas) of each priority issue that it proposes to address over the life of the plan. Your community will use the analysis of the gaps within its continuum-of-supports to identify the areas of

greatest need (priorities) for homeless people in your community. It is very important that the link between the gaps, the priorities and the target areas be clearly articulated in your Community Plan. Following the completion of your plan, your community will solicit proposals for initiatives to address these target areas. Key to the plan is how to best sequence projects or initiatives that have been identified through the assets and gaps analysis.

## **6. Sustainability**

This section should include a description of the intent of the Community Entity or Advisory Committee regarding partnership approaches, support from other levels of government, fund-raising, time frames for projects, demonstration or pilot processes, etc. Ideally, Community Plans provide short and long-term, comprehensive approaches to homelessness. It is important that communities explore approaches to sustain the activities that will address the priorities identified in the plan.

SCPI seeks to support the development of community capacity to address issues of homelessness and, where possible, support the provision of services and supports to homeless individuals. The plan must indicate how it will address proposals that will create funding needs beyond the end of the SCPI program.

## **7. Evaluation Strategy**

This element encompasses aspects of both reporting and evaluation. Your plan must outline the measures that will be used to report on your plan's progress, and should include a commitment and a process for reviewing and updating the plan on at least an annual basis.

## **8. Communications Strategy**

It is essential that individuals and community agencies have free access to the Community Plan and can access information on calls for proposals related to funding-specific initiatives within the plan's list of priorities. The Community Plan must therefore include a communications strategy that details how information will be communicated to interested parties. It should also outline the process and schedule for annual reporting to the community and stakeholders, including governments, on progress toward achieving the plan's objectives.

## **9. Community Financial Contribution**

In order to qualify for matching federal funds, confirmed non-federal funding sources must be identified and proof of the funding must be appended to the Community Plan.

## ***Element 1: Geographic Location***

The geographic area covered by this Community Plan is the City of Prince George, British Columbia.

### **Prince George – Background Information**

While many issues around homelessness are universal, each community faces unique challenges related to their location, demographics, and history. As in every other community, there are groups in Prince George who are more vulnerable or more at risk for experiencing homelessness, including:

- Aboriginal women, men and youth
- Youth, especially if they have experienced family conflict, breakdown or abuse
- Women, especially single mothers and those in abusive relationships
- Women, men and youth with mental illness
- Women, men and youth with substance misuse issues.

Prince George also has unique community characteristics that impact its residents who are vulnerable or at-risk for experiencing homelessness. Specific challenges and opportunities affecting Prince George and its population include:

- the climate; specifically the long cold winter
- demographics: especially the large proportion of youth and seniors in the population, both of whom are potentially vulnerable groups
- the recent economic downturn and the disparity in employment income between men and women in Prince George
- the cost of living and the proportion of families living in poverty
- health issues, including shorter life expectancies and high rates of disease
- criminal code offences and the perception of crime rates in the community
- education and educational institutions, and
- the revitalization of the downtown core.

The community of Prince George continues to put a great deal of effort into addressing issues of community wellness, such as homelessness, affordable housing, supported living initiatives, drug/alcohol treatment and support, shelters, the preparation of a community social plan and community awareness in general. The Prince George Community Partners Addressing Homelessness (CPAH) is one such initiative that brings together community stakeholders and all levels of government to work together on plans to address homelessness.

This background information is a summary of a comprehensive research paper detailing the community sectors and specific issues unique to Prince George. This research paper was completed as an initial step in the community planning process, and is attached to this document as Appendix 6.

## ***Element 2: Objectives***

The objectives for the Prince George Plan were developed by the Community Partners Addressing Homelessness Coordinating Group, and were further defined and adopted by the CPAH Working Group. The Terms of Reference guide not only the objectives of the overall project, but also define the roles and responsibilities of the members.

### **Mandate**

To develop a Community Plan which will provide a framework for use by the community to reduce and prevent homelessness, and which will meet the elements set by HRDC for the SCPI program.

### **Objectives/Activities**

Ensure an open, inclusive and transparent process:

- Report back to various memberships through diverse methods, including the distribution of minutes, reports and notices of meetings
- Include consultations with the community in the process

Identify existing services, resources and gaps:

- Gather data, statistics and reports from stakeholders
- Utilize information from community consultation processes

Develop and carry out an action plan for building the Community Plan:

- Identify methods of consultation and tools to be used
- Identify activities to be undertaken
- Form working groups as necessary
- Create check points to evaluate progress
- Develop a work plan and timeline for the process
- Submit the Community Plan to HRDC for approval of SCPI elements
- Ensure Calls for Proposals are linked to the Community Plan priorities

Recommend projects and proposals to be undertaken:

- Communicate the Community Plan as widely as possible
- Invite proposals for identified priority needs
- Hold community workshops to explain the Call for Proposals process
- Develop and use an administrative checklist as an initial screening device to ensure proposals contain all required elements
- Review proposals for projects at the large committee level against selection criteria
- Recommend SCPI projects to HRDC

## **Membership of the CPAH**

The committee members will be:

- Representative of the diversity of homeless individuals, service providers, funders and the community at large
- Committed to the Mandate and Objectives of the Community Plan at all times
- Dedicated to working in a collaborative manner, making partnerships a priority throughout
- Responsible to provide the group they represent with full information throughout the process, and to provide the input of the group they represent to the Committee
- Responsible to meet as often as necessary to carry out the Objectives
- Responsible to be aware of Conflict of Interest issues, to declare if they are in a conflict situation, and to remove themselves from decision making when a conflict of interest exists

The role of the committee chairperson will include acting as the primary representative of the committee to the public and to the media.

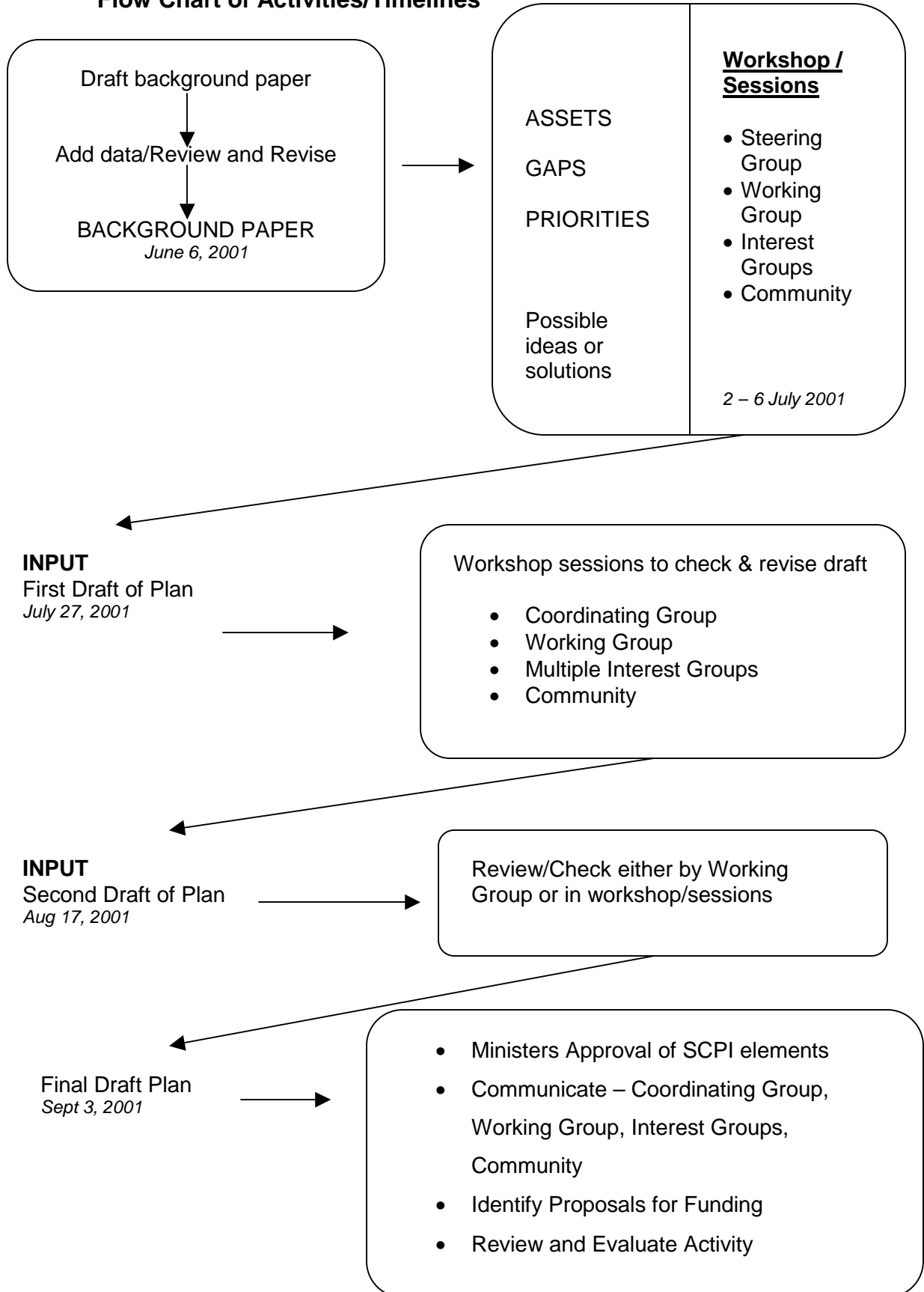
## **Operation and Funding of the CPAH**

- The frequency, length and location of meetings will be agreed upon by the Committee, as will the duration of the Committee
- Administrative support will be provided by HRDC through SCPI staff
- Committee members may choose to receive minutes for information rather than attend meetings, but will provide comments or input in person at meetings
- The Committee will work towards decision making by consensus through dialogue. Each member is responsible to ensure their input is heard as well as to challenge behaviours that do not further consensual decision making. When consensus appears to have been reached on a particular decision, the committee may use a round table process to ensure that consensus has been achieved.
- If a member cannot attend a meeting they will send one, consistent, alternate who is able to make decisions on their behalf and is informed about the activities of the Committee
- The Committee is prepared to develop a proposal recommending to HRDC that an agreed upon portion of the SCPI allocation for Prince George be spent on development activities related to the completion of the Community Plan, such as the use of facilitators for community forums, focus groups or processes or the compilation of research. The Committee will reach consensus on the level of funding to be used for developmental activities.

A Task Sub-Committee developed a framework of activities and timelines which were approved by the Working Group Committee. Although the timelines were revised as the process progressed, the overall framework of activities remained stable. The plan of activities and timelines flow chart were:



## Flow Chart of Activities/Timelines



## ***Element 3: Community Plan Development Process***

The process of establishing a community planning group around Homelessness in Prince George began early in 2001. After a series of initial telephone and in-person contacts, a broadly-based cross section of agencies, non-profit organizations, government ministries and other stakeholders were invited to attend an information meeting.

As a result of the initial meeting in February 2001, a PG Community Homelessness Planning Committee was established. Further meetings resulted in the addition of new members to represent other important community sectors, and the development of Terms of Reference for the Committee.

In May 2001, the structure of the committee was finalized. A Working Group with flexible membership, representing the diversity of homeless individuals, service providers, funders and the community at large was established. The Working Group established the key criteria for the creation of a smaller Coordinating Group, and identified six members of the Working Group to sit on this group. Two Co-Chairs for both committees were also identified at this time. Key concerns during this process were that all interested parties should be either directly involved in the process, or have access to the Working Group through a representative, and that the process be as open and transparent as possible. Members of the Working Group are able to tailor their level of involvement to their personal needs and time constraints: some members are able to attend most meetings while others stay informed of progress through the minutes and their personal contacts with other members. Appendix 4 contains a list of the CPAH members.

The Working Group finalized the steps and outlined the process that would be followed to hold community consultations and complete the Community Plan. Task sub-committees were established to complete the various steps in the process: including the hiring of a facilitator, the definition of the outcomes required from the community consultations, communications, and the organization of the consultation workshops. Membership on various Task sub-committees was drawn from both the Working Group and Coordinating Group.

Both groups have met on a regular basis since February 2001, with the Coordinating Group meeting more frequently in order to meet the objectives of the Terms of Reference and move towards the completion of the Prince George Community Plan. All recommendations and decisions made at the Coordinating Group were further discussed and ratified at the Working Group. As a result of the communications work completed a new name was adopted: PG Community Partners Addressing Homelessness (CPAH), in June 2001.

Throughout the development of the community plan, the clientele that would be most affected by this plan were considered. Discussions with experienced front line staff and agencies most in touch with this sector revealed that focused and specific discussions with the clients would be more successful if completed in a non-formal setting in familiar surroundings and with trusted facilitators. As a result, the CPAH decided that public consultations would be completed in several parts and would include the clientele extensively in small focus groups. The results of the data collection and priority setting exercises show that this was both the biggest challenge and also the biggest achievement in developing a grassroots community plan.

The CPAH decided to obtain community input around the issues relating to the homeless and homeless at risk population by holding both workshops and focus groups for service providers as well as clients. This would allow the CPAH to obtain input around the issues relating to homelessness and the homeless at risk population from a wide variety of sources and perspectives. Facilitated community consultations and focus groups were organized and held during the months of July and August 2001.

A full day workshop was held on July 18, 2001 that was attended by 53 participants. This workshop accomplished the goal of bringing together all levels of government and the private and voluntary sectors to identify and prioritize issues and activities.

Five facilitated focus groups were conducted with specific clientele sectors targeted by the CPAH, and included participants who were homeless or at risk of becoming homeless. The format and questions for the focus groups were based on the successful model used by the Greater Vancouver Regional Steering Committee on Homelessness. Each focus group followed the same format and used the same questions to gather consistent information about issues and priorities. The focus groups were held on July 19, 20<sup>th</sup>, and 23<sup>rd</sup>, for the following clientele groups:

- A focus group for women was held at the AWAC shelter, with 19 participants
- A focus group for men was held at the Ketso Yoh Shelter with 37 participants
- A focus group for seniors was held at St. Michaels Anglican Church, with 7 participants
- A focus group for youth was held at the Youth Around Prince George Drop-In Centre, with 37 participants
- A focus group for members of the Downtown Business Association held at the BIA boardroom.

The input and information gathered from the above community consultations was used to complete the first draft of the Community Plan. This draft was circulated to members of the CPAH and to the participants from the July 18<sup>th</sup> workshop for review and feedback. Samples of the invitations used in these processes are included in Appendix 5.

A half-day workshop was held on August 14<sup>th</sup>, 2001 to review the draft Community Plan, correct errors and omissions, and to complete the priority setting exercise. The participants reviewed the issues, activities and principles identified at the first workshop

and at the focus groups, and placed them on the continuum of supports model, identifying whether each issue or activity affected people who were absolutely homeless, relatively homeless, at-risk of homelessness, or independently housed. While activities addressing absolute homelessness are the first priority, there are activities addressing the needs of relatively homeless or at-risk people that are also important in Prince George.

The draft Community Plan was further revised based on the information obtained at this second workshop, combined with the input and feedback from the CPAH. The revised plan was distributed to the members of the CPAH for further review and feedback. On September 5<sup>th</sup>, 2001, the CPAH met to adopt the Prince George Community Plan, after which it was sent to the Minister for approval of the SCPI elements.

## ***Element 4: Assets and Gaps***

Information about assets and gaps related to homelessness in Prince George was already available through work done by other community organizations. A task group was formed to assemble and examine the information.

The information was grouped into two categories: Physical Structure assets and Other Services assets. Many of the Other Services, such as drop in sites, coffee, clothing, laundry, showers, bathrooms, etc. were often provided on an ad hoc basis. That is, the agency providing the service was not necessarily mandated or funded to provide these services, but did so anyway.

The CPAH discussed whether these services provided on an ad hoc basis by organizations or agencies that are not necessarily funded nor mandated, should be described as an asset or as a need. It was determined that these 'other' services would be included as assets, when provided by agencies that worked closely with homeless or homeless at risk clients. Because these agencies were well recognized in the community as 'other' service providers, they were the most likely to benefit from donations from within the community which enable them to continue providing these services.

The CPAH compiled the two tables that outline:

- 1) The housing assets for Prince George including numerical estimates where available
- 2) The services that are provided in Prince George to the homeless or homeless at risk. Numerical estimates are not available for many of these services, due to the lack of administrative capacity to capture this data and the inconsistent access by clients who use these services.

These two tables are presented in Appendix 1 of this plan.

## ***Element 5: Priorities***

The CPAH priorities were developed based on:

- Data collected at the July 18<sup>th</sup> community stakeholders meeting
- Data collected at the five focus group meetings
- Data collected at the August 14, 2001 community stakeholders meeting
- Data collected at the October 27, 2003 community stakeholders meeting
- Expertise and data analysis by the CPAH members.

For the full updated list of priorities, please see page 23.

The facilitated workshops and focus groups generated a tremendous amount of input, which ranged from very concrete and specific suggestions for activities to broader concerns about the need for systemic change and principles that underlie the provision of services. The raw data from the July 18<sup>th</sup> workshop and focus groups is attached to this plan as Appendix 2. The continuum of services chart developed at the workshop on August 14<sup>th</sup>, 2001 is attached to this plan as Appendix 3.

In general, the information gathered during client [consumer] focus groups was similar to the input collected at the workshop, but the focus group sessions raised a number of additional issues.

At the second community workshop the priorities, issues, activities and principles data were reviewed. Each item was classified according to the following questions:

- Is this a service/activity, or is it a principle that should be considered when designing, selecting or implementing services or activities?
- Who would benefit from this service or activity, on a continuum of services model?

The broad priority areas were:

- Multi-level health issues
- Advocacy/outreach/sensitivity
- Community education and awareness
- Support for second stage/supportive housing

The following information on priorities in Prince George is presented as both a chart and a list to aid comprehension. The chart graphically demonstrates the location of the various priorities on the continuum of supports, and may provide insight into possible linkages between priorities. There is no implied precedence or order in the list of priorities.

## Location of Priority Items on the Continuum of Services

ABSOLUTE HOMELESSNESS ← ← ← ←		← ← ←		← ←		Mid point of Continuum
Drug/alcohol CNS in shelters	Ombudsperson for the homeless		Methadone access / needle exchange hours			More detox "youth"
Safe place for intoxicated people to sleep	Education / respectful treatment			Pre/post natal care		Food services/ food banks
More detox beds						
		Drop in services / 24 hour facility				
More youth detox beds						
						Fitness Facility
Weekly PHN visits to shelters		More safe houses for youth				
Street clinic open late						Standards maintenance bylaw
	Concurrent	Services				
Fresh fruit/veggies at shelters						Legalized secondary suites
		Dental care				
More shelter beds						
						Supportive / 2 <sup>nd</sup> stage
Nutrition / malnutrition						
Meals for those who cannot access when intoxicated						
						Lifeskills support
Housing for mentally ill						
Shower, laundry, toilet facilities						
Mobile van to take people to services and services to people						

Mid Point of Continuum		→ →		→ → →			→ → → →			Independently Housed
		More Youth detox beds								
		Pre-Post natal care								
Fitness Facility										
Standards maintenance bylaw										
Legalized secondary suites										
Dental care										
Supportive / 2 <sup>nd</sup> stage										
Meals for those who cannot access	when intoxicated									
Lifeskills support										
Housing for the	mentally ill									
Shower, laundry, & toilet facilities										



## ***Element 6: Sustainability and Monitoring***

Sustainability is a key element for proposals to address upon application for funding. While many programs and services are already funded through provincial contributions, care needs to be taken to ensure that future impacts and sustainability issues are carefully managed. This would involve consideration of both secured and projected forms of funding at the application stage.

In order to ensure those applications that do not have these partners are not excluded, a workshop for potential proponents will be organized in Prince George to examine potential and existing partnerships. The options for sustainable funding will be identified, and partnership or collaborative approaches will be explored. The information developed on potential partnerships and methods of sustainability will be included with the Call for Proposals package to assist applicants in developing stronger and more sustainable proposals.

Work is also being undertaken by the CPAH within the funders community in Prince George to explore opportunities for partnership and approaches to sustainability of activities and projects.

## ***Element 7: Evaluation***

Evaluation occurs at two levels. The first will be self-evaluation at the Prince George CPAH level of the process steps, mandate and objectives identified in the Terms of Reference. The CPAH will ensure that the items identified in the Terms of Reference were completed, and will evaluate the progress made in addressing homelessness in Prince George as a result of the priorities identified in this community Plan.

The second level of evaluation will be of proposals recommended by the Working Group to HRDC for funding under the program. The contributions of the individual projects to the objectives and priorities identified in this Community Plan will be measured. The Call for Proposals process will require applicants to outline how they will evaluate the results of their project activities, and to demonstrate how their activities will assist in meeting the objectives and priorities identified in this plan. Individual projects approved for funding will be measured on their qualitative and quantitative outcomes at the completion of their contracts. Some individual projects may also be required to report on outcomes or activities at specified future dates as well.

The CPAH Working Group Committee will meet annually, in January of each year (i.e. January 2002 and January 2003) to review the Community Plan, its implementation in the community, and individual project outcome evaluations.

An Evaluation Workshop is scheduled for September 6-7, 2001 in the BC/Yukon region. Following the participation of the Planning Group in that workshop, additional evaluation components may be identified around participatory evaluation in a regional framework. Further dates for participatory evaluation of individual activities and the overall homelessness initiative will be set pending the CPAH's endorsement of this process.

## ***Element 8: Communication Strategy:***

The CPAH established a communications task group that contacted the media, MLA's and MP's, and the local municipal government. A local web site was constructed using volunteer student assistance from the University of Northern British Columbia. Individual committee members shared information on an on-going basis with their constituents and partners in the community.

Communication to agencies needed to participate in the public input sessions was achieved by developing a short informational background paper with an invitation and agenda for the workshop. These were distributed using a combination of fax, mail and email to 350 groups in the Community Resource Directory published by the Crisis and Information Centre of Prince George. Business members of the community were contacted through the contact list of the Prince George Downtown Business Improvement Association.

The completed Community Plan will be shared with the community by:

- Distribution via email to CPAH members and their constituents
- Publication of the plan on the CPAH website
- Making the plan available for pick-up at the CPC office
- Preparing a media release announcing the completion of the plan
- Advising City Council of the completion of the plan

The Call for Proposals process will be shared with the community by:

- Advertising the process in the local newspaper
- Publishing information about the call for proposals on the web page
- Making the Call for Proposals documents available for public pick up at the CPC office
- Making direct contact with selected agencies or potential sponsors via mail or email
- Having members of the CPAH advise their networks and constituents of the Call for Proposals process.

The results of the evaluation of the Community Plan and of the individual projects will be shared with the community by:

- Distributing the results via email to the CPAH and their constituent members
- Preparing a media release outlining the highlights of the evaluation
- Publishing the results on the web page
- Making the results available for pick-up by the public at the CPC

## ***Element 9 Community Financial Contribution***

Under the terms of the SCPI program, HRDC requires that the community contribute 50% of the total expenditures. To date, the provincial government has contributed sufficient funding to cover the community contribution for SCPI funded projects for the three-year term of the program.

Overall it is anticipated that funding and in-kind contributions for future SCPI activity in Prince George will be actively sought and secured from all levels of government, as well as from other sectors of the economy, such as the non-profit sector, the faith community, the volunteer sector and the community at large.

# APPENDIX 1

## Housing Assets Data Table

*Please note that font in italics records changes noted by the agency during the October 2003 update process*

Agency	Mandate	Funded Services	Demand +/-	Other Services
<b>PG Housing Coalition</b>		<i>Landlord Tenant clinics &amp; workshops</i>		Housing data Housing Registry Issue Advocacy <i>General Housing enquiries</i>
<b>BC Housing</b>		4 bedrooms – 23 3 bedrooms – 47 2 bedrooms – 43 1 bedroom – 7 bachelor – 6	8,000 Provincially, no local breakdown available	
<b>AIMHI</b>	<b>Mandate:</b> provide services/and supports to allow individuals and families with disabilities to live as independently as possible within their own communities. <b>Adequate Access to Housing:</b> No	1 /2 bedroom apartments – 50 1 /3 bedroom houses – 35 4 /5 bed group homes – 5	<i>Yes but #'s not established at this time</i>	Several programs and projects in various stages of conceptualization at this time.
<b>Prince George Mennonite/ MCC Housing</b>	<b>Mandate:</b> a housing provider, advocate and resource group for low income people, people managing a mental illness, single parents and immigrants with housing needs <b>Adequate</b>	2 bedrooms – 14 3 bedrooms – 12 4 bedrooms – 4	120 for 30 units	Built in Aids to support independence

Agency	Mandate	Funded Services	Demand +/-	Other Services
	<b>Access to Housing</b> Access to affordable, secure housing to people with very low incomes is always limited			
<b>Metis Housing</b>		No data	No data	No data
<b>ASAP Active Support Against Poverty</b>	<b>Mandate:</b> guide for the empowerment, education and self-determination of the financially poor <b>Adequate Access to Housing:</b> No	1 bedroom – 4 Bachelor – 12 <i>Shelter beds - 30</i>	<i>Yes, waiting list</i>	<i>Clothing Soup Bus</i>
<b>A.W.A.C. An Association Advocating For Women and Children</b>	<b>Mandate:</b> provide safe, short term emergency shelter to very marginalized vulnerable women, women with children and female youth. provide support, advocacy and referral services. <b>Adequate Access to Housing:</b> No -Mostly welfare recipients who cannot afford safe, accessible housing.	<i>24 hr shelter beds – 18</i> <i>Winter shelter beds – 9</i> <i>Supported housing beds – 8</i> <i>(to be implemented)</i>	<i>Sometimes</i>	Advocacy Referral Food / Clothing Laundry Showers
<b>Ketso Yoh Centre</b>	<b>Mandate:</b> provide safe shelter for males over 19. Help and support all	<i>18 corrections beds</i> <i>16 shelter beds</i> <i>3 alcohol &amp; drug beds</i>	<i>Waiting list for supportive recover beds</i>	Advocacy Referral Food / Clothing Laundry Showers

Agency	Mandate	Funded Services	Demand +/-	Other Services
	adult males in need. Provide services to enable these men to become productive members of society. <b>Adequate Access to Housing:</b> No			<i>Aftercare service for corrections / federal clients.</i> <i>Aboriginal programs</i>
<b>Phoenix Transition House Society</b>	<b>Mandate:</b> Women and children in times of crisis -women with addictions <b>Adequate Access to Housing:</b> No	<i>4 single beds</i> <i>16 shared beds</i>	<i>No</i>	Advocacy Referral Food / Clothing Laundry Showers
<b>Prince George &amp; District Elizabeth Fry Housing Society</b>	<b>Mandate:</b> projects target people who are economically disadvantaged. A blend of backgrounds, income and rent levels. Provide housing. Additional support services. A Tenant Association. <b>Adequate Access to Housing:</b> No – Cost is a factor	One 11 unit second stage unit for women & children leaving abusive situations with 2 and 3 bedroom apts. Two 40 unit townhouse complexes for low income families and people with disabilities (may also take seniors). 8 x 1 bedroom, 39 x 2 bedroom, 21, x 3 bedroom, 12 x 4 bedroom Women's shelter: accommodates up to 16 people.	Waitlist 500	10 units are wheelchair accessible. Homes BC project Tenant Association Community Access Programs (internet access).  Advocacy, information, referral and support via the Women's shelter.
<b>Hospice Society</b>	<b>Mandate:</b> provide residential hospice palliative care to people with a	Shared accommodations – no numbers given	Wait list sometimes, not always	

Agency	Mandate	Funded Services	Demand +/-	Other Services
	progressive life threatening illness, provide bereavement support. <b>Adequate Access to Housing:</b> The majority do but some people who have been admitted here needed Long Term Care placement.			
<b>Hidden Gem</b>	<b>Mandate:</b> Provide a home and healing environment for adults with chemical addictions. <b>Adequate Access to Housing:</b> No	Beds – 6	Wait list - 6	
<b>Nechako Centre</b>	<b>Mandate:</b> Provide intensive residential treatment for adult men and women with alcohol and/or drug problems. <b>Adequate Access to Housing:</b> No	1 bedroom – 21	Wait lists change daily	
<b>St. Patrick's House</b>	<b>Mandate:</b> provide residential program and support to adult men aged 20-65 years dealing with <i>substance abuse and gambling issues.</i>	9 rooms - 2 men per room 1 single room	<i>Usually 10 - 12</i>	<i>Methadone Counselling program for men on methadone Relapse intervention meeting/support once a week</i>



Agency	Mandate	Funded Services	Demand +/-	Other Services
	<b>Adequate Access to Housing:</b> No –most of our clients leave low cost rental units –rooming houses			
<b>Detox Assessment Unit</b>	<b>Mandate:</b> provide a safe withdrawal experience for adult men and women withdrawing from substance abuse. <b>Adequate Access to Housing:</b> No	12 beds	Wait list changes daily	
<b>Canadian Mental Health</b>	<b>Mandate:</b> promote well being of people with a serious and persistent mental illness in PG and area <b>Adequate Access to Housing:</b> No	<i>19 apartments            7 semi independent living units</i>	<i>20 for the semi independent living</i>	
<b>Central Interior Family Foundation</b>	<b>Mandate:</b> Treatment of abused children. <i>Aids families with parenting skills etc.            Works to reintegrate children back into the family</i> <b>Adequate Access to Housing:</b>	Treatment facility for abused children		
<b>Cerebral Palsy Association</b>	<b>Mandate:</b> develop, coordinate and deliver	Beds – 4 (men) Beds – 3 (women)	No wait list but does not cover teens	<i>Speech therapy - unfunded</i>

Agency	Mandate	Funded Services	Demand +/-	Other Services
	comprehensive services to children, youth, disabled adults and their families in the Central Interior of British Columbia. <b>Adequate Access to Housing:</b> Yes.			
<b>Receiving Home Society Yew Street</b>	<b>Mandate:</b> provide a safe, nurturing environment where the physical and emotional needs of youth are met. <b>Adequate Access to Housing:</b> No	<i>Beds for teens aged 12 – 17 yrs</i> Long term – 6 Emergency – 2	Ministry maintains any wait list numbers	
<b>Receiving Home Society Youth Transition House</b>	<b>Mandate:</b> provide a smooth, safe transition for youth eligible for a temporary absence from the PG Youth Custody Centre to the community. <b>Adequate Access to Housing:</b> Yes	Beds – 5	No wait list, but can change daily	
<b>Receiving Home Society Freimuller Street</b>	<b>Mandate:</b> meet the physical, emotional and social needs of youth. Provides a family reunification program. Does not include youth who are mentally	Beds for teens aged 12 – 17 yrs Emergency – 5	N/A	

Agency	Mandate	Funded Services	Demand +/-	Other Services
	challenged or diagnosed psychotic. An emergency bed resource providing a place of safety and temporary care for (high-risk) youth. <b>Adequate Access to Housing:</b> No			
<b>Receiving Home Society Brigade Residence</b>	<b>Mandate:</b> co-ed facility for youth. Provides a structured/ supportive environment so that youth can develop independence, develop treatment plans. <b>Adequate Access to Housing:</b> No	For youth 0 – 17 years of age Beds – 6	Ministry maintains wait list	
<b>Prima Assessment</b>	<b>Mandate:</b> Specific sector they serve: Ministry program, small children <b>Adequate Access to Housing:</b>	<i>6 beds</i>	<i>Sometimes have a waiting list</i>	
<b>Friendship House</b>	<b>Mandate:</b> Providing residential services to high risk youth <b>Adequate Access to Housing:</b> No, wait list is enormous	<i>High risk youth aged 12 – 18 yrs</i> Co-ed supported beds – 6	Between 5 – 20 continually. 300 annually	
<b>Sunridge</b>		No data	No data	

Agency	Mandate	Funded Services	Demand +/-	Other Services
<b>House</b>				
<b>Melville House Native Friendship Center -Sexual Exploited Youth Safe House</b>	<b>Mandate:</b> “Empowering Sexually exploited young women between the ages of 12-19 to make healthy life style choices.” <b>Adequate Access to Housing:</b> No	Beds – 2	Wait lists but no numbers given	
<b>Ruggles House</b>		No data	No data	
<b>Simon Fraser Lodge</b>	<b>Mandate:</b> provide long term care services requiring the full range of services to meet physical care needs for adults. (19 +) <b>Adequate Access to Housing:</b> No	1 bedroom shared accommodation – no numbers given	Wait list of 10 – 20	
<b>Wellness Facility</b>	<b>Mandate:</b> to improve the health of residents in the Region, promote wellness, self-responsibility, the prevention of illness, demonstrate efficient use of resources.	4 Units	No data	
<b>Community &amp; Senior Services</b>	<b>Mandate:</b> <i>To maintain and develop independent living through the NHA</i> <b>Adequate Access to</b>	<i>235 seniors housing units</i> <i>32 assisted living / supportive housing</i>	<i>Waiting list of 100</i>	

Agency	Mandate	Funded Services	Demand +/-	Other Services
	<b>Housing:</b> No -we need supportive housing for low-income seniors.			
<b>Rodica House/ Rodica Joy House</b>	Two separate seniors homes, where seniors can live independently. Provides basic needs; help with shopping, food preparation, cooking, bathing and social interaction. Wheelchair accessible. Caregivers on site 24 hours.	-Privately funded residence, fees for services	No data	Drop in centre, coffee/snacks, clothing and furniture.

**Other Services Data Table**

Agency	Mandate	Drop-in Center	Food Bank	Meal Program	Clothing/ Furniture Bank	Funding
<b>Activators Society</b>	Assists men from prison; helps them re-integrate into the community. Offers counselling and employment services. Operates residential facility. <i>Also offer alcohol &amp; drug counselling</i>	None	None	None	Temporary housing	-Government Federal and Provincial
<b>ADRA</b>	Provides supplies to the needy (clothing, bedding, food). Offers Street Ministry program which	None	People can phone in	None	They collect clothing, wash, mend and ship out	-Private donations

Agency	Mandate	Drop-in Center	Food Bank	Meal Program	Clothing/ Furniture Bank	Funding
	provides a hot meal every Sat. afternoon. Offers a small food bank.				every 2 weeks to disaster areas. They do keep a bag of clothes on hand.	
<b>ASAP - Active Support Against Poverty</b>	Informs people who are on income assistance of their rights. Provides support, assistance and advocacy where needed. Offers resume assistance, workshops information and referrals. Low income housing provider.	Referral	Referral	Referral	Yes Exact numbers of service provisions are unavailable	-BC Law Foundation -BC housing
<b>Prince George &amp; District Elizabeth Fry Society</b>	Supports and services offered through Teen mother resources program, Victim services program, Court Worker program, Bridges Program (counselling/life skills).				Clothesline Thrift store; all items free.	
<b>Everest Group Home</b>	<i>NO LONGER IN EXISTENCE</i>					
<b>Family Services Salvation Army</b>	Provide food hampers, food bank, meal programs, clothing vouchers and searches for missing peoples	Yes, Number of patrons is not known	280 baskets given out per month	30 per day access the bread line and lunch. Also have a soup line.	8 pieces of furniture per month total. Clothing vouchers averaging \$103/ month. Each about \$22.50-vary by size of family	-Donations

<b>Agency</b>	<b>Mandate</b>	<b>Drop-in Center</b>	<b>Food Bank</b>	<b>Meal Program</b>	<b>Clothing/ Furniture Bank</b>	<b>Funding</b>
<b>Gospel Lighthouse</b>	Thrift store that sells used clothing, household, and miscellaneous items. Sometimes able to donate used clothing to burned out or needy families.	None	None	None	Yes but only mobile people can access it. Number of people using services is not known	-Donations -Volunteers
<b>Handy Circle Promotions Society</b>	For Persons with disabilities; accessibility to housing, transportation, business etc. Information and referral centre for persons with special needs	Yes - 13-15 people/ week. Provide info to people with differing abilities	None	None	None	-BC Grants -BC Planning -Volunteers
<b>Housing Program : CMHA</b>	Community based independent housing program for people with psychiatric disabilities	Referral	Referral	Yes-40 people per week, 2 times daily	Yes- have storage of donated furniture for those in need, which varies.	-Interior Regional Health Board -Donations -United Way -BC Grants
<b>Hospital Auxiliary</b>	Sell used clothing, household and miscellaneous items.	None	None	None	Yes-50-70 paying customers per day. Profits go toward new hospital equipment	-Donation -Volunteers
<b>Intersect Youth and Family Services Society</b>	NA	None	None	None	None	-Ministry of Family services

Agency	Mandate	Drop-in Center	Food Bank	Meal Program	Clothing/ Furniture Bank	Funding
<b>John Howard Society</b>	Assists people in conflict or at risk of being in conflict with the law. <i>Programs – woodworking, cultural, volunteer community prison visits</i>	Yes - 20-30 men per day visit to check job postings, use the phone or weight room.	None	None	Yes - clothing provided to between 250-300 people per month (mostly men)	- <i>HRDC</i> - Donations - Gaming - <i>City of PG</i>
<b>Legal Services Society</b>	Legal assistance to those who cannot afford a lawyer at full fees. Will assess each case individually for ability to pay. Handles criminal, family and civil areas of law.	None	None	None	None	No data
<b>Metis Housing Society-PG</b>	Non-profit society supplying low income aboriginal families with low cost housing rentals. Do assessment of needs.	None	None	None	None	-SMAC
<b>Ministry of Human Resources</b>	Regional office for Prince George and the North. Income support programs and income assistance.	No data	No data	Food vouchers, unknown number of recipients	No data	No data
<b>Rodica House/ Rodica Joy House</b>	Two separate seniors homes, where seniors can live independently. Provides basic needs; help with shopping, food preparation, cooking, bathing and social interaction. Wheelchair accessible. Caregivers on site 24 hours.	Yes - 6-7 people per day	None	Yes-6-7 people per day, coffee and snacks	Yes - shared within the residence	-Privately funded residence, fees for services
<b>St. Michael's Anglican</b>	Sells used clothing, household, and miscellaneous items.	None	None	None	Yes- Thrift Store <i>open on</i>	-Donation -Funding through the



Agency	Mandate	Drop-in Center	Food Bank	Meal Program	Clothing/ Furniture Bank	Funding
	Sometimes able to donate used clothing to burned out or needy families.				<i>Wednesdays and Fridays.</i>	church
<b>St. Vincent De Paul</b>	Worldwide volunteer organization whose mandate is to help the poor, lonely, and needy. Used clothing available. Food available throughout the day at the drop in centre. Sandwich line in the evenings. Food hampers available on request. Thrift store.	Yes	Yes-30-40 fruit and veggie baskets given per week. Families can get 2 a week and singles can get 1 per week	Yes Breakfast 50 - 75 per day Lunch 80 - 125 per day. Soup Bus 75 – 110 per day Supper 100 per day for evening light meal	Yes- Thrift Store. 10-20 absolutely homeless people for clothing per day	-Profits from the Thrift Store -Donations

## **APPENDIX 2**

The data from the facilitator's report contained below are transcriptions from the workshop, focus group sessions and business group session held in Prince George in July, 2001.

### **Workshop data: July 18, 2001**

QUESTION # 1 – What are the most important/serious concerns that we have in our community today around the issue of homelessness?

QUESTION # 1 ANSWERS - Not voted priorities

- Sustainability
- Follow Up for Clients
- Safety – perception by the community – Physical, for clients
- Time and money for services and skills
- Targeting of services specific to client
- Accessibility – physical
- Understanding of all the issues related to homelessness – education re: stereotyping, - blame assigned
- Poverty – limited choices
- Representation – players at table
- Planning – long term, physical, needs assessment
- Information – individual level

*QUESTION # 1 – Flesh Out Exercise*

#### **Topic: Communication – at all levels (20 votes)**

- How does positive communication assist with homelessness?
- Education around homelessness with service providers, clients, landlords, business people, community at large
- Multi media approach
- Use education process to change public perception
- Clarify definitions of homelessness
- Communicate root causes
- Understanding everyone's (communities) issues
- Tools of communication to promote buy in
- How do we build trust among community members
- One on one communication
- Reduce the barriers to communication by KISS

## *QUESTION # 1 – Flesh Out Exercise*

### **Topic: Health Issues – Multi level (29 votes)**

- Shortages in Health care specialists, family physicians, RN's
- Methadone clinic not available at times puts people in crisis
- Competency issues for seniors
- Drug costs not covered by medical plan
- Emergency dental plan
- Low levels of service at hospital for addicts or clients with HIV
- Discrimination at hospital for native clients
- Malnutrition – more community kitchens
- Pre and post natal care
- Education for youth around sexual health
- Transvestites – housing in shelters, gender issue
- Communicable disease education
- Street clinic – RN's MD's open late
- Seamless addiction services
- Housing for mental health clients
- Concurrent disorders

### **Question # 1 Brainstorming session**

Topic: Creative Collaboration of process and information to get the best bang for the buck.

- Volunteers for long term
- Foundations, social grants, PG Community Foundation
- Multiple partners id preferred – added benefits to partnerships
- Confusion around committees as to who is working on what. Formal network needed
- Blueprinting process
- Spin off impacts

### **Topic: No heading**

- youth/children; impact on
- Health issues; dual addictions, lack of services, lack of nutrition, lack of mental health homes, HIV, Hep C., safety issues for staffing
- Homelessness is a lifestyle (could become a..)
- Lack of affordable housing
- Poverty
- Prejudice and discrimination; loss of pride and hope esp. for aboriginal people, discrimination when finding housing, stigma around single native women with children
- Racism
- Bureaucratic maize
- Lack of one stop shopping

- Need better communication between services
- Lack of transportation
- Lack of independent (semi) housing

**Topic: Ongoing and secure funding**

- Commitment
- Need provable data for funders
- Systemic barriers to long term funding
- Need to do work collaboratively to maximize resources and plan together
- Funders need to work quickly
- Agencies need to prioritize quickly and provide services efficiently (training of staff)
- Other sources of funding – individuals, foundations, etc
- Business/social service collaboration (business case: apprenticeship programs et al.)
- “Community vision” program (mentoring)

**Topic: Advocacy–informed – sensitivity training – Development of outreach**

Advocacy for service

- Community as a whole needs to advocate for 1) services and 2) individuals
- Outreach as part of advocacy
- Sensitivity is a large part
- “Working poor” aged 50 – 65
- Advocate information – where? Update/no data
- Need resources to fulfill role
- Need resources for new role
- Intake team/outreach are advocates (partially training issues for teams) service is a dual role

Advocacy for individuals

- Help individual client
- Support client, provide information re: criteria as soon as possible
- Barriers need to be dealt with (team?)
- Public disputes

**Topic: Involve clients in the solutions**

- People who have been there
- Prior working with the client to understand the process and their role
- Clients may not know or be able to express what their needs are
- Client surveyors
- Spend time with them

**Topic: Systemic redesign – partnerships**

- single point of entry with seamless delivery of services (note: partially done by Crisis Centre)

- Agency
- Coordinating persons and groups, pooling dollars
- Funds to existing services
- Services are currently fragmented often because the funder will only fund one part i.e. funders need to get together, broaden the mandate of funders
- Collaborative partnerships between agencies
- Reduced duplicated services – one grant person

**Topic: Long term life/work skills**

- Working toward more independence
- Each strategy has to be individualized
- No time limit
- Clients choose what their needs are (self-assessment)
- Responsive to the changing needs of the clients
- 

**Topic: Lack of affordable/adequate housing – vacancy rates linked**

- Legalized secondary suites
- Standards of maintenance bylaw
- Increase in shelter portion of income assistance
- More rental subsidies
- Separate relative homelessness and absolute
- Safety, perception and real safety issues
- Stability follow up and support services
- Engage landlords around partnering in discussions to address the variety of housing issues

**Topic: No heading**

- People hanging round with nothing to do
- Stigma attached
- Appearance of danger
- Homeless at risk
- Transition through economic phases (of decline)
- Follow up – seamless services
- Lack of resources
- Lack of food services
- Help for mentally disabled
- Recognition that needs differ according to age, gender, etc.
- Specialized assistance to people with addictions
- Linking of services between agencies
- Flexibility in providing services, designing programs to meet individuals needs
- Alternative housing
- Inadequate network of referrals
- No recognition of needs of families

**Topic: No heading**

- Prejudice, pre-judgements, marginalization
- Poverty
- Isolation
- Lack of opportunity and options
- Lack of awareness, invisibility
- Lack of social support
- Lack of understanding of full spectrum; only see most visible, narrow definition created
- Best option for youth, women and seniors re: safety
- Lack of information at the individual level (hard to get)
- Quantifying information we do have
- Making assumptions about people's needs and values
- Limited choices
- Hard for "us" to understand

*QUESTION # 2 : What would make the biggest difference in terms of helping the situation?*

***Brainstorming session:***

- We are not the experts, dialogue with the homeless
- Sufficient funding and staffing for outreach
- Safe shelters with flexible rules
- A primary intake system where persons can be "assigned" to the most beneficial environments
- Intake teams
- Multiple gateway intake system
- Developing the outreach system
- Supportive housing at different levels (small)
- Social / recreational / vocational opportunities
- Life skills training opportunities (cooking, nutritional info. Budgeting, hygiene, home-making)
- Small group training
- Focusing resources on prevention (long term)

***Brainstorming session:***

- Ombudsperson
- Advocate for change
- Ask them what they want and listen
- This homeless group is not inarticulate
- Enhanced public awareness in the community
- Engage community
- Get past ideas that everyone has the same values
- Solutions; not one-off but long term
- Continuum of services (2<sup>nd</sup> stage and long term)
- Work on root causes

- Advocacy
- Linkages
- Enhanced partnerships
- Proactive in community, unity
- Awareness of all programs
- Willingness to share/collaboration
- Acknowledge can go off rails and challenge getting back on
- Sustainability

*Brainstorming session:*

- Perceptions and realities around community and self
- Life skills training
- Shelter; suitability, accessibility, affordability, safety
- Communication and lack of collaboration between agencies, businesses, city and the community at large
- Safety; homeless, community (linked to perception)
- Funding; ongoing and secure
- Economy, particularly as it relates to the working poor (ie. Relative homelessness)
- Downtown zoning
- Needs assessments; forecasting what we will need in the future

*Brainstorming session:*

- Housing for women/children (adequate rooms), couples, singles, minimal barriers housing
- More communication between service providers, networking
- More support for semi independent living, lifeskills assistance
- Develop a system where there is no duplication of services, quit fighting over dollars, acknowledge service providers
- Self esteem
- More client focused

**Question # 2 sheets Issues not prioritized**

- Move money to individuals, income assistance
- Funding to grassroots organizations made up of income assistance individuals
- Better networking and collaboration, all services, all levels
- Continuum of services, seamless
- Needs determine housing requirements
- Development of system to avoid/minimize duplication/bureaucracy – not the only goal
- Long term commitment from childhood onwards
- Spiritual and cultural needs and differences respected, lifestyle, sexuality
- Supports in case of collaboration breakdown

- Access to multiple services without fixed address
- Recognition that values differ
- More consideration for prevention
- Family style living versus institutional

#### Question # 2 Prioritized Issue

##### **Topic: Education and awareness in the community (19 votes)**

- Causes of homelessness presented to general public
- Community outreach in the schools
- Education about what is homelessness? Radio, newspaper, Housing week (October)
- Interagency community awareness of services
- Website
- Education for school aged children on reserve
- Cultural facilities – sensitive and awareness promoting activities, foods, spirituality
- Registry of people for emergencies etc.
- Bring RCMP and medical profession on board
- Street workers to provide info to client and to community
- Holistic services

#### Question # 2 Prioritized Issue (40 votes)

##### **Topic: More support for second stage and supportive housing (life skills, support, follow up)**

- Funding
- Need more variety
- Housing that accepts different lifestyles
- Gender/cultural sensitivity
- Shared housing
- Easily accessible support staff
- A sense of belonging
- Affordable, comfortable housing
- Second stage support begins early and can follow through the continuum of services provided to clients throughout the process

#### **QUESTION # 3 : What are the most important housing issues/concerns?**

##### *Brainstorming session*

- Attention to; size of units, gender groupings, age groupings, availability of choices
- A life skills training component



- Building a sense of community
- Homogenous groups
- The hard to house
- Provision of supports
- Funding issues; inadequate number of staff persons
- Duplication of services
- Development of outreach programs
- What happens after staff goes home? Evening and weekend services
- Homelessness of seniors (lack of visibility)
- Means of collecting objective data
- Allotting sufficient time and resources to collection of data
- Early intervention
- Location
- Affordability of adequate housing
- Supported and second stage housing; different kinds, one size doesn't fit all
- Affordable housing for silent/ at risk populations
- Location of appropriate housing

*Brainstorming session:*

- Safe, affordable, accessible, stable
- Staged housing
- Landlord incentives
- Needs have to be addressed

*Brainstorming session:*

- Ownable housing
- Co-op
- Dormitory
- Semi private, envelope the whole spectrum of people
- Mixed housing
- Affordable
- Subsidized
- Semi independent (2<sup>nd</sup> stage housing) with caregiver teaching life skills, distributing meds, no alcohol, no drugs
- Non-judgmental
- Ensure safety
- Get men and women out of shelters
- Own land for gardens, take pride in their land
- Trained staff for people with mental illness and dual diagnosis
- Affordable, semi independent housing for the aging population
- Semi independent to independent
- Incentives to work towards equity
- Youth hostels, safety issues

### **QUESTION # 3 Non-prioritized issues**

- Housing needs to be able to foster sense of community with mixture: size, ages, family, locations, choices
- Housing be “ownable”, incentive programs
- Landlord incentives, re: high vacancy rates etc.
- Lack of supportive housing for individuals, large families, wheelchairs
- Opening of currently empty, available buildings for homeless i.e. prison
- Housing available early in need
- Housing available for hard to house
- Housing for seniors
- Youth hostel for youth stays and for pregnant teen moms
- Affordable
- Second stage affordable housing
- Updated regular needs assessment data available (developers, private)
- Temporary housing for immigrants and newcomers to Prince George
- Private market standards
- Minimal barrier choices

### **QUESTION # 4: What services are needed?**

#### *Brainstorming session:*

- Outreach – what is it? Street outreach, supported outreach
- Transportation to program areas
- Inter-agency cooperation
- Adequate food/nutrition services
- Follow up
- Recognition and understanding of street culture
- Public education
- Money for extended service hours
- Culture specific services
- Car “57” services
- Health care services (dental, medical, optometry)

#### *Brainstorming session:*

- Life skills training
- Outreach services
- Education of children, youth and parents
- Aftercare and after aftercare
- Address barriers i.e. culture, gender

#### *Brainstorming session:*

- Access to community resources

- Showers, laundry, washrooms with easy access
- Place to connect; caring support, safety
- Women's centre
- Extended hours of service
- Enhanced medical service
- Outreach to those who have no services now
- Coordination of daytime service – meal services
- Voicemail service
- Improved projects / services for youth
- More flexibility
- Prevention programs
- More green “hanging out” space – accessible
- More life skills services and training – accessible / ?model / free, non structured
- Services that build capacity of agencies (may not traditionally provide services)
- Resources outside of non profit
- Education / knowledge for agencies; opportunity to look on ongoing basis in plan
- Community ownership of problems and solutions
- Need coordination of all; groups doing already – need to bring together somehow
- Make sure services are the best place to be; comfortable, welcoming, doesn't stigmatize, appropriate, good fit
- Take services to agencies, needs community / government support.

*Brainstorming session:*

- Generalists as opposed to specialists
- Mobile service unit (eg. Haircuts, general health, hygiene, transportation)
- Have multiple services
- Transportation service
- 24 hour service
- Counseling in person
- Advocacy service
- Services from semi independent living
- Life skills eg. Budgeting, shopping
- Self respect and pride
- Genealogy
- Social skills
- Job readiness
- Job shadowing
- Seniors, dementia, falling between cracks

**Five priority issues for question 1**

**Topic: Communication – at all levels (20 votes)**

- How does positive communication assist with homelessness?
- Education around homelessness with service providers, clients, landlords, business people, community at large
- Multi media approach
- Use education process to change public perception
- Clarify definitions of homelessness
- Communicate root causes
- Understanding everyone's (communities) issues
- Tools of communication to promote buy in
- How do we build trust among community members
- One on one communication

Reduce the barriers to communication by KISS

**Topic: Health Issues – Multi level (29 votes)**

- Shortages in Health care specialists, family physicians, RN's
- Methadone clinic not available at times puts people in crisis
- Competency issues for seniors
- Drug costs not covered by medical plan
- Emergency dental plan
- Low levels of service at hospital for addicts or clients with HIV
- Discrimination at hospital for native clients
- Malnutrition – more community kitchens
- Pre and post natal care
- Education for youth around sexual health
- Transvestites – housing in shelters, gender issue
- Communicable disease education
- Street clinic – RN's MD's open late
- Seamless addiction services
- Housing for mental health clients
- Concurrent disorders

**Topic: Advocacy – informed – sensitivity training – Development of outreach 25 votes**

Advocacy for service

- Community as a whole needs to advocate for 1) services and 2) individuals
- Outreach as part of advocacy
- Sensitivity is a large part
- "Working poor" aged 50 – 65
- Advocate information – where? Update/no data
- Need resources to fulfill role
- Need resources for new role

- Intake team/outreach are advocates (partially training issues for teams)  
service is a dual role

#### Advocacy for individuals

- Help individual client
- Support client, provide information re: criteria as soon as possible
- Barriers need to be dealt with (team?)
- Public disputes

#### **Topic: Systemic redesign – partnerships 24 votes**

- single point of entry with seamless delivery of services (note: partially done by Crisis Centre)
- Agency
- Coordinating persons and groups, pooling dollars
- Funds to existing services
- Services are currently fragmented often because the funder will only fund one part i.e. funders need to get together, broaden the mandate of funders
- Collaborative partnerships between agencies
- Reduced duplicated services – one grant person

#### **Topic: Lack of affordable/adequate housing – vacancy rates linked 17 votes**

- Legalized secondary suites
- Standards of maintenance bylaw
- Increase in shelter portion of income assistance
- More rental subsidies
- Separate relative homelessness and absolute
- Safety, perception and real safety issues
- Stability follow up and support services
- Engage landlords around partnering in discussions to address the variety of housing issues

#### **Five priority issues for question 2**

#### **Topic: More support for second stage and supportive housing (life skills, support, follow up) (40 votes)**

- Funding
- Need more variety
- Housing that accepts different lifestyles
- Gender/cultural sensitivity
- Shared housing
- Easily accessible support staff
- A sense of belonging
- Affordable, comfortable housing

Second stage support begins early and can follow through the continuum of services provided to clients throughout the process

**Topic: Education and awareness in the community (19 votes)**

- Causes of homelessness presented to general public
- Community outreach in the schools
- Education about what is homelessness? Radio, newspaper, Housing week (October)
- Interagency community awareness of services
- Website
- Education for school aged children on reserve
- Cultural facilities – sensitive and awareness promoting activities, foods, spirituality
- Registry of people for emergencies etc.
- Bring RCMP and medical profession on board
- Street workers to provide info to client and to community
- Holistic services

**Topic: Ongoing and secure funding 18 votes**

- Commitment
- Need provable data for funders
- Systemic barriers to long term funding
- Need to do work collaboratively to maximize resources and plan together
- Funders need to work quickly
- Agencies need to prioritize quickly and provide services efficiently (training of staff)
- Other sources of funding – individuals, foundations, etc
- Business/social service collaboration (business case: apprenticeship programs et al.)
- “Community vision” program (mentoring)

**Topic: Involve clients in the solutions 26 votes**

- People who have been there
- Prior working with the client to understand the process and their role
- Clients may not know or be able to express what their needs are
- Client surveyors
- Spend time with them

**Topic: Long term life/work skills 17 votes**

- Working toward more independence
- Each strategy has to be individualized
- No time limit
- Clients choose what their needs are (self-assessment)
- Responsive to the changing needs of clients

## ***Focus Group Discussions:***

### **Women's Focus Group**

July 19, 2001

#### What does being homeless mean to you?

- no money
- no family
- no income assistance
- travel
- lifestyle not by choice ie. Husband leaves-no skills
- no homemaking skills
- natural disasters
- welfare - judgmental
- jumping through hoops
- teaches to lie, cheat
- sheltered-violent relationships
- standards are different [funding comes from?]
- government funded
- privately funded
- funding makes a huge difference
- clean, affordable housing
- Social Services intake is dehumanizing-better to go to jail
- better screening process
- 24/7 hours of operation
- on-site counselling-certified
- job training - long term
- help up education
- make it easier
- access to transportation
- fairness/equity in \$\$ for IA
- consider gender needs
- programs to build self esteem
- no bus services
- no coordination between SS and shelters-people fall thru the cracks
- people turned away because of condition
- more detox centres; only 3 methadone beds-drug and alcohol
- more grassroots counsellors-people who know
- 24 hour counselling services; non-judgmental
- treatment needs to be deeper
- nurses and doctors need to be available just for street people-no appointments because they don't make it back
- on site social worker

- religions are not discriminated against
- identification is a problem
- free stuff isn't really free
- people who want to work should be hired
- funding for emergencies ie. Assist you to get away
- promises for extra \$\$ from IA not happening ie. Hep C, HIV
- food bank hours unreasonable
- drop in centre open 12 hours to eat
- hours are too rigid for lots of services
- update services—pamphlets are outdated
- dental services for homeless people
- bath, showers—place to have one whenever
- youth drop in centres have lots of services – YAP
- programs are aimed at youth to 26
- programs dealing with mental, emotional, physical abuse
- motels/hostels need to be cheaper—in keeping with how much \$\$ they are given
- inflation went up-welfare went down
- when you finally reach out for help, you get the runaround
- why are public buildings not open evenings?
- consistency of workers-don't go the distance
- make workers go on welfare for 3 months
- after they're off the street, need support like furniture etc.
- information/education
- needle exchange is closed all of the time
- information is not being shared with clients
- renting—discriminated against because alcohol or drug addict
- dependence
- allow to buy personal items
- terrible to wear hand me down clothes
- \$\$ to buy clothes to wear
- respect of personal property—storage of property when you are homeless
- 8:30 is way to early
- people should be committed to helping people
- hire people with different sexual orientations
- voice mail doesn't work for people trying to call—last quarter
- shelter chores-people should get paid
- on site social services
- privacy is not respected
- “we’ve been punished all our lives, why keep punishing us?”

### What kinds of housing are needed?

- build housing- don't make it so hard to get in
- low cost housing



- housing for people to stay as long as they want
- place for people who are “institutionalized” to live with others
- disabled-wheelchair accessible
- recovery houses-co-ed [husbands & wives]
- “family” foster home with counsellors
- immediate detox—takes too long
- community house for people with disabilities ie. Emotional, mental

#### What services do you use?

- AWAC
- ADP
- MHR – not
- AL ANON
- AA
- Social services
- ASAP
- Methadone clinic
- Salvation Army
- Native Health—full though
- PGRH
- St. Vincent drop in
- John Howard-free clothes
- E. Fry-free clothes
- Legal Aid
- PG Native Friendship Centre
- Sexual Assault Centre
- Phoenix Transition House
- should be unlimited
- DENTAL
- Only \$100 per year for clothes

#### Where should these services be provided/located?

- services located near housing
- downtown
- College Heights
- Hart Highway
- S. Ft. George
- Want to be part of a community
- not everyone wants to be downtown
- people who have kicked “habits” don’t want to live where there are triggers

- ie. Bars
- want places to be quiet
- easier access to transportation/recreation
- working poor can't use the "system", food banks, services
- bus passes
- jobs
- opportunities for school

What do you want politicians, governments, community organizations and the public to hear about homelessness and what's needed to end it?

- open their eyes
- can you live on \$79 per month?
- Give up their car for one month in the winter
- Bus service doesn't run Sunday and week nights
- Remove all food and personal expenses, and try to live on a welfare cheque
- Even toilet paper
- how would you live with no teeth?
- Donations need to go to clients, not to staff
- House bin of tobacco
- Fresh fruit, veggies, meat to shelters and food banks—not donuts
- Fresh nutritious meals—veggies low
- Problems follow you from one shelter to another
- Funding needs to be there—lots of frustration
- Education

**Men's Focus Group**  
**July 19, 2001**

1. What does "homelessness" mean to you?  
Someone with out a permanent residence.
2. What does it mean to be homeless?
3. What are the most important/ serious concerns that we have in our community today?  
Alcoholism, don't blame people for the disease. In the winter they need a safe place for people to sleep, people die in the winter. Need someplace for people to go when they are slightly intoxicated where they can get food.
4. What would make the biggest difference in terms of helping the situation of homeless people?  
Bigger welfare cheques. Could put some of the money directly to the people.

Have shelters that have a home atmosphere. They wanted to feel like this was their home. Have their own room and be able to drop in for all reasons. Have counselors on site for day to day issues, just someone to talk to about how they re feeling and how they want to change.

Hire people who have been in the situation. Don't hire people who have don't understand and have no empathy. Could offer training programs for people who have been clean for 2 or 3 years to work with people. Many of the men have been abused in their pasts and they felt the shelters were perpetuating the abuse. Need to be shown true respect and dignity to people who are homeless. Many times homelessness is the surface problem so help is needed to identify the hidden, underlying issues.

Don't have the cops come and take them away. Show respect for the individual, may be able to take them to detox themselves.

Have an Ombudsman for the homeless. An advocate for the homeless. May want an undercover person going around to see if the money is being spent the way it is supposed to. They could also see how the clientele are being treated in the shelters.

Cultural Awareness -the Native Friendship Centre should start their own food services and food bank. Get the reserves involved in the

solutions. Need a coordination of services. Should have Native elders and Shaman on site to counsel many of these young Native people who are trying to heal from years of abuse. 80-90% of the people are Native on the streets.

5. What types of housing are needed?

Affordable housing throughout the entire City. People should be able to move out of the downtown. There are many bad landlords taking advantage of people.

6. What kinds of services are you using?

Turning Point was popular but this has recently closed down. They were using Welfare, St. Vincent de Paul, Salvation Army, Liquor Store, Croft, Food banks, and soup kitchens.

The shelter staff does give transportation to the detox, can normally get them in quicker if they are referred by shelter staff.

7. What kinds of services are needed? Anything else?

Need a 24 hour facility for people to go in for coffee, a shower, shave, recreation, laundry, to rest, to socialize, etc. It was suggested that they have a drop-in centre with services, for example a job bank, one on one counselling, a place where referrals are made and services offered out of. There could be a needle exchange and a medical doctor on call 24 hours. There are not enough good physicians for people. They want a neutral place downtown that has all the services offered out of it. Could have the public health nurse visit the shelter once a week. It was also mentioned that a fitness room with vitamins available, would be beneficial to keep their bodies healthy.

More shelter beds, if the shelter is full they must sleep on the floor with mattresses. They need more blankets and towels.

The men are out of the shelter between 7-8 in the morning and in the winters they need someplace to go that is open. Some men felt this was good because it started their day and made them get out and do things, but in the winter it is essential to have an alternate place for them to go.

Need fresh fruits and vegetables regularly and food services for people who are slightly intoxicated. If they can't go in can workers bring them out something to eat? Monitor the donations of food to the shelters to see if it all gets used for clientele.

Help for people with addictions, some place that treats them with respect and dignity. Many times the detox is full. Drug and alcohol

counselors should be at the shelters. Have a mobile van that goes around to bring people to services and not to the drunk tank. It could patrol to find people who have passed out outside in the downtown and bring them somewhere warm and safe.

A one stop agency so they don't have to go to 4 or 5 places to receive services. Need one complex that takes care of everything, not just band aids everywhere. Have welfare workers on site as well, where they are needed. Have Crisis Centre Community Service Directories all over town so people know what resources are available to them.

They felt if there was a place that advertised short-term jobs for homeless people. They could work a couple of hours or a couple of days. Make sure these jobs pay at least minimum wage. Also a clothing room was mentioned. How can they go apply for work or go on an interview when they have no decent clothes.

Safe, lower beds, if people have been drinking then they can fall out of bed and hurt themselves.

Washroom services are needed 24 hours a day.

Need to educate the police about what the dangers are of alcoholism. Alcoholics often go into seizures if they totally dry out after drinking for days or weeks straight. It can be dangerous to the person. They often don't recognize the difference between withdrawing and intoxicated. Need to get information out to professionals.

8. Where should these services be provided/ located? (locally and regionally)  
There are several empty buildings in town. Renovate these buildings and it would suit people just fine and be a lot quicker.

How can we take what is working well in other communities and transfer them to Prince George.

9. What do you most want politicians, governments, community organizations and the public to hear about homelessness and what's needed to end homelessness?  
Wake up and realize they are people too. Let people be people period. Get rid of the stereotypes and boundaries.

Canada should take care of Canadians before they continue to help other countries.

Equality of services -how can one group get everything so quick and then another group has to wait. There should be equality of rates as well, what they pay for corrections people they should also be paying for shelter people.

More employment programs where you can actually get certification. Teach people how to bid on contracts instead of giving them menial jobs. CIRT is for corrections people where they go out to camp and learn trades, get skills. Make sure the jobs they are offered they are physically able to do. Many people may be physically limited but are mentally capable of doing lots. Need to help certify some of these people. Have tons of practical experience but no piece of paper, how can they get credit for their experience.

**Seniors Focus Group**  
**St. Michaels Anglican Church**  
**July 20, 2001**

- ◆ Seniors have some special needs:
- ◆ Secured housing - security system
- ◆ Self sustained units with a cooking area
- ◆ Reasonably priced
- ◆ Housing that's accessible
- ◆ Availability of special equipment
- ◆ Circumstances change because of age and ability
- ◆ Dental work
- ◆ Assistance in getting a job
- ◆ People need to know where the services are before they can use them
- ◆ Discrimination is an issue (race, gender) when trying to rent

**Suggestions:**

- ◆ Community garden but larger
- ◆ keeps people busy when coming off of drugs/alcohol
- ◆ possible locations: the old jail, experimental farm
- ◆ all shelter people work together as a community including youth

**General discussion:**

- ◆ Separate users and takers from people who really want to make the change
- ◆ A need for couples housing/family housing - with a facility to have support from a nurse, Doctor, Social Worker, FAW, Counsellor, respite care
- ◆ Need a facility to shower and do laundry which could have food, body soap clothing soap, toothpaste (as these are the most expensive items to buy)
- ◆ Bathrooms for people downtown
- ◆ Landlords treat the poor badly and there are no avenues for the renter to go to ensure they are being treated fairly and appropriately.

**Youth Public Forum**  
**July 20, 2001**

1. What does "homelessness mean to you?  
Sleeping on Connaught Hill, under the bridge, park benches downtown, etc. No blankets, no tent, nothing. If you don't have a place to sleep, then you just find a party and get drunk and pass out there. Still homeless because you don't know where you are sleeping tomorrow.
2. What does it mean to be homeless?  
Walking around town all night waiting for services to open so then you can crash all day.
3. What are the most important/ serious concerns that we have in our community today?  
Young girls on the streets, runaways. They are just doing what they can to survive. Society looks at homeless youth very disrespectfully.  
  
Everyone feels sorry for homeless people but nobody does anything about it.  
  
People often turn to drinking because of the circumstances they find themselves in. Drinking keeps them warm and gives them an opportunity to socialize. Many of the groups hanging around are young, it starts out as a choice but soon turns into a habit which is harder to break.
4. What would make the biggest difference in terms of helping the situation of homeless people?  
Hire people who have actually been in the situation. They know where the kids are coming from.  
  
Look at the underlying issues of why people are homeless.  
  
Lots of food. Rides for people to get to services.
5. What types of housing are needed?  
Need more safe houses. Many youth don't want to go to the safe house because there are rules and they lose their freedom. Too much authority. There are too few beds at the safe house but they do provide the youth with food.



Independent living facilities. These should be for youth, adults , people with disabilities, etc. Offer life skills training on site.

Shouldn't be a group home. The College Dorms were really good. They should be duplexes or 4-plexes, this could be part of the 4 step process as step number three. Definitely need more low-income housing out of the downtown where you can live alone and not with roommates.

Need more subsidized housing like the Rainbow Village, they only charge 24% of your total income for rent. Use a 2 month screening process. This could be the 3<sup>rd</sup> of the 4 step process. Should be available to single parents as well. People without kids need help too. Many young girls are having babies so it is easier to get subsidized accommodations.

6. What kinds of services are you using?

Future Cents  
Native Friendship Centre  
St. Vincent de Paul  
Salvation Army  
Soup Bus

7. What kinds of services are needed? Anything else?

Food services. YAP does have some food but it all by donation and there is often not enough to eat. Need more nutritious food, warm food, salads, vegetables and fruit, stews, soups and sandwiches, etc.

Soup Kitchens, need hot food everyday. Another service like YAP, but with hot food. YAP needs more donations or someone to go out and solicit donations of groceries or develop a budget to buy groceries.

Youth Detox, needs more beds. Many youth want to go into detox but there is no room for them so they end up falling back into the addictions while waiting for treatment.

A 4 step Process:

- Detox
- Second Stage housing with support
- Independent Living with Life Skills training and on-site support
- Private Rental Market

If there were no addictions then a 3 step process could be used instead:

- Second Stage housing with support
- Independent Living with Life Skills training and on-site support
- Private Rental Market

A mobile van that goes around and picks people up and brings them to a safe, secure drop-in centre.

A job bank with 9-5 labour. Hire homeless people to build the new housing, train them and give them a trade.

Shelters should be open later for people to come in. Right now they have to be in by 10 or they are turned away.

Give out information about what services are available and where they are located, in terms of laundry, food, etc.

8. Where should these services be provided/ located? (locally and regionally)  
Away from the downtown and all the triggers. Out on a ranch or out of town. If you keep people busy and they are less likely to get into trouble. It needs to be away from everything.

The Province is in a recession. Should be buying existing properties and renovate them, why wait 7 months for new ones to be completed. It would be quicker and less costly.

9. What do you most want politicians, governments, community organizations and the public to hear about homelessness and what's needed to end homelessness?  
Come spend a month on the streets with me so you can understand what I am truly going through. A couple of hours with a guide does nothing.

Hire Murry Krause back on Council

Find funding for the 4 step process. Find more funding for summer jobs for youth. Hire a youth to coordinate food services. Build more shelters, low income housing for youth.

Initiate some training programs. Need to hire staff who have been on the streets and made it. Good role models. Show them that they can get a job and make something of themselves no matter where they started out. Give them confidence in themselves. Don't judge people by their appearance.

Don't turn people out at 8:00 in the morning, slowly killing their dignity.

Less Rules

Less Talk

Less Attitude

MORE ACTION

Walk for Homelessness -get a committee together. Could use the money from the concession to buy additional food. Could have a representative from each shelter to discuss what changes need to happen, etc.

People fall back on things that are normal, need to change what people perceive as normal, but it is still easy to fall back. More needs to be done to break the cycle. It is a choice to some extent. Need someone to support their recovery. So many times they say go do this and then don't ever follow up to see if that is actually working. They send them out and say go do it.

Don't concentrate so much on other people's responsibilities, look after yourself and don't worry about being responsible for everyone.

Drug and alcohol programs for youth and people in general, what made them make the choice, counselling, detox.

Dig deeper into the underlying issues. Why did they run away in the first place and start using drugs?

Stop looking at the person as the problem but as human. Try to understand where they are coming from. Initiate programs that help the individual. Focus on the person not the problem.

An understanding person to help counsel, not preach. Talk to them like humans. Transportation is an issue. Organize field trips to show youth the other side, often they can't make appropriate choices when they don't know their options. Be more understanding/

Lots of programs and agencies don't work together. Need them to network more together to offer the best services for the clients. People become more of team players. Get more resources and share services, quit duplicating.

Homeless people are not the only ones with issues. Everyone should be getting services.

May want to look at an institutional setting where there is a hospital, detox and mental health facilities on site.

Tackle the problems with youth and there may not be so many adult problems.

ASAP shelter is in a good location.

## **Downtown Business Improvement Association Session**

July 23, 2001

### **Focus Group Discussion Guide:**

1. What are the most important/serious concerns that we have in our community today around the issue of homelessness?

- *vast concentration of homeless people downtown*
- *use of existing rental space*
- *personal responsibility – some chose to be homeless*
- *mental health issues*
- *Is it appropriate to have “institutions” downtown – city should look at the zoning laws – not just ‘interpret’ them*

2. What would make the biggest difference in terms of helping the situation of homeless people?

- *examination of existing rental market (do some research)*
- *homogeneous society*
- *public washrooms downtown*
- *“Ambassador’s program”*
- *Use of existing rental space*

3. What types of housing are needed?

- *public washrooms downtown*
- *housing - when using public funds ensure that they are being used appropriately*
- *prevent triggers to stop behaviours – more prevention programs (early childhood education)*

What kinds of services are needed? Anything else?

## **APPENDIX 3**

### **Workshop 14 August 2001**

A half-day long facilitated community consultation workshop was held on August 14<sup>th</sup>, 2001, to review the data gathered by the CPAH at the focus groups and community workshop held in July 2001.

At this workshop, the draft community plan document was reviewed, and participants were invited to provide corrections and comments. The priorities, issues, activities and principles generated at the community consultations were grouped into themes by the Coordinating Group. These broad themes and the detailed information points contained in each one, were reviewed with the participants to check if the information provided had been adequately captured. Suggestions and comments were received from the group, and incorporated into the revised draft plan.

The participants were asked to review each information point, and identify:

- Is this a priority issue, an activity or a principle underlying the delivery of service?
- For priority issues/activities, where on the continuum of supports would this belong? i.e. does it assist people who are absolutely homeless? Does it assist people who are relatively homeless, or who are at-risk for homelessness?

A chart was created to show the continuum of services. The far left represents people who are absolutely homeless, and the far right represents people who are independently housed. The space in between represents the people who are along the continuum from absolute homelessness to relative homelessness to at-risk of homelessness to those who are housed.

Each issue or activity was located on a chart, according to which group or groups of people on the continuum it would serve. On the chart following, some issues or activities were identified as affecting or supporting only a small segment of people, and so occupy a small shaded block at one spot along the continuum. Other issues or activities were seen as affecting or supporting a large number of people at various stages along the continuum, and so these items are placed in a longer shaded block that stretches across more of the continuum.

# Continuum of Services - Service Providers Workshop, 14 August 2001

ABSOLUTE HOMELESSNESS ← ← ← ←		← ← ←		← ←		Mid point of Continuum
Drug/alcohol CNS in shelters	Ombudsperson for the homeless		Methadone access / needle exchange hours			More detox “youth”
Safe place for intoxicated people to sleep	Education / respectful treatment			Pre/post natal care		Food services/ food banks
More detox beds						
		Drop in services / 24 hour facility				
More youth detox beds						
						Fitness Facility
Weekly PHN visits to shelters		More safe houses for youth				
Street clinic open late						Standards maintenance bylaw
	Concurrent	Services				
Fresh fruit/veggies at shelters						Legalized secondary suites
		Dental care				
More shelter beds						
						Supportive / 2 <sup>nd</sup> stage
Nutrition / malnutrition						
Meals for those who cannot access when intoxicated						
						Lifeskills support
Housing for mentally ill						
Shower, laundry, toilet facilities						
Mobile van to take people to services and services to people						

Mid Point of Continuum	→ →	→ → →	→ → → →	Independently Housed
	More Youth detox beds			
	Pre-Post natal care			
Fitness Facility				
Standards maintenance bylaw				
Legalized secondary suites				
Dental care				
Supportive / 2 <sup>nd</sup> stage				
Meals for those who cannot access when intoxicated				
Lifeskills support				
Housing for the mentally ill				
Shower, laundry, & toilet facilities				

Next section break starts here



## APPENDIX 4

### CPAH Membership

#### The PG Community Partners Addressing Homelessness Committee

Name of Member	Organization	Contact
Dr. Alex Michalos <i>Co-Chair</i> Coordinating Committee Member	University of Northern British Columbia	(250) 960-6697
Councilor Cliff Dezell <i>Co-Chair</i> Coordinating Committee Member	City of Prince George	(250) 561-7602
Marianne Sorensen Coordinating Committee Member	ShelterNet BC / Association Advocating for Women and Children	(250) 562-6262
Lynn Florey Coordinating Committee Member	Community Planning Council of Prince George	(250) 562-2667
Pastor Peter Zimmer Coordinating Committee Member	St. Michaels and All Angels Anglican Church	(250) 564-4511
Maia Brown Coordinating Committee Member	Prince George Downtown Business Improvement Association	(250) 614-1330
Marie-Jose Cloutier	Human Resources Development Canada	(250) 561-5200
Sue Wardlaw	Human Resources Development Canada	(250) 561-5200
Susie Wheeler	Intersect Family and Youth Services / Youth Around Prince	(250) 565-6271
Laura Way	Prince George Housing Coalition / Legal Services Society	(250) 564-9717

<b>Name of Member</b>	<b>Organization</b>	<b>Contact</b>
Linda Young	Ketso Yoh Men's Shelter Centre	(250) 563-8603
Ed Chanter	City of Prince George	(250) 561-7746
Claudette Plante	Prince George and District Elizabeth Fry Society	(250)563-1113
Alice Ross	PG Housing Coalition	(250_ 564-6616
Roberta Williams, Johanna Bush	Ministry for Human Resources	(250) 565-6818
Hal Howie Information only member	Human Resources Development Canada	(250) 561-5200
Jeff Cornell Information only member	Ministry for Social Development and Economic Security	(250) 565-6220
Ann Howard Information only member	BC Housing	(250) 562-9251
Baljit Sethi Information only member	Immigrant and Multicultural Services Society	(250) 562-2900
Carla Wallis Information only member	United Natives Nations	(250) 562-6555
Darren Ash Information only member	Human Resources Development Canada	(250) 561-5200
Jim Wallace Information only member	Prince George Housing Coalition	(250) 563-8792
Marvene Layte Information Only member	Prince George Housing Coalition / Choices	(250) 564-9178
Peter Cunningham Information only member	Ministry for Children and Families	(250) 565-4367
Zandra Wycotte Information only member	Prince George Native Friendship Centre	(250) 564-3568

## **APPENDIX 5**

### **Community Consultation Invitations**



#### **Community Partners Addressing Homelessness**

C/o CPC  
1306 7<sup>th</sup> Avenue  
Prince George, B.C.  
V2L 3P1

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June 28, 2001

You are invited to attend a workshop to identify issues regarding homelessness in our community. The Supporting Communities Partnership Initiative (SCPI) is part of a Federal Government initiative designed to enable the province and community stakeholders to work together on plans to address homelessness.

The SCPI has allocated \$305 million dollars nationally over three years. Eighty percent of the funding is targeted to 10 major Canadian cities with documented homelessness problems. The remaining 20% of the funds are being directed to smaller communities that have also demonstrated a homelessness problem. Prince George has been allocated \$345,000 per year over three years.

Partnerships are encouraged among all levels of government and the private and voluntary sector in developing a Community Plan to reduce and prevent homelessness. These partners work together to jointly plan, prioritize activities and recommend how funds should be disbursed.

#### **Prince George Community Partners Addressing Homelessness (CPAH)**

This committee is working on the preparation of a community plan for Prince George, which includes broadly based community consultations. In order to come up with a meaningful plan to address homelessness, we need your input into this process. CPAH has targeted mid September to complete the Community plan for Prince George.

We request your participation at the first of three community consultation sessions to identify issues, gaps and priorities pertaining to the cause and effects of homelessness in Prince George. We look forward to your participation.

Yours truly,

Alex Michalos  
Co-Chairs, Community Partners Addressing Homelessness

Cliff Dezell



**...invites you to attend the  
PG Community Consultation  
Workshop**

**Date:       Wednesday, July 18,  
2001**

**Time:       9:00 a.m. – 4:00 p.m.**

Location: Prince George Civic Centre  
Room 201

**(Lunch will be provided)**

**Workshop Agenda**

9:00 a.m.	Plenary	Presentation of Supporting Communities Partnership Initiative (SCPI) background information, an overview of committee (CPAH) activities to date, and homelessness services data collected.
10:30 a.m.	Coffee Break	
10:45 a.m.	Focus Groups	Discussion of topics by break-out groups.
11:30 a.m.	Plenary	Debrief focus group discussions and to brainstorm new topics for the afternoon focus groups.
12:15 p.m.	Lunch (on site)	
1:00 p.m.	Plenary	Summary of morning activities and introduction of new topics (if identified).
1:30 p.m.	Focus Groups	Discussion of topics by break-out groups.
2:30 p.m.	Coffee Break	
2:45 p.m.	Plenary	Debrief focus group discussions, identify priorities—what to do first, what to do next, etc., report next steps to be taken by the CPAH Planning Committee/others, future meetings, etc. Wrap up workshop (anticipated end time of 4:00 p.m.).

**RSVP: Please contact: Lynn Florey   at   Ph: 562-2667 ,  
Fax 562-8102, email: [cpc@pguw.bc.ca](mailto:cpc@pguw.bc.ca) no later than, Friday  
July 13,2001.**

## **Upcoming Committee Consultation Events:**

The committee (CPAH) will be holding focus groups at various agencies: for homeless individuals, those at risk for becoming homeless, and previously homeless individuals. These will be held on July 19<sup>th</sup>, 20<sup>th</sup>, and 24<sup>th</sup>, 2001. Further information will be sent out in the near future to agencies and groups providing services to these individuals.

## **APPENDIX 6**

### **Homelessness & Prince George** **Research Paper: June 2001**

Prince George is the major centre for Northern and Central BC, and is considered a 'bustling city' of over 80,000 people. According to the residents, the best feature of living in Prince George is the good and friendly people<sup>1</sup>. Prince George is thought of as BC's Northern Capital and continues to grow as an important social, economic and education centre.

Prince George has an active and involved community sector, well aware of the need to network, work together and ensure community responses to issues and concerns. Their success at collaborative efforts guarantees commitment to processes to address social issues. This fact, even when differing perspectives are apparent, is a strength.

While Prince George does not reflect the very visible and entrenched social problems of larger Canadian cities, it does reflect some of the unique characteristics of homelessness in Northern Canadian communities. Research done at the University of Northern British Columbia (UNBC), shows that poverty or the possibility of poverty is a reality for many people in Prince George<sup>2</sup>. In Maclean's magazine's June 11, 2001 edition, Canadian health status rankings placed Prince George 52nd out of 54 regions surveyed. This ranking has a lot to do with lack of medical services and problems encountered when recruiting in the North but it does reflect reason for concern and did not completely surprise the community. Lorraine Grant, chairperson of the Northern Interior Regional Health Board (NIRHB) noted that, "We need to take better care of ourselves, and we know that in rural areas, socio-economic factors are not the same as those in urban areas" while noting the links to factors like income, unemployment, education and poverty<sup>3</sup>.

This report considers information from various sources and provides a snapshot of the community of Prince George with respect to homelessness and its related issues. This is not a comprehensive review of issues or sources of information but is instead a starting point that reviews some of the information available and begins to map out where the community currently is in helping to determine where it may go. This report is simply an initial step in learning about homelessness in Prince George that may be useful in developing a community plan.

### **Understanding Homelessness**

The United Nations distinguishes between absolute and relative homelessness. The United Nations definition is as follows: *Absolute homelessness or shelterlessness* refers to individuals living in the streets with no physical shelter. *Relative homelessness* refers to people living in spaces that do not meet basic health and safety standards, including: protection from the elements, access to safe water and sanitation, security of tenure and personal safety and affordability. There are also other definitions found in Toronto's

Golden Report, the Federal Library of Parliament and various academic references. In seeking to address homelessness, it is critical to understand that the homelessness one sees on the streets of communities does not constitute a complete picture of homelessness in our communities. Homelessness also exists in squalid, unsafe accommodations, and housing that takes up so much of one's income that other basics are not affordable.

As with other issues, our first instinct is to try to measure absolute homelessness - the number of people affected. Yet there are numerous challenges - issues of definition, mobility, partial counts, street surveys, methods that only focus on the homeless on the street, those that only focus on shelter use when some homeless do not use public shelters and methods that ignore the less visible homeless overall.

Understanding what causes homelessness is perhaps a better place to start as it enables us to address the issue, regardless of the numbers, with an eye for prevention and reducing risk. In the first instance, homelessness could be defined simply as a lack of income, a lack of affordable housing and a lack of social supports. It becomes more complex and more difficult to address when we consider that homelessness is driven by poverty, substance abuse/misuse, marginalization, racism, unemployment, low wages or underemployment, reductions in support for social housing and other kinds of social assistance, and a policy of de-institutionalisation of those with mental illness. For those without family or other social support networks, adverse events such as sudden job loss, marital breakdown, domestic violence or abuse (particularly affecting women and youth), incarceration or hospitalization can trigger homelessness.

## **Root Causes of Homelessness**

### *Poverty*

Living in poverty can have adverse effects on one's health, and conversely, poor health can often lead to poverty (especially in the case of unemployment due to health reasons). Poverty can limit access to food, shelter, education, child care, employment and generally reduces the quality of one's life. Poverty can occur due to substance abuse, mental or physical health issues, unemployment, and domestic abuse among other things.

### *Marginalization*

Marginalization includes race, ethnicity, gender, life style, and participation in socially unacceptable activities ( i.e. prostitution and drug use). These types of marginalization are also contributors to homelessness. The individuals falling under these categories are often pushed to the fringes of society and may become invisible and find their access to adequate housing and other supports to be very limited, if they can overcome the barrier and seek them out at all.

### *Unemployment*

Unemployment and lower income limits financial security and independence, undermines confidence and feelings of self worth, and can lead to physical and mental health problems<sup>4</sup>. A person may face unemployment due to a weak economy, lack of training or

education, chronic substance abuse, racism, illness, lack of adequate child-care and/or housing.

#### *Substance Abuse*

Substance abuse covers many areas, but is commonly thought of as drug and alcohol addictions. Again there are a variety of reasons people abuse these substances. Some of these reasons include mental health issues, unemployment, domestic abuse and family discord, fear, stress, depression, and boredom. Substance abuse may also be a contributing factor rather than a result of situations such as unemployment and domestic abuse. Substance abuse and poverty can go hand in hand.

#### *Domestic Abuse*

Domestic abuse happens to people of all ages, genders and ethnicity. It may be both a cause and a result of substance abuse and happens to people living both on and off the streets. It certainly contributes to people winding up on the street. Women and children who are living in violent situations may turn to the street as a last resort.

#### *Mental Health Issues*

Due to widespread closure of mental health institutions, there is a lack of support available for people dealing with mental health issues. These people may have trouble finding gainful employment and affordable housing. Without the proper supports in place, many of these people may find themselves living on the streets.

#### *Lack of Housing*

A lack of safe and affordable housing is often seen as one of the biggest barriers to reducing homelessness. A commonly cited figure is that a person should not spend more than 30% of their income on housing. A lack of housing combined with poverty may likely lead to homelessness. There is also very little available to large families needing safe, affordable 5 or 6 bedroom housing.

#### *Low Levels of Education*

A lack of education can influence many factors in a person's life. Poverty and education are clearly linked. Lower levels of education then may lead to low levels of employment and the risk of poverty again later in life. In the North, there is the added complication that wealth is oftentimes not compromised by low educational skills. It is not unusual for an individual to have a grade 8 education and be earning approximately \$42,000 gross per annum working on mill clean up. Where many of the communities are forestry resource based, (an industry that traditionally pays higher salaries for non-skilled labour) losing employment due to economic downturn is considerably more devastating as basic coping skills people on low incomes often develop through necessity, are missing from this sector of people.

While there are many root causes of homelessness, none of them can be looked at in isolation from each other. All of these issues are closely linked and often inseparable. One issue will often lead to another, creating a spiral into homelessness. For example, substance abuse may lead to unemployment which in turn can create poverty, a lack of



housing and eventually homelessness for an individual. Of course this is an oversimplified example, as there are many complexities one faces when trying to understand how a person becomes homeless.

Another factor to keep in mind is that all of these factors (poverty, unemployment, substance abuse, domestic abuse, mental health issues, lack of affordable housing) can all be causes *and* consequences of homelessness.

### **Those Most Vulnerable / Most at Risk**

It is important to remember that there are particular segments of the population that are at higher risk of experiencing socio-economic marginalization due to economic, social, health and familial problems. Once these people experience socio-economic marginalization they become even more at risk of experiencing homelessness. Some of these populations are:

- Aboriginal women, men and youth
- Youth (especially if they experience family conflict and lack of support)
- Women (especially single mothers and those in abusive relationships )
- Women and men with mental illness
- Those with addictions

Many people belong to several of these vulnerable groups at once, putting them at even greater risk of becoming homeless. It is impossible to look at these groups in isolation from one another as they are all irrevocably linked. Below is a more detailed look at these vulnerable groups and how they fit into the community in Prince George. While thinking about these at-risk groups, try to keep in mind the root causes of homelessness to see how all of these factors tie together, making homelessness such a complex issue.

#### *Aboriginal women, men and youth*

As they make up more than 8% of the population of Prince George, Aboriginal people are a very important group to look at when considering who is at risk of becoming homeless. Several bands and First Nations are represented within the aboriginal population of Prince George. This population includes status and non-status Indians, Metis and Inuit. The city of Prince George itself is situated on land historically occupied by Carrier peoples. Aboriginal people are an “at risk” group because they often have a lower socio-economic status than their non-Aboriginal counterparts in Prince George. High rates of intra and inter-familial violence, familial and community fragmentation, suicide, addiction, and disease are all characteristic of colonized and marginalized peoples<sup>5</sup>.

The Aboriginal population in Prince George (as well as in the rest of Canada) do not enjoy the same level of health as Non-Aboriginals. Aboriginal persons living in BC can expect to live approximately 17 years less than Non-Aboriginal residents and in general suffer from more diseases and ailments, including HIV<sup>6</sup>. Aboriginal populations are at increase risk for HIV for several reasons. High rates of STD’s and substance abuse, including injection drug use, as well as other health and social issues, may increase vulnerability to HIV within this group<sup>7</sup>. Addressing the health and wellness needs of Aboriginal populations is made even more complex by the fact that the federal

government takes responsibility for services to Aboriginals living on reserve while the province cares for those living off reserve<sup>8</sup>. Poor health can contribute to a person becoming homeless. It can be difficult to find and hold a job when sick, which in turn contributes to low or no income, increasing even further the risk of becoming homeless.

The Aboriginal population also fares worse when it comes to education. In the Northern Interior Health Region (NIHR), more Aboriginal than Non-Aboriginal residents have not completed high school (Aboriginal 74%, Non-Aboriginal 54%) and Aboriginal residents have considerably lower percentages of persons with high school diplomas<sup>9</sup>. This pattern exists for higher levels of education as well. Because higher educational attainment is associated with positive employment status, higher income, improved financial security and independence, a lower level of education among the Aboriginal community puts them at greater risk of becoming homeless.

According to the 1996 census, in the NIHR, of the total labour force available for aboriginal persons aged 15 years or older, 43% are employed and 18% are unemployed. The percentage of employed Aboriginal persons (43%) is lower than Non-Aboriginals (67%) and the percentage of unemployed Aboriginals is (18%) is higher than unemployed Non-Aboriginals (8%)<sup>10</sup>. The average income for Aboriginal individuals is considerably lower than for Non-Aboriginals and this group difference is consistent across gender. Further, Aboriginal women have a lower average income than Aboriginal males<sup>11</sup>.

While there are some services in place for the Aboriginal community, it is important to remember that as a population, Aboriginal people face special obstacles, which influence access to these services. Some of these barriers include, racism, feelings of not being understood, fear of losing one's children, fear of being re-victimized by the institutions, travel to services, fragmentation of services and jurisdictional disputes between the federal and provincial governments<sup>12</sup>.

### *Youth*

In consideration of the Prince George school district, which includes Prince George, Valemount, Mackenzie and McBride, 39.9% of the population is 24 years old or younger (1996)<sup>13</sup>. Youth populations face unique challenges. Very young children are at the mercy of their environment, and early developmental years can be key in determining an individual's future. Young adults and teenagers are at a very challenging point in their lives. They are given increasingly more responsibility and freedom and yet still need a lot of guidance. The point is that being young can be a challenge even under the best of circumstances and youth who are facing issues such as physical/sexual/verbal abuse, family discord, poverty, and / or illness can be at extremely high risk of turning to the streets.

A youth issue of particular importance in Prince George is child poverty. A 1997 report states that in total, more than 25% of all the children in Prince George are poor<sup>14</sup>. Some members of the community believe this figure to be considerably higher due to using income tax returns, which understate the levels of poverty among the extreme who often

do not report. Looked at nationally and provincially, the child poverty rate in Prince George is considerably higher than the 1995 Canadian rate of 21% and the BC rate of 20.8%<sup>15</sup>. However, Prince George follows national poverty trends when looked at by family type<sup>ii</sup>. There are many adverse effects of growing up poor. Children who have grown up in poverty have poorer health, lower levels of educational attainment, a lack of employment opportunities and job training, they live in riskier environments, and partake in riskier behaviours<sup>16</sup>. Over the long-term, child poverty significantly endangers a child's opportunity to grow and develop into a healthy, self-sufficient adult. Child poverty puts young people at risk for becoming homeless at some point in their lives and at risk for repeating the cycle of family poverty in their own families.

Family breakdown and abuse is an important contributor to youth homelessness. Youth may turn to the streets if they are trying to escape an abusive home life and have nowhere else to go. Youth also have a tendency to slip through cracks in the system much more easily than other marginalized groups. They will stay with friends or relatives for several days and can be undetected on any traditional method of monitoring. Further, some are aware of the supports available, but refuse to access them for fear of repercussions on other younger siblings or parents from Ministerial bodies. It is these cases that illustrate how important youth support centres are in a community. Support for parents may be equally as important since irradicating child abuse would be an important step in reducing youth homelessness.

Youth who are already living on the street face numerous health and safety issues. Some of the health issues that are prevalent among homeless children are immunization delays, asthma, ear infections, diarrhoea, anemia and just overall poor health<sup>17</sup>. These problems can be so pronounced that pediatricians in New York have identified a "homeless child syndrome," which includes poverty-related health problems, untreated or under-treated acute and chronic illnesses, unrecognized disorders, school, behavioural and psychological problems, child abuse and neglect<sup>18</sup>. Sexually transmitted diseases are among the leading health problem faced by homeless youth<sup>19</sup>. Homeless youth, like all other homeless sectors, also suffer from poor hygiene, inadequate diet, exposure to the elements and in some cases, premature death. Finally, substance abuse is a major problem for street youth. In one Canadian study, nearly 90% of street youth reported either alcohol or drug problem<sup>20</sup>. The above statistics illustrate the extremely detrimental health consequences youth face as a result of being homeless. Beyond these specific ailments, the fear, isolation and hopelessness of living on the streets can wreak havoc on young people's self esteem and overall mental health.

### *People with Mental Illness*

Widespread closures of mental health facilities in the 1980's led to the release of many mentally ill patients into communities without the proper support systems in place. A commonly cited ratio is that approximately one third of the homeless population (in Canada) experiences mental illness<sup>21</sup>. In some cases, mental illness predisposes one to homelessness, while in others homelessness is a cause or trigger of mental illness. At the

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<sup>ii</sup> Child poverty is substantially higher in numbers and percentages for children reared by lone parents. (Child and Family Poverty: Report Card (Feb 1998))

same time, mental illness increases the likelihood of longer periods of homelessness<sup>22</sup>. The vast majority of those with mental illness also have a concurrent substance abuse disorder, which will be discussed further, later in the paper<sup>23</sup>. People who are experiencing both mental illness and homelessness are particularly vulnerable to frequent involvement with the criminal justice system.

According to Alex Berland, provincial director of mental health, there are 75,000 to 85,000 British Columbians with mental health problems, including 2,000 to 3,000 in the Northern Interior Health Region<sup>24</sup>. Of these, about 45% do not receive the community services that they should. Services for mental health patients are even more sparse in rural areas like Prince George than they are in cities like Vancouver<sup>25</sup>.

### *Women*

Nation wide, women are one of the groups that are experiencing increasing rates of homelessness. A number of factors put some women into the vulnerable category. Issues such as lack of adequate child care, domestic violence, drug and alcohol abuse, income and employment inequity and a variety of health issues all contribute to an increased threat of homelessness for women. This is true for women in Prince George as well as in the rest of Canada.

Men earn more than women, throughout Canada. This income difference between genders is particularly acute in Prince George. Women in Prince George make approximately 42.5% of men's income (as opposed to 54.2% for BC and 56.0% across Canada)<sup>26</sup>. As previously discussed, Aboriginal women are at an even greater disadvantage in this regard. Single parent families, particularly those headed by women, are more likely than other families to experience low incomes. A low or non-existent income makes it hard for women to further their education, to find adequate housing, and / or child-care, putting them at risk of homelessness.

There is evidence that violence against women and children is an increasing factor in homelessness<sup>27</sup>. British Columbia has the highest reported rates of violence against women of any province in Canada. Every year, more than 40,000 BC women are physically injured as a result of violence, of whom an estimated 15, 000 seek medical treatment for their injuries<sup>28</sup>. If there are not appropriate support systems in place, women who flee violent home situations may wind up homeless.

Women who are already on the street, face a variety of health issues as a result of their being homeless. The pregnancy rate among homeless women is high compared to other groups<sup>29</sup>. Homeless women may be more likely to have multiple pregnancies. Unhealthy pregnancy is associated with several risk factors such as inadequate nutrition, excessive stress, and elevated rates of alcohol and drug abuse<sup>30</sup>. In the face of health problems pregnant and non-pregnant homeless women have poor access to health care and are less likely to seek what is available. Some of the reasons given for not seeking medical attention are; no child care, marginalization, no transportation, overwhelming daily pressures, and depression<sup>31</sup>.

### *People with substance misuse issues*

As with mental illness, substance abuse may predispose a person to homelessness in some cases, while in other cases being homeless may cause or trigger substance abuse. Living on the streets can be so physically and emotionally traumatic, that many of these people may turn to drugs to dull the pain of their existence. In other cases, people who have been driven by circumstances to live on the street are already heavily involved in drugs and alcohol. There are age differences when it comes to substance abuse. Elderly homeless people have a high rate of alcohol abuse, while younger homeless people are more likely to abuse crack/cocaine and other street drugs<sup>32</sup>.

Whatever group we are dealing with, all homeless people have certain things in common. They all have the need for adequate housing, a secure, safe place to live and to call home. They also need enough money to live on, a job or adequate social assistance. Finally, some will have the need for specialized support services, including short or longer-term assistance with addiction or physical or mental health problems. When these fundamental human needs are not met, there are severe and sometimes tragic consequences for the people affected and, as well, there is a range of negative consequences for society as a whole<sup>33</sup>.

### **Other Related Issues of Significance to Prince George**

While many issues surrounding homelessness are universal, each community faces unique challenges according to their location, population and history. This is certainly the case in Prince George.

#### *Climate*

The long cold winter ranked first in a list of the five worst things about living in Prince George and weather in general also made the list<sup>34</sup>. The winter climate has major implications for the homeless population of Prince George. While in warmer climates the homeless may have more options including sleeping outside, Prince George's climate is so severe that people may actually die from exposure to the elements. This makes the need for adequate shelter and housing of extreme importance in Prince George.

#### *Minimal barrier cold/wet weather strategy*

In addition to existing year round services emergency minimal barrier winter shelter has been an available service in Prince George since 1998. This service is contracted through Ministry for Social Development and Economic Security on an annual basis and has operated from several different locations. Developing a variety of shelter services that address the continuum of need, which ensures adequate access for any individual requiring shelter, has been identified as an important issue.

#### *Population*

The city is home to over 80,000 people and while currently in an economic downturn, it is expected to continue to grow over the long-term. The largest population by age group

is the 35-64 year old group at 37.2% of the population, followed by 15 - 34 year olds at 32.8%<sup>35</sup>. The senior population (65 and over) is relatively small at only 6.1% of the population<sup>36</sup>. Studies predict that by 2020 the annual population in Prince George will grow as much by net migration as by natural increase<sup>37</sup>. In the period from 1996 to 2020 the two age groups 0-17 and 65+ are projected to increase<sup>38</sup>. This will certainly have implications for homelessness in the future because these are two potentially vulnerable groups.

Prince George is a multicultural city with more than 30 ethnic, cultural and religious groups. People of Aboriginal descent make up about 8.3% of the population of Prince George as opposed to the Provincial average of about 4% of British Columbia as a whole.<sup>39</sup> The discussion in the previous section on vulnerable groups details some of how this is relevant for Prince George. .

### *Employment*

Forestry drives the local economy, but other industry includes chemical plants, an oil refinery, brewery, dairy and machine shops<sup>40</sup>. In regard to gender-based income discrepancies, women in Prince George fare slightly worse than women elsewhere in BC. Figures from 1992 show that on average women were earning 42.5% of men's income in Prince George<sup>41</sup>. This difference in income can be a contributing factor to homelessness.

### *Cost of Living*

New homes range from \$130,000 to \$250,000, with the median new home price around \$185, 000<sup>42</sup>. Existing home prices vary widely, but in 1997, the average home sold for \$140,000<sup>43</sup>. Statistics Canada reports that the average income in Prince George is \$28, 464 (Statistical Profile: Income and Work Statistics for Prince George, 1996) and the poverty level in 1991 was 13.6% for families and 33.3% for unattached individuals<sup>44</sup>. According to a 1994 study, 20.7% of families were poor and almost 7,000 of the 27,000 children under 19 living in Prince George were living in poverty<sup>45</sup>. This figure has serious implications for the homelessness in PG today.

### *Health*

As noted earlier, Maclean's Magazine's Canadian health status rankings, placed Prince George at the bottom, 52nd out of 54 regions surveyed<sup>46</sup>. Leading causes of death for both men and women in Prince George are heart disease and stroke, cancer, external causes, and respiratory and digestive disease<sup>47</sup>. The NIRHB has been trying to address health from a broad and preventive perspective by developing plans around northern health indicators like a shorter life expectancy and high rates of disease. More specifically, key challenges include; maternal and children's health is poor, high rates of cardiovascular disease, cancer, diabetes and respiratory related illnesses, among other diseases<sup>48</sup>. Accidents, suicide and alcohol and drug induced deaths are also common. However, despite a gloomy statistical picture, people who live here generally feel positive about their health status.

### *Crime*

Crime ranked second in a list of the five worst things about living in Prince George<sup>49</sup>. According to the Uniform Crime Reporting Survey, the total criminal code crime rate for Prince George was 159.8 criminal code offences per 1000 inhabitants as compared to 138.8 for the province. However, Prince George does have several progressive programs set up to deal with various aspects of crime in the city.

### *Education*

Education is very important to the people of Prince George, and the building of the University of Northern British Columbia illustrates this point well. UNBC is the result of a tireless campaign by the people of Northern BC for their own university. Their efforts paid off in August of 1994 when the university was opened. UNBC enrolls the full time equivalent of about 2300 students, and complements the already existing College of New Caledonia, which offers a comprehensive listing of trade, career and apprenticeship programs. Since the opening of UNBC, the percentage of northern students that attend university has increased dramatically<sup>50</sup>. Besides the university, Prince George's education system encompasses 37 elementary, 8 secondary and 7 private schools.

### *Downtown Revitalization*

The "revitalization" of the downtown core area of Prince George is a matter of intense interest to residents. An overall long-term vision for this area has been developed, but the variance between its current state and that desired by the residents indicates that sustained effort will be needed to realize these plans.

## **Summary**

The sheer complexity of homelessness becomes evident when one attempts to make the links between vulnerable groups, root causes and community issues. In one sense, Prince George is like any other community in that included in its population are those groups most vulnerable to homelessness. Also, like any other community, Prince George must deal with substance abuse, crime, unemployment and so on. On the other hand, being a Northern Canadian city, Prince George is presented with some very unique challenges when it comes to addressing homelessness. The community continues to put a great deal of effort into addressing issues of community wellness, including homelessness, affordable housing, supported living initiatives, drug/alcohol treatment and support, Single Room Occupancy hotels, shelters, a community social plan and community awareness. These are all avenues that are either being explored or implemented in the city's quest to reduce homelessness and other social problems.

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<sup>1</sup> Healthy Communities Committee, *Report on the Quality of Life in Prince George*, City of Prince George, B.C., 1997

<sup>2</sup> *ibid.*

<sup>3</sup> NIRHB Population Health Research Department (2000 August) *Northern Interior Health Region Aboriginal Population Health Profile 2000-2001*, Northern Interior Regional Health Board

<sup>4</sup> NIRHB Population Health Research Department (2000 August) *Northern Interior Health Region Aboriginal Population Health Profile 2000-2001* Northern Interior Regional Health Board

<sup>5</sup> Healthy Communities Committee, *Report on the Quality of Life in Prince George*, City of Prince George, B.C., 1997

<sup>6</sup> NIRHB Population Health Research Department (2000 August) *Northern Interior Health Region*

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- Aboriginal Population Health Profile 2000-2001 Northern Interior Regional Health Board
- <sup>7</sup> Health Canada (1998 September) *Research on HIV/AIDS in Aboriginal People: A Background Paper* Northern Health Research Unit, University of Manitoba
- <sup>8</sup> NIRHB Population Health Research Department (2000 August) *Northern Interior Health Region Aboriginal Population Health Profile 2000-2001* Northern Interior Regional Health Board
- <sup>9</sup> *ibid.*
- <sup>10</sup> *ibid.*
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