



# In the Proper Hands

SPARC BC Research on Homelessness and Affordable Housing

## In the Proper Hands SPARC BC Research on Homelessness and Affordable Housing

Prepared by Margaret Condon and Robyn Newton of SPARC BC

The Social Planning and Research Council of British Columbia (SPARC BC) is a non-partisan, independent charitable organization whose members and Board of Directors are drawn from across the province. Since 1966, SPARC BC has worked with communities in building a just and healthy society for all.

Currently, SPARC BC focuses its efforts on the key social issues of income security, accessibility, and community development. SPARC BC runs the Parking Permit Program for People with Disabilities, and also delivers Research & Consulting Services. We are also proud to provide a Community Development Education program that offers low-cost assistance in building local assets to address social issues.

Social Planning and Research Council of BC  
201 - 221 East 10th Avenue  
Vancouver, BC V5T 4V3

Phone (604) 718-7733  
Fax (604) 736-8697  
Email [info@sparc.bc.ca](mailto:info@sparc.bc.ca)  
Web [www.sparc.bc.ca](http://www.sparc.bc.ca)

SPARC BC © 2007



**SPARC BC**  
*Working with Communities to Build a Just and Healthy Society for All*

# Contents

Introduction .....	1
Trends Affecting Homelessness and Housing.....	3
<i>Background of funding/program cuts</i>	
<i>Emerging patchwork of housing-related funding</i>	
Extent of Homelessness.....	5
<i>At risk of homelessness: definition and extent</i>	
<i>INALH Households Analysis - 2001</i>	
<i>Extent of Family Homelessness</i>	
<i>Homeless Count Findings</i>	
<i>Length of time homeless</i>	
<i>Income Sources</i>	
<i>Health conditions</i>	
Causes and Effects of Homelessness.....	8
<i>Effects</i>	
<i>Income assistance in BC</i>	
Framework for Addressing Homelessness.....	10
<i>Employment Assistance Shelter costs</i>	
<i>Adequacy of BC Employment and Assistance Shelter Allowances</i>	
<i>May 2007 (rent set at 25th percentile)</i>	
<i>Labour force attachment and earnings exemptions</i>	
<i>Living on Disability Assistance</i>	
<i>Effective service delivery</i>	
<i>Focusing on Prevention</i>	
<i>Employment-related services</i>	
<i>Primary health care services</i>	
<i>Mental health and substance use services</i>	
<i>Approach to mental health services</i>	
<i>Integration of services</i>	
<i>Approach to substance use</i>	
<i>Role of staff</i>	
<i>Meaningful activities</i>	
<i>Link to housing</i>	
<i>Services for families</i>	
<i>Temporary housing</i>	
<i>Permanent Supportive housing</i>	
<i>Permanent Independent housing</i>	
Conclusions.....	24
Resources .....	25
<i>SPARC BC Studies on Homelessness and Affordable Housing</i>	
<i>External Research Cited in this Paper</i>	



# Introduction

The Social Planning and Research Council of British Columbia (SPARC BC) creates valuable knowledge in the course of its research that could be very useful to policy makers, and to community-based organizations that do direct service delivery as well as activities around education and advocacy. This publication summarizes the knowledge accumulated in the course of our core and paid research on homelessness and affordable housing between 2003 and 2007. Our title, "In the Proper Hands" reflects the fact that knowledge, in the proper hands, can lead to positive social change. Our hope at SPARC BC is that policy makers and community-based organizations will be able to draw upon our research to take positive action to address homelessness and the need for affordable housing.

This publication includes information on:

- trends affecting the homelessness and housing issues, including government policy and funding environment
- extent of homelessness
- causes and effects of homelessness
- ways to address homelessness according to the three primary solution areas of:
  - adequate income
  - support services
  - housing continuum

The information contained in this publication is largely based on research conducted by SPARC BC and its consultants in the areas of:

- Family homelessness (research in ten major cities across Canada)
- Homelessness counts (Greater Vancouver and Vancouver West End)
- Living costs compared to welfare rates (BC-wide quantitative analysis for 'temporary' assistance and 16 individual case studies for 'disability' assistance)
- Labour market policies and programs for the homeless population (review of literature and interviews with key informants from Canada, the US, the UK and Australia)
- Housing and services for people with substance use and mental health issues (21 case studies of innovative programs to providing housing stability from across Canada, and the US and UK)
- Market rental housing forms (cross-Canada research with a focus on Vancouver of rooming house residents and people sharing accommodation)

It also draws to a limited extent on the Greater Vancouver Regional Homelessness Plan Update that SPARC BC prepared for the Regional Steering Committee on Homelessness.



# Trends Affecting Homelessness and Housing

- Funding & program cuts
- Patchwork of housing-related funding

Over the past twenty years, government housing policy in Canada has moved away from building social housing and market rental housing, and more emphasis has been put on homeownership. There has been very little new affordable housing stock being built across the country, and there has been an erosion of existing market rental housing stock in most cities through conversion to condominiums. There has been an increase in the demand for affordable housing as incomes have not kept up with inflation. Poverty has continued due to low minimum wages and income assistance rates and changing labour markets, and factors such as mental health de-institutionalization and increasing addictions issues. These factors have resulted in low vacancy rates for affordable housing, upward pressure on market rental rates, and long waiting lists for social housing.

There has been a growing gap between peoples' income and the cost of housing. This has given rise to a complex and growing homelessness problem in a number of areas within Vancouver. Homelessness is now seen as an important issue in virtually all of Greater Vancouver. While Vancouver has long had a housing affordability problem, affordable housing has become an issue in many other British Columbia municipalities, large and small.

## *Background of funding/program cuts*

Federal cuts to funding for housing and related programs started in the 1980's. Then in 1993 the federal government cancelled all funding for new non-profit and co-op housing and capped the total spent on the existing national social housing portfolio at \$2 billion annually. Only Quebec and BC continued to fund the creation of new non-profit and co-operative housing for families and individuals. But in 2001 the newly-elected BC provincial government ceased further funding of the Homes BC program, and focused only on providing housing for those in greatest need.

On the income side, in the mid 1990's the federal government introduced restrictions on eligibility for employment insurance. Also in 1996, the

Canada Assistance Plan was replaced by the Canada Health and Social Transfer, resulting in a significant reduction in transfer payments from the federal government to the provinces. The BC government responded with the introduction of the BC Benefits income assistance program that reduced support allowances, eliminated earnings exemptions, and introduced a three-month residency requirement.

Later in the 1990s there was some reversal of these welfare policies. However, in 2001 the provincial government introduced further cuts, along with a three-week wait period and a two-year independence test for benefits. Earnings exemptions were once again eliminated. In 2001 the working poor in BC were adversely impacted by the introduction of a \$6/hour "training" wage, and the Employment Standards Act was changed to include the concept of a "flexible" work week that changed the rules governing hours of work and overtime pay.

## *Emerging patchwork of housing-related funding*

By the late 1990's there was an affordable housing crisis developing across Canada and growing homelessness, particularly in the large urban centers. Under pressure from the Federation of Canadian Municipalities and many other groups, in December 1999 the federal government introduced the National Homelessness Initiative, which included the Supporting Communities Partnership Initiative (SCPI) program to cover temporary shelter and services for the homeless.

An integral part of the SCPI program was the creation of local committees and plans. In 2000 in Greater Vancouver, a Regional Steering Committee on Homelessness (RSCH) was formed with over 30 members drawn from a broad range of community-based organizations and all levels of government, and a Regional Homelessness Plan was developed.

The RSCH reviewed proposals for funding under SCPI and works to this day to implement the Regional Homelessness Plan.

Under the first phase of the SCPI program, BC received \$31 million, of which just over \$25 million was allocated to Greater Vancouver. Federal allocations were matched by funding from the Province of BC. In 2003 SCPI was extended for another three years with virtually the same funding allocations, and in late 2005 was extended for a further year to March 31, 2007. In 2007, SCPI was replaced by the Homelessness Partnership Strategy. From the initial information available, it sounds like HPI is not too different from the SCPI program it replaces. In July 2007 a call for proposals will go out, with \$12 million in funding available in Metro Vancouver for both capital projects and operating dollars. The Regional Homelessness Steering Committee will continue to work with Ottawa to determine local priorities for funding.

In response to the deteriorating affordable housing situation, the federal government in 2001 re-introduced funding for affordable rental housing under the Affordable Housing Initiative (AHI) to be matched by a provincial contribution of at least equal value. Under the Phase I agreement BC received \$88.7 million federal funding which was largely directed to the newly created Independent Living BC (ILBC) program. It is a “housing for health” partnership that provides supportive housing for frail seniors and people with disabilities. In 2004, BC received a further \$41.7 million of federal funding under the Phase II agreement. This time, as a result of the urging of the Premiers Task Force on Homelessness, the funding was largely directed to the Provincial Homelessness Initiative (PHI) which was a new program to provide supportive housing for the homeless and people with mental illness and addictions.

In 2005 the federal government under Bill C-481 committed to further funding for affordable

housing and this was confirmed in an allocation of \$1.4 billion in the May 2006 budget. At the end of September 2006, with the declaration of a greater than \$2 billion surplus, \$106 million was placed into the Affordable Housing Trust and \$51 million into the Off-Reserve Aboriginal Housing Trust for the Province of BC to be spent within two years.

On October 3, 2006, the BC government announced its new “Housing Matters BC”<sup>2</sup> strategy. It features continuation of provision of supportive housing to vulnerable populations under the ILBC and PHI programs, along with a Rental Assistance Program<sup>3</sup> for seniors and low-income families. It is important to note that rental assistance is only available to families with employment income that have children under 19; families on social assistance are not eligible, nor are singles or couples without children.

In February 2007, the Provincial budget allocated \$2 billion over 4 years “to address housing challenges”, although \$1.5 billion of this total went to income tax cuts. Of the remainder, \$27 million was allocated over 3 years to increasing the number of year-round shelter beds by almost 30% and provide related support services, \$38 million was provided for one-time projects that provide housing and support for those who are homeless or at risk of homelessness, and \$6 million was allocated to strengthen support to transition houses for women and children fleeing domestic abuse. In addition, the shelter rate for people on income assistance was raised by \$50 a month. Two hundred and fifty million went to a Housing Endowment Fund, which will provide \$10 million per year for new housing initiatives. The new housing units promised include 250 new supportive housing units to be built over two years using the \$50 million in federal dollars, and 200 units of off-reserve aboriginal housing. An additional 758 new supportive housing units will be funded through the earlier mentioned \$38 million from provincial budget plus \$56 million of federal dollars.

---

1 C-48 is the amendment to the federal budget that added a further \$4.6 billion in social spending, including up to 1.6 billion for affordable housing. See [http://www2.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Parl=38&Ses=1&Mode=1&Pub=Bill&Doc=C-48\\_4&File=24](http://www2.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Parl=38&Ses=1&Mode=1&Pub=Bill&Doc=C-48_4&File=24) for the bill itself

2 [http://www.bchousing.org/aboutus/Housing\\_Matters\\_BC](http://www.bchousing.org/aboutus/Housing_Matters_BC)

3 <http://www.bchousing.org/programs/RAP>



# Extent of Homelessness

- Definition of At Risk of homelessness
  - Extent of homelessness
  - Homeless Count findings

Homelessness can be represented on the following continuum:

**Absolute Homelessness:** someone who does not have access to their own safe and affordable housing. They may be living on the street or in an emergency shelter.

**Hidden Homelessness:** people who do not have their own safe and affordable housing, but are not seen by most people as being homeless. They may, for example, be living with friends or relatives on a temporary basis.

**At Risk of Homelessness:** people who are housed but are at extreme risk of becoming homeless at any given point, because their housing costs are unaffordable or because the tenure is insecure.

The Federation of Canadian Municipalities (FCM)<sup>4</sup> and other organizations have recognized that absolute homelessness is the “tip of the iceberg”, and that for every one absolute homeless person visible on the street, there are four people or households whose homelessness is hidden, by virtue of them sleeping in cars, temporary beds in church basements or abandoned buildings, or on somebody’s couch.

## At risk of homelessness: definition and extent

Canada Mortgage and Housing Corporation (CMHC) identifies initial stages of housing need that often precede homelessness: *Core Housing Need* and *Severe Housing Need*.

CMHC defines households in *Core Housing Need* as those households that live in housing that fails to meet one or more of the following standards: adequacy (not in need of repair), suitability (enough bedrooms for the occupants), and affordability (spending less than 30% of before-tax household income on shelter), and have incomes that are too low to allow them to rent alternative local market dwellings that meet the above standards. In Canada based on 2001 census data, 13.7% of total households and 28.3% of total renter households are considered to be in core housing need, with the vast majority being in need because their housing is not affordable. In British Columbia the numbers are 15.8% and 31.4% respectively.

*Severe Housing Need* is defined by CMHC as households that are in need and spending at least half (50%) of household income on shelter (INALH). The following table provides an analysis of INALH households in Canada and selected major urban areas in BC using 2001 census data.

## INALH Households Analysis - 2001

	% of all households	% of renter households	Average Shelter Cost-to-Income Ratio (STIR) for renter households
Canada	5.3% (573,000)	10.8% (386,800)	66.7%
BC	6.7% (94,600)	13.3% (61,200)	66.9%
Vancouver	7.4% (52,000)	12.8% (33,800)	67.4%
Victoria	5.9% (7,600)	12.4% (5,600)	66.9%
Abbotsford	5.8% (2,800)	13.1% (1,800)	64.4%

Source: Statistics Canada, 2001 Census

<sup>4</sup>Quality of Life in Canadian Municipalities: Income, Shelter and Necessities, FCM, 2004

These households' vulnerability to homelessness is captured in these scenarios:

- Living in adequate housing but paying a proportionately high amount of income to retain housing. This causes difficulty in other areas such as adequate funds for good nutrition, appropriate clothing, and other necessities and/or pleasures of life.
- Living in conditions that would be deemed inappropriate to one's circumstances. This includes such scenarios as being forced to share accommodation due to economic necessity, safety issues such as abuse, or living in substandard, inadequate, or illegal housing situations.

### *Extent of family homelessness*

Research on family homelessness<sup>5</sup> concluded that homelessness is spreading throughout Canadian society, being no longer restricted to "down and out" single men or women. It found that families with children are increasingly finding themselves without a home or at risk of homelessness. In nine of the ten cities studied across Canada, including Vancouver and Victoria, agency key informants observed an increase in the number of homeless families or families at risk of homelessness requesting services.

Most of the families studied (80%) were headed by single mothers 26-49 years old with one or two children<sup>6</sup>, a statistic corroborated by many key informants who reported that they are serving mostly single parent families. Some agencies did report that as many as 40% of their clients are dual

parent families, while others reported seeing more families with a large number of children. Family heads had diverse backgrounds, with some moving frequently while growing up, whereas others had not. About half of the parents had not completed high school, while others had a postsecondary degree. About one-fifth of the parents were between 16 and 25 years old and 28% of the family heads had been in foster care as children. Some had support from their friends and family but others were isolated with no social network or friends. Some worked part-time and others looked after their children full-time.

### *Homeless Count findings*

Further information on the extent of homelessness was learned through the 2005 *Greater Vancouver Homeless Count* organized by SPARC BC<sup>7</sup>. This research counted almost 2200 homeless people region-wide, about evenly divided between sheltered homeless and street homeless. This was almost double the number counted in 2002, and included an increase of almost 800 street homeless. In a subsequent count just in Vancouver's West End<sup>8</sup>, 97 people were found sleeping out including 28 people on the beach between the Burrard Street Bridge and Stanley Park.

During the 2005 *Homeless Count*, people with Aboriginal identity were over-represented among the region's homeless compared to their share of the total population (30% compared to 2%). The number and share of Aboriginal people was highest among the street homeless (34% of the total street homeless) and smallest among the sheltered homeless (23% of the total sheltered homeless).

---

<sup>5</sup> *Family Homelessness: Causes and Solutions*, SPARC BC, February 2003

<sup>6</sup> In Quebec, agency representatives objected to the inclusion of women who are victims of domestic abuse and their children in the definition of homeless families.

<sup>7</sup> *On our streets and in our shelters: Results of the 2005 Greater Vancouver Homeless Count*, SPARC BC September 2005

<sup>8</sup> *Sleeping Out in the West End: Results of the 2006 West End Homeless Count*, SPARC BC, August 2006

Twelve percent of homeless people enumerated reported having a partner with them. Forty families with children were enumerated, with most having stayed in a shelter or transition house, although some families were among the street homeless. Shelters, safe houses and transition houses turned away 169 adults and 6 children on the night of the Count, an increase of 58% from 2002.

### *Length of time homeless*

The 2005 *Homeless Count* found that more than 600 people (35%) were homeless for over one year, which is considered the ‘long-term homeless’. On the other hand, only 24% had been without a permanent home for less than one month, what might be considered the ‘newly homeless’. The sheltered homeless were homeless for a significantly shorter period than the street homeless. – 41% of the sheltered homeless were ‘newly homeless’ compared to only 12% of the street homeless, whereas 19% of the sheltered homeless were ‘long-term homeless’ compared to 47% of the street homeless. The Vancouver West End count in 2006 mirrored these findings in that the vast majority of those counted were street homeless, and 46% of those counted were ‘long-term homeless’. It is to be noted that other research<sup>9</sup> has found that the long-term homeless tend to be over-represented in point in time counts because they are more likely to be enumerated on any given day.

### *Income sources*

Across Greater Vancouver over half of the homeless population counted in 2005 (56%) survived on

either no income, or income from binning and bottle collecting, panhandling, part-time and casual employment, or illegal activities. Of the remainder, 30% were on income assistance or a related training program, 11% on a disability benefit, and 3% were drawing a pension. The Vancouver West End 2006 profile was similar, and both sets of research found an increase from earlier homeless counts in “insecure” compared to “secure” sources of income. The 2005 *Homeless Count* found the sheltered homeless were much more likely to receive income assistance (43%) compared to the street homeless (20%).

### *Health conditions*

Almost three quarters of the homeless population found across Greater Vancouver in the 2005 *Homeless Count* (74%), and about the same proportion in the 2006 Vancouver West End count, reported one or more health conditions (i.e. addiction, medical condition, mental illness, and/or physical disability). The street homeless were worse off in terms of health conditions than the sheltered homeless and the street homeless were more likely to report more than one health condition. Addiction was the most common health condition with 53% of street homeless and 43% of sheltered homeless reporting addiction. A majority of those with a mental illness also has an addiction (60% of the sheltered and 70% of street homeless). The incidence of reported health conditions increased for all health conditions except mental illness (for which the incidence was almost the same as in 2002), with the largest absolute increase in addiction and largest relative increase in physical disabilities.

---

<sup>9</sup> A Profile, Policy Review and Analysis of Homelessness in BC, Eberle et al 2001 and Greater Vancouver Regional District, Research Project on Homelessness, Woodward et al, May 2002.

# Causes and Effects of Homelessness

- Lack of income
- Health and addictions
- Family Homelessness Study

The causes of homelessness are a combination of broad systemic factors including the housing market, poverty, the social safety net, and public attitudes, and the specific situations of individuals and families that become homeless, such as mental health issues, family breakdown, unemployment, addictions, and limited employment related skills.

Isolating the cause of homelessness can be difficult, given its complex and multi-dimensional nature. It is particularly difficult to capture in a brief questionnaire such as the one used in the 2005 *Greater Vancouver Homeless Count*. A qualitative interview method like the one used in the cross Canada *Family Homelessness: Causes and Solutions* study (SPARC BC, February 2003) is more successful in eliciting meaningful information of this nature.

In the 2005 *Greater Vancouver Homelessness Count* study, respondents identified the main reasons why they did not have a place of their own. The largest share reported that their homelessness was due to lack of income (44%), health and addictions (25%), and cost of housing (22%). Economic reasons, consisting of lack of income and cost of housing, thus comprised at least 66% of the reasons stated. Evictions (14%) also occur for economic reasons. Abuse, family breakdown, and conflict (16%) and moving/stranded (12%) were also cited.

Almost all the families in the 2003 *Family Homelessness* study said that a lack of affordable housing and insufficient income were significant factors that contributed to their homelessness. In some families, insufficient income was an ongoing issue that eventually led the family to lose their housing. Other families got into trouble following

a specific financial crisis. Any change in the balance between housing costs and income could be devastating to households at risk of homelessness.

Health problems (including mental health problems, chronic health issues, substance abuse, malnutrition and related disorders, and other ailments) were commonly cited as contributors to homelessness. Respondents indicated that safe, secure and affordable housing would have enabled them to have better health, and that they would have been able to better manage their addictions. Addictions were not seen as a cause of homelessness, but as a way of coping with homelessness and related problems such as abuse and discrimination. Homelessness related to mental illness was linked to the failure to co-ordinate deinstitutionalization with the development of a comprehensive range of community mental health resources.

More than 40% of families in the study reported that family violence was one of the factors that caused them to leave their homes. Adverse childhood experiences, discrimination, and a lack of family and community support networks were also identified. Another significant cause was related to labour force attachment (unemployment, lack of education, or limited employment related skills and/or life skills). Many felt there was a growing political indifference to homelessness, with poor people being blamed for being poor. Respondents felt that if people really cared, something would be done about minimum wages and income assistance rates and affordable rental housing and support programs would be provided.

The 2003 *Family Homelessness study* found that homelessness was often caused by the cumulative effect of several events such as:

- Eviction
- Inability to pay the rent
- Violent incident within the family
- Family breakdown
- Job loss
- Unemployment
- Unsafe or substandard housing that forced the family to move
- Problems with roommates
- Exhaustion of informal social networks and support
- An unexpected, major expense

## Effects

People who are absolutely homeless were found to be living in perpetual crisis, meaning that their primary concern is obtaining food, shelter, and other daily needs such as maintaining personal hygiene. The research shows that homelessness comes with extra costs, such as the cost of putting belongings in storage and eating in restaurants. Priority long-term needs were to find stable housing and seek treatment for mental health and/or addictions issues. The research found that most people desire employment and view it as a means of exiting homelessness. However, homeless people face many barriers to employment, including not having a phone number or a mailing address, and not having money for workplace appropriate clothing and transportation. The stigma related to having little or no income permeates throughout

society, and particularly into the employment sector, which works against homeless people seeking employment.

The research found that people were often unable to pay rent and buy food at the same time, with the result that they would sometimes go hungry. Agency informants indicated that some families make up the difference between their income and the cost of rent by doubling up (two or more families in a small apartment). They reported that low-income people seldom have insurance and are particularly hard hit by tragedy such as a fire.

The effects of homelessness on children can be traumatic and devastating. About 30% of the families in the 2003 *Family Homelessness study* had to leave the neighbourhood when they became homeless, meaning their children had to change schools, lose their friends and disrupt their routines. In the short term, the children's grades suffered, but the longer term effects might include children leaving school early, depression, increased criminal behaviour, addictions, literacy problems, decreased opportunities to learn the necessary skills for independent living, and a continuing cycle of poverty. The potential for the homelessness cycle to repeat itself with the children was identified in the research. There is evidence from US studies<sup>10</sup> that many younger homeless parents were homeless as children, and that for them, coming to a shelter was like "coming home".

---

<sup>10</sup> *The 1998 National Symposium on Homelessness Research*, us Department of Housing and Urban Development August 1999

# Framework for Addressing Homelessness

- Adequate Income and Income Assistance in BC
  - Support Services
  - Creating a Housing Continuum

There is an emerging consensus around a framework for building a solution for homelessness, linked to the root causes of homelessness. It has three major elements:

- enabling people to have an **adequate income**
- providing a range of **support services**
- creating a **housing continuum**

The Greater Vancouver Regional Homelessness Plan calls this framework “3 Ways to Home”<sup>11</sup>.

## Adequate Income

With affordability of housing being the most common reason by far that people are classified as being in core housing need or at risk of homelessness, the number of households at risk of homelessness could be dramatically decreased if people had an adequate income.

For a significant portion of employees in the labour force, particularly in Greater Vancouver, working full time will not ensure an exit from homelessness<sup>12</sup>. This is because their minimum wage incomes are inadequate to meet the basic costs of living including housing, and so they remain homeless or certainly at-risk. In fact, low minimum wages were identified in the research as a significant barrier in seeking employment. The research found that policies related to wage supplements help to address this and many other barriers to employment, including the inability of many homeless people to be able to work full-time, and the reluctance of employers to hire homeless people. In providing wage supplements there was a focus on the importance of linking subsidies to the Market Basket Measure to ensure that wages are sufficient to cover the basic cost of living.

Among those homeless and at-risk, there are also

people who are not employed, who do not qualify for either employment insurance or employment assistance, regardless of demonstrated need. People with no other resources will not have sufficient incomes to access secure housing, food, or any other basic needs. The 2005 SPARC BC report “*Left Behind: A Comparison of Living costs and Employment Assistance Rates in British Columbia*” concludes that the lack of eligibility for employment assistance (or potential applicants that perceive they are not eligible) may be a significant contributor to the increased number of street homeless that has been documented in Greater Vancouver.

## Income assistance in BC

In British Columbia there was a 56% decrease in people on income assistance from 1995 to 2004. The BC Employment Assistance changes in 2002 were particularly focused on moving people off welfare and into paid employment. The goal was to decrease the percentage of the population aged 19-64 receiving temporary assistance, or reducing the caseload.

In 2005, the income assistance caseload in BC of about 145,000 persons was split almost 50/50 between ‘temporary’ benefit recipients and those people receiving ‘disability’ assistance. This allocation represented a dramatic shift from 2002, when approximately 70% of recipients were in the ‘temporary’ category.

Benefits consist of two parts:

- Shelter benefit – which covers costs related to rent, telephone services and utilities, and
- Support benefit – which covers costs related to food, household supplies, clothing, childcare and transportation, and other costs of daily living.

<sup>11</sup> *Regional Homelessness Plan Update*, November 2003, prepared for Greater Vancouver Regional Steering Committee on Homelessness, published by SPARC BC

<sup>12</sup> *Ibid*, p. 49

## Employment Assistance Shelter Costs

The BC Government uses the twenty-fifth percentile in order to determine shelter benefits: apartments in the least expensive 25% of the rental market qualify for assistance. But in Vancouver, for a single parent with a lone child for example, October 2004 CMHC housing costs<sup>13</sup> indicated only 0.2% of two-bedroom apartments had rents near the maximum shelter allowance (1.1% of bachelor apartments, and 1.8% of one-bedroom apartments). There is no consensus on family composition and

appropriate dwelling size for families dependent upon income assistance. Research supports an approach to assessing dwelling size that provides welfare recipients with some degree of privacy: for example, a two-bedroom apartment for a single parent with a child.

People on income assistance receive much less per month than minimum affordable rents<sup>14</sup>. The table below demonstrates the inadequacy of BC's shelter allowances. While we have set rent increases at a conservative 0.8%, landlords in BC can charge increases of up to 4% a year.

### Adequacy of BC Employment and Assistance Shelter Allowances May 2007 (rent set at 25th percentile)

		Single Adult (Bachelor)	Single Parent, Child 3 (2 bedroom)	Couple, No Children (1 bedroom)	Single Parent, Child 15 (2 bedroom)	Couple, Children 4 and 1 (3 bedroom)
<b>Minimum Monthly Costs</b>	Basic Rent	\$584.55	\$796.20	\$675.25	\$796.20	\$881.86
	Utilities	\$29.05	\$35.84	\$30.23	\$35.84	\$35.84
	Telephone	\$31.53	\$31.53	\$31.53	\$31.53	\$31.53
	<b>TOTAL</b>	<b>\$645.13</b>	<b>\$863.57</b>	<b>\$737.02</b>	<b>\$863.57</b>	<b>\$949.23</b>
Shelter Allowance		\$375.00	\$570.00	\$570.00	\$570.00	\$640.00
% of Costs Met by the Shelter Allowance		58%	66%	77%	66%	67%
<b>SHORTFALL</b>		<b>(\$270.13)</b>	<b>(\$293.57)</b>	<b>(\$167.02)</b>	<b>(\$293.57)</b>	<b>(\$309.23)</b>

Notes:

1. This table is an update of the estimated shelter costs calculated for SPARC BC's *Left Behind: A Comparison of Living Costs and Employment Assistance Rates in British Columbia*, December 2005. Basic rental costs for this study were taken from CMHC Rental Market Report Nov. 2004 based on rents in October 2004 at the 25<sup>th</sup> percentile
2. Shelter rates were increased by \$50 per month as announced in the 2007 Provincial Budget
3. Utilities and Basic rent for 2007 were adjusted based on the Consumer Price Index for utilities and rental accommodation (utilities rose by 42%, rental rates by 0.8%). For details, see CPI adjustment: [www40.statcan.ca/101/cst01/econ157k.htm](http://www40.statcan.ca/101/cst01/econ157k.htm)
4. Telephone rates were kept at 2005 rates.
5. % of Costs Met by Shelter Allowance equals the Shelter Allowance divided by Total Costs. The Shortfall equals the amount by which the shelter allowance would have to increase in order to meet actual shelter costs.

<sup>13</sup> Rental Market Report, CMHC, November 2004

<sup>14</sup> *Left Behind: A Comparison of Living Costs and Employment Assistance Rates in British Columbia*, SPARC BC, December 2005

The 2005 *Left Behind* study found that to cover the shortfall on shelter costs, many people spend some or all of their support allowance on shelter. Because support costs are inadequate in themselves, these families would then have to rely on other resources such as food banks, friends and family to meet their support needs. The percentage of support costs actually met by income assistance for temporary assistance recipients in 2005 was calculated to be 28% for a couple with no children, 31% for a single adult, 53% for single parent with one young child and 55% for a couple with two children. While the picture has improved with the \$50 increase in shelter rates in 2007, there is still a considerable shortfall between the shelter allowance and the actual cost of housing.

The 2005 *Left Behind* study recommends that the shelter component of income assistance be based on actual rents in the community, and that financial assistance needs to be provided to pay for security or utility deposits when renting housing, or for other emergencies. It also suggests that streamlining access to welfare and reducing discrimination by landlords may assist in prevention of homelessness for the at-risk population.

### *Labour force attachment and earnings exemptions*

Earnings exemptions policies for income assistance recipients which claw back all of earned income (as is currently the case in BC), or a portion of earned income from assistance entitlements, were viewed as a major disincentive to labour force participation<sup>15</sup>. These policies present a barrier to

steady development of skills in work situations prior to making a complete transition from income assistance to the labour market. The move toward full participation is a difficult leap for many individuals who fear losing the security, such as it is, of income assistance. The transition period can be particularly stressful, given that wages tend to be low at the entry-level, and income assistance can be terminated before an initial paycheque is issued. The research recommends that earnings exemptions should be expanded to include all sub-populations of people who are homeless or at risk of homelessness who are income assistance claimants. Policies should also be developed to support the distribution of income and/or housing supplements during periods of transition from income assistance to paid employment.

### *Living on Disability Assistance*

For those with disabilities, benefits are somewhat higher. For example, there are earnings exemptions for those on 'disability' assistance: \$300/month for Persons with Persistent and Multiple Barriers to employment (1% of the caseload), and \$400/month for Persons with Disabilities. However, SPARC BC's 2007 pilot study *Living with a Disability on Income Assistance* revealed that basic living costs are often higher than average, as a result of specific housing, transportation, or nutritional needs related to the disability. Ten of the sixteen participants in the study spent more on shelter than the maximum shelter allowance, creating a shortfall. Similarly, while 'disability' recipients receive Enhanced Medical Services Coverage, nearly half of the study participants incurred additional costs for over-the-counter medicines, adaptive devices and other

---

<sup>15</sup> *What Works: Effective Policies and Programs for the Homeless Population in Canada*, SPARC BC, Draft July 2006



in-home supports which were not covered by BC Medical insurance.

All of the participants in the study struggled to meet their needs, and many were forced to skip meals, sell possessions, or borrow money to get through the month. When discussing the tradeoffs they needed to make to get through the month, several participants identified food as the place they were most likely to make compromises: They would buy less food, lower quality food, and food that does not meet all their nutritional needs. Some participants noted that their food costs were higher than they might be for a person without a disability, because they often had to order pre-cooked food, or have food prepared for them in some way. Several noted that they were not able to afford treatments like therapy or vitamins that might have kept them healthier.

The *Living with a Disability on Income Assistance* research used a small study sample, and may not be representative of the general population of those living with a disability on income assistance. However, it serves as an introduction to the challenges faced by this group in meeting their needs, which may impact their health.

## Support Services

Support services can help people out of the cycle of homelessness and prevent people at risk of homelessness from losing their homes. They can help individuals and families deal with many issues that they cannot handle on their own, and thereby

assist in creating stability for people who have had to deal with a series of disruptions in their lives and daily routines.

There is a wide range of services and supports needed to address the different needs of individuals and families. Services include: housing-related services; phone and transportation support; life skills training and individual counseling services (including training and counseling for women in abusive relationships, youth dropping out of school, and aboriginal people making the transition from reserve to city life); and job training, education and employment services. Support services also include access to medical care and referrals to health care professionals, as well as mental health services, addiction recovery and harm reduction services. Research<sup>16</sup> indicates that the level of support required varies widely, with some people just needing help in finding housing, while others need varying degrees of additional support. Some of the supports most appreciated include help with finding housing, moving, and finding furniture and appliances, and advocacy for needed services including housing, income assistance, and child protection.

The support services that enable people to achieve independence should be available to anyone who needs them. Making these programs accessible requires eliminating barriers that range from basic lack of information and awareness, transportation issues, long waiting lists, unsafe locations, cultural barriers, eligibility restrictions, through to complicated systems of access that are especially difficult for people who lack language and literacy skills.

---

<sup>16</sup> *What Works: Effective Policies and Programs for the Homeless Population in Canada*, SPARC BC, Draft July 2006

## Effective service delivery

The key to effective delivery of support services is the provision of sustainable and flexible funding by government, and programs designed in consultation with homeless people and the community-based organizations who work with them. In addition, SPARC BC research<sup>17</sup> has identified approaches that facilitate reaching populations in need, improve coordination of services, improve access, and obtain successful outcomes. These approaches are summarized below.

Outreach services can identify and assist people who may not know about available services or may be afraid or reluctant to request services. They can help bridge the gap between street and mainstream communities for people who are homeless, as well as help identify at risk individuals and families, youth and seniors.

Various forms of drop-in centers can provide access to food, clothing, showers, telephones, and information about housing, employment and other services. They can also provide opportunities for social interaction and recreation, as well as counseling and life skills programs. Drop-in centers that operate 24/7 and have staff trained in first aid, counseling and outreach can play a critical role for the street homeless. Family-oriented centers can provide respite for parents with children and some may provide subsidized day care. Youth drop-in centers can provide assistance in filling out paperwork. This is especially important for the 18-22 year old age group because eligibility for different services varies depending upon their age, causing youth to go through repeated orientations, referrals, and paperwork.

With regard to coordinating support services and improving access, *What Works* offered the following suggestions:

- a “one-stop shopping” center that could provide information and advocacy about housing, income assistance, day care, recreation, health, and employment services
- more collaboration and information sharing between agencies and designation of a person in each agency to help people navigate the service system
- housing registries to help people find out about available housing, get help in applying
- coordination between different government departments (e.g. social housing, income assistance, health services, children and family services, employment services)
- information services to help immigrants, newcomers and others with literacy issues connect with services, a phone help line, web site, and information brochures.

Support policies and programs should be based on the principle of “putting the client at the centre”. This means that the approach taken to service delivery is entirely dependent upon the client’s need. It can be applied to all support services including mental health and addiction services, and training and employment programs. Some elements of this approach include developing trusting and respectful relationships with clients, flexible support (i.e. being available when needed, delivering services where people feel comfortable), using techniques such as motivational interviewing, focusing on strengths and capacities of each individual, and presenting real opportunities for positive changes and achieving personal goals and finding meaningful work.

---

<sup>17</sup> *Regional Homelessness Plan Update*, (November 2003); *Housing and Services for People with Substance Abuse and Mental Health Issues* (May 2006); *What Works* (SPARC BC, July 2006).

## *Focusing on prevention*

Support services can be crucial links in preventing homelessness: for example, assistance can be provided to prevent evictions and promote stable tenancies through rent banks and mediation services, and life skills and counseling programs for young parents can help prevent families from becoming homeless. *What Works* found that there was not enough focus on support for individuals and families to help them address issues before they are in crisis. Many of the programs are only focusing on relieving the symptoms as opposed to dealing with the core issues. It would be better for everyone if intensive support could be provided to people in appropriate housing to help keep them there, rather than having to help them find new housing, not to mention supporting them in the interim while they are homeless. Agencies reported that they can be overwhelmed by the challenge of helping people find housing because of the lack of affordable and suitable options. However, they also reported that they do not have sufficient resources to be able to pay enough attention to the population that is at risk of homelessness.

## *Employment-related services*

Homeless and at-risk people face a number of general barriers to employment, ranging from challenges meeting basic needs, to a lack of skills and education required to participate in the changing labour market. *What Works* found that many employment programs directed at the homeless population in Canada relate to finding short-term employment through day labour. While this work does provide an income, there can be on-the-job abuses such as lack of payment and poor working conditions. These programs primarily employ single middle-aged men, and other population groups such as women, people with mental illness or addictions issues, and people with physical disabilities, have fewer employment opportunities.

The most common barrier to employment for women was seen to be a lack of access to affordable and adequate childcare, with this issue being compounded by the wage gap between men and women. For people with mental illness or addictions issues, flexibility of programs and housing stability were required to facilitate labour force attachment. With many hiring decisions being informal and reflecting the biases of the employer, all homeless people, particularly those with physical disabilities, experience barriers to employment.

Existing government policies regarding employment have no apparent framework for the specific inclusion of homeless people and are therefore not sufficiently flexible to address the needs of this diverse population that has complex learning and training needs. Participation in the workforce for homeless people will often occur over the long-term, with ongoing development of skills that may not be directly attributable to any one program. The focus on program outcomes (number of clients finding work through specific employment programs) leads to ‘creaming’. This means that those most difficult to serve are often screened out of programs.

The connection of training with actual employment has been explored in SPARC BC research<sup>18</sup>. It found that for those who are ready to work it was important that the training program have direct links to placement in paid employment. This can be facilitated through programs that work directly with employers to create job opportunities for homeless people, including apprenticeships and social enterprises that allow participants to develop skills and build their resume, while earning an income. Some programs will need to provide for low threshold and flexible work involvement. Volunteer programs were found to be a viable option for developing employability skills.

### *Primary health care services*

Health issues are a major concern for homeless people, as well as those who are at risk for homelessness. They include diabetes, hepatitis, HIV/AIDS, tuberculosis, increase in allergies, Fetal Alcohol Syndrome (FAS), sleep problems, fibromyalgia and malnutrition. Living in substandard housing or staying in overcrowded conditions is seen as contributing to the likelihood of children becoming ill and developing asthma and other respiratory problems.

The current consensus among homeless people and service providers is that people who have less serious mental health problems such as depression or coping with a family crisis are falling between the cracks. They are often multi-diagnosed with presenting behaviours such as drug and alcohol abuse, attention seeking, suicidal gestures and personality disorders. These individuals are at risk of becoming homeless without mental health services, and the community supports and housing that will stabilize their lives.

There is a need to improve access to primary physical and mental health care and referrals to health care professionals, and address chronic health issues to help homeless and at-risk people move forward. This could be achieved through development of community based health centers with funding to provide accessible and holistic services to the homeless and at risk population, augmented by outreach and mobile health services for the homeless people outside of shelters or transitional housing. Information sharing must also become a priority, as health care providers can't currently access medical histories.

### *Mental health and substance use services*

People with substance use and mental health issues face many barriers to services, and those suffering from concurrent disorders are believed to be among the most visible and vulnerable of the homeless population. Once homeless, they are likely to remain homeless longer than other homeless people, and are often unable to navigate the separate systems of mental health and substance abuse treatment.

Concern has been expressed about the lack of versatility of public mental health service systems to meet the multiple needs of people who are homeless and who have substance use and/or mental health issues. However it is also often difficult to engage this population. They often enter the system only while in crisis, and then they are often non-compliant with medication and treatment plans, so they tend to move in and out of services.

### *Approach to mental health services*

People with serious and persistent mental illness may be homeless or have been homeless at times in their lives because of repeated evictions and/or inappropriate social behaviours. They likely have substance misuse problems of significant duration. They require flexible, comprehensive and intensive services that focus on the reduction and management of symptoms through skill teaching, clinical management and support, within the client's community. These services, sometimes known as Assertive Community Treatment (ACT), use a low staff-to-client ratio, a team approach, assertive

---

<sup>18</sup> Ibid

outreach, continuous 24/7 services, and attempt to connect clients to stable housing.

### *Integration of services*

There is a need to integrate delivery of mental health and substance use services for homeless persons with concurrent disorders. When services are offered to people in a seamless manner, successful outcomes are possible, and clients can move forward in their lives. The federal and provincial governments need to take a leadership role in promoting and implementing the integration of mental health and substance use services.

### *Approach to substance use*

There is a need to move away from an either/or mind-set regarding abstinence-based and harm reduction approaches to substance abuse. While traditional services are successful for some people, abstinence-based programs have little chance of attracting or retaining people who are homeless<sup>19</sup>. A client-centred approach, one that allows clients to choose programs that will enable them to achieve their own goals, is a key factor in ending the cycle of people entering programs, leaving when they relapse, and trying again. In developing new programs, policy makers should acknowledge that both types of initiatives can successfully meet the needs of different clients. A harm reduction approach, defined as an approach aimed at reducing the risks and harmful effects associated with substance use and addictive behaviours, while requiring much greater flexibility on the part of agencies, does not negate the possibility of

abstinence or reduction of use. More information and education about the harm reduction approach is needed to increase understanding about its potential to achieve positive outcomes and so gain greater public support and acceptance.

### *Role of staff*

The relationships formed between staff and clients play a very important role in programs for people with substance use and/or mental health issues. Essential staff qualities include being flexible, nonjudgmental, honest, trustworthy, and patient. Programs require sufficient funding to attract and maintain skilled staff, to provide ongoing staff training and to hire enough staff. At the same time, agencies need support and guidance to determine what kind of training and skills staff are needed to work effectively with people with concurrent disorders.

### *Meaningful activities*

There is a need to include recreational, occupational and vocational support in programs for people with substance use and mental health issues. Clients want to engage in activities that are meaningful to them, and help them achieve their personal goals. Many participants<sup>20</sup> in support programs for homeless people made it clear that they need to keep busy and wish to be productive members of society – through volunteer or paid employment.

### *Link to housing*

Many service organizations have come to realize that it is more effective to focus on root causes of

---

<sup>19</sup> *Housing and Services for People with Substance Abuse and Mental Health Issues* (SPARC BC, May 2006)

<sup>20</sup> Ibid

harmful behaviour after people are housed, instead of introducing treatment programs while clients are struggling to survive on the street or in shelters<sup>21</sup>. This has led some agencies to expand their mandates and become involved in finding housing solutions for their clients.

Housing and support services are often tied together in abstinence-based projects (that is, shelter is provided only as long as the client is compliant, or striving to be compliant with, the goal of abstinence). Permanent housing is seldom part of an abstinence-based project. Harm reduction projects, particularly those that are “housing first” generally do not make provision of housing conditional on the client’s agreement to receive treatment<sup>22</sup>. Often, the initial goal in harm reduction projects is to secure stable housing through provision of housing and supports. This approach supports the idea that treatment is more effective when people have stable housing.

A harm reduction approach combined with supportive housing can be an effective way to address the needs of homeless people who are dealing with substance abuse issues. Housing is essential during and following treatment; it allows participants to become abstinent, reduce their substance use, or reduce the negative impacts of their use.

### *Services for families*

Most addictions and mental health services are not able to meet the special needs of families. When a family member goes into treatment for substance abuse, that person is usually required to leave the

family, and when the person is a single parent, that may result in the children being taken into care. More services and programs are needed to address the needs of families with drug and alcohol problems, including offering treatment services in the home, and provision of detox facilities specifically for women with children, women only and youth only (to alleviate concerns about safety and abuse that may occur in co-ed and mixed age facilities). Improved access to mental health and psychiatric services will help families deal with a wide range of issues, including depression.

## Housing Continuum

The provision of permanent housing in a variety of different forms is essential so that people of all ages and income levels can find housing options to suit them. There is also an ongoing need to provide temporary housing for people who find themselves in a crisis situation and temporarily homeless. The continuum of housing options can be depicted as:

### Temporary housing

- emergency housing
- transitional housing

### Permanent housing

- supportive housing
- independent housing

Despite the need for emergency shelter, the sooner homeless individuals and families can be located in permanent affordable housing, the better the outcomes. Therefore it is suggested that any form of temporary housing needs to be considered as only one part of the response to homelessness. There

---

<sup>21</sup> *Services to Homeless People with Concurrent Disorders: Moving Towards Innovative Approaches*, SPARC BC April 2006, p. 47-48

<sup>22</sup> *Housing and Services for People with Substance Use and Mental Health Issues*, SPARC BC May 2006, p 5-7

are serious concerns about the role that transitional housing, with its inherent time limits, plays in contributing to the cycle of stability/instability.

### *Temporary housing*

From time to time, people may become homeless for a great variety of reasons. They may have been evicted from an apartment, released from hospital or a criminal justice institution, separated from a spouse or family, or for a number of other reasons they may have no alternatives and require shelter to avoid ending up on the street.

There is a need for both emergency shelters and transitional housing at a local neighbourhood level that can accommodate different groups including youth, women (with and without children), families, seniors, Aboriginal people, new immigrants, refugees and refugee claimants, and members of different cultural groups and sexual minorities. These temporary housing facilities need to provide access to housing and support services, be responsive to the unique needs of different groups, and be able to extend stays beyond 30 days.

Transitional housing (also called second stage housing), is affordable housing with varying levels of support that a household can stay in for up to 2 to 3 years. It is intended to assist people to move beyond crisis into stability and permanence and is particularly needed for women victims of abuse, newcomers and refugees, people leaving treatment centers, and formerly homeless youth and youth at risk of homelessness.

However, the difficulties people encounter in attempting to find permanent housing after they

must leave transitional housing, combined with the problems that they confront in maintaining stability due to the lack of support services, inevitably raises issues about the value of providing a temporary solution. While some residents go on to permanent facilities with support, such as personal care homes and residential care facilities, those with mental health or substance use issues that move on to an independent living situation usually get evicted within six months. Therefore it is recommended that flexibility and a focus on the principle of “putting the client at the centre” be adopted by providing people with choices about their housing. A range of options is necessary that respond to the variety of wants and needs of the homeless. This includes housing where the people feel safe and where the housing providers understand their tenants.

### *Permanent Supportive housing*

Supportive housing refers to permanent affordable housing that may have accessibility features and includes provision of support services. It is for residents who cannot live independently and are not expected to become fully self-sufficient. This group includes frail seniors, people with mental illness or physical disabilities and those with drug and alcohol addictions.

Research on homeless people with mental illness and addictions<sup>23</sup>, and research on labour force attachment of homeless people<sup>24</sup>, demonstrates the importance of decent, affordable, and permanent housing. It highlighted the “housing first” approach which is defined as the direct provision of permanent, independent housing to people who are homeless. Instead of requiring people to move

through a series of stages with increasing levels of responsibility and independence, this approach was developed as a reaction to failings or weaknesses noted in the continuum approach. “Housing first” has demonstrated that people who are homeless, even if they have complex needs and a long history of living on the streets can be successfully housed if they are given the right supports when they want them. In fact, the success of this approach suggests that the term “hard-to-house” should be put to rest.

The relative merit of scattered sites versus dedicated buildings has been discussed by housing researchers<sup>25</sup>. It was found that most homeless persons wanted to live in their own apartment while getting treatment rather than in congregate settings i.e. living in treatment facilities. While the scattered site approach has several advantages, such as community integration and avoidance of NIMBY, over-dedicated buildings create their own challenges. Conflicts arise between tenants, such as over whether or not they should be alcohol and drug free. Some agencies find providing permanent housing to their clients in the regular market to be a considerable challenge. One approach is for the agency to purchase condo units for housing of clients. While some clients prefer the anonymity and strictly “landlord-tenant” relationship that occurs with scattered site housing, others may feel isolated and alone and prefer the camaraderie, group activities and sense of community that can occur in dedicated buildings, as well as access to staff who may be on-site 24 hours a day. One approach is for the agency to organize social activities for clients who are in scattered units.

While there are benefits to dedicated buildings in terms of creating a community and offering in-

house support (and building long-term affordable housing solutions), there is a need to evaluate these benefits against the longer term goal of integration into the community. Successful projects that take a scattered site approach tend to have highly developed and sophisticated support services that are available to the clients (e.g. ACT teams). This would appear to be an essential component and one that does require financial investment. The quality of the housing is critical, and putting clients in “bad buildings” inevitably sets people up for failure.

### *Permanent Independent housing*

Independent housing covers the range of permanent affordable housing from social housing through market rental housing to home ownership. Since there is not enough subsidized social housing to accommodate the many homeless people and those at risk of homelessness, there is a need for federal and provincial funding for new social housing, and this housing should be located in neighbourhoods suitable for families.

Given the current shortage of social housing, provision of market rental housing for all income levels is a necessary first step in homelessness prevention. With the erosion of private rental housing supply, the market does not provide stable rents, with rent increases often being greater than income increases, particularly in tight rental markets such as Greater Vancouver. Legislation to preserve existing rental stock, regulate rent increases, and enforce standards of maintenance will also be necessary.

Lack of a fully coordinated wait system for social housing units contributes to the problem. Tenants

---

<sup>23</sup> *Housing and Services for People with Substance Use and Mental Health Issues*, SPARC BC, May 2006 and *Services to Homeless People with Concurrent Disorders: Moving Towards Innovative Approaches*, SPARC BC, April 2006

<sup>24</sup> *What Works: Effective Policies and Programs for the Homeless Population in Canada*, SPARC BC, Draft July 2006

<sup>25</sup> *Housing and Services for People with Substance Use and Mental Health Issues*, SPARC BC, May 2006 p. 10



on income assistance often have difficulty in renting, with many landlords being reluctant to rent to them. Youth face particular barriers to independent housing, including landlord discrimination, high rents, lack of social housing for youth, and lower wages. Affordable housing is a major issue for families, in particular because of their specific housing needs, such as larger apartments and play areas for children.

SPARC BC has undertaken specific research on two forms of the market rental housing component of permanent independent housing - rooming houses and shared accommodation. Following are the highlights of those studies.

#### Market rental housing - Rooming Houses<sup>26</sup>

Based on studies done across Canada, the typical rooming house resident was found to be a Canadian-born male in his late 30s to late 40s, often with significant health issues, living well below the poverty line. However, students, recent immigrants, and low income women are also living in rooming houses. There were also a few instances of individuals who choose to live in a rooming house as opposed to larger self-contained but shared accommodation because they are not dependent on finding a roommate for the security of their housing.

Despite the seeming affordability of rooming houses, the research found that most tenants pay more than they can afford on rent, and therefore use drop-in meal services and food banks, and earn money by dumpster diving, bottle collecting, or panhandling. At the same time, landlords indicate they have difficulty covering their operating costs,

and with other investment options opening up, the research concluded that the sustainability of the rooming house sector could be under threat. Key informants in Vancouver suggested that rooming houses have tended to be “housing policy by default” as tenants have few other options and governments accept the existence of marginal rooming houses.

Not surprisingly, quality of life issues surfaced with rooming house accommodation, with the biggest problems arising in some of the larger rooming houses where a large number of people share a bathroom. The research found a clear correlation between this overcrowding and the reported poor state of repair of the bathroom in many rooming houses.

Most tenants reported being at least somewhat satisfied with their accommodation, particularly those living in smaller rooming houses, those living in a building in a convenient location and with good security, those with responsive landlords, and those who have social supports, such as friendships with other residents. The research concluded that good quality rooming houses can play a role in the array of housing options for low-income people, and those that choose this form of housing for lifestyle reasons, either as a temporary or longer-term arrangement.

#### Market rental housing - Shared housing<sup>27</sup>

Shared housing is another housing option on the continuum. The research found that sharing tends to be a temporary situation averaging 1-5 years during periods of financial instability. Many students and

---

<sup>26</sup> *Profile of Rooming House Residents*, Social Data Research with SPARC BC, July 2006

young adults share housing, for example. It may also be a viable alternative for low-income earners and single people in receipt of social assistance.

Shared accommodation provides the advantages of financial benefits, security, and companionship, but also the challenges of lack of privacy, sharing of finances especially in situations of poverty, and conflicts exacerbated by lack of interpersonal skills and dysfunctional lifestyle choices. The research found that housemate conflict was the major reason for seeking other accommodation.

Strategies that maximize success include a clear understanding of individual expectations and capabilities, the ability to assume responsibility for shared finances and household tasks, the ability to resolve conflict productively or manage disruptive behaviour, and a “trial period” for residents to test compatibility.

The physical design of the units is also a major consideration. Design features such as clear division of areas by function, soundproofing, durability of finishes, enough bathrooms so that ideally only two people share a bathroom, and enough room in the kitchen to accommodate more than one or two people preparing food, were found to help mitigate some of the minor lifestyle conflicts that could arise in any sharing situation. Proximity to transportation and/or walking distance to shopping is also important.

Home sharing can be a viable affordable housing option for single people, particularly those on low income and those who may be at risk of homelessness. At the same time, poverty can

increase obstacles to successful accommodation sharing. In order for individuals to share accommodation successfully, the research identified the value of tools to facilitate roommate matching such as match-and-share agencies, along with availability of self-help materials to facilitate conflict resolution through housing help offices or a website. It also stressed the contribution of good design to the success of shared housing arrangements.

---

<sup>27</sup> *Issues and Strategies for Shared Accommodation*, Social Data Research with SPARC BC, June 2005

# Conclusions

SPARC BC's research is sufficiently extensive to demonstrate that, over the last twenty years, homelessness and affordable housing have grown to be major issues in Greater Vancouver, throughout British Columbia and indeed across Canada. These issues have generated pressure at all levels of government, including the local level, to address them. While municipalities depend on senior levels of government for most of their housing funding, it is important to understand that they do have planning powers through the Local Government Act of BC and the Community Charter, such as comprehensive development zoning, density bonusing, leasing/selling municipal land below market value, and others. Since 1999, municipalities have been required to include policies on affordable rental housing within their Official Community Plan.

It is hoped that this document will increase understanding of homelessness and the role of housing in people's lives. Furthermore it is hoped that the ways of addressing the homelessness and affordable housing issue that have been outlined in this document will be helpful to all those who deal with the many aspects of this issue. SPARC BC wishes to acknowledge the cultural differences between Aboriginal and non-Aboriginal peoples and any resulting limitations with respect to best practices for Aboriginal homelessness. SPARC BC also wishes to emphasize the need for special attention to youth and seniors, single mothers, middle age women, and to the immigrant community of BC, in addressing homelessness and affordable housing issues.

# Resources

## SPARC BC Studies on Homelessness and Affordable Housing

*A Bad Time to be Poor: an Analysis of British Columbia's New Welfare Policies.* Canadian Centre for Policy Alternatives – BC Office and SPARC BC. 2003. <http://www.policyalternatives.ca/index.cfm?act=news&do=Article&call=625&pA=78e9a055&type=2>

*Family Homelessness: Causes and Solutions.* Commissioned by Canadian Mortgage and Housing Corporation (CMHC), authored by Deborah Kraus and Paul Dowling, SPARC BC. February 2003. <https://www03.cmhc-schl.gc.ca/b2c/b2c/init.do?language=en&shop=Z01EN&areaID=0000000032&productID=00000000320000000053>

*Housing and Services for People with Substance Use and Mental Health Issues.* Commissioned by the Housing and Homelessness Branch of Human Resource and Social Development Canada. Authored by Deborah Kraus, Luba Serge and Michael Goldberg, SPARC BC. May 2006

[http://www.sparc.bc.ca/index.php?option=com\\_docman&task=doc\\_download&gid=155&catid=127&Itemid=110](http://www.sparc.bc.ca/index.php?option=com_docman&task=doc_download&gid=155&catid=127&Itemid=110)

This report highlights the key findings from the following two studies:

- *Homelessness, Housing, and Harm Reduction: Stable Housing for Homeless People with Substance Use Issues.* Commissioned by CMHC, authored by Deborah Kraus, Luba Serge, and Michael Goldberg, SPARC BC. September 2005  
[http://www03.cmhc-schl.gc.ca/b2c/b2c/init.do?language=en&z\\_category=0000000012/000000003/0000000044](http://www03.cmhc-schl.gc.ca/b2c/b2c/init.do?language=en&z_category=0000000012/000000003/0000000044)
- *Services to Homeless People with Concurrent Disorders: Moving Towards Innovative Approaches.* Commissioned by HHB of HRSDC, authored by Deborah Kraus, Luba Serge, and Michael Goldberg, SPARC BC. April 2006.  
[www.sparc.bc.ca/index.php?option=com\\_docman&task=doc\\_download&gid=154&catid=127&Itemid=110](http://www.sparc.bc.ca/index.php?option=com_docman&task=doc_download&gid=154&catid=127&Itemid=110)

*Issues and Strategies for Shared Accommodation.* Commissioned by CMHC, authored by Social Data Research with SPARC BC and Luba Serge. June 2005.

<https://www03.cmhc-schl.gc.ca/b2c/b2c/init.do?language=en&shop=Z01EN&areaID=0000000044&productID=00000000440000000065>

*Left Behind: A Comparison of Living Costs and Employment Assistance Rates in British Columbia.* Commissioned and authored by SPARC BC. December 2005.

[http://www.sparc.bc.ca/resources\\_publications/left\\_behind](http://www.sparc.bc.ca/resources_publications/left_behind)

*Living with a Disability on Income Assistance.* Commissioned and authored by SPARC BC. Draft July 2007.

*On our streets and in our shelters... Results of the 2005 Greater Vancouver Homeless Count.* Funded by the National Housing Initiative of Human Resource and Social Development Canada, published by SPARC BC. September 2005.

<http://www.gvrd.bc.ca/homelessness/pdfs/HomelessCount2005Final.pdf>

*Profile of Rooming House Residents.* Commissioned by CMHC, authored by Social Data Research with SPARC BC and Luba Serge. July 2006.

<https://www03.cmhc-schl.gc.ca/b2c/b2c/init.do?language=en&shop=Z01EN&areaID=0000000047&productID=00000000470000000026>

*Regional Homelessness Plan Update.* Prepared for Greater Vancouver Regional Steering Committee on Homelessness, published by SPARC BC. November 2003.

<http://www.gvrd.bc.ca/homelessness/pdfs/FinalPlanUpdateReport.pdf>

*Sleeping Out in the West End: Results of the 2006 West End Homeless Count.* Prepared for the West End Integrated Neighbourhood Network, published by SPARC BC. August 2006.

[www.sparc.bc.ca/index.php?option=com\\_docman&task=doc\\_download&gid=155&catid=127&Itemid=110](http://www.sparc.bc.ca/index.php?option=com_docman&task=doc_download&gid=155&catid=127&Itemid=110)

*What Works: Effective Policies and Programs for the Homeless Population in Canada.* Commissioned by Policy Research and Coordination Directorate of HRSDC, authored by SPARC BC. Draft July 2006.

## External Research cited in this Paper

Canadian Mortgage and Housing Corporation. *Rental Market Report*. November 2004.  
[https://www03.cmhc-schl.gc.ca/b2c/b2c/init.do?language=en&z\\_category=0/0000000059](https://www03.cmhc-schl.gc.ca/b2c/b2c/init.do?language=en&z_category=0/0000000059)

Eberle, Margaret, Deborah Kraus, Luba Serge and David Hulchanski. *A Profile, Policy Review and Analysis of Homelessness in BC. Homelessness in British Columbia, Volume 2*. Victoria: BC Ministry of Social Development and Economic Security, and BC Housing. 2001.  
[http://www.urbancentre.utoronto.ca/pdfs/researchassociates/4\\_vol\\_report/Vol2.pdf](http://www.urbancentre.utoronto.ca/pdfs/researchassociates/4_vol_report/Vol2.pdf)

Federation of Canadian Municipalities, *Quality of Life in Canadian Municipalities: Income, Shelter and Necessities*. 2004 <http://www.fcm.ca/english/qol/nov172004.pdf>

Fosburg, Linda and Deborah Dennis (eds.) *Practical Lessons: The 1998 National Symposium on Homelessness Research*. US Dept of Housing and Urban Development and Dept. of Health and Human Services. August 1999. <http://aspe.hhs.gov/homeless/symposium/Toc.htm>

Jim Woodward and Associates Inc., Eberle Planning and Research, Deborah Kraus Consulting, Judy Graves and Lisa May. *Greater Vancouver Regional District, Research Project on Homelessness*. 2002. [http://www.gvrd.bc.ca/homelessness/pdfs/research\\_project.pdf](http://www.gvrd.bc.ca/homelessness/pdfs/research_project.pdf)



# In the Proper Hands

## SPARC BC Research on Homelessness and Affordable Housing

The Social Planning and Research Council of British Columbia (SPARC BC) creates valuable knowledge in the course of its research that could be very useful to policy makers, and to community-based organizations that do direct service delivery as well as activities around education and advocacy. This publication summarizes the knowledge accumulated in the course of our core and paid research on homelessness and affordable housing between 2003 and 2007. Our title, "In the Proper Hands" reflects the fact that knowledge, in the proper hands, can lead to positive social change. Our hope at SPARC BC is that policy makers and community-based organizations will be able to draw upon our research to take positive action to address homelessness and the need for affordable housing.

This publication includes information on:

- trends affecting the homelessness and housing issues, including government policy and funding environment
- extent of homelessness
- causes and effects of homelessness
- ways to address homelessness according to the three primary solution areas of:
  - adequate income
  - support services
  - housing continuum



*Working with Communities to Build a Just and Healthy Society for All*

Ph: 604.718.7733 [www.sparc.bc.ca](http://www.sparc.bc.ca)