



COMMUNITY SAFETY ADVISORY COMMISSION MEETING AGENDA

THURSDAY, MAY 4, 2017
BOARD ROOM
175 INGRAM STREET, DUNCAN, BC

8:30 AM

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1. <u>APPROVAL OF AGENDA</u>	
2. <u>ADOPTION OF MINUTES</u>	
M1 Regular Community Safety Advisory Commission meeting of April 6, 2017	1
Recommendation That the minutes of the Regular Community Safety Advisory Commission meeting of April 6, 2017 be adopted.	
3. <u>BUSINESS ARISING FROM THE MINUTES</u>	
4. <u>DELEGATIONS</u>	
5. <u>CORRESPONDENCE</u>	
6. <u>INFORMATION</u>	
IN1 Organization Information Updates	
Recommendation For Information	
R Update from the Chair of the Community Safety Advisory Commission, Michael Trickey Re: Membership Attendance	
Recommendation For Information	
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Recommendation For Information	
R Update from the Recycling & Waste Management Division, Re: Safe Needle Disposal	

Recommendation For Information

- R2 Report from the Manager of the Safer Futures Program, Terri Dame, Re: 69
CSAC 2016 Annual Report

Recommendation For Information

8. **UNFINISHED BUSINESS**

9. **NEW BUSINESS**

10. **QUESTION PERIOD**

11. **CLOSED SESSION**

Motion that the meeting be closed to the public in accordance with the *Community Charter* Part 4, Division 3, Section 90, subsections as noted in accordance with each agenda item.

12. **ADJOURNMENT**

The next Community Safety Advisory Commission Meeting will be held Thursday, June 1, 2017 at 8:30 AM, in the Board Room, 175 Ingram Street, Duncan, BC.

Commission Members

M. Trickey, Public Member, Chairperson	Director S. Furstenau
C. Rolls, Community Policing Advisory Society, Vice-Chairperson	Councillor J. Horgan, City of Duncan
E. Croft, SD # 79	Councillor K. Marsh, North Cowichan
Councillor A. Canute, Cowichan Tribes	M. Staples, Social Planning Cowichan
J. Capps, Public Youth Member	J. Sterk, Public Member
Inspector R. Carfantan, RCMP	L. Vaccher, Public Member
Director M. Dorey	Vacant, Town of Lake Cowichan
Councillor C. Fradin, Ladysmith	

Minutes of the Community Safety Advisory Commission Meeting held on Thursday, April 6, 2017 in the Board Room, 175 Ingram Street, Duncan BC at 8:34 AM.

PRESENT: Chair, M. Trickey
Councillor C. Fradin, Town of Ladysmith
Alternate Director S. Acton
Manager, C. Rolls, Cowichan Community Policing Advisory Soci / A/Chair
Executive Director M. Staples, Social Planning Cowichan
Member of Public J. Sterk
Member of Public L. Vaccher
Public Youth Member, J. Capps

ALSO PRESENT: C. Cowan, Manager, Public Safety
C. Villiers, Project Coordinator, Safer Futures
G. Erickson, Recording Secretary

ABSENT: Councillor K. Marsh, District Municipality of North Cowichan
Councillor J. Horgan, City of Duncan
Inspector R. Carfantan, RCMP
Director M. Dorey
Director S. Furstenau
Trustee, E. Croft, School District #79
Councillor A. Canute, Cowichan Tribes
T. Dame, Program Supervisor/Manager, Safer Futures

APPROVAL OF AGENDA

It was moved and seconded that the agenda be amended with the addition of one New Reports item:

R1 Membership and Attendance and Status Reporting;

R1 be moved to R2, R2 be moved to R3; and

that the agenda, as amended, be approved.

MOTION CARRIED

ADOPTION OF MINUTES

M1 Regular Community Safety Advisory Commission meeting of March 2, 2017

It was moved and seconded that the minutes of the Regular Community Safety Advisory Commission meeting of March 2, 2017 be adopted.

MOTION CARRIED

DELEGATIONS

D1 Angela Underwood, Cowichan Tribes Community Safety Coordinator Re: Community Safety Update and Success Stories

Angela Underwood was unable to attend. Delegation rescheduled to the May 4, 2017 CSAC meeting.

INFORMATION

IN1 Organization Information Updates

C. Cowan, Manager, Public Safety Division reported that a new CSAC representative from the Town of Lake Cowichan will be filled once an appointment letter is received from the Town's Administrator.

Agencies provided their respective updates, including community events.

REPORTS

R1 Membership and Attendance and Status Reporting

Review of CSAC membership will be added to the May 4, 2017 agenda.

The Chair presented a new status reporting form to help track the Commission's progress and impediments. Leads are to update status forms and submit to the Chair prior to CSAC meeting deadline, which is one week before the scheduled meeting.

R2 Report from the Manager of Safer Futures Program Re: CSAC 2016 Annual Report

T. Dame was not in attendance and unable to provide the CSAC 2016 Annual Report.

R3 Updated Problem Statement Summary

Safe Needle Disposal

C. Cowan, Manager of Public Safety Division will invite a representative from the Recycling & Waste Management Division to attend the next CSAC meeting regarding a safe needle disposal process.

Downtown Business Improvement Area (DBIA) Safety

DBIA safety project remains stalled until a representative from the City of Duncan is in attendance at a CSAC meeting to provide project information.

Crime Prevention Through Environmental Design (CPTED)

C. Rolls reported that there is confusion with the resourcing, timing and who leads this issue. Direction is required and will be provided at the next meeting.

Homelessness Issue:

It was moved and seconded that M. Staples invite Cowichan Housing Association to the May 4, 2017 CSAC meeting to give a presentation on the homeless issue.

MOTION CARRIED

Regional Youth Council

C. Villiers provided an update on the Youth Spaces Project. Safer Futures is currently waiting to build the space with capital funds if approved through two grant applications.

10:10 A.M. It was moved and seconded that the meeting be adjourned.

The meeting was adjourned at 10:10 A.M.

MOTION CARRIED

Chair

Recording Secretary

Dated: _____

CSAC
Status Report

1. Problem Definition Details		
Problem Definition Number: 1	Problem Definition Description: Safe Needle Disposal	
Task Number: N/A	Task Description: N/A	
Problem Definition/Task Lead:	Community	
CSAC Member Lead:	Michelle Staples	
Reporting Period:	From:	May 1 st 2016 (initiated)
	To:	April 27, 2017

2. Task Summary for Reporting Period			
Rate overall task status, including: <ul style="list-style-type: none"> • Scope • Resources • Planning • Schedule • Stakeholders • Participation • Budget 	<input type="checkbox"/>	On Track	<i>The task is well controlled. Some issues may have been identified, but effective actions are planned for solving them.</i>
	<input checked="" type="checkbox"/>	Off Track	<i>The task has problems that require change in plans. Additional focus and management is essential to bring the project back under control.</i>
	<input type="checkbox"/>	At Risk	<i>The task has serious problems. One or more* key indicators are in At Risk status.</i>
	<input type="checkbox"/>	Not Started	<i>The task has not started and not scheduled to start.</i>
Comments:	<p><i>(General status, progress, impediments that explain rating above)</i></p> <ul style="list-style-type: none"> • Re Safe Needle Toolkit - lack of information and resources needed to complete • Safe Needle Disposal committee has not held a meeting since Winter 2016 to follow up on next steps which include bulk needle collection, and preferred location of disposal sites. 		

3. Task Schedule					
Major Milestone Description		Planned Date	Revised Date	Actual Date	% Complete
1	Update and disseminate the Safe Needle Disposal Toolkit				50%
2	Work with the Safe Needle Disposal Committee to monitor use and preferred locations of disposal sites				
3	Obtain information on current efforts regarding addictions and detox resources				
4	Invite a health organization to attend CSAC meetings (e.g., OCHN) to liaise and inform about broader health efforts				

1. Status Reports due from CSAC Lead 9 days prior to monthly CSAC meeting.
2. If Status Report not received CSAC team to complete Status Report at CSAC meeting.
3. Information or Recommendation Staff Reports to be sent to CSAC Board as required.

**CSAC
Status Report**

5	Staff to connect with CVRD Waste Management				
6	CSAC develops recommendations				
7	Recommendations to Board				

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CSAC
Status Report

1. Problem Definition Details		
Problem Definition Number: 5	Problem Definition Description: Regional Youth Council	
Task Number:	Task Description:	
Problem Definition/Task Lead:	CSAC	
CSAC Member Lead:	Jenni Capps	
Reporting Period:	From:	December 9 2016 (initiated)
	To:	April 27 2017

2. Task Summary for Reporting Period			
Rate overall task status, including: <ul style="list-style-type: none"> • Scope • Resources • Planning • Schedule • Stakeholders • Participation • Budget 	<input type="checkbox"/>	On Track	<i>The task is well controlled. Some issues may have been identified, but effective actions are planned for solving them.</i>
	<input checked="" type="checkbox"/>	Off Track	<i>The task has problems that require change in plans. Additional focus and management is essential to bring the project back under control.</i>
	<input type="checkbox"/>	At Risk	<i>The task has serious problems. One or more* key indicators are in At Risk status.</i>
	<input type="checkbox"/>	Not Started	<i>The task has not started and not scheduled to start.</i>
Comments:	<p><i>(General status, progress, impediments that explain rating above)</i></p> <p>Grant application to provide capacity and resources to developing a youth regional representation model was not granted. Next steps need to be determined to garner appropriate funding and support to build this model.</p>		

3. Task Schedule					
	Major Milestone Description	Planned Date	Revised Date	Actual Date	% Complete
1	Garner resources and organizational capacity to fund the development of a model for the CVRD				
2	Consultation with youth – to identify elements and needs for involvement with local government and recommendations for inclusionary practices for diverse youth.				
3	Identify best practices for youth involvement from around BC to guide				

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3. Information or Recommendation Staff Reports to be sent to CSAC Board as required.

CSAC Status Report

	consideration and choices for choosing a model and framework for the CVRD				
4	In collaboration with the CVRD assist in developing a locally relevant youth involvement model and determine needs for infrastructure and internal supports needed to both permit and foster youth involvement.				
5	Provide support and guidance in the implementation of the model and assist with recruitment and engagement of youth to represent a regional voice.				
9	CSAC develops recommendations				
10	Recommendations to Board				

1. Status Reports due from CSAC Lead 9 days prior to monthly CSAC meeting.
2. If Status Report not received CSAC team to complete Status Report at CSAC meeting.
3. Information or Recommendation Staff Reports to be sent to CSAC Board as required.

CSAC
Status Report

1. Problem Definition Details		
Problem Definition Number: 3	Problem Definition Description: Community Safety: Beverly-Alexander Area (CPTED request around Liquor store)	
Task Number: n/a	Task Description: n/a	
Problem Definition/Task Lead:	Municipality of North Cowichan	
CSAC Member Lead:	Carol-Ann Rolls	
Reporting Period:	From:	May 20 and July 12 2016 (initiated)
	To:	April 27, 2017

2. Task Summary for Reporting Period			
Rate overall task status, including: <ul style="list-style-type: none"> • Scope • Resources • Planning • Schedule • Stakeholders • Participation • Budget 	<input type="checkbox"/>	On Track	<i>The task is well controlled. Some issues may have been identified, but effective actions are planned for solving them.</i>
	<input type="checkbox"/>	Off Track	<i>The task has problems that require change in plans. Additional focus and management is essential to bring the project back under control.</i>
	<input checked="" type="checkbox"/>	At Risk	<i>The task has serious problems. One or more* key indicators are in At Risk status.</i>
	<input type="checkbox"/>	Not Started	<i>The task has not started and not scheduled to start.</i>
Comments:	<ul style="list-style-type: none"> • Some background data was to be collected (as presented Sept 2016) – but there is no “who” or budget designated for further study. • Several Social agencies and local government have done and/or contributed to portions of this problem under the consolidated and other problem statements. • City of Duncan called the initial meeting as a lead but subsequent follow up actions and reporting was been minimal. • Budget and delegated authority to lead the recommendations has not been addressed. 		

3. Task Schedule					
	Major Milestone Description	Planned Date	Revised Date	Actual Date	% Complete
1	CPTED review (modified)			Dec 8 th 2016	100%
2	Gathering of RCMP data for the zone				
3	Neighbourhood consultation				
4	Safety audit (engaged community)				
5	CPTED findings and recommendations to NC-D				
6	CSAC develops recommendations				
7	Recommendations to Board				

1. Status Reports due from CSAC Lead 9 days prior to monthly CSAC meeting.
2. If Status Report not received CSAC team to complete Status Report at CSAC meeting.
3. Information or Recommendation Staff Reports to be sent to CSAC Board as required.

**CSAC
Status Report**

1. Status Reports due from CSAC Lead 9 days prior to monthly CSAC meeting.
2. If Status Report not received CSAC team to complete Status Report at CSAC meeting.
3. Information or Recommendation Staff Reports to be sent to CSAC Board as required.

Homelessness in the Duncan/Cowichan Core Area

Item Number: 6	Date Opened: April 2017	Dated Resolved:
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Issue Outline:	<p>Summary</p> <p>The number of homeless people across Canada is growing where currently approximately 235,000 people experience homelessness a year.ⁱ</p> <p>In the past, a typical homelessness person in Canada was a single, older male. Unfortunately, today Canadians are seeing more women, youth and families being homelessⁱⁱ, and our Cowichan Valley has not been exempt.</p> <p>Homelessness can create lateral health and safety issues such as:</p> <ul style="list-style-type: none"> • Drug abuse; • Discarded injection needles in public places; • Violence; • Theft; • Abuse (specifically youth and women); • Sickness, disease and fatalities; • Under nourishment; • Civil disorder; and • Loss of dignity. <p>Currently, local government and community agencies have observed increased use of the Somenos Marsh area for camping by both adults and youth/children, increases in the number of young people (under 18) using intravenous drugs, accessing shelter and needle services, and living homeless. There has been a noted increase in the number of visibly homeless people and the pressures on the resources that service people living in poverty. In addition, it was observed that there has been an increase in drug use, sleeping out/homelessness in the downtown core. Further, thefts have also been escalating at Kinsmen Park. Plants have been stolen and there is more sleeping in the park.</p> <p>Exploitation of youth and children who are among the homeless using the Marsh has also been observed. Further concerns have been voiced regarding discarded needles and refuse around businesses in the Beverly Alexander area, activities around Island Savings Centre, and alcohol use and public disruption around the liquor store at Alexander Street and the Trans-Canada Highway. (We include the latter issues in this Problem Statement as they intersect the geographical area in question and are overlapping in nature.)</p> <p>This general area has been the topic of a great amount of research and</p>
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	<p>community consultation sparked by similar community concerns by Safer Futures since 1998, beginning with a community audit and progressing to a community safety strategy in 2003, followed by a Neighbourhood Plan developed by the District of North Cowichan in 2006.</p> <p>These issues have been discussed at several tables including the CSAC (community safety), a Harm Reduction Roundtable hosted by Warmland in May 2016, two meetings focused on youth homelessness convened by Cowichan Housing Association in June and July 2016, and Our Cowichan Health Network meeting, September 2016.</p> <p>Historically this neighbourhood where the concentration of homelessness and poverty is one that is vulnerable and experiences many stressors. It has been the topic of three initiatives that have identified a Community Safety Strategy and Neighbourhood Plan. Factors include a relatively transient population base and residents who typically faces barriers to employment, education and sustainable housing. These include lone parent families, children and youth, First Nations, newcomers, elders and those with limited incomes. There is a perception that there is an increase in substance abuse (alcohol and intravenous drug use) use, exploitation and homelessness. There is also a theory that there may not be an increase but rather the situation has been made more visible because of the physical environmental changes in the neighbourhood (i.e. the liquor store and other related businesses and the building of the dyke).</p> <p>Discussion by CSAC members to date has highlighted the need for further background information and consultation to provide adequate analysis.</p>
<p>Who Affected:</p>	<ul style="list-style-type: none"> -Citizens who are affected by addiction, poverty, homelessness -Children who affected by addiction, poverty, homelessness and exploitation -Businesses in the local area are affected by thefts, vandalism and garbage -Neighbourhood residents in the local area who are affected by crime and safety concerns -Local governments of Duncan and North Cowichan -Local schools (Cowichan High on James and Beverly) -Island Saving Centre -Service providers -Tourists/Visitors accessing the trails/dyke
<p>Who Should be Involved</p>	<p>Broader community issues linked to substance use, mental health, poverty, homelessness and needle disposal are being approached through several avenues including but not limited to:</p> <ul style="list-style-type: none"> • Our Cowichan Health Network members • Mental Health and Substance Use Committee • Social Planning Cowichan • Island Health

	<ul style="list-style-type: none"> • Local Governments • Cowichan Housing Association • Downtown Business Association <p>Given the complexity and reach of the issues presented, it is suggested that the three main umbrellas of Social Planning Cowichan, Our Cowichan (including Island Health) and CSAC collaborate to coordinate strategic research and planning, and efforts arising related to broader community health issues.</p> <p>For issues that present at the level of neighbourhoods, specific working groups involving local residents and businesses, supported by community agencies, RCMP and local governments, can be an effective way to approach solutions at this level.</p>
Where Issue:	Duncan/North Cowichan specifically Somenos, Alexander/Beverly, Marchmont and Downtown Core areas.
Issue Frequency:	See Issue Description
Issue Urgency:	<p>Short term actions focussing on amelioration of physical aspects of the issues have been undertaken to date ranging from enhancing needle disposal sites and community capacity, environmental deterrence strategies by businesses (trimming vegetation, lighting) to conducting outreach to build relationships with youth.</p> <p>These issues have been emerging/escalating since 2014. As noted above, they are the culmination of a range of factors, and as such, will be conducive to some short-term actions, but will require a longer term, comprehensive strategy.</p>
Why Fix Issue:	<p>Community Safety achieves a positive state of well-being for people by looking at the social and physical environments within a community. It reduces and prevents injury and crime, builds strong, cohesive, vibrant, participatory communities, and saves valuable resources that could be spent on positive community development.</p> <p>The issues of substance misuse, addictions, mental health, homelessness, poverty pose significant personal, social, health and economic costs to individuals and the entire community. In addition to the significant social costs of a life disrupted and pain experienced by individuals affected by these issues, the social and economic costs to communities for example, of having neighbourhoods that feel unsafe, policing, physical repair and maintenance, and hospitalization are enormous. We know however, that the benefits of implementing preventative planning and interventions not only result in</p>

	<p>improvements to the lives of individuals, families and communities, but they also result in significant cost savings over the longer term.</p>
<p>Vision Statement And Actions</p>	<p>The issues presented are complex and multi-faceted and include homelessness, substance misuse/addictions, mental health, needle disposal, child welfare, exploitation, poverty and crime. The vision for addressing these issues should encompass the complexity and range of factors for a safer, healthier community, and strive to make improvements such as reductions in thefts, vandalism and discarded needles; decrease homelessness and increase affordable housing; decrease poverty and increase social and emotional well being of residents.</p> <p>The current situation is reflective of heightened issues. Several short-term actions have been identified and are already underway; these focus primarily on immediate health and safety aspects such as needle disposal, physical amelioration, supervision (e.g., of students travelling between schools).</p> <p>However, addressing the more complex root causes of these issues will require additional data, concerted coordination, research and planning to address needs such as addictions support, housing, child welfare, poverty. As such this requires a multi-sectoral effort to plan both short term interventions and longer term planning.</p> <p>Summary of Actions to Date:</p> <ul style="list-style-type: none"> • Additional needle disposal boxes have been installed near Somenos marsh on York Road and one in Kin Park right next to the High School. Needle boxes have been installed in most of the bathrooms at the Island Savings Centre. • Island Health has enhanced efforts to dispose of needles dropped off at MMHU • The Safe Needle Disposal Toolkit) is being updated. (Suggestions include a map of disposal locations and harm reduction sites and a smaller map to hand out re: 24-hour access points) • Our Cowichan has held a networking meeting to discuss issues of drug use, needle disposal, poverty, mental health, and homelessness (Including the MHSU Collaborative) • Warmland is conducting outreach to youth • Cowichan Housing Association has held two forums on the topic of youth homelessness • Social Planning Cowichan is undertaking a Poverty Reduction Initiative <p>Recommended Steps:</p> <p>There has been a great deal of discussion around which course(s) of action should be taken, from short term interventions to alleviate public disruption and health concerns, to longer term solutions needed to address root issues of homeless, poverty and addictions, as well as safety of young adolescents.</p>

	<p>Further, the question of CSAC's role has been raised. Some first recommended steps are:</p> <ul style="list-style-type: none"> • Prepare a gap analysis for homelessness and housing needs (Cowichan Housing has this as a priority in their current year plan) • Identify priority projects for addressing homelessness and affordable housing, particularly for youth and proceed (CHA as above, with community partners) <p>April 2017 Update:</p> <ul style="list-style-type: none"> • <i>2 part Forums on Homelessness were held on March 6th and March 29th to discuss current initiatives and next steps on homelessness and housing. More than 70 organizations took part in these forums. Press Release on the outcomes of this 2 Part Forum will be released in the upcoming week.</i> • <i>Initial numbers from the Homeless Point in Time have been identified. Over 80 absolute homeless people have been identified. 192 surveys were conducted on February 22, 2017. Awaiting official press release from United Way. Community Report will follow.</i>
<p>Lessons Learned</p>	<p>There are many dedicated groups involved in dialogue geared to addressing concerns in this neighbourhood and in some cases these groups are working separately to address these concerns. As far as possible it is important to connect the discussions and efforts of all involved and to coordinate actions to ensure an even approach.</p>

ⁱ Gaetz, Stephen et al. *The State of Homelessness in Canada*. Toronto: The Canadian Observatory on Homelessness Press, 2016.

ⁱⁱ Ibid.

Duncan Winter Point in Time (PiT) Homeless Count

Community Report

March 2017



Joy Emmanuel

Turning Times Research and Consulting

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BACKGROUND

In the winter of 2016, a coordinated Point in Time (PiT) homeless count was held in 32 Canadian communities. These counts were sponsored through the Homelessness Partnering Strategy (HPS), a program funded by the federal government through Employment and Social Development Canada (ESDC). In the spring of 2016, further funding became available for additional communities to undertake a PiT Count. Through this program, funding was secured and plans were made to conduct a winter PiT Count in Duncan, in the Cowichan Valley on Vancouver Island.

This Duncan count builds on the winter 2016 national coordinated count as well as a homeless count held in the Cowichan Region in 2014. The latter Count followed the recommendations set out in the *BC Standardized Guide for Counting Homelessness*.¹

The winter 2017 PiT Count in Duncan was sponsored by the United Way Central and Northern Vancouver Island in collaboration with the Tze Tza Watul Community Advisory Board and other community partners. A consultant was contracted to coordinate the Count. A committee was formed to work with the Count Coordinator in shaping, planning and supporting the Count. Representatives of a dozen community agencies serving people who are homeless or providing support in other ways, participated on the committee. This included:

- Hiiye'yu Lelum – House of Friendship
- Cowichan Women Against Violence
- Salvation Army
- Cowichan Valley Basket Society
- Cowichan Housing Association
- Social Planning Cowichan
- Our Cowichan
- School Board – School District 79
- Ministry of Social Development and Social Innovation
- The RCMP – Community Policing
- Cowichan Independent Living
- Canadian Mental Health
- CVRD Youth Outreach

¹ Prepared by: Policy and Practice Branch, Office of the Chief Information Officer, Ministry of Labour and Citizens' Services. *Counting Homelessness – Guidelines for a Standardized Method for British Columbia Communities*. Prepared for: Ministry of Public Safety and Solicitor General Housing Policy Branch.

EXECUTIVE SUMMARY

The purpose of a Point in Time Count (PiT) is to get a snapshot of people who are absolutely homeless in a community during a set timeframe – usually limited to 24 hours to avoid counting some people twice. The Duncan winter PiT Count took place over a 24-hour period in February 2017. To encourage participation the Count was launched under the heading of *You Count! Count Yourself In*. Posters were put up at local agencies and around town to inform people that there would be a Homeless Count and survey done at participating locations on Tuesday February 21.

On the day of the Count, 27 volunteers and staff of local agencies conducted Homelessness and Housing Needs surveys at 7 locations. Two mobile teams were also engaged. In all, 196 surveys were done with people who were homeless or experiencing housing challenges. Ten doubles were later detected and 5 surveys were incomplete; 181 surveys were deemed to be complete and representing separate individuals.

- 73 people were counted as absolutely homeless – sleeping at Warmland emergency shelter, Somenos women’s shelter, or sleeping outside.
- 71 people were considered relatively homeless - staying in Warmland transitional housing units, or staying at someone else’s place - *couch surfing*, or staying at a motel.
- 37 people who were interviewed were at risk of homelessness. This group was composed of people living on a low income who were experiencing housing challenges. We know there is many more people than this. This was not intended as an accurate count of this population but a survey to learn more about their experience of housing insecurity.
- 29 people were being retained at the local hospital who no longer needed acute care but there was no home or bed for them to be released to. This number is in addition to the 181 surveys noted above, however, no data was gathered on this group.

The number of people living in Duncan over 5 years was 77% of the entire sample. Over half of the sample (55%) reported living with a sense of housing insecurity for over 5 years. Half of those who were absolutely homeless or experiencing hidden homelessness were experiencing chronic homelessness. Lack of affordable housing was the number one reason given as to why people were homeless. Abuse/conflict with a partner or a parent was among the top 3 reasons for loss of housing or housing insecurity in all three groups. This was followed by addictions and illness.

The number of people who were absolutely homeless (73) was higher than in 2014 (N = 56 for Duncan area). We know that both Counts are an undercount – there are always some people who will be missed; however, both counts are considered fairly close to the actual number of people in Duncan experiencing homelessness on those dates. The increase from 2014 to 2017 may reflect both an actual increase in the number of people homeless in the community and also be due to fluctuations in the weather causing more people to sleep indoors and thus be counted more easily. What is clear is that the number of people counted and sleeping outdoors doubled from 13 in 2014 to 26 in 2017. As there is a cap on the number of shelter beds, it may be that we will see the number of people sleeping outside continue to raise if the overall homeless population continues to grow.

DUNCAN WINTER 2017
PiT HOMELESS COUNT & HOUSING NEEDS SURVEY
Total Surveys - 181

Absolute Homelessness	Hidden Homelessness	Precariously Housed
Counted: 73 - 43 - Warmland - 2 - Somenos House - 26 - Sleeping Rough - 2 - Didn't know where they would stay the night - Only one person had a child	Surveyed: 71 - 40 - Sleeping at someone else's place - 26 - Transitional Units - 4 - Motels - 1 - Renting a Room - Plus 29 retained at hospital	Surveyed: 37 - All renters but experiencing insecure housing situations and challenges. - Eight people lived with a partner or other adult - 10 households had children
M - 75% (55) - F - 23% (17) No Response - 1	M - 65% - 46 F - 35% - 25	M - 36% - 14 F - 63% - 23
Average Age: 45 Age Range: 21 to 72	Average Age: 47 yrs Age Range: 20 to 68	Average Age: 50 yrs Age Range: 32 to 74
35% Aboriginal (N = 26)	43% Aboriginal (N - 31)	48% Aboriginal (N - 18)
Average time lived in Duncan - 24 less than one yr - 49 five yrs to always (67%)	Average time lived in Duncan: - 10 less than 1 year - 59 people 5 yrs+ (83%)	Average time lived in Duncan: - 4 less than one year - 33 lived in Duncan 2 plus yrs
Homeless for one year or longer 47% (N = 34)	24 had stayed at an emergency shelter in the past year	12 had stayed in an emergency shelter in the past year
25 people had experienced being in Foster Care	22 people had been in Foster care	11 people had been in Foster Care; + 2 in Residential School
Emergency care past year? 57% Yes (N = 42) 30% of this group 3+ times (13) 39% Hospitalized past year 31% of this group 3 + times	Emergency Care past year? 53% Yes (N = 37) 37% of this group 3+ times (14) 39% Hospitalized past year (28) 32% of this group 3+ times (9)	Emergency Care past year? 45% Yes (N = 18) 33% of this group 3+ times (N -6) 36% Hospitalized in past yr (14) 22% of this group 3+ times (4)
How long living with homelessness or insecure housing? - One person - born into - 27 people by age 25 - 33 people between 26 & 55 - 5 people 55+	How long living with homelessness or insecure housing? - 4 people first time - 38 people (53%) 5 years or more - For 29 people (40%) it began before age 30.	How long living with homelessness or insecure housing? - For 15 people over 20 yrs - 9 people less than 5 yrs - 5 people first time now - 11 people said it began in their teens
Top 5 reason for loss of housing: - 22 Addiction - 21 Abuse/Conflict (spouse or parent) - 20 Job loss - 17 Illness - 16 Unable to Pay Rent	Top 5 reasons for loss of housing: - 20 Abuse/Conflict (spouse or parent) - 18 Illness - 18 Job Loss - 17 Addiction - 16 Unsafe Housing	Top reasons for loss of housing: - 10 Illness - 10 Abuse/Conflict (spouse or parent) - 7 Unsafe Housing - 7 Evicted
Income: 69% Income Assistance or Disability	Income: 73% Income Assistance or Disability	Income: 86% Income Assistance or Disability

THE COUNT

PURPOSE OF A HOMELESS COUNT

The purpose of a Point in Time (PiT) Homeless Count is to provide a snapshot of people who are homeless at a particular point in time. For this Count, that meant people who were homeless and accessing services in the community of Duncan during a 24-hour period between 4:30 pm Monday, February 20 and 4:30 pm Tuesday, February 22, 2017.

While the focus of the national Homelessness Partnering Strategy (HPS) Count was primarily on people who are absolutely homeless, community partners expressed an interest in also surveying people who are relatively homeless (also called provisionally housed or hidden homelessness) and people who may be at risk of homelessness (or precariously housed).

While it is possible to determine with a reasonable level of accuracy the number of people in a community who are absolutely homeless, it is recognized that undertaking a PiT Count is not a viable method for determining the number of people who are relatively homeless or those who are at risk of homelessness. Therefore, beyond counting the number of people who were absolutely homeless, it can only be claimed that a portion of people who were relatively homeless and some of those people who were at risk of homelessness were surveyed as well to learn more about their experience.

DEFINING HOMELESSNESS

Absolutely Homeless: The focus of the national Homelessness Partnering Strategy (HPS) Point in Time Count was on people who were absolutely homeless. The HPS definition provided below of absolute homelessness was adopted for the Duncan Count.

- *Sheltered homelessness includes people sleeping in the following locations: emergency shelters (general and specific to men, women, youth, etc.), extreme weather shelters, Violence Against Women (VAW) shelters, and [short-term] transitional housing. It may include people who receive hotel/motel vouchers in lieu of shelter beds. It does not include people in Housing First programs or in social or subsidized housing.*
- *Unsheltered homelessness includes people who are sleeping in places unfit for human habitation, including the following locations: streets, alleys, parks and other public locations, transit stations, abandoned buildings, vehicles, ravines and other outdoor locations where people experiencing homelessness are known to sleep.*

When applied to the Count in the community of Duncan, the above definition of homelessness includes:

- Warmland Emergency Shelter – Anyone staying in the emergency shelter beds; anyone housed for the night under the Extreme Weather protocol;

- Somenos Transition House – Any women and children staying at the emergency shelter for women fleeing domestic violence.
- People who are being temporarily housed in local motels under a voucher by one of the Ministries.
- People sleeping outside or in places unintended for human habitation.

The core count of people experiencing absolute homelessness in Duncan came from people staying in one of the above locations.

A count of people experiencing absolute homelessness is a minimal count of the number of people who are homeless in a community at a given time. Examining other types of homelessness helps provides more depth to the picture of homelessness in that community. Given that the local Planning Committee expressed an interest in gathering information from a broad spectrum of people experiencing housing insecurity, the Duncan winter homeless count included surveys with people who were relatively homeless (defined below as “Provisionally Housed”) and some people who were at risk of homelessness.

Relatively Homeless: The Canadian Observatory on Homelessness² (COH) defines people who are Provisionally Housed as:

- *This describes situations in which people, who are technically homeless and without permanent shelter, access accommodation that offer no prospect of permanence. Those who are provisionally accommodated may be accessing temporary housing provided by government or the non-profit sector, or may have independently made arrangements for short-term accommodation.*

In the 2014 homeless Count in the Cowichan Region, people in the above groups were referred to as Relatively Homeless. Hidden homelessness is another term used for this population. These terms will be used inter-changeably here.

For the winter PiT Count in Duncan, people who were relatively homeless were:

- Living in transitional housing units on and off-site at Warmland under the care of Canadian Mental Health.
- People who were staying at someone else’s place—*couch surfing*. People temporarily staying with friends or family but who do not have security of tenure and could be required to leave at any time.
- People who were staying in temporary rental accommodation, such as a motel unit, where they were paying but there was no long-term prospects of housing.
- People staying at local institutions who could not be released because there was no home or appropriate place for them to reside. This includes such places as the hospital, an RCMP holding cell, or a youth detention centre.

² The Canadian Observatory on Homelessness is a recognized centre of expertise on homelessness in Canada. See: <http://homelesshub.ca/homelessdefinition>

At Risk: Drawing on another COH definition, the guideline for identifying people at risk of homelessness is:

- *[People] living in housing that is intended for permanent human habitation, and could potentially be permanent (as opposed to those who are provisionally accommodated). However, as a result of external hardship, poverty, personal crisis, discrimination, a lack of other available and affordable housing, insecurity of tenure and / or the inappropriateness of their current housing (which may be overcrowded or does not meet public health and safety standards) residents may be "at risk" of homelessness.*

For the Duncan PiT Count a partial list of people this may include is:

- People who are at risk of losing their housing because their household income is insufficient to cover their basic shelter and non-shelter costs. Members of these households may go month-to-month doing without certain basic necessities (such as heat or proper nutrition) and may rely on food banks to help cover monthly food costs.
- People who are living in sub-standard housing that is not being properly maintained by landlords and may be without heat, may have extensive issues with mold, or may not have proper cooking or washing facilities.
- People who are paying rent to live in nonconventional structures that are unheated and uninsulated and not generally intended as a permanent residence.

The Canadian Observatory of Homelessness further recognizes:

No matter the level of probability, all who can be categorized as being "at risk" of homelessness possess a shared vulnerability; for them, a single event, unexpected expense, crisis, or trigger is all it may take for them to lose their housing. As the risk factors mount and compound, so too does the possibility of becoming homeless.³

METHODOLOGY: HOW WAS THE COUNT CONDUCTED?

When did the Count take place?

The winter PiT Count took place over a 24 hour-period beginning approximately 4:30 on Monday, February 20 to 4:30 Tuesday, February 21. These dates were chosen as they fell just prior to the release day for monthly Income Assistance cheques.

³ Canadian Definition of Homelessness – Canadian Observatory on Homelessness.
<<http://www.homelesshub.ca/sites/default/files/COHhomelessdefinition.pdf?>>

Where did the Count take place?

Fixed sites for the Count were identified as these were known locations where people who are homeless or experiencing housing challenges could be encountered on that day. In addition, two outdoor mobile teams focused on locating people who were sleeping rough.

Fixed sites for the Count included: Warmland Emergency Shelter; House of Friendship, Breakfast Club; Somenos Transition House, Cowichan Women Against Violence main office and a Somenos House shelter, the Basket Society (food bank), Cowichan Independent Living, Island Savings Centre and a community event termed a "Magnet Event." At the "Magnet Event" several services were offered for free along with a hot lunch and donated items.

Two mobile teams, lead by the RCMP were also involved. They were a great help in identifying people sleeping rough in the Duncan area.

In addition to the people surveyed directly (N = 181), the Count included people who could not be released from the hospital because there was no "home" for them to go to. Surveys were not done with this group.

How were the surveys conducted?

Local agencies who provide shelter or direct services for people who are homeless were asked if their staff or volunteers could survey their clients on the day of the Count. Four training sessions were held on-site with agency staff and volunteers. Honorariums were provided to surveyors.

Additional survey volunteers were recruited through community partner's newsletters, through poster put up around the community, and through word-of-mouth. Volunteers were required to complete an application form and attend one of two, 2-hour training sessions.

At the training sessions, surveyors were given an introduction to the general plan for the count, an overview of arrangements at their particular site, and a detailed review of the Count questionnaire. Each question was reviewed and possible interpretations discussed. Survey procedures and matters of confidentiality were also discussed.

Three weeks prior to the Count a poster promoting the Count was released to local agencies and distributed around the community where homeless, at risk and low income people might be present. The Count was promoted under the slogan of *You Count! Count Yourself In!* (See Appendix C for Poster).

People who agreed to be surveyed were offered a \$10 gift card for participating in the Count. They received this at the end of the survey.

What questions were asked on the survey?

The survey for the count was largely a quantitative questionnaire developed by the Homeless Partnering Strategy (HPS) team. Several additional questions were added. On page one of the

survey there was a set of screening questions to determine if the individual was homeless or at-risk. HPS identified a set of “core questions” as key areas to gather data on demographics and peoples’ experience of homelessness. Several additional questions were identified by local community agencies as important and relevant to their work. (See Appendix B for survey.)

What were the local conditions on the day of the Count?

While there had been several days of heavy snow in Duncan in early February, the weather leading up to the Count ranged between seasonal daytime highs of 8 degrees and night time lows of 4 with occasional showers.

On Monday evening as the Count began at Warmland, a light rain started to fall. The daytime high was 7.4 degrees Celsius; falling to 2.5 by morning with more light showers. Temperatures rose during the day of the Count to a balmy 8.8 degrees. People were out in their tea shirts and enjoying the warmth of the afternoon sun.

Given the high volume of homeless people who would be staying at Warmland, we began the Count here on Monday night to ensure there was adequate time to survey everyone. As it turned out, Warmland was hosting a foot clinic and lunch on the day of the Count which brought more people to their site. All toll, 69 surveys were done at Warmland. Surveys were conducted by part-time staff who were familiar with the clientele and who had received training for the count.

Cowichan Women Against Violence (CWAV) supported the Count by doing surveys at Somenos Transition House and at their main office with women attended various programs and accessing services during the day. 18 surveys were completed.

Shortly after 6:30 am on the 21st, two count “mobile teams” composed of RCMP officers, began combing the streets and trails in an effort to identify and survey people who were sleeping outdoors or in makeshift shelters. As it turns out, most of those people who were sleeping rough, were encountered indoors at some point during the day. All toll there were 26 people sleeping rough.

At Hiiye’yu Lelum – House of Friendship, extra staff came in to help conduct surveys during the morning breakfast club meal. 16 surveys were conducted. Across town, it was another busy day at the Basket Society, as people sauntered in for a morning coffee or a bowl of soup. Here volunteers who were familiar with the Basket Society clientele, conducted 45 surveys between 10 am and 4 pm on February 21st. One of the volunteers provided feedback on her experience saying: *Thank you for the opportunity to do this and meet so many interesting people.*

Although the Island Savings Centre can sometimes be a bit of a hub for people who are homeless or couch surfing, on the morning of the 21st there were few such people around and only two surveys were done here. The same was so at Cowichan Independent Living (CIL) – an active centre serving people with a range of disabilities. Two surveys were done here. We understand that the following day – *Cheque Day* – CIL was very busy.

Meanwhile, in the centre of the small town of Duncan, we hosted a “Magnet Event” – a community event offering free services, a hot lunch and donated goods along with doing surveys. This event allowed us a venue where local people living on a low income and struggling with their housing might show up in response to the *You Count!* slogan. Here people could access the free services of a hairdresser, a chiropractor and an acupuncturist. Forty-five haircuts were given and 60 bowls of soups were served throughout the day. 23 surveys were completed.

(See Appendix A for more information on where we encountered the people who were surveyed.)

How did we screening for doubles?

In one question, we requested the respondent’s mother’s initials. This information along with their year of birth was intended to help us identify and screen out anyone who might choose to do the survey twice - given the incentive of a \$10 gift card for completing the survey.

During analysis, 10 double surveys were identified. In these cases, it was not the mother’s initials and date of birth that helped identify doubles. During analysis certain unlikely common features were noted between some questionnaires (such as having two males, age 47 and who had served in the military). If at least 75% of the content of two questionnaires was similar, they were deemed to be a “double,” especially if there was other supporting evidence. In the end, 181 surveys were determined to be complete and representative of separate individuals.

Did we get an accurate count of people who were Absolutely Homeless in Duncan?

Warmland Emergency Shelter operated by Canadian Mental Health, runs the only co-ed homeless shelter in the community. They have 30 emergency beds and 15 extreme weather cots. While the low for overnight beds in February was 33, on 10 nights, they ran at full capacity (45 beds), and for three-quarters of the month they hosted 40 or more individuals per night. This was a total bed count of 1,162 “beds” (not separate individuals) out of a possible 1260 client nights in February.

On the evening of Sunday, February 19, Somenos Women’s Shelter was full (10 beds). On Monday night February 20, there were only two women needing shelter for the night.

Although the Count was timed to come ahead of the monthly Income Assistance cheques, it fell on the same days as Income Assistance cheques were distributed on Reserve Lands. The numbers for the Breakfast Club at the House of Friendship reflected this. On the morning of February 20 they feed over 35 people. On the day of the Count, this number fell to the high teens.

While it is possible to get a fairly accurate count of people in a community who are absolutely homeless, most PiT Counts are known to be an undercount. How close is the final Count number of 73 individuals as absolutely homeless to the actual number on that day? We feel it is a reasonably accurate count and we know we likely missed a few people.

We identified 45 people as absolutely homeless and staying indoors at a shelter on the night of February 20th. This is an entirely reasonable number and reflects nightly usage at the two emergency shelters.

The true number of people sleeping outdoors or temporarily housed somewhere else is much harder to know. We identified 26 separate individuals. While we likely missed some people, it is reasonable to assume we were able to connect with a high proportion of those people sleeping outside on this date. Interestingly, the number of people who were staying outdoors is where we find the biggest increase in homeless numbers from the 2014 Count.

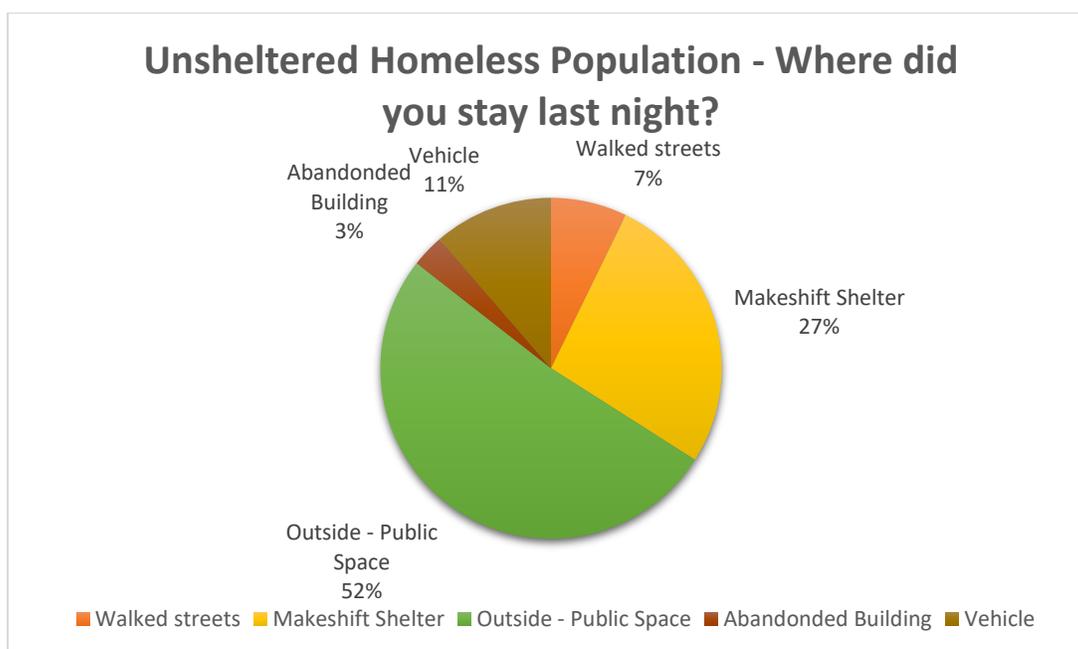
ABSOLUTE HOMELESSNESS

- 73 people counted as Absolutely Homeless
- 55 (75%) Males + 17 (23%) Females + 1 case – Missing Data
- 26 (35%) Aboriginal - 19 First Nations, 6 Metis, 1 Non-Status
- 68% Chronically Homeless
- 32% Episodically Homeless

The number of people surveyed during the Duncan Winter 2017 Point in Time Count who met the criteria of absolute homelessness was 73. While 46 of these individuals did find shelter indoors on the night of February 20th, 26 people slept outdoors or spent the night in unheated spaces.

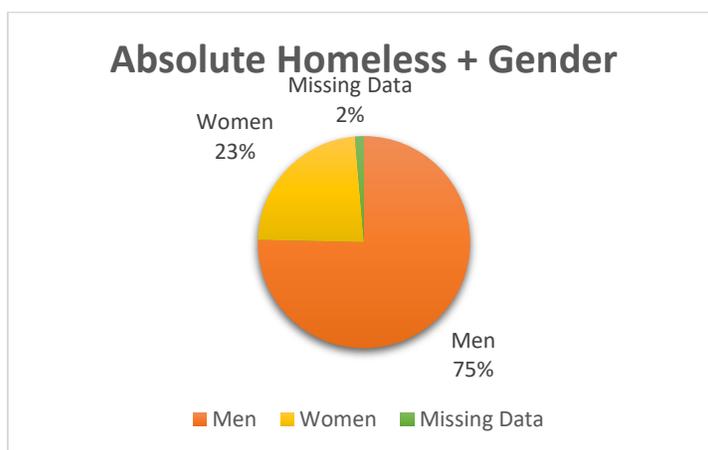
Where did you stay last night?

- 43 (58 %) - Warmland Emergency Shelter
- 2 (3%) – Somenos Women’s Emergency Shelter
- 26 (35%) – Sleeping Rough. This included: 1 person who stayed in an abandoned building, 2 people who walked the streets all night, 3 people sleeping in vehicles, 7 people who spent the night at a makeshift shelter or tent, and 13 people who spent the night “outside.” One person reported sleeping in a crawl space under a house.
- 2 (3%) People who did not know where they were going to spend the night.

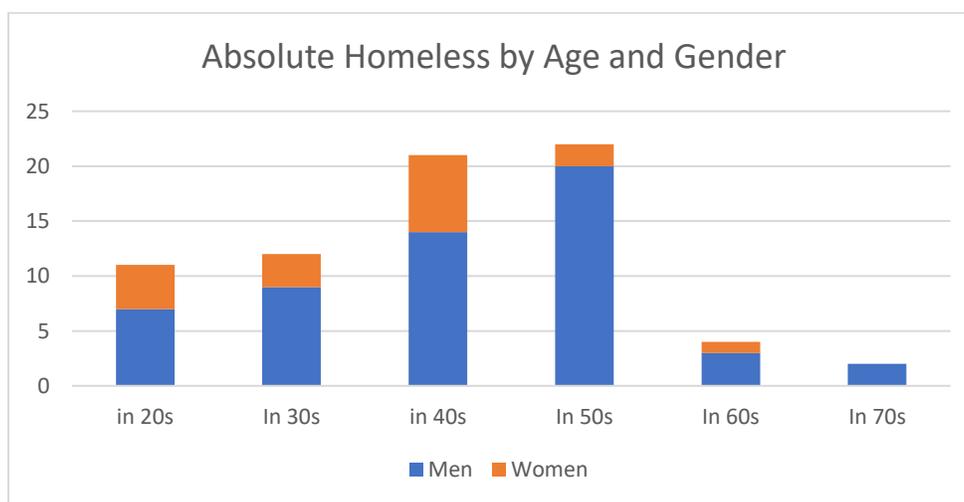


ABSOLUTE HOMELESS - DEMOGRAPHICS

Who were these men and women seeking a bunkbed and rest at Warmland; a quiet, safe room at Somenos House; or fending off the night elements in the outdoors on a cool but fairly dry winter night?



Seventeen people who were absolutely homeless were woman. The oldest female was a 61-year-old First Nations woman who was staying at Warmland. The youngest female was 21 years old. She reported spending the night on "the street." A 59-year-old man also said he spent the night "walking around town."



N = 71 – Missing data – 2 cases

The majority of these 73 people were between 40 and 60 years of age (N = 43 or 58 %). The average age was 45.

Aboriginal Identity: 35% of the sample was of Aboriginal descent

Overall, Aboriginal people made up 35% of those who were absolutely homeless. Thirteen of 55 men were Aboriginal and 12 of the women were of Aboriginal descent.

Table 1: Aboriginal and Absolutely Homeless by Age and Gender

Age	Aboriginal + Absolutely Homeless (N = 26) *	
	Males	Females
20s	3	3
30s	2	3
40s	3	5
50s	4	0
60s	0	1
70s	1	0
Total	13	12

Missing Data – 1 case

Family Status: Over 90% were single

There was one couple who was among those who were surveyed. They were First Nations, she was 34 and he was 40. They had spent the night outside. One other person, a woman, indicated she was accompanied by an adult partner.

Only one woman was accompanied by a young child. She was staying at Somenos House with her son of 6 months while her older son stayed with a family member.

LGBTQ: One individual

One woman self-identified as part of the LGBTQ community. She was 49-years old, a non-status Aboriginal woman. She spent the night outdoors at a “shelter.”

Foster Care: One-third had experienced foster care

Twenty-five people—one third of those who were absolutely homeless—had been in foster care. Seven of them were women, 18 were men. Nine people were Aboriginal.

Education: 65% had completed Grade 11 or a higher level of education

While 23 people had not completed high school (grade 10 or less), 30 individuals stated they had finished grade 11 or grade 12. Another 11-people completed high school and had some trade or college training after that. Nine people had some post-secondary education, 5 of these people had an undergraduate degree. Post-high school training included: nursing, ambulance, fire department, flagging, art school, BSW, SSW, journalism.

Military Experience: Five people

Five men identified that they had been in the military at some point. The oldest was a 68-year-old, First Nations man who had served in the US military. Another man indicated he had served in the Princess Patricia unit.

Use of Emergency Services: Over 50% had accessed Emergency Medical Services last year

Use of Emergency Medical Services	
Used Emergency Services	57% (41)
Used Once or twice	38% (28)
Used 3 to 7 times	17% (13)
Was also hospitalized	46% (34)

One person commented that he had to use emergency services for frost bite from sleeping outside.

Hospitalized: Over 1/3 had been hospitalized last year

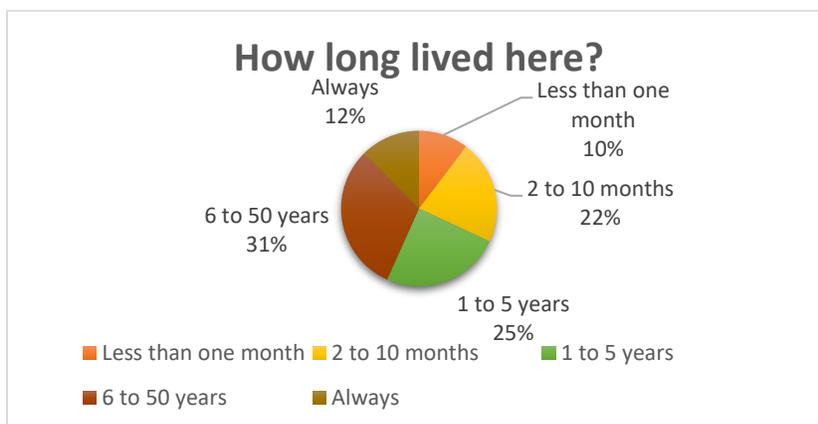
Twenty-nine people in the sample (39%) had been hospitalized in the past year. Twenty said this was at least once, while 9 people indicated they had been hospitalized 3 or more times.

Income: Disability and Income Assistance primary source of income

Sources of Income	
Disability Allowance	38 % (28)
Income Assistance	31 % (23)
Informal – Self-Employed	10% (8)
Employment Insurance	6 % (5)
Odd Jobs	5 % (4)
Seniors' Benefits	4 % (3)
Employment	2 % (2)

Other sources of income noted were: money from friends/family; penny stocks, RRSP, seasonal employment, family trust money. One person included stealing as a source of income. Three people reported having no income. Note: Respondents could identify more than one source of income.

How long lived here: 43 % of the sample lived here over 5 years



Eight people indicated they had been in Duncan for a week or less. They were all males ranging in age from 23 to 41. People who had lived in Duncan less than a year, indicated they had moved here from such places as: Victoria, Saanichton, Courtney, Vancouver, Surrey and as far away as Winnipeg. One person commented: *I have been going in and out of Duncan for years.*

EXPERIENCE OF HOMELESSNESS

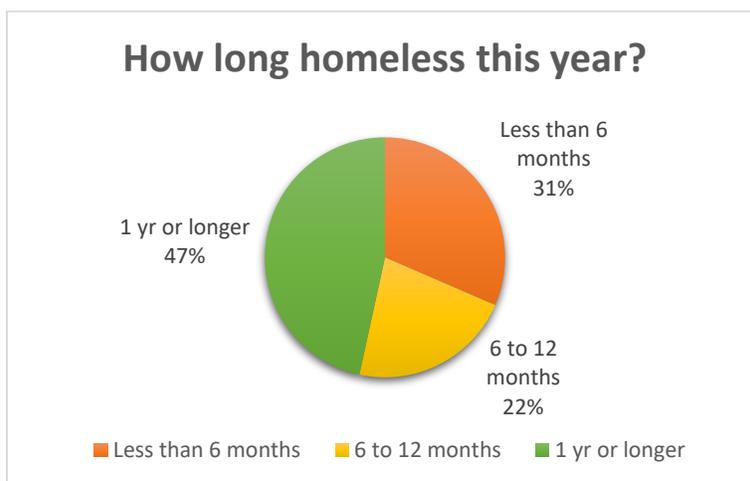
How old were you the first time you were without a secure place to live?

First experienced homelessness or insecure housing?	
From birth	1% (1)
Before age 25	36% (27)
Between 26 and 55	45% (33)
Senior Years	7% (5)
Missing Data	10 % (7)

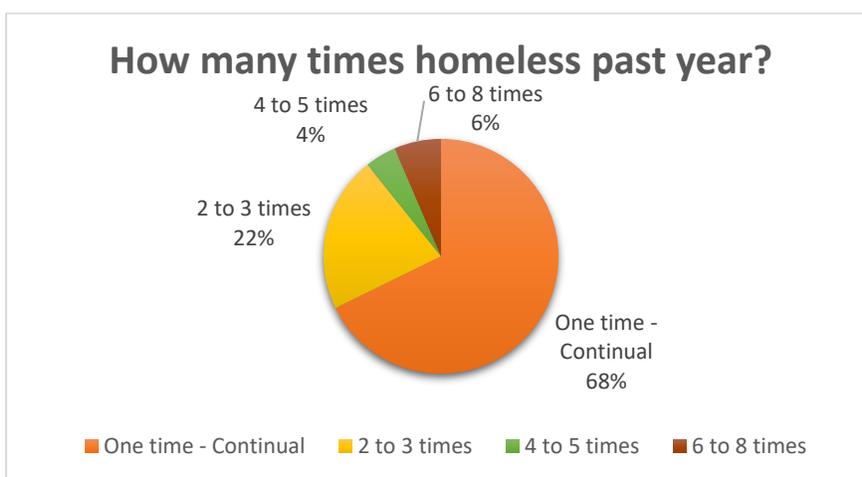
One person said he was born into homelessness. Twenty-seven people indicated they experienced housing insecurity before age 25. Fourteen of these people were of Aboriginal

ancestry. Sixteen people in this group had been in foster care. Some people remembered the exact date when they first experienced homelessness.

In the past year, how much time have you been without a secure place to live?



In the past year, how many different times have you been without a secure place to live?



When we compare the information presented in the above two charts we see that 68% of those people who were absolutely homeless had experienced homelessness on a continual basis since “it” began. This includes both people who were homeless a year or longer as well as some who became homeless during the last year. When we consider this information along with finding that 47% said they were homeless a year or longer, we can see that over half of this population

is experiencing a chronic state of homelessness. When we look at those who experienced homelessness multiple times in the past year (32%), we see that 10% of the sample said they experienced homelessness 4 to 8 times. This later group represents the “episodically homeless” population in Duncan.

Have you stayed in an emergency shelter any time in the past year?

Sixty-two people said they had used the services of an emergency shelter at some point in the past year.

What happened that caused you to lose your housing most recently?

Respondents could name as many factors as were relevant for their housing loss. For some it was a single factor but for most there were multiple factors that contributed to their loss of housing.

Reasons for Loss of Housing	
Addiction	30% (22)
Abuse &/or Conflict	28% (21)
Job loss	27% (20)
Illness	23% (17)
Unable to Pay Rent	21% (16)

Other reasons given for loss of housing included: mental health; house fire; conflict with roommates (mentioned three times); people they lived with passed away (a father, a roommate). Problems with the landlord or property were cited. This included: illegal eviction; lease was up; rental agreement ended; “horrible place”; “I gave up my place. It was too isolating.” The lack of available affordable housing and problems with personal finances were also noted.

Abuse, Conflict and Loss of Housing

Abuse, conflict and loss of housing deserves a more in-depth review given the number of times and ways it came up in the sample. If we bundle together abuse and/or conflict with a partner/spouse or with a parent/guardian, we find 21 separate people reported this affected their housing situation. In nine cases, there was a combination of conflict and abuse.

- Experienced Abuse – Parents/Guardian – 9 cases
- Experienced Abuse – Spouse/Partner – 9 cases
- Conflict Parent/Guardian – 6 cases
- Conflict Spouse/Partner – 13 cases

In 8 of 10 case where people cited being hospitalized contributed to their loss of housing, abuse was also cited as a contributing factor to homelessness. This included: abuse by parents (2 times) or by spouse (5 times), and in one case, both parties were cited. In seven of the 10 cases where people named “unsafe housing” as contributing to their loss of housing, they also identified abuse in the home. All three cases of incarceration and loss of housing were associated with violence or conflict in the home. Two cases cited separation from spouse as why they lost their housing.

Conflict with roommates was also indicated as a problem. *“Roommate doing drugs – I moved out.” “Roommate was getting aggressive.”*

YOU COUNT! COUNT YOURSELF IN!

The final survey questions were qualitative, open-ended questions which provided an opportunity for the individual to share what they felt was important. Below is a summary of what Count participants had to say.

What is your biggest challenge now in trying to find housing?

Biggest Challenge to Finding Housing?	
Lack of affordable housing	44 mentions
Cost of housing	17 mentions
Finding work	7 mentions
Health Issues:	
<ul style="list-style-type: none"> • Medical, drug addiction, mental emotional help • Getting and staying clean • Addictions, Lack of treatment 	
Other:	
<ul style="list-style-type: none"> • Landlords: <i>“Landlords aren’t following the rules.” “Too many slum landlords.”</i> • Condition of Housing: Mould, Bugs, Infestation • No references. • Domestic problems • Ageism 	

It’s a beautiful community, but terribly expensive housing in the Cowichan Valley and zero availability.

Being homeless is very uncomfortable. You are locked in at certain times. It is not a free feeling.

It sucks with no housing, employment seems impossible.

Because I live in a tent, disability doesn’t give me a subsidy cause I don’t have a fixed address.

Are there services you wanted but were unable to get?

Housing Supports Needed
<p>Housing:</p> <ul style="list-style-type: none"> ○ Individualized housing. ○ <i>Need cheaper, single person housing. Then [people] can support themselves and get jobs.</i> ○ <i>More housing – should have trailers and temporary housing.</i>
<p>Access to Health – Medical Services:</p> <ul style="list-style-type: none"> ○ Access to a doctor. ○ Access to specialized medical treatment. ○ Mental health services. ○ Assistance with addictions – Drug and alcohol treatment - Opiate treatment. ○ Counselling. ○ Clean, non-threatening peer group. ○ Physio therapy. ○ Needs assistance navigating medical system.
<p>Help with Forms and Such:</p> <ul style="list-style-type: none"> ○ Help with disability application. ○ Help obtaining ID . ○ <i>Unable to get help with filling out welfare [forms].</i> ○ <i>Legal Aid: Kicked out in winter! Landlord kept all items!</i>
<p>Food:</p> <ul style="list-style-type: none"> ○ <i>Food on Sundays – food bank closed.</i> ○ <i>More places to get food – often full – none left.</i>
<p>Other:</p> <ul style="list-style-type: none"> ○ Skilled Education. ○ Finances to complete training. ○ <i>Poor bus service in the Cowichan Valley and for getting to Nanaimo and Victoria for employment.</i> ○ <i>A shelter where dogs are allowed.</i> ○ <i>Benefits too low, need more housing with rent geared to welfare system.</i>

What was helpful?

- *Global Vocational [was] a real support. Bus passes, clothing, & up to \$1,000 in help finding work.*
- *Salvation Army has helpful but doesn't have a lot of funding (tents, clothes).*
- *Very happy with food at Warmland.*
- *Warmland should be a model of how things/shelters should be run.*
- *Good services at Warmland.*
- *No places to move to but I feel hope with support of Warmland staff. I'm here because Victoria shelters were too full and dangerous. Here there is less people and we have a chance of getting help with the people that work here to support us.*

RELATIVE OR HIDDEN HOMELESSNESS

- 71 people surveyed
- 46 (65%) Males + 25 (35%) Females
- 31 (43%) Aboriginal
- Average Age: 47

Where did you stay last night?

- 26 - Staying in transitional housing units at Warmland
- 40 - People staying at someone else's place - *couch surfing*
- 4 - People staying temporarily at a motel
- 1 - Person renting a room but uncertain for how long

People reported staying at:

- *Friend's camper.*
- *Someone's trailer.*
- *Brother's house.*
- *One night – different places.*
- *Couch surfing now. I don't sleep outside in the winter.*

Plus 29 people temporarily retained at the local hospital due to lack of beds/housing

On the night of the Count, 29 people were being kept at the local hospital who no longer needed the acute care services of a hospital. They could not be released; however, because there was no home or appropriate place (such as a long-term care facility) for them to reside.

- 18 people waiting for a bed in residential care.
- 11 people needing housing options for unique, hard to house situations such as: Community Living BC, hospice support or where there are financial or guardianship questions. If they had a home and supports they would have been discharged.

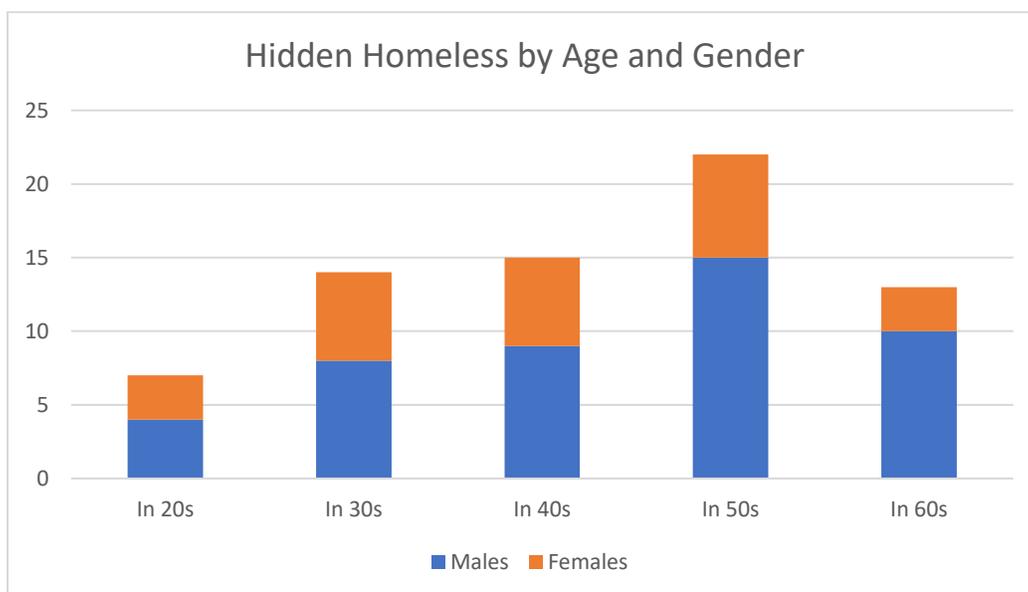
Note: No surveys were done with people in this group and their cumulative number has been left out of percentage calculations below.

RELATIVE HOMELESSNESS - DEMOGRAPHICS

Who were these individuals we surveyed who fit the criteria of relative or hidden homelessness? As we see above, this population is composed primarily of two groups: people who live in transitional housing units and people who are *couch surfing – staying for an indeterminate amount of time at a friend or family member's residence*. Those who live in transitional housing

are a minority in this group because there is a limited number of these units in the community. Although we surveyed 40 people who indicated they were staying at someone's else's place, we know the number of people living this way is much greater. It is a very difficult number to accurately determine.

We encountered most, but not all, of the people who lived in the transitional housing through the surveys done at Warmland. Some people who were couch surfing also accessed services at Warmland that day but we encountered most of them in other locations. Hiiye'yu Lelum's Breakfast Club is an important place for many First Nations residence to come in the morning and start their day. The Basket Society is another popular spot for many where they know they can get a coffee, snacks, lunch and more. One this occasion, the Magnet Event where there were free services and food was also one location where we encountered people who were relatively homeless. A slightly different sub-set of this population was reached through Cowichan Women Against Violence. Women who access their services are likely facing homelessness or housing challenges due to unresolved issues of conflict and violence in the home. Couch surfing for some of them, can be a long-term but temporary step in trying to get away from a difficult home situation. Six women who were surveyed at the main office of CWAV were staying at someone else's place. Only one woman was accompanied by children.



Aboriginal: *Over 40% self-identified as Aboriginal*

Thirty-one individuals or 43% of those surveyed, self-identified as Aboriginal; 24 were First Nations, 5 were Metis, 2 were non-status Aboriginal. 15 Aboriginal women, 16 Aboriginal men.

Family Status: *Ten people were accompanied by other family members*

There was one couple in the sample and six people who identified they were living with a partner or with other adults. One person shared that this was her mother.

There were two women with children. A 37-year-old mother of three children under 9 and a 38-year-old woman with three children under 10. They were both staying at "someone else's place."

LGBTQ: *One individual*

One person, a 57-year-old male, self-identified as part of the LGBTQ community.

Foster Care: *Just under one-third had lived in foster care*

Twenty-two people (30%) had lived in foster care. Fourteen of these people were Aboriginal. Eight were women; six of them were Aboriginal woman. Five of the men were Aboriginal. Non-Aboriginal - six males and two females.

Education: *66% had Grade 11 or higher education*

66% had completed grade 11 or higher. Twenty-eight people had finished grade 11 or 12 and 5 of them went on to do trade school. Nineteen individuals (26%) had some post-secondary education with 11 stating that they held an undergraduate degree from a university or college. Twenty-four people had less than grade 10 education.

Military Experience: *Four individuals.*

Four people had military experience. 3 males, ages 45, 48 and 62 and 1 female age 41.

Use of Emergency Services: *Over 50% had accessed Emergency Medical Services last year*

37 people (53%) used Emergency Medical Services in the past year. Twelve people only accessed emergency services once in the past year but eight of them were also hospitalized at some point in the year. Fourteen people used emergency health services multiple times ranging from 4 to as many as 20 times each.

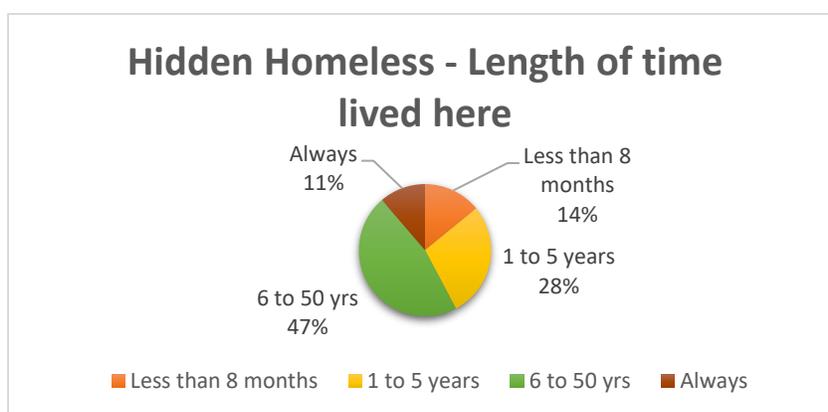
Hospitalized: 39% of sample had been Hospitalized at some point in past year

28 people were hospitalized at some point during the past year. For 9 individuals this ranged from 3 to 10 times. Most people who had been hospitalized had also used emergency services (n = 24).

Income: Disability Allowance and Income Assistance primary source of income

Sources of Income	
Disability Allowance	48% (34)
Income Assistance	25% (18)
Employed	18% (13)
Odd Jobs	15% (11)
Informal Work	5% (4)
Money from Family	5% (4)
Seniors' Benefits	4% (3)
Alimony	1% (1)
Child & Family Tax Benefits	1% (1)
No Income	2% (2)

How long lived here: 58% had lived in Duncan over 5 years



Ten people lived in Duncan a year or less. The youngest person in this group, a Metis, male, age 20, moved here from New Brunswick two months earlier. 58% of people experiencing Hidden Homelessness had lived here 5+ years. Eight people stated that they had lived here since birth.

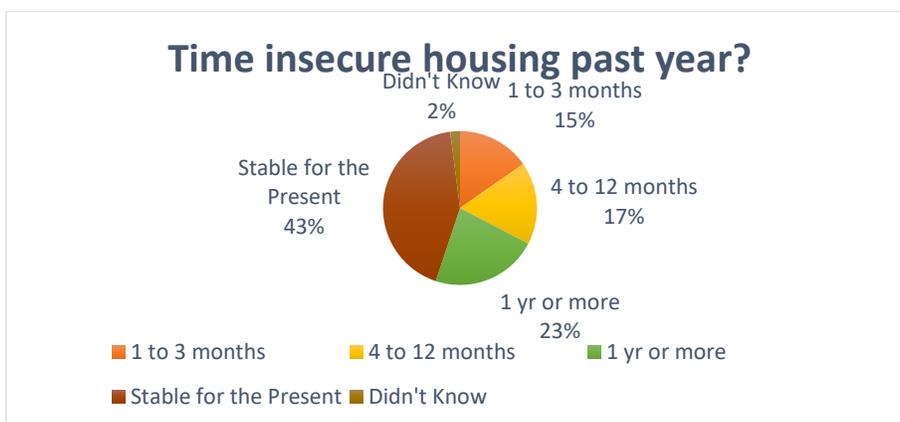
EXPERIENCES OF HOMELESSNESS

How old were you the first time you became homeless or were without a secure place to live?

First experienced homelessness or insecure housing?	
Pre-Teens	2% (2)
Between age 10 and 25	32% (23)
Between 26 and 55	53% (38)
55+	7% (5)
Don't Know	4% (3)

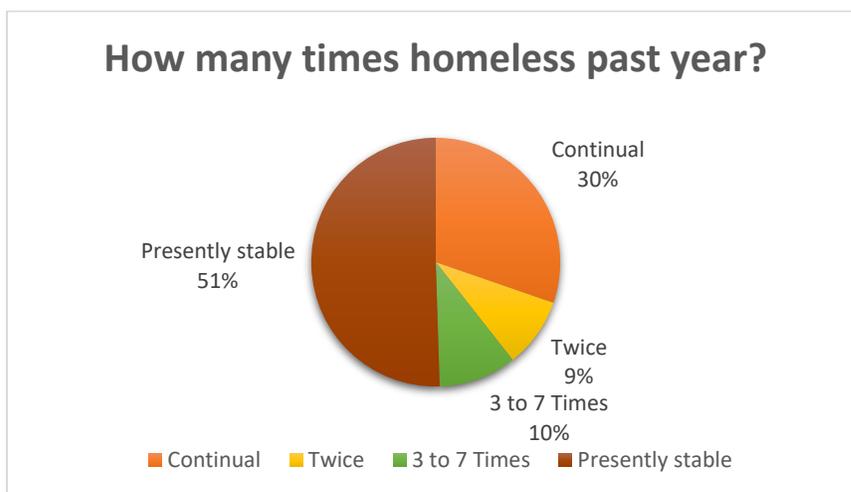
Four people were presently experiencing housing challenges for the first time.

In the past year, how much time have you been without a secure place to live?



Although some in this sub-group had a roof over their head for now, for many who experience hidden homeless it is hard to predict when things will change. The people who lived in the transitional housing units knew they had at least two years when they would have a place “of their own” to stay and so their housing was “stable at the moment.” However, many of them are aware that the clock is ticking. They must stay focused on overcoming their housing challenges and prepare to re-enter the private sector, rental market. For those who are staying at someone else’s place, housing stability can be more difficult to predict.

In the past year, how many different times have you been without a secure place to live?



As we see in the chart above, half of those surveyed who were experiencing hidden or relative homelessness were presently stable. This group was composed primarily of those people living in transitional housing units plus there were 10 people staying at “someone else’s place.” For the other half of the sample it was a different story. Twenty-two people indicated they have experienced insecure housing continually since a certain turning point. For seven people there had been multiple experiences of homelessness over the past year ranging from 3 to 7 different times.

Have you stayed at an emergency shelter in the past year?

Even though they may have a place to stay at the moment, 25 people said they had stayed at an emergency shelter sometime in the past year.

What happened that caused you to lose your housing?

Reasons for Loss of Housing?	
Abuse - Conflict	20
Illness	18
Job Loss	18
Addiction	17
Unsafe Housing	16
Unable to Pay Rent	15
Hospitalization	6
Incarceration	3

Once again when we look at the number of separate individuals who experience abuse or conflict and relate this to the loss of their housing (or housing stability) we see that conflict is a leading cause of why people are homeless. Reported: 8 cases abuse spouse/partner, 12 cases conflict spouse/partner, 4 cases abuse parent/guardian, 4 cases conflict parent/partner. In 10 of the 16 cases of unsafe housing, conflict and/or abuse with a house mate (parent or partner) was also noted.

Abuse and/or conflict with other people also surfaced in this group. In three instances, people spoke about conflict with people around them: other tenants, friends, and a daughter. A male, age 61 who is now living in transitional housing spoke of being evicted because of other tenants. Another male, age 57 referred to conflict with friends.

Other reasons noted as contributing factors to housing loss included: aging out of foster care, guardian died, renovations, illegal suite, house put up for sale, children taken by MCFD, victim of home invasion, was moving and rental fell through, mental health, inability to keep a job, stress, housing shortage, divorced – “Stranded on Island.”

You Count! Count Your Voice in!

What respondents told us.

What is your biggest challenge now in trying to find housing?

Biggest Challenge to Finding Housing?
<p>Expense & Lack of Affordable Housing – mentioned over 40 times.</p> <ul style="list-style-type: none"> • <i>There definitely needs to be more low income housing. Rent goes up but disability and welfare stays the same. Minimum wage stays the same. Cost of living goes up.</i> • <i>Rent is too high for a single person.</i> • <i>Hydro too high.</i> • <i>Nothing available that is not extremely expensive.</i> • <i>Waiting for aboriginal senior housing to open in Kelowna.</i>
<p>Problems with Landlords:</p> <ul style="list-style-type: none"> • <i>Landlords aren't following the rules. They are discriminatory, greedy and unfair toward renters. Crooks. They take cash only and are dishonest.</i> • <i>Communication is difficult with the landlord.</i> • <i>Poor landlords and poor rentals. Infestations. Quality poor!</i> • <i>Building management problems. Landlords not taking responsibility for safety of renters.</i> • <i>No trust in landlords. Discrimination. 3x</i> • <i>No references. 5x</i> • <i>Wait lists long!</i> • <i>Landlord tenancy issues. Substandard housing. Black mold.</i>

<ul style="list-style-type: none"> • <i>Landlord is becoming aggressive. Is also not paying the bills. Can't move out due to lack of housing.</i> • <i>Deposits.</i> • <i>Cockroaches, black mold, silver fish, bed bugs, asbestos.</i>
<p>Health and Well Being:</p> <ul style="list-style-type: none"> • Fear of relapse into addictions. • Addictions. • Treatment for alcohol. • Chronic Illness. • Social anxiety (GAD). Sabotages himself. Really finds it difficult to pull his life together. Fearful. Addictions. • Mental health wellness. 3x • Looking after my health. • Dental services needed. 4x • Need message therapy – has hip, leg and ankle pain. • YWCA – <i>was hoping to use health club services.</i> • Access to Aquatic Centre. • Disability – ICBC • Has head injuries – short term memory loss.
<p>Transportation:</p> <ul style="list-style-type: none"> • Safe transportation. • Transportation for work. (Does home care.) • Bus passes.
<p>Challenges with Roommates:</p> <ul style="list-style-type: none"> • Reliable shared accommodations. • Finding a roommate. 2x • <i>Trying to find someone to share rental with but can't find anyone who is reliable. They spend their money and leave me with the rent.</i> • <i>Not happy to share with a roommate because of anxiety but too expensive to live on one's own. Difficult to find a place.</i> • <i>Finances, don't want to share. Don't want to be around drug community.</i> • <i>Twice a roommate has left without paying rent.</i>
<p>Safety Issues and Support for Men:</p> <ul style="list-style-type: none"> • Housing safety. • Been robbed and lost ID so unable to use services. • Need more resources for men. Help seeking counselling. • Counselling. 4x • Anger management. • Support for men coming out of jail. Support for single men as fathers.
<p>Other:</p> <ul style="list-style-type: none"> • Finding employment. 3x

- Difficult to access services with no fixed address.
- Can't afford cell phone to communicate.
- Lack of information about services available. 2x
- *Having an advocate who can speak and represent me through the bureaucracy of both medical and financial benefits.*
- *Would like to have a pet companion.*
- Places that take pets.
- Education.
- Emergency funding.
- *I'm looking for work and may go back to school. I have two children in foster care and my daughter is with her dad. There are people with 2 or 3 jobs who just can't find anything.*
- Storing belongings.
- Sometimes the Shelter is full.
- Banned from shelter.
- *(Staying in a trailer.) It's cold! There is poor heating and sub-standard conditions. Unable to store food safely.*
- *Since couch surfing, I do not receive the shelter portion of benefits and my storage unit with all my belongings is not getting paid for.*
- *I'm living in constant survival mode. Feel a lack of security about family. Children could be taken away. Self-esteem. Social stigma. Feel like hiding! I can't afford a phone so no one can contact me.*
- *Day-to-day stress to come up with rent.*
- Lack of services and financial support for 55+

Housing Needs:

- Seniors Housing for women.
- Seniors housing. Extended care.
- 55+ would be nice. Safer.
- Housing for single people.
- Housing for single couples with no children.
- Low-income housing for non-drug addicts.
- Access to reasonable housing where you are respected.
- *Why not turn empty buildings into transitional housing units?*
- Need safer and more secure places.
- Safe affordable housing. Subsidized housing based on income.
- *When children are placed in Care you lose child benefits which are still necessary to maintain a family rental for when they are returned.*
- Second stage housing.
- *I fear going out and living on my own. I don't want to depend on people for help even though I need it. I'm trying to juggle 2 jobs just to afford my own place to stay and thrive on my own.*

What has been helpful?

- *Happy to be at Warmland, otherwise I would have no where to go.*
- *Foodbank saved my life. Hit on back of head. Hospital. Now on disability.*

AT RISK OF HOMELESSNESS

- 37 individuals surveyed
- Everyone was renting
- 14 Males - 23 Females

This was not intended as a count of everyone at risk of homelessness but an opportunity to survey people having a variety of housing challenges and living with housing insecurity in order to learn more about their experience.

Age:

- People ranged in age from 32 to 74. The average age was 50.5

Family Status:

- Two people were accompanied by a partner the previous night.
- 6 people lived with another adult who was not a partner
- 10 households with children

Aboriginal:

- 18 people: 14 people were First Nations, 4 were Metis

Education:

- 26 had completed Grade 11 or higher education

Immigration:

- Two people had immigrated to Canada in the past 5 years.

Military:

- One First Nations man had been in Cadets.

Foster Care:

- 11 people had been in Foster care – 7 of these individuals were Aboriginal
- 2 people noted they had been at Residential School

Emergency Services:

- 18 people had used Emergency Medical Services in the past year. 4 had been 4 to 6 times.

Hospitalized:

- 14 people had been hospitalized in the past year. 2 people 4 to 5 times

How long lived here:

- 75% of those surveyed had lived here 4 or more years. This included 6 people who have always lived here.

Factors contributing to insecure housing:

- Illness – 10
- Abuse and/or Conflict: 10 separate cases
- Unsafe Housing - 7
- Other: Addiction (1), Job Loss (2), Unable to pay rent (3), Incarcerated (1)

Stayed at Shelter past year:

- 12 people had stayed at an emergency shelter sometime in the past year.

YOU COUNT! COUNT YOUR VOICE IN

This small group of 37 individuals who were at risk of homelessness included ten households with children. These children represent the next generation of people in the community now growing up with a sense of insecure housing. We take the opportunity here to have a closer look at their lives and circumstances.

Eight people lived in a household with a partner or other adult (such as a family member). There were ten households with children: 6 had one child, 3 households had two children and 1 had three:

- 48-year-old First Nations female. Encountered at CWAV. Always lived here. Had son 16. First experienced insecure housing at age 45 – 3 yrs ago. Biggest challenge: *Utilities are too expensive! Rent cost - housing costs going up. Animals. Need rent subsidy.* Worked her whole life and is now on disability and will be homeless by March 1. Plans on living in her car. Can't afford anything and is unwilling to give up her pets. Needs affordable housing where pets are allowed.
- 34-year-old First Nations female encountered at CWAV. Son age 11. First experienced insecure housing age 21 – thirteen years ago. University grad. Reason for losing housing: Unsafe housing. Income: IA, student loan, child tax credit. Biggest challenge: affordable housing. Need: dental, medical coverage.
- 52-year-old female with two sons ages 11 and 13. First experienced insecure housing age 45 – seven yrs ago. Lived here all her life. Lived in foster care. College grad. Biggest challenge: Availability, affordability, Pets. Pet Deposits. Utilities costs. Conditions of

houses that are available. Currently living in low-income housing which is being taken down and being developed into new housing which won't be low income.

- 39-year-old woman with two children both girls ages 6 and 7. First experienced insecure housing at age 17. Always lived here. Has a BA. Reason for loss of housing: Abuse spouse, conflict with parents, unsafe housing. Biggest Challenge: Price! Availability. *"Duncan is in desperate need of housing. There are not enough resources if you have a 'history.' Not enough shelters for the homeless. Why not convert buildings to housing (Malaspina)? Don't just provide a bed but need next steps for people – like employment skills, (special needs level 1)." Services needed: Access to legal counsel, legal aid, employment or wage subsidy, family maintenance.*
- 54-year-old First Nations male - living with another adult and his 14 yr old son. First experienced problems with housing at age 18. Has lived here 20 yrs. Was in military - Cadets. Loss of housing: Incarcerated, unsafe housing. *"Nothing available."*
- 60-year-old First Nations man – living with 83-year-old father and 26-year-old son. First experienced insecure housing 2 yrs ago. Lived here 17 yrs. Was in residential school. Biggest Challenge: *"No housing. Costs too high. Need more housing with locals having first choice."*
- 33-year-old First Nation woman with three sons ages: 14, 10, 1.5 yrs. Mental health treatment required. Leaving home and kids for a period. Lived here 30 years. Street kid while growing up. Grade 10. Used emergence services twice, hospital once in past year. Illness and hospitalization contributed to loss of housing. *"Need addict-free housing options. Support within. Need more women only shelters for woman not going through abuse."* For her it is post-partum psychosis. *"Need rent increased for people on Income assistance. Medical conditions and treatments all need to be covered in full. Bias toward methadone program."* Services needed: Housing for people with temporary mental health conditions. *"Had to stay away from children. Overwhelming experience. Felt alone. Had to go to Vancouver solo for a medical treatment. Foodbank, Colleen helped her a lot!"*

ABORIGINAL HOMELESSNESS AND HOUSING CHALLENGES

The total number of people of Aboriginal descent surveyed in the February 20-21 Count was 75.

- 26 (34%) - Absolutely Homeless
- 31 (41%) – Hidden Homeless
- 18 (24%) – At Risk of Homelessness

Does this represent an accurate picture of the number of Aboriginal people who are homeless and/or dealing with housing challenges in Duncan? The simple answer is: no. The number of Aboriginal people in the sample who were considered to be Absolutely Homeless (n = 26) may be best viewed as a minimal number of Aboriginal people who were experiencing homelessness on the day of the Count. We know that it was “*Cheque Day*” on the Reserve and this may have affected the number of people who accessed services such as at Hiiye’yu Lelum’s Breakfast Club, the Basket Society (food bank), and even the Magnet Event. As stated earlier, this survey was not intended to get an accurate count of all those people who are among the hidden homeless or at-risk population. That is a difficult and different task. This survey of people within those populations still provides for many insights as to their background and challenges.

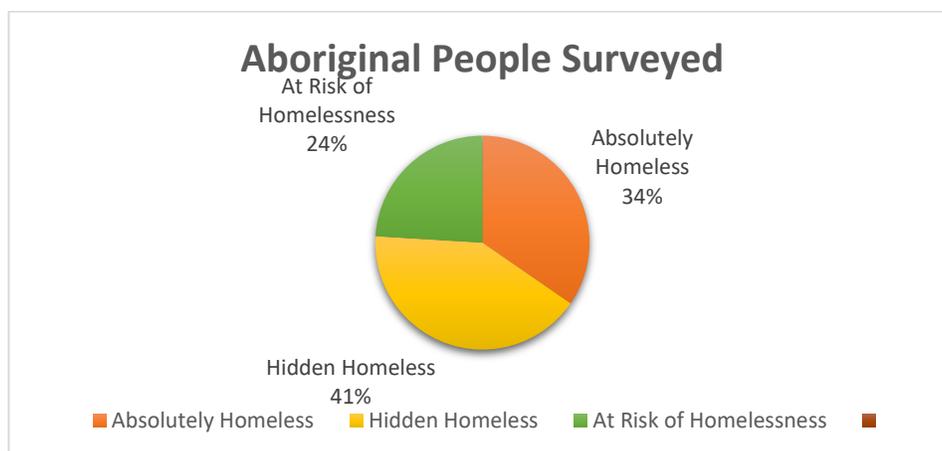


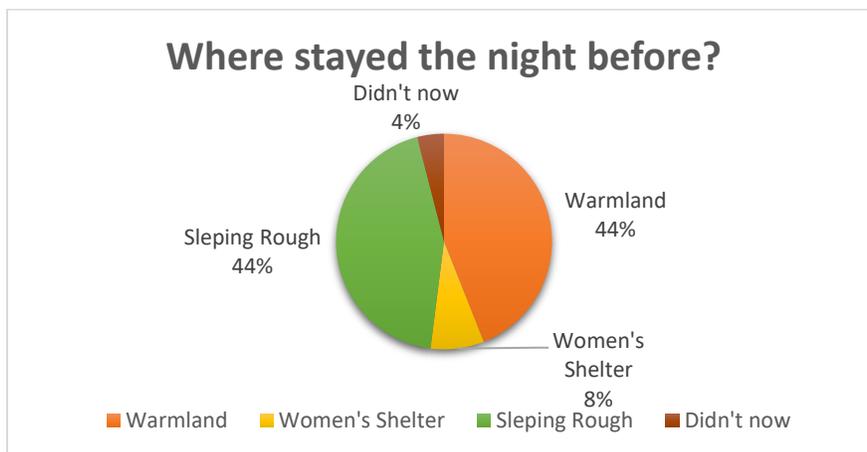
TABLE: Aboriginal People surveyed by Type of Homelessness, Age and Gender.

Age	Absolute Homeless (n = 26) *		Hidden Homeless (n = 31)		At-Risk of Homelessness (n = 18)	
	Males	Females	Males	Females	Males	Females
20s	3	3	2	2	0	0
30s	2	3	5	3	0	2
40s	3	5	2	3	1	3
50s	4	0	4	4	4	5
60s	0	1	3	3	1	1
70s	1	0	0	0	0	1
Total	13	12	16	15	6	12

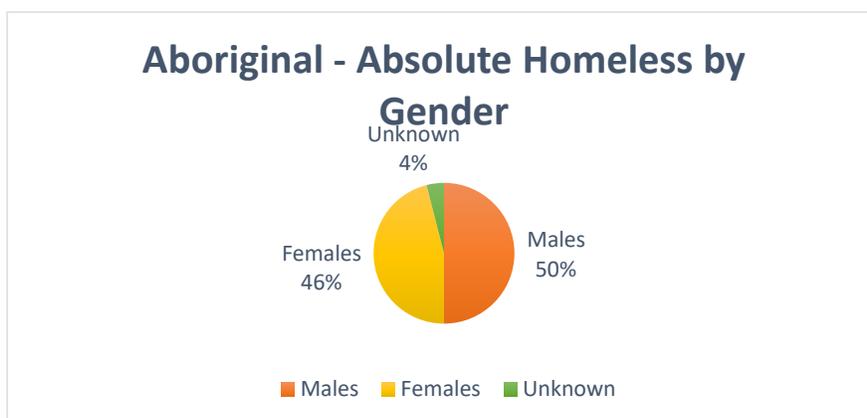
* One No response to gender question N = 75

ABORIGINAL & ABSOLUTELY HOMELESS - DEMOGRAPHICS

➤ 26 People: 19 – First Nations; 6 – Metis; 1 – Non-status



Eight Aboriginal men and three Aboriginal women accessed shelter at Warmland Homeless Shelter. Two women took shelter at the women’s transition house. Six women and five men spent the night sleeping rough. (Women: 3 makeshift shelter or camp, 1 sleeping in a car, 1 an abandoned building, and one young woman walked the streets all night.) (Men: 5 sleeping outside in a public space.)



Of the 26 Aboriginal people who were absolutely homeless, 13 were men, 12 were women. One person did not respond to this question.

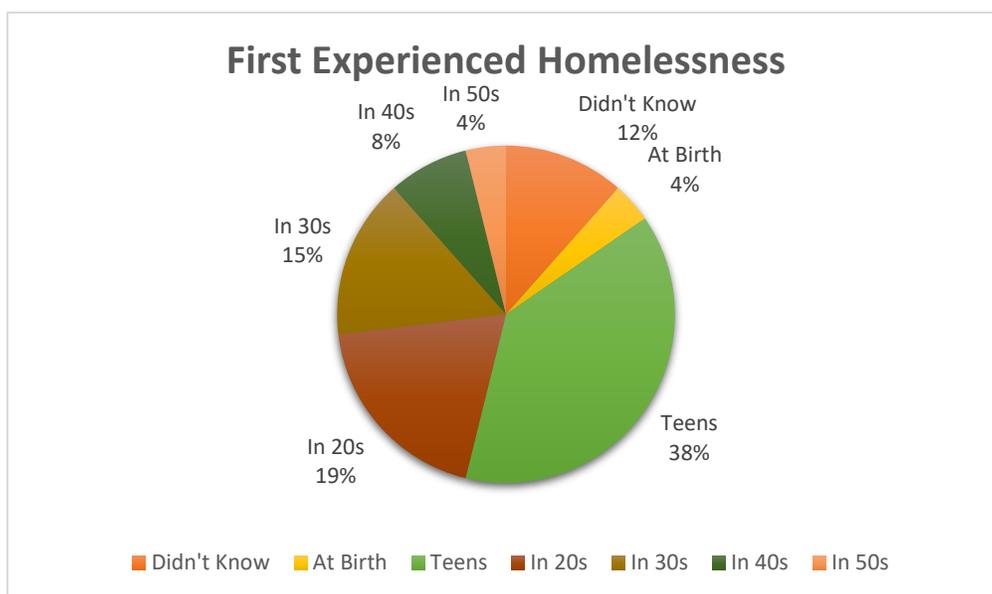
Foster Care: 9 people of 26 (34%). This is similar to the non-Aboriginal absolutely homeless population which was also at 34%.

Used Emergency Services: 14 said Yes. 7 indicated 1 or 2 times; 7 indicated 4 to 7 times.

Was Hospitalized: 16 said Yes. 10 indicated 1 or 2 times; 6 said 3 to 7 times.

Income: The primary source of income was government assistance in the form of Income Assistance (12) and Disability Allowance (9). Two people were accessing seniors' benefits and one person was receiving employment insurance payments. Four people reported work in the informal economy.

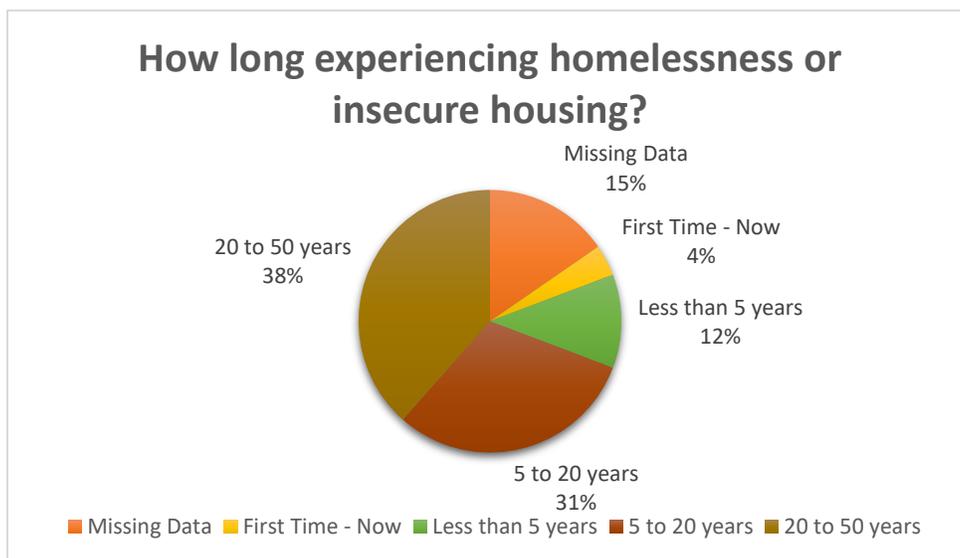
ABORIGINAL, ABSOLUTELY HOMELESS & EXPERIENCE OF HOMELESSNESS



Length of Time Homeless this year?		Number of Times Homeless this year?	
All Year	61% (16)	Continuous	77% (20)
4 to 6 months	23% (6)	2 to 6 times	16% (4)
Less than 2 months	15% (4)	Didn't Know	7% (2)

The purpose of the above few questions was to uncover the depth and duration of homelessness and distinguish the number of people who are chronically and episodically homeless. From the above information, we can see that a high percentage (61%) of Aboriginal people who were identified as absolutely homeless experienced homeless throughout the year. Whether one was

homeless for the entire year or a shorter period, over 75% of absolutely homeless Aboriginal people experienced homelessness continuously (chronic homelessness). When we look at the chart below as to how long people have experienced homelessness or insecure housing, we see that almost 70% of these people have lived with insecure housing for over 5 years.



As we see in the table below, the most common cause reported for the loss of housing had to do with conflict and abuse by a partner or a parent/guardian. The Cowichan Region has one of the highest rates of domestic violence in the province.

Reasons for Losing Housing	
<ul style="list-style-type: none"> Abuse by Spouse/Partner – 6 Conflict with Spouse – 7 	<ul style="list-style-type: none"> Illness – 5 Evicted – 5 Unsafe Housing – 5
<ul style="list-style-type: none"> Abuse by Parent/Guardian – 8 Conflict with Parent - 4 	<ul style="list-style-type: none"> Incarceration - 4
<ul style="list-style-type: none"> Addiction 6 Job Loss – 6 Unable to Pay Rent – 6 	<ul style="list-style-type: none"> Don't Know – 7 Other – 3 Hospitalized – 2 No Response – 1

Accessed Emergency Shelter: 20 of the 26 people surveyed had accessed an emergency shelter in the past year.

ABORIGINAL & HIDDEN HOMELESS

Where did the 31 Aboriginal people who were classified as among the hidden homeless population stay?

Three individuals spent the night at a motel as a temporary measure, 4 people were housed at Warmland Transitional housing units and 24 people were *couch surfing*. 16 of these people had accessed an emergency shelter at some point in the past year.

Eighty percent of this group had experienced homelessness or insecure housing for over 5 years. Nine people from this group (29%) seemed to have a fairly stable housing situation at present, but fourteen of them indicated they were homeless from one to ten months of the previous year, while eight people reported experiencing insecure housing throughout the entire year.

YOU COUNT! COUNT YOUR VOICE IN!

What Aboriginal people who were surveyed had to share and recommend.

What is your biggest challenge in trying to find housing?

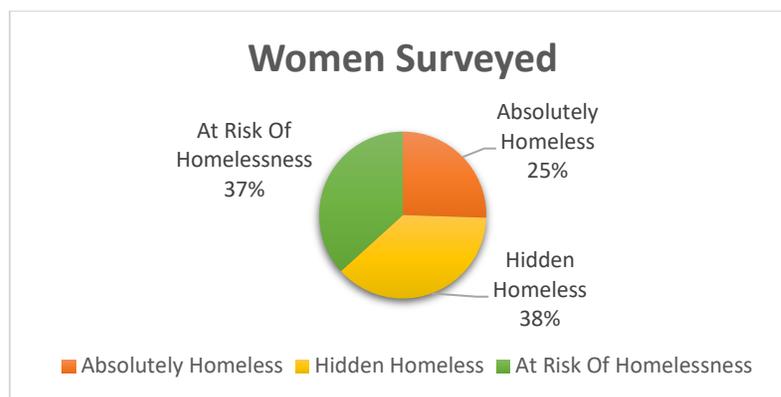
Biggest Challenge Finding Housing
<ul style="list-style-type: none"> • Can't afford rent. Can't even afford to get pain medication." 52-year-old Metis man. <i>"I can't work because I'm not well and thus I can't afford housing."</i> • Unaffordable. • Unsafe. • Bugs. • Trying to get son back. • Lack of employment. • Health issues. • Stigma against single males.

Are there services you wanted but were unable to get?

Housing Supports Needed
<p>Medical – Health Related</p> <ul style="list-style-type: none"> • <i>"Proper medical care."</i> Individual who has had difficulty with the system. • <i>"Mental – emotional support needed. Have anxiety."</i> • Physio therapy, opiate treatment. • Drug and Alcohol treatment.
<p>Access to Food and Services:</p> <ul style="list-style-type: none"> • <i>More places to get food. Often full (at the Basket Society) and none left.</i> • <i>Hungry during the day. Would be good to have more access to food.</i>
<p>Help with Finding and Keeping Housing:</p> <ul style="list-style-type: none"> • <i>I don't know how to look for it. I can't read that well.</i> • <i>I don't have enough rental references.</i> • <i>Not enough child care available for programs such as Rent Smart. They offered child care for toddlers and older children but they didn't have care for babies. Another program didn't have any childcare. – 27 yr old, First Nations, woman. Mother of 2 children ages 6 months and 4 years. Accessing shelter at Somenos House.</i>
<p>Housing:</p> <ul style="list-style-type: none"> • Lack of affordable housing – number one issue named. • Affordability of non-drug infested rentals. • Needs some privacy. Wants own place. Unaffordable. • Need single person housing. <i>"Then [people] can support themselves and get a job."</i> • More 2nd and 3rd stage housing. • <i>"Employers are having a difficult time hiring employees for trades because there's nowhere for them to stay. Motels are full. No rentals." - 39-year-old First Nations Male, has high school plus some trades school education.</i> • <i>I would like to see more low income housing especially for those who are trying to better themselves by going to school and seeking an education. – 42-year-old First Nations woman, Grade 10 education. Was in foster care.</i> • Lack of two-bedroom units that are affordable. • <i>There needs to be more low-income housing. Even with two incomes it is extremely unaffordable to find a decent place to live. I'm renting one room for \$650 in a rooming house that is known to be unsafe. I'm jeopardizing my safety just to have a place to sleep. - 37-year-old First Nations female. Encountered at Somenos House. Had used Emergency medical services 7 times in the past year – abuse related.</i>

WOMEN AND HOMELESSNESS

Over one-third of the people interviewed on the day of the homeless count were women (N = 65).



Absolutely Homeless

- 17 women – 12 Aboriginal
- They ranged in age from 21 to 61.

Where did you stay last night?

- Six at Warmland
- Two at Somenos House
- One woman didn't know where she would spend the night
- Nine women sleeping Outside – 2 in cars, 3 makeshift shelter, 3 outdoors, 1 abandoned building

On the night of February 20, 2017, women made up 24% of the absolute homeless population in Duncan. We encountered five of these women at the Basket Society. All of these five women were among the homeless people who were sleeping rough that night. The youngest woman was 21 and spent the night walking the streets.

Five of the women sought shelter for the night at Warmland. One woman was 49, one was 46, the youngest was 42, the oldest were 54 and 61. Two of these women were Aboriginal, three were not. They had all made at least one trip to Emergency Services in the past year – one woman indicates she went at least 4 times. They all cite only one factor that contributed to them becoming homeless. For one it was as simple as the rental agreement ended and she couldn't find anything else that she could afford. For another divorce made the difference. Two others could not afford to pay the rent based on the shelter allowance of Income Assistance. Job loss

was what made the difference for another woman. She is working again but says: *“Build something for people who are trying and have put something back together but its still a struggle. [I’m] working but still can’t afford housing.”*

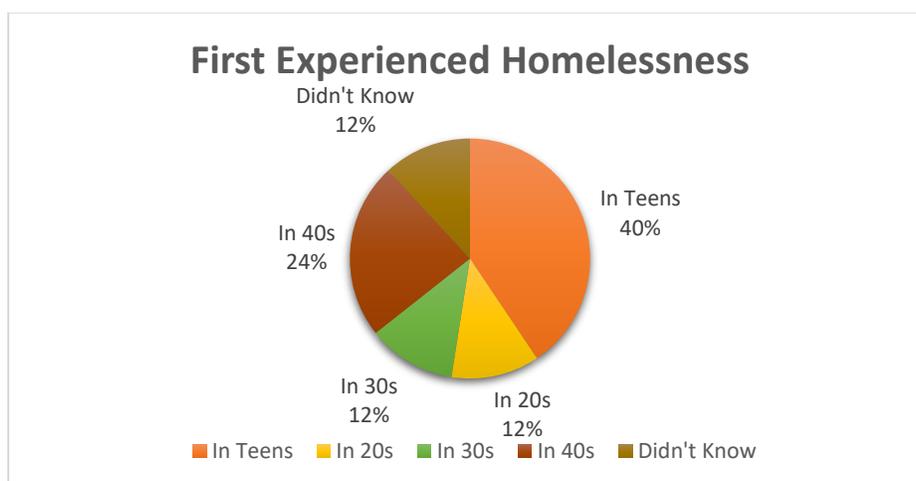
Foster Care: 7 women had experienced living in foster care; 5 were Aboriginal women.

Accessed Emergency Services: 11 of 17 women had accessed emergency services in the past year; 3 were there 3 or more times

Hospitalized: 9 women who were Absolutely Homeless said they had been hospitalized in the past year. 3 woman reported being hospitalized 4 to 7 times. In each of these three cases abuse was indicated as a contributing factor to loss of housing. All three women were First Nations.

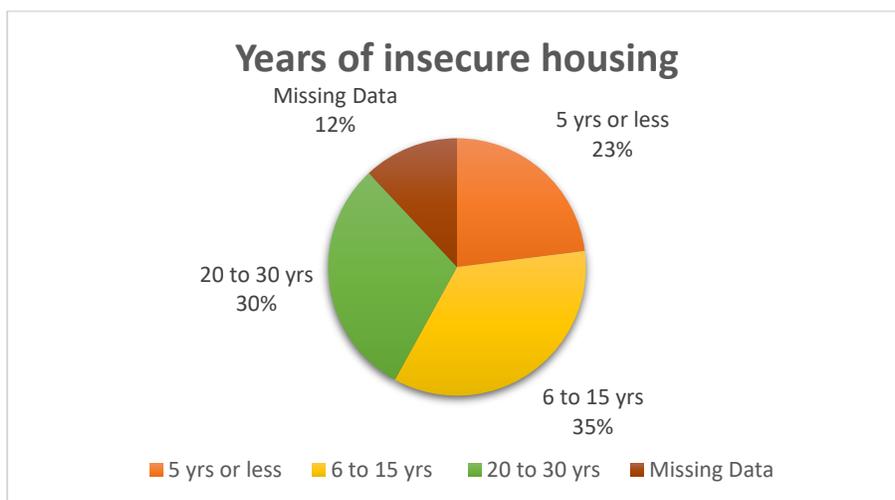
Income: Income Assistance and Disability Allowance provided a source of income for 82% of these women.

EXPERIENCE OF HOMELESSNESS



- 10 women indicated they had been experiencing homeless and/or insecure housing all year. Another 7 women indicated they had been homeless for 6 months or less in the past year.
- 11 women stated the experience of homelessness had been continual since it began (Chronic Homelessness).
- 5 women indicated they had experienced episodes of homelessness ranging from 2 to 6 times over the past year. (Episodic Homelessness).
- 15 of 17 women had stayed in a shelter sometime in the past year.

Whether the women had experienced homelessness for part or all of last year, most of them had experienced insecure housing for many years. The lowest time period named was 2 years. Six of the eight women who said they experienced homelessness in their teens had been in foster care. Five of those 6 women were First Nations.



Reasons for Loss of Housing (N = 17)	
<ul style="list-style-type: none"> • 6 Abuse Spouse + 5 Conflict Spouse • 4 Abuse Parent + 2 Conflict Parent 	<ul style="list-style-type: none"> • 2 - Illness • 2 - Job Loss
<ul style="list-style-type: none"> • 6 - Evicted 	<ul style="list-style-type: none"> • 1 - Incarcerated • 3 - Hospitalized
<ul style="list-style-type: none"> • 5 - Unable to Pay Rent • 5 - Unsafe Housing • 5 - Addiction 	<ul style="list-style-type: none"> • 5 - Other Reasons

Six women identified more than four factors that had contributed to their housing loss.

YOU COUNT! COUNT YOUR VOICE IN

<p>Biggest Challenge?</p> <ul style="list-style-type: none"> • Drug addiction - heroin • Mould
<p>Services Needed:</p> <ul style="list-style-type: none"> • Unable to get help with filling out welfare [forms]. • Homeless shelter that accepts couples. Have been turned down.
<p>Help Finding or Keeping Housing:</p> <ul style="list-style-type: none"> • <i>Can't get rent deposit or damage deposit back from landlord. Kicked out in winter! Landlord kept everything. Need legal aid services!</i> • <i>Feel unsafe in building – worried about CO.</i> • <i>Too many slum landlords.</i> • <i>Just not enough rentals!</i> • <i>Housing for single person. Don't want room mate. Gets messy.</i> • <i>Hydro is so expensive! A place may seem affordable until you factor in the hydro.</i>
<p>Health and Medical Services:</p> <ul style="list-style-type: none"> • <i>Addiction services. "There is not much in town for youth. Addiction services are hard to access."</i> • <i>[Drug] Treatment – detox needed.</i> • <i>Rehab.</i>

CONCLUSION AND COMPARISON TO 2014 COUNT

When we compare the results of the 2014 Homeless Count to the current results, what might jump out right away is that the number of people counted as absolutely homeless increased from 59 to 73. The 2014 study was a regional count. The number of people in the Duncan area who were recorded as absolutely homeless was actually 56. On the night of the Count in 2014, 31 people were staying at Warmland and 4 at Somenos House. In 2017, we counted 43 people staying at Warmland and 2 at Somenos. While this may represent an overall increase in the number of people in Duncan who are homeless, it may also be accounted for by fluctuations in the weather causing more people to be sleeping indoors. In 2014, the number of people counted who were sleeping outdoors was 13 for the region. In 2017, that number rose to 26 individuals. As there is a cap on the number of shelter beds for those who are absolutely homeless, it may be that we will see the numbers of people sleeping outside continues to raise if the overall homeless population continues to grow.

In terms of the characteristics of the two samples, there are three differences to note in demographics. First, there were ten people in the 2017 sample who indicated they had been in the military at some point. In 2014 there were no cases reported. This was the first year we inquired if people self-identified with the LGBTQ community. Two individuals indicated they did identify with this population. This was also the first year we asked about immigration status. There were two people who reported immigrating to Canada in the last five years.

Beyond this we find only minor differences in the two samples. Again, these differences may be accounted for by daily fluctuations in the size and make-up of this population. However, when we look at the length of time people have lived here and how long they have been homeless while living here, we find evidence in both samples that there is a chronic resident homeless population in Duncan comprised of people who have lived here for a considerable time.

Comparison of 2014 and 2017 Homeless Counts

	2014 Absolutely Homeless Population	2017 Absolutely Homeless Population
Average Age	49	45
Gender	79% Male – 21% Female	75% Male – 23% Female
Aboriginal	26%	35%
Income	46% Income Assistance /PWD	69%
Homeless 1 yr or longer	60%	47%
Lived 5 yrs of longer in area	61%	67%
Reasons for loss of housing	<ul style="list-style-type: none"> • Couldn't afford rent • Addiction • Relationship breakdown • Family Conflict • Eviction 	<ul style="list-style-type: none"> • Addiction • Conflict/Abuse Parent or Partner • Job Loss • Illness • Unable to pay rent

APPENDIX A: WHERE WE ENCOUNTERED PEOPLE

WHERE ENCOUNTERED?

	Absolutely Homeless 73	Hidden Homeless 71	At Risk Population 37
Warmland – 69 surveys	38 - Warmland (35 - Shelter + 3 sleeping rough)	31 people (24 – transitional units, 6 couch surfing; 2 motel)	0
House of Friendship 16	5 (1 -Warmland + 4 sleeping rough)	9 (all couch surfing)	2
CWAV - 18	3 (2 at Transition House, 1 – Don’t Know)	7 people (4 – couch surfing; 1 motel, 1 transitional, 1 renting room)	8
Basket Society - 45	15 (12 – sleeping rough, 2 Warmland, 1 person Don’t Know)	13 (1 transitional; 11 - couch surfing, 1 motel)	17
Mobile Team- 5	4 – sleeping rough	1 couch surfing	0
Magnet Event - 23	7 (4 - Warmland, 3 sleeping rough)	7 couch surfing	9
Island Savings Centre - 2	1 - Warmland		1
Cowichan Independent Living - 2	0	2 – couch surfing	
Total -181	73	71	37

APPENDIX B: THE SURVEY

Duncan PiT Homelessness and Housing Needs Survey
February 20 – 21, 2017

Survey # _____

Location: _____

Interviewer's Initials: _____

Time: AM / PM

Hi. We are doing a confidential survey with people who are experiencing homelessness, or who are having trouble finding housing that feels safe and secure, or people who may be facing other housing challenges. The information will help identify programs and services that are needed in our community.

Participation is voluntary and your name will not be recorded.

- A. Would you be willing to complete the survey? It should take about 10 minutes. You can skip any question or stop the survey at any time.
 - Yes (CONTINUE)
 - No (END)

- B. Are you experiencing homelessness or any challenges with housing?
 - Yes (CONTINUE)
 - If No or No Response END.

- C. Have you already answered this survey with anyone?
 - Yes or No Response END. - Thank You.
 - No (CONTINUE)

- D. Where did you stay last night? *[Do not read categories]*

<ul style="list-style-type: none"> a. DECLINE TO ANSWER b. APARTMENT (Renting) / OWN HOUSE / own RV / own trailer / own camper van c. SOMEONE ELSE'S PLACE (family or friend) d. MOTEL/HOTEL e. HOSPITAL, HOLDING CELL 	<ul style="list-style-type: none"> f. EMERGENCY SHELTER or TRANSITION HOUSE (Such as Warmland or Somenos House) g. TRANSITIONAL HOUSING (Warmland long-term transitional) h. Outside: park, lane, woods, marsh, by the river i. Vehicle: Car / Truck j. Makeshift Shelter, Tent, Shack k. Abandoned building l. Other _____ m. Doesn't know
---	---

1. Did any family members also stay with you last night? If
 so, who? Can you tell me the age and gender of the children?

<input type="radio"/> NONE	<input type="radio"/> PARTNER	<input type="radio"/> OTHER ADULT			<input type="radio"/> DECLINED TO ANSWER			
<input type="radio"/> CHILD(REN)/DEPENDENT(S)		1	2	3	4	5	6	7
<i>[Indicate gender and age for each]</i>	GENDER							
	AGE							

The next few questions are about your experience of homelessness - meaning any time you have been without a secure place to live, this could include staying in a shelter (like Warmland or Somenos House), sleeping on the streets, or living temporarily with others.

2. How old were you the first time you became homeless or were without a secure place to live?

<input type="radio"/> AGE _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
---------------------------------	----------------------------------	---

3. In the past year, *how much time* have you been homeless or without a secure place to live?
[Best estimate]

<input type="radio"/> LENGTH _____ DAYS WEEKS MONTHS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
--	----------------------------------	---

4. In the past year, *how many different times* have you experienced homelessness or not having a secure place to live? *[Best estimate.]*

<input type="radio"/> NUMBER OF TIMES ____ <i>[Includes this time]</i>	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
--	----------------------------------	---

5. Have you ever stayed in an emergency shelter any time in the last year? (In Duncan or elsewhere)

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
---------------------------	--------------------------	----------------------------------	---

6. How long have you been in (lived in) Duncan?

<input type="radio"/> LENGTH ____ DAYS / WEEKS / MONTHS / YEARS <input type="radio"/> ALWAYS BEEN HERE <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER	Where did you live before you came here? <input type="radio"/> COMMUNITY <input type="radio"/> PROVINCE <input type="radio"/> OR COUNTRY
--	--

The next few questions are about you and your background.

7. To help us avoid duplicate surveys, can you please tell me your mother's initials? _____

8. Do you have First Nations, Métis, or Inuit ancestry? If so, how do you identify yourself?

YES <input type="radio"/> FIRST NATIONS <input type="radio"/> INUIT <input type="radio"/> MÉTIS <input type="radio"/> NON-STATUS / HAVE ABORIGINAL ANCESTRY	<input type="radio"/> NO <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINED TO ANSWER <input type="radio"/> OTHER _____
--	---

9. (Skip this question, if the response was yes to question 7.) Did you come to Canada as an immigrant or refugee within the past five years?

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINED TO ANSWER
---------------------------	--------------------------	----------------------------------	--

10. Have you ever served in the Canadian Military or RCMP?

<input type="radio"/> YES, MILITARY	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINED TO ANSWER
<input type="radio"/> YES, RCMP			

11. What year were you born?

<input type="radio"/> YEAR BORN _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINED TO ANSWER
---------------------------------------	----------------------------------	--

12. What gender do you identify with?

<input type="radio"/> MALE	<input type="radio"/> TRANSGENDER	<input type="radio"/> DECLINED TO ANSWER
<input type="radio"/> FEMALE	<input type="radio"/> TWO-SPIRIT	<input type="radio"/> OTHER:

13. Do you identify as part of the gay – lesbian community? *(Lesbian, Gay, Bi-sexual, Transgender, Transsexual, Queer, Questions, Two-Spirited, Other)*

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINED TO ANSWER
---------------------------	--------------------------	----------------------------------	--

14. What is the highest level of education you have completed?

<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINED TO ANSWER
----------------------------------	--

15. Have you ever been in foster care or a group home?

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINED TO ANSWER
---------------------------	--------------------------	----------------------------------	--

16. In the past 12 months, have you:

- a. Used emergency medical services Yes: _____ No: _____
 - (If yes) How many times? _____
- b. Been hospitalized? Yes: _____ No: _____
 - (If yes) How many times? _____

Last couple of questions

17. There can be many reasons why people are without their own place to live. What happened that caused you to lose the last stable housing you had? (Here we are not referring to temporary housing arrangements – such as, couch surfing or staying at a shelter.)

[Check all that apply.]

<input type="checkbox"/> ILLNESS OR MEDICAL CONDITION	<input type="checkbox"/> CONFLICT WITH: PARENT / GUARDIAN
<input type="checkbox"/> ADDICTION OR SUBSTANCE USE	<input type="checkbox"/> CONFLICT WITH: SPOUSE / PARTNER
<input type="checkbox"/> JOB LOSS	<input type="checkbox"/> INCARCERATED (JAIL OR PRISON)
<input type="checkbox"/> UNABLE TO PAY RENT OR MORTGAGE	<input type="checkbox"/> HOSPITALIZATION OR TREATMENT PROGRAM
<input type="checkbox"/> EVICTED: OTHER REASON (NOT FINANCIAL)	<input type="checkbox"/> UNSAFE HOUSING CONDITIONS
<input type="checkbox"/> EXPERIENCED ABUSE BY: PARENT / GUARDIAN	<input type="checkbox"/> OTHER REASON
<input type="checkbox"/> EXPERIENCED ABUSE BY: SPOUSE / PARTNER	_____
	<input type="checkbox"/> DON'T KNOW
	<input type="checkbox"/> DECLINE TO ANSWER

18. What is your biggest challenge now in trying to find housing?

19. Are there any services you wanted but were unable to get?

20. We are interested to know how people are supporting themselves. Will you tell me how you support yourself? For example, are you working or receiving EI or Income Assistance or supporting yourself through some other means? [Check all that apply]

<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> DISABILITY BENEFIT	<input type="checkbox"/> OTHER SOURCE:
<input type="checkbox"/> INFORMAL/SELF-EMPLOYMENT (E.G., BOTTLE RETURNS, PANHANDLING)	<input type="checkbox"/> SENIORS BENEFITS (E.G., CPP/OAS/GIS)	<input type="checkbox"/> NO INCOME
<input type="checkbox"/> EMPLOYMENT INSURANCE	<input type="checkbox"/> CHILD AND FAMILY TAX BENEFITS	<input type="checkbox"/> DECLINE TO ANSWER
<input type="checkbox"/> WELFARE/SOCIAL ASSISTANCE	<input type="checkbox"/> MONEY FROM FAMILY/FRIENDS	

21. Last Question. Is there anything else you would like to share about the housing challenges you have had or are having now?

Thank you for doing this survey!

(Give gift card.)

APPENDIX C: YOU COUNT! POSTER

YOU COUNT! COUNT YOURSELF IN!



- Are you homeless or worried that you might be soon?
- Are you couch surfing?
- Come take this survey!
- We want to hear from you!
- Your answers will help figure out what services are needed in the community.

Homelessness & Housing Needs Survey

Tuesday, February 21st

10:00 am to 3:30 pm

St John's Church Hall – 486 Jubilee St, Duncan

Warm Lunch – Donated Goods – Free Services Haircuts –
Chiropractic Treatments - Acupuncture

This project is funded by the Government of Canada's Homelessness Partnership Strategy.



CVRD COMMUNITY SAFETY
ADVISORY COMMISSION

2016 ANNUAL REPORT

February 2017

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Message from the Chair

I would like to thank all of our CSAC members, our partners and our sponsors for their ongoing commitment to a safer and healthy Cowichan Valley. CSAC could not succeed without the dedication of these people and agencies.

2016 saw CSAC expand its focus to a broader multi-stakeholder response to complex and integrated issues in order to address the increases in needle collection and disposal, substance abuse, homelessness, and neighbourhood crime. In many cases all of these emphasis areas are linked and require collaborative investigations to identify practical and lasting solutions.

In 2016, to meet this growing community safety pressure, CSAC re-tooled its approach in how it concurrently manages its complex programs, making the best use of its available staff and resources.

I am very optimistic that the work and process modifications CSAC undertook in 2016 will continue to be of benefit through 2017 and beyond; and thereby help find solutions to our community's safe challenges.

Respectfully,

Michael E. Trickey
CSAC Chair

Executive Summary

Community Safety achieves a positive state of well-being for people by looking at the social and physical environments within a community. It reduces and prevents injury and crime, builds strong, cohesive, vibrant, participatory communities, and saves valuable resources that could be spent on positive community development.

The CVRD Community Safety Advisory was formed in 2003, but has been working since its inception as the Women's Safety Advisory in 1996, to foster safe communities.

In December 2012, the CVRD created the Community Safety Advisory Commission (CSAC) to complement the Board's identified strategic action of continuing to support the Community Safety Advisory Committee. CVRD By-law 3622 established the CSAC to "provide advice on safety issues of regional, sub-regional, and interagency importance".

Over the years, CSAC has worked on a range of issues and initiatives including but not limited to Women's Safety Audits, Planning and Design Guidelines, a Community Action Plan, the development of a Regional Safety Lens, a Safe Needle Strategy, Regional Youth Safety Strategy and Youth Safety Lens.

In 2011, the CSAC adopted Youth Safety as their priority and has worked over the past three years to gather information and hear the voices of Youth to better understand what youth need in order to flourish, and how local governments can both respond and plan to create communities that foster resiliency and protective factors.

As a result the Youth Projects stream hosted by Safer Futures completed an action project to identify and design safe spaces in local parks for our young people.

During 2016, the Commission has been focusing on a broader and collaborative multi-stakeholder response to a complex set of issues in the core of the region involving a critical increase in discarded needles, substance use, homelessness, and neighbourhood crime. These issues, and corresponding actions, are detailed in a series of Problem Statements. Our report provides a synopsis of this work and progress to date.

"The prevention of violence facilitates community cohesion and participation, fosters neighborhood improvements, expands employment and educational opportunities, and improves overall health and well-being."

(Cohen et al; Addressing the Intersection. Oakland: Prevention Institute; p.1)

I. Introduction and Background

Purpose of this Report

This report provides a brief background and introduction to the CVRD Community Safety Advisory Committee (CSAC), a description of activities conducted, and a summary of achievements realized during 2016.

CVRD Community Safety Advisory Commission

Until December 2012, the CSAC was a standing committee of the Board, appointed by the Board on an annual basis. In December 2012, the CVRD created the Community Safety Advisory Commission (CSAC) to complement the Board's identified strategic action of continuing to support the Community Safety Advisory Committee. CVRD By-law 3622 established the CSAC to "provide advice on safety issues of regional, sub-regional, and interagency importance" with the following responsibilities:

- To advise the Board on community safety issues of regional, sub-regional and interagency importance.
- To serve as a forum for multi-sectoral discussion where local government and community groups can work together. The Commission has a leading role in providing advice and support to safer communities' initiatives across the region.
- To be a conduit for recommendations arising from its members and from community initiatives, and for issues referred by the Board, elected officials, and staff requests.
- To be a resource for planning staff at various local governments and to Advisory Planning Commissions.

Commission Role and Activities

Within these general terms of reference, the CSAC has had the ability to assume a broad role to advise and to address a range of factors that contribute to community health and safety in the Cowichan Region. Historically, the Committee has taken a Social Development Approach to community safety and crime prevention which recognizes that just as there is no one cause of crime, victimization and fear, there is also no one solution. This approach focuses on addressing the underlying causes of crime and victimization, and undertakes research, needs assessments, action planning, implementation, monitoring and evaluation.

Over time, CSAC activities have included:

- ❑ Identification and assessment of issues and priorities for research and action.
- ❑ Undertaking, and/or providing guidance and direction to research and action projects.
- ❑ Promoting education and awareness of community safety-related issues and prevention strategies.
- ❑ Developing and submitting recommendations to the CVRD Board and other levels of government to undertake specific action as to address, promote and encourage

policy development, community development, and provision of services relating to community safety.

- ❑ Developing and submitting recommendations to relevant departments, committees and structures of the CVRD and member municipalities for Official Community Plans and other by-laws, parks, emergency planning, human resources, and so on, relating to personal and public safety.
- ❑ Developing tools and resources.
- ❑ Providing education and training through workshops and seminars for citizens, professional groups such as planners, developers, architects, and community organizations.
- ❑ Sharing information about this work with other communities around the province and across Canada.

An additional key role that CSAC has been working on through 2016 is the collaboration between stakeholders to successfully address community safety issues. Most issues that come to CSAC are complex and span multiple stakeholders, each with their own objectives. These individual objectives need to be molded into common stakeholder-wide objectives to ensure each community safety issue is dealt with most effectively.

Structural Support to CSAC

The CSAC is supported in its efforts by the CVRD, including administrative and departmental functions. Over the years, various departmental staff have provided input to the committee and have reported on their activities. As of April 2016, the CSAC is now supported by the Public Safety Division, Community Services Department of the CVRD. We welcome staff support from Conrad Cowan, Public Safety Manager and Gail Erickson, Administrative Support.

CSAC is supported by the Safer Futures Program under an Annual Financial Contribution. Safer Futures is a community research and development program that conducts research on issues related to the safety of women, children and other vulnerable groups in their communities and works collaboratively to develop and implement solutions.

Supportive and Guiding Documents

The Annual CSAC Work plan

This work plan is informed by the two documents that provide a Framework for action and the basis for the main activities of CSAC.

The Community Safety Action Plan

In 2006, CSAC developed a draft Community, Health and Safety framework entitled “Community Safety Action Plan”. This document provides an overall Strategic Plan to address safety within the Cowichan Valley region. Four building blocks provide the structure of the Plan: 1) Policy and Guidance, 2) Safe and Accessible Design, 3) Building Strong Neighbourhoods and 4) Coordinated Action. The Plan provides the framework for the CSAC Work Plan each year (available at: <http://www.cvrld.bc.ca/DocumentView.aspx?DID=1609>)

The Cowichan Region Safety Lens

The Community Safety Lens is a planning and development tool. As a framework document it considers safety, ensures adequate consultation and informs a range of procedures. Specifically, the lens provides planners, elected officials and developers with a tool to assess safety for proposed developments and planning in the Cowichan region (available at: <http://www.cvrld.bc.ca/Document View.aspx?DID=7392>).

CSAC Framework

CSAC has four primary objectives that form the basis for its work:

Policy and Guidance

- Bringing a community safety perspective into planning and policy development of local governments.

Planning and Response

- Gathering information and data related to community safety, crime prevention and social development issues, and providing input into relevant community planning processes.

Community Linkages and Collaboration

- Developing connections and collaborative relationships with local governments, community organizations and citizens to foster effective communications and community safety efforts.

Priority Issues

- Youth Safety has been a priority issue for the Commission since 2011.

2016 Community Safety Advisory Commission Members

M. Trickey, Chairperson, Member of the Public
 M. Dorey, Director, Electoral Area G, CVRD
 S. Furstenau, Director, Electoral Area B, CVRD
 K. Marsh, Councillor, Municipality of North Cowichan; Director, CVRD
 C. Fradin, Councillor, Town of Ladysmith
 J. Horgan, Councillor, City of Duncan
 M. Staples, Social Planning Cowichan
 A. Canute, Councillor, Cowichan Tribes
 E. Croft, Trustee, School District 79
 R. Carfantan, Inspector, RCMP
 C. Rolls, Cowichan Community Policing Advisory Society
 J. Sterk, Member of the Public
 L. Vaccher, Member of the Public
 J. Capps, Youth Member of the Public

II. Our Work in 2016

This year, the work of CSAC revolved around two broad themes:

- Moving forward with Youth related safety initiatives stemming from the 2014 Youth Dialogues, and
- Planning and action around a series of broader and complex inter-related community safety concerns such as the critical increase in discarded needles, substance use, homelessness, and neighbourhood crime.

Youth Projects

Safe Youth Cowichan Project - Creating Places to Belong for Youth in the Cowichan Valley

From 2012-2014, Safer Futures and Safe Youth Cowichan (SYC) conducted Youth Safety Dialogues in response to community concerns around increasing issues of youth safety in the Cowichan Region. The dialogues involved over 500 youth from all areas of the region. Findings from the dialogues highlighted the importance of fostering communities that value and include youth in decision-making processes, especially when designing and developing youth friendly spaces, programs, facilities, activities and transportation.

The aim of the Youth Spaces Project was to build a sense of belonging for youth by designing and developing innovative spaces within community parks where youth feel safe and welcomed to express their diversity without fear, shame or violence.

The project was funded by the Ministry of Public Safety and Solicitor General through a Civil Forfeiture Crime Prevention and Crime Remediation Grant and was carried out by SYC with the Safer Futures program of Cowichan Women Against Violence Society and in collaboration with the CVRD Community Safety Advisory Commission, Cowichan Green Community Youth Outreach Team, Municipality of North Cowichan and the City of Duncan.

SYC began with creating awareness about the importance of belonging for youth and how they needed to be consulted in decisions that affect them and especially in designing and developing in the local community.

Over the summer of 2016, SYC worked with youth in the Cowichan region to identify community parks where spaces for youth could be created. Two spaces within the central area of Cowichan were identified as key areas as youth were already using these spaces and these were parks where there was evidence of conflicting uses between youth and other community members.

SYC consulted with many youth to determine what youth would like to see in a space that was created for them. The project also consulted with community members living around and using the parks to address any concerns and garner input into the design process. With these results SYC created an innovative design for a space that can be used by all community members but

especially welcomes youth. Safer Futures is currently writing grant proposals to raise funds for the construction phase.

Community Safety Issues

The past year saw a great deal of community concern and activity related to issues of safety, mental health, substance use and homelessness in the Cowichan Valley. Early on in the year, the Commission received reports and requests relating to these different aspects, and our analysis brought us to a place of understanding that the issues are interconnected and need to be addressed using a comprehensive safety lens.

The following table presents a summary and analysis of the issues, as well as planned and completed actions.

Topic	Details and Actions
1. Overview of Issues	<p>Community dialogue during the first six months of 2016 highlighted a number inter-related concerns in the Duncan Core area:</p> <ul style="list-style-type: none"> • Increased discarded sharps in public places and lack of capacity for needle collection facilities • Concurrent concerns related to substance use, homelessness and child welfare • Public safety and disorder perceived to be linked to a local alcohol outlet • Increasing issues regarding thefts in the Downtown Core
1.1. Safe Needle Disposal	<p>A May 2016 meeting convened by Island Health and attended by several local stakeholders (Island Health, Local Government, NARSF, Island Saving Centre, Safer Futures, CVRD) highlighted a significant increase over the last two years in the amount of discarded sharps in the community, particularly around Somenos Marsh, Lewis/Beverly/York Streets, East Marchmont and the old VIU site near the Cowichan River.</p> <p>Concurrently, local government and community agencies observed increased use of the Somenos Marsh area for camping by both adults and youth/children, increases in the number of young people (under 18) using intravenous drugs, accessing shelter and needle services, and living homeless. Exploitation of youth and children who are among the homeless using the Marsh has also been observed. Further concerns were voiced regarding discarded needles and refuse around businesses in the Beverly Alexander area, activities around Island Savings Centre, and alcohol use and public disruption around the liquor store at Alexander Street and the Trans Canada Highway.</p>
1.2. Community Safety Beverly – Alexander area	<p>Between May – July 2016, the CSAC received requests from North Cowichan (May 20th 2016) and City of Duncan (July 12th 2016) “that the liquor store related issues/concerns in the Alexander/Whistler Street area</p>

<p>/ CPTED Request for Liquor Store Concerns</p>	<p>be referred to the CVRD’s CSAC and RCMP to consider expanding the Crime Prevention Through Environmental Design (CPTED) study of the Beverly Street Area.”</p> <p>Other concerns listed in the letter from the City of Duncan include: increased incidents of vandalism; loitering; drinking in public; camps being set up by the dike; sleeping in front of businesses doorways; increased drug use and discarded needles.</p> <p>Discussion by CSAC members highlighted the need for further background information and consultation to provide adequate analysis. The concerns presented indicate a more complex problem than would be indicated for a CPTED review of the area. A more comprehensive community audit was recommended.</p>
<p>1.3. Downtown Duncan Business Area</p>	<p>In May 2016, representatives of the Downtown Business Improvement Association (DBIA) attended a CSAC meeting to present on concerns in the downtown area related to increasing break-ins and theft.</p> <p>The DBIA presented a record of thirty-one incidences over a six month period between October 2014 and April 2015. In addition it was observed that there has been an increase in drug use, sleeping out/homelessness in the downtown core. Further, thefts have also been escalating at Kinsmen Park. Plants have been stolen and there is more sleeping in the park.</p> <p>In the past, there had been a Task Force to deal with issues in the downtown core. As well, Safer Futures conducted safety audits and produced a Safe City Report for the City of Duncan in 2005.</p> <p>As the presentation was done in May of 2016 and the statistics provided were from 2014/15, updated information is needed to determine the current situation around thefts in the downtown area. As well, information and analysis is needed to determine the root issues; for example, linkages with increased homelessness and substance use were noted.</p>
<p>2. Issues Analysis</p>	<p>Broader community issues linked to substance use, mental health, poverty, homelessness and needle disposal are being approached through several avenues including but not limited to:</p> <ul style="list-style-type: none"> • Our Cowichan Health Network members • Mental Health and Substance Use Committee • Social Planning Cowichan • Island Health • Local Governments • Cowichan Housing Association • Downtown Business Association <p>Given the complexity and reach of the issues presented, it is suggested</p>

	<p>that the three main umbrellas of Social Planning Cowichan, Our Cowichan (including Island Health) and CSAC collaborate to coordinate strategic research and planning, and efforts arising related to broader community health issues.</p> <p>For issues that present at the level of neighbourhoods, specific working groups involving local residents and businesses, supported by community agencies, RCMP and local governments, can be an effective way to approach solutions at this level.</p>
<p>3. Issue Urgency</p>	<p>These issues have been emerging/escalating since 2014. As noted above, they are the culmination of a range of factors, and as such, will be conducive to some short-term actions, but will require a longer term, comprehensive strategy.</p> <p>These issues have been discussed at several tables including the CSAC (community safety), a Harm Reduction Roundtable hosted by Warmland in May 2016, two meetings focused on youth homelessness convened by Cowichan Housing Association in June and July 2016, and Our Cowichan Health Network meeting, September, 2016.</p> <p>The issues of substance misuse, addictions, mental health, homelessness, poverty pose significant personal, social, health and economic costs to individuals and the entire community. In addition to the significant social costs of a life disrupted and pain experienced by individuals affected by these issues, the social and economic costs to communities for example, of having neighbourhoods that feel unsafe, policing, physical repair and maintenance, and hospitalization are enormous. We know however, that the benefits of implementing preventative planning and interventions not only result in improvements to the lives of individuals, families and communities, but they also result in significant cost savings over the longer term.</p> <p>This general area has been the topic of a great amount of research and community consultation sparked by similar community concerns by Safer Futures since 1998, beginning with a community audit and progressing to a community safety strategy in 2003, followed by a Neighbourhood Plan developed by the District of North Cowichan in 2006.</p>
<p>4. Vision Statement And Actions</p>	<p>Community Safety achieves a positive state of well-being for people by looking at the social and physical environments within a community. It reduces and prevents injury and crime, builds strong, cohesive, vibrant, participatory communities, and saves valuable resources that could be spent on positive community development.</p> <p>The issues presented are complex and multi-faceted and include homelessness, substance misuse/addictions, mental health, needle disposal, child welfare, exploitation, poverty and crime. The vision for</p>

	addressing these issues should encompass the complexity and range of factors for a safer, healthier community, and strive to make improvements such as reductions in thefts, vandalism and discarded needles; decrease homelessness and increase affordable housing; decrease poverty and increase social and emotional well-being of residents.
5. Summary of Actions to June 2016	<ol style="list-style-type: none"> 1. Additional needle disposal boxes have been installed near Somenos marsh on York Road and one in Kin Park right next to the High School. Needle boxes have been installed in most of the bathrooms at the Island Savings Centre. 2. Island Health has enhanced efforts to dispose of needles dropped off at MMHU. 3. The Safe Needle Disposal Toolkit is being updated. 4. Community agencies have continued and/or expanded efforts: NARSF continues to provide needle exchange; Warmland provides outreach, shelter and needle exchange; Public Health (MMHU) is providing needle exchange and is working on a map of disposal sites; Island Saving Centre provides a needle disposal site. 5. Our Cowichan has held a networking meeting to discuss issues of drug use, needle disposal, poverty, mental health, and homelessness (Including the MHSU Collaborative) 6. Warmland is conducting outreach to youth. 7. Cowichan Housing Association has held two forums on the topic of youth homelessness. 8. Social Planning Cowichan is undertaking a Poverty Reduction Initiative.
6. Planned Actions and Progress June – December 2016	
	<p>1. Safe Needle Disposal</p> <ul style="list-style-type: none"> • Updating of the Safe Needle Disposal Toolkit (<i>Safer Futures – in progress</i>) • Continuing to work with the Safe Needle Disposal Committee to assist implementation of additional disposal sites and methods as described above (<i>CSAC Lead</i>) • Working with the Safe Needle Disposal Committee to monitor use and preferred locations of disposal sites (<i>CSAC Lead</i>)
	<p>2. Downtown Duncan Business Association</p> <ul style="list-style-type: none"> • Obtain update on current situation and Task Force activities; determine next steps from this information. (<i>CSAC Lead</i>) • Invite DBIA representation to CSAC meetings on a regular basis to inform and update on status of downtown crime and safety issues (<i>CSAC Lead</i>) • Facilitate dialogue between DBIA and RCMP to monitor break in

	<p>and crime prone locations, typical merchandise stole, resale of stolen merchandise e.g. assess if linkage between break ins and drug use (<i>CSAC Lead</i>)</p> <ul style="list-style-type: none"> • Assess options for conducting CPTED reviews for at-risk businesses • Link concerns related to homelessness, addictions, etc. into broader efforts
	<p>3. Community Safety Beverly Alexander / CPTED Review Request for Liquor Store Concerns</p> <ul style="list-style-type: none"> • An initial CPTED assessment was conducted by CSAC members during a CPTED certification course. Overarching recommendations were identified and are to be used in support of neighbourhood community consultations and community safety audits set to happen early in 2017 • Conduct neighbourhood community consultation/engagement to obtain input from the local neighbourhood regarding their safety concerns and recommendations (<i>Social Planning Cowichan, Safer Futures</i>) • Gather data on RCMP calls for service, local demographics and relevant demographic statistics to inform definition of issues (SPC, Safer Futures) • Conduct safety audits of the local area with the participation of residents, businesses, local agencies and local governments (<i>Safer Futures, Social Planning Cowichan</i>) • Present recommendations back to the local neighbourhood, local governments, CSAC and Our Cowichan to develop a plan for addressing concerns (<i>Social Planning Cowichan, Safer Futures</i>). • Prepare a comprehensive implementation and monitoring plan. (<i>Lead: to be determined</i>).
	<p>4. Homelessness and Housing</p> <ul style="list-style-type: none"> • As the issues presented regarding substance use, crime and disorder are linked to homelessness, the strategy should also contain this element. • Prepare a gap analysis for homelessness and housing needs (Cowichan Housing has this as a priority in their current year plan) • Identify priority projects for addressing homelessness and affordable housing, particularly for youth and proceed (CHA as above, with community partners) • A Point in Time Count will be conducted by United Way in February 2017, and a Community Plan focusing on Aboriginal Homelessness in the Duncan area will be underway in March 2017.

