

**WHAT TO DO ABOUT WHALLEY?
HOMELESSNESS IN SURREY'S CITY CENTRE**

by

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Abstract

Homelessness is forefront on the policy agenda in British Columbia, particularly in large urban centers such as Vancouver and, more recently, the Whalley area of Surrey. This study aims to understand the nature of homelessness in Whalley, to develop policies for alleviating homelessness and related issues. Twenty homeless or formerly homeless individuals and nine local stakeholders participated in qualitative interviews. Results of the study highlight two key issues: the stigma of homelessness as a barrier to housing and employment, and the need to address chronic homelessness among individuals facing multiple barriers such as substance abuse or mental illness. The results of this study, along with relevant literature, inform the development of policy options for addressing these key issues. The project concludes with an analysis of these options and policy recommendations, including the development of low-barrier supportive housing and increased funding for support services.

Keywords: homelessness; stigma; chronic homelessness; Whalley (Surrey, BC); policy analysis

Executive Summary

Homelessness has recently become a key issue on the policy agenda in British Columbia. While public attention focuses on the upcoming 2010 Winter Olympic Games and the homelessness problem of the Downtown Eastside in Vancouver, homelessness is also solidifying its place on the municipal policy agenda in Surrey, a rapidly growing municipality in BC, located south of the Fraser River in the Greater Vancouver region.

The Whalley area in the northwest corner of Surrey includes a smaller sub-area known as City Centre, which is destined to become the city's downtown core. However, it is also home to a significant visible homeless population. New residential developments are springing up at a rapid rate in Whalley, and further gentrification may serve to increase homelessness. "Entrenched" homelessness is of particular concern, with the potential to attract people displaced from poorer areas of Vancouver (such as the Downtown Eastside) due to gentrification and the 2010 Winter Olympics.

This study aims to understand the nature of homelessness in Whalley in order to develop community-based solutions that can work towards alleviating homelessness and related issues for the benefit of those experiencing homelessness and the entire community. Specifically, the aim is to reduce the number of people experiencing homelessness, and reduce the negative community impacts without simply displacing visible homelessness to another geographical area.

This study employs a qualitative approach to gain an in depth understanding of the social, structural and individual level factors from the perspective of community members, including those who are homeless. Along with relevant research and local literature, qualitative interviews provided the primary data source for this project, collecting information regarding homelessness in the Whalley area from two groups:

1. Key Informants: Individuals who were homeless, or had been homeless, in the Whalley area (n = 20).
2. Key Stakeholders: Individuals with an interest in the community, including government, social service and business representatives (n = 9).

Results

When asked why they are homeless, participants cited a range of factors, including evictions and unstable housing arrangements, substance abuse issues, major life events and family and relationship conflicts. When asked why they chose to live in Whalley while they were homeless, answers varied widely. Many participants said they avoid Whalley as much as possible, mainly due to the prevalence of drug use in the area. Some said it was simply "home", while others noted access to services and transportation. When asked specifically about the differences between Whalley and other cities, participants noted the lack of services in Whalley compared to Vancouver. They also said that despite the prevalence of drugs in Whalley, there is actually less drug use here compared to Vancouver's Downtown Eastside, which makes it more attractive to some people.

Other key findings:

1. Multiple-Barriers and Chronic Homeless
 - Many of Whalley's homeless face multiple barriers, including physical and/or mental health issues, substance abuse, concurrent disorders, and a lack of social and financial resources.
2. Stigma
 - Individuals who have the means to access independent housing are being shut out of the market, apparently due to issues of stigma. Furthermore, stigma in the provision of services may be contributing to the lack of services for the most barriered individuals.

Policy Recommendations

Results of the study and literature review led to the development of seven policy options. Careful analysis of these options led to four specific recommendations:

1. **Low-barrier supportive housing**
Time-frame: Immediate
 - Funding for 35 new units of supportive housing is available immediately, and should be put towards the development of low-barrier supportive housing for individuals with multiple barriers, including concurrent disorders.
2. **Increase funding for support services**
Time Frame: Immediate/Short-term
 - Results of this study and previous research indicate a need for long-term funding for a range of support services. This includes mental health services for the homeless and services to help people access independent housing.
3. **Pursue non-profit housing management**
Time Frame: Short-term
 - Stigma restricts the ability of homeless individuals to access market housing. Therefore, further examination of the implementation details and feasibility of providing non-profit management of market housing in the City of Surrey is required, as a means of providing priority access to housing for homeless individuals.
4. **Continue to push for new affordable housing.**
Time Frame: Long-term
 - Research indicates a significant shortage of affordable housing in Surrey and the entire GVRD. Therefore the City of Surrey should continue to pursue the development of affordable housing using their new Homelessness Fund. Both the provincial and federal governments should also re-examine the need for significant funding for the construction of new affordable rental housing.

Conclusion

The goal of this study was to gain an understanding of the nature of homelessness in Whalley, in order to develop policies that can work towards alleviating homelessness and related issues for the benefit of those experiencing homelessness and the entire community. The recommendations represent short and long-term measures that should have a significant positive impact on both the community and individuals who find themselves homeless.

The results of this study uncovered the significant impact that stigma can have on prolonging homelessness. Future research focusing on the topic of stigma in other jurisdictions and other policy areas is needed to develop effective policy responses.

Dedication

To my parents:

For all of their support over the years, and for always allowing me to believe that I can accomplish whatever I aspire to.

And to my husband Sean:

For standing beside me and giving me the tireless support and encouragement I needed to get here.

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Glossary

TERM	DEFINITION
Affordable Housing	Housing for which residents pay 30% or less of their gross on income on rent.
Chronic Homelessness	A person who has been homeless for longer than one year and/or has a history of cycling in and out of homelessness.
Concurrent disorders	Describes the presence of both mental illness and a substance abuse issue.
Emergency Shelter	Services that provide temporary accommodations, usually in some form of shared-space facility, which may also provide a range of support services.
High Barrier	Service model that includes eligibility restrictions or requirements. These may include factors such as age, gender, substance use, mental or physical health status, income source or program specific requirements.
Homeless	Refers to lacking a stable home, and staying in emergency shelters or on the streets for at least part of the time.
Housing Continuum Model	Homelessness policies or programs that emphasize moving people through a series of steps designed to help individuals move from homelessness to independent housing, often requiring participation in various treatment or education programs.
Housing First Model	Homelessness policies or programs that emphasize the immediate provision of long-term, stable housing, with a wide range of treatment and support services available on a voluntary basis.
Low-Barrier	Housing and other services that are accessible to individuals, regardless of their income source, substance use, mental or physical health status or other characteristics, and do not require participation in any specific treatments or programs. This definition also recognizes that certain behaviours or health conditions may limit the ability of the provider to give service.
Multiple Barriers	Refers to the presence of multiple factors that impede one's ability to exit homelessness, including (but not limited to) mental or physical health issues, substance use/abuse, or a lack of social or financial resources.

TERM

DEFINITION

This definition includes individuals with concurrent disorders.

Supportive
Housing

Housing where residents have access to a wide range of support services, including one or more of the following: addictions treatment, mental health services and/or other supports such as meals and laundry services.

Transition
Housing

Refers to temporary but longer term (2-3 years) housing that also provides support services. The goal is to help people achieve and maintain independent housing and self-sufficiency.

1 Introduction

Homelessness has recently become a key issue on the policy agenda in British Columbia (BC). BC Housing released a new strategy in October 2006 that included several homelessness initiatives (BC Housing, 2006), and the provincial budget announced early in 2007 put homelessness and housing initiatives at the forefront (Ministry of Finance, 2007). While public attention focuses on the upcoming 2010 Winter Olympic Games and the homelessness problem of the Downtown Eastside in Vancouver, homelessness is also rising up the municipal policy agenda in Surrey. For example, Surrey established a Homelessness and Housing Task Force in 2006 in response to a growing homelessness problem (Colley, 2006).

Surrey is a rapidly growing municipality in BC, located south of the Fraser River in the Greater Vancouver region. Strategically located with easy access to downtown Vancouver, the U.S. border, International Air and Seaports and an expansive rail and highway network, it has become the second largest city in BC. In fact, Surrey's population is projected to surpass Vancouver's in the next 20 years (City of Surrey, 2006a). Currently, the city is divided into six town centres. The Whalley area in the northwest corner includes a smaller sub-area known as City Centre, which is destined to become the city's downtown core. However, along with the numerous benefits of its rapid population and economic growth, Surrey has also developed a substantial homeless population, with significant visible homelessness in the City Centre area.

This study aims to understand the nature of homelessness in Whalley, in order to develop community-based solutions that can work towards alleviating homelessness and related issues for the benefit of those experiencing homelessness and the entire community. Specifically, the goal is to reduce the number of people experiencing homelessness, and reduce the negative community impacts associated with visible homelessness without simply displacing it to another geographical area. Reducing negative community impacts also requires a conscientious effort to avoid making Whalley an area of "entrenched" homelessness, similar to Vancouver's Downtown Eastside.

Evidence of Whalley's growing homelessness problem is hard to miss. Over the summer of 2006, a tent city emerged in the city centre, leading to complaints from local businesses about the associated garbage and illegal activity (Luymes, 2006). That same summer, when asked to

identify their main safety concerns, fifty-nine per cent of Whalley businesses surveyed referred to homeless people as their number one concern (Harron, 2006a). Whether homeless individuals actually posed a safety concern to these businesses is debatable – but the fact that a vast majority of those surveyed felt that homelessness posed such a significant risk to their business highlights the perceived seriousness of the homelessness issue in the area.

Aside from the obvious social and humanitarian issues that make homelessness problematic in any area, there are reasons to be particularly concerned with the current situation in Whalley. The area is rapidly living up to its reputation as the future downtown core of Surrey, but groups of homeless people and a thriving illicit drug market inhabit specific pockets, particularly 135A Street. The problems often associated with visible homelessness and illicit drug use, such as used needles, waste and property crimes, are present in these areas. New residential developments are springing up at a rapid rate in Whalley (Shore, 2007), and further gentrification may serve to increase homelessness in these pockets even more.

There are also concerns that the area is becoming an “entrenched” homeless community, with the potential to act as a target for any people displaced from poorer areas of Vancouver (such as the Downtown Eastside) due to gentrification and the 2010 Winter Olympics. The upcoming Olympics are of concern because Vancouver has experienced the eviction and displacement of low-income individuals during previous “mega-events” (Woodward & Associates et al, 2006). The fear is that people will be pushed from Vancouver, forced to look for low-cost housing in other communities such as Whalley. It is important to recognize that the goal should not be to deter low-income or homeless individuals who are seeking affordable housing from the Whalley area, but to ensure that policies or programs are in place to prevent further homelessness.

One of the main concerns regarding homelessness in the City Centre of Whalley is the image it projects. Visible homelessness, particularly among individuals with substance abuse problems, reflects poorly on cities and is often associated with crime. A recent article in the prestigious *Economist* journal demonstrates how high levels of poverty and homelessness can reflect poorly upon a city, questioning the liveability of Vancouver in light of the problems of the Downtown Eastside (“Growing Pains”, 2006). Many Whalley businesses have expressed concerns about the impact of the visible street homeless on their business, complaining that customers tell them they are afraid of “street people”, and therefore are afraid to patronize their business (Harron, 2006a). This fear may or may not be justified, but it is real and it indicates that residents and merchants are concerned about homelessness in the area. The City of Surrey has a

stake in promoting the success of small businesses and enhancing the liveability of its new downtown core. Addressing the homelessness that currently exists there is no doubt an important component of this mandate.

However, the need to reduce visible homelessness for the benefit of the community must be balanced against the rights, needs and preferences of those who are experiencing homeless. Society has an obligation to ensure that individuals facing homelessness receive the services they need in a manner that respects their preferences, dignity and basic human rights. In fact, Canada has recently been criticized by the United Nations regarding homelessness and a lack of respect for human rights (e.g. Kothari, 2006; Schlein, 2006) It is extremely important to ensure that the needs of the business and broader community do not overpower the needs and rights of the homeless. The aim of this study is to address the concerns of homeless individuals and the broader community simultaneously, bringing about positive community change while alleviating homelessness. This will require creative policies for providing a combination of housing and support services that take the needs and wishes of local stakeholders, including the homeless themselves, into account.

This study uses a qualitative approach to understand why Whalley has become “home” to so many homeless people, in order to inform the development of effective policy responses that balance individual and community needs. Qualitative interviews with individuals who were homeless in the Whalley area, along with other community stakeholders, identified two key themes that drove the development and analysis of policy options. These are 1) chronic homelessness among individuals with multiple barriers and 2) the stigma of homelessness as a significant barrier to housing. The findings related to stigma are especially important given the paucity of literature on this topic, particularly in the area of effective policy responses to stigma.

This report is organized as follows: Background information is presented first, followed by a review of relevant literature at the international, national and local levels. Following this is a discussion of the research methodologies used for the primary research portion of this project. Results of this research are then presented, followed by a discussion of these results and the relevant literature. The final section of the paper includes a description and analysis of policy options developed vis-à-vis the aforementioned discussion, and concludes with policy recommendations.

2 Background

The 2005 Greater Vancouver Homeless Count (Goldberg et al, 2005) found 2,174 homeless people in the Greater Vancouver Regional District (GVRD) during its one day count, a 235 per cent growth since their last count in 2002, when they counted 1,121 homeless persons. Newspaper reports suggest that homelessness in other regions of British Columbia is also on the rise (“Homelessness grows”, 2006; “Politicians and activists”, 2006). The situation in the City of Surrey is no different. The 2005 Greater Vancouver Homeless Count found 371 individuals who were homeless in Surrey, which accounted for a 132 per cent increase in the number of homeless since 2002 (Goldberg et al, 2005). Surrey was home to the second-largest proportion of the homeless population in the region with 18 per cent, second only to Vancouver (Goldberg et al, 2005). This data did not allow for any estimation of how many of the individuals found in Surrey actually lived in Whalley as opposed to other Surrey communities. However, the number of visible street homeless in Whalley is often higher than in other areas of the City, suggesting a substantial proportion reside there. Furthermore, Surrey’s only low-barrier drop-in centre, and most of its shelter beds are located in the Whalley area. Whether the concentration of homeless services here attracted a large homeless population or vice-versa is a contentious issue in the community. Nonetheless, it signals that there is currently a significant number of homeless people staying in the Whalley area. The next section briefly reviews the state of homelessness policy and the type of services available in Whalley at the time of this research.

2.1 The Status Quo

Homelessness was a leading policy issue during the time of this study, resulting in several changes and new initiatives. At the federal level, a new homelessness strategy was announced late in 2006, (the Homelessness Partnering Strategy) which focuses on supportive and transitional housing, and the creation of funding partnerships with provincial governments and private and non-profit organizations (Human Resources and Social Development Canada, 2006). At the provincial level, BC Housing released a new strategy in October 2006 that included several homelessness initiatives, including priority access to subsidized housing for those with “special housing needs”(including those who are homeless or at risk of homelessness) and a focus on

providing stable housing for those who are homeless (BC Housing, 2006). Finally, a new provincial budget was announced early in 2007, with homelessness and housing initiatives at the forefront (Ministry of Finance, 2007). In Surrey, homelessness also occupies a significant piece of the municipal policy agenda. The Homelessness and Housing Task Force was established in 2006, which quickly moved to create a new City of Surrey Homelessness Fund (Colley, 2006).

In the City Centre area of Whalley, there are a number of services and programs available for people who are homeless. For the most part, they are provided with emergency shelter, and can then access other services such as transition housing or employment programs that are designed to help them get 'back on their feet'. Some of the most salient and key services currently available in the area are discussed below.

South Fraser Community Services operates a drop-in and outreach service known as the Front Room, as well as Gateway Shelter, a cold/wet weather shelter that is open from November to March. The Front Room and Gateway shelter are located together on 135A Street, a short stretch of road that comprises one of the 'roughest' areas of Whalley. At the time of this research, these were the only low-barrier services available within the City Centre, with very few low-barrier options in the rest of the city¹. For a more complete list of services and programs available in Whalley see Appendix A.

Two new provincial initiatives had just come into effect in Surrey during the time of this research. The new Homeless Outreach Project² began in the fall of 2006, providing two outreach workers to help people who are homeless access immediate needs such as food, shelter and clothing, as well as income assistance and other services (BC Housing, n.d.). One of these workers is located in Whalley located at the Front Room (BC Housing, n.d.). The second new initiative was the opening of the Phoenix Centre in the spring of 2007, an addictions treatment facility with 28 addiction recovery beds and 36 transitional housing units (BC Housing, 2005a).

Facilities located outside of the City Centre or Whalley area may also provide services to homeless individuals who spend time in Whalley. For example, the Newton Advocacy Group operates Project Comeback, a service aimed at helping the working homeless stabilize their lives and find permanent housing and employment (Newton Advocacy Group, n.d.). Hyland House is a low-barrier shelter and transition house located about 40 blocks south of the Whalley area that serves clients who have lived or spent time homeless in the Whalley area (P. Fedos, personal

¹ Interviews with stakeholders during the research process revealed that some considered the Front Room and Gateway Shelter to be the only truly low-barrier service available in all of Surrey, despite the existence of other low-barrier services such as Hyland House. See glossary for the definition of "low-barrier".

² Part of the new provincial initiatives announced by BC Housing in 2006 previously mentioned.

communication, Feb 20, 2007). For a complete review of all social services available in Surrey, see SPARC BC (2005). Overall, there are few options for the homeless in Whalley, suggesting further action on homelessness is required.

2.2 Reason for this study

Quantitative studies of homelessness have provided important information regarding the characteristics of ‘average’ homeless people, (e.g. Milburn, Rotheram-Boris, Rice, Mallet & Rosenthal, 2006) and the individual and market variables related to homelessness (e.g. Early, 2005; Quigley & Raphael, 2001). Local homeless counts and surveys have also provided useful statistical snapshots of homelessness in the area (e.g. Goldberg, et al. 2005; GVRD Homelessness Unit, 2005). These pieces of quantitative information, along with the vast literature on homelessness, point to a few potential policy options for addressing homelessness. For example, the sheer number of homeless people in the area far exceeds the number of shelter and transition housing units that are available, suggesting an increase in these services may be helpful. However, they do not tell the entire story of the homeless. In particular, these studies focus largely on the individual characteristics of homeless people, while telling us very little about why they have become homeless, nor how they can be assisted in accessing stable housing and other services that they need. As Schwartz and Carpenter (1999) point out, studies focusing on the individual characteristics of the homeless may tell us who becomes homeless, but not *why*. Several authors have also challenged the accuracy and use of homeless counts for the development of policy and program planning (e.g. Fitzgerald, Shelley, Mack & Dail, 2001; Masci, 1991).

Regardless of the quality of data available, the specific factors affecting homelessness in other jurisdictions may not be the same as those in Whalley and City Centre. For example, research conducted in Vancouver’s Downtown Eastside, or even the city of Surrey as a whole, may not apply to the unique situation in Whalley. Because this study is concerned specifically with alleviating homelessness in the City Centre area of Whalley, research based on broader areas may not be sufficient to inform viable policy options. As such, this study adds to the existing research on homelessness in the GVRD and Surrey, by providing in-depth information for the development of community-based solutions for Whalley.

An important study by Culhane & Kuhn (1998) further emphasizes the need for in depth research regarding the specific needs of different segments of the homeless population. Their

study looked at the patterns of shelter use in two U.S. cities. Of particular significance was their finding of three distinct types of homeless who used the shelter services. These included 1) short-term users, who used the shelter a few times for very short periods of time, 2) episodic users, who used the shelter for short periods of time, but on numerous occasions over the course of the study and 3) long term users who stayed in shelters for very long periods of time, sometimes over a year or more. Culhane and Kuhn's (1998) research highlights the fact that homeless populations, even the 'visible homeless' who use local shelters, are not homogeneous. Therefore, it is important to understand the various 'types' of homeless individuals living in Whalley, and what their specific strengths, needs and challenges are.

Local research on homelessness has not yet addressed this issue. A recent shelter strategy prepared by Woodward & Associates et al., (2006) outlines some of the major homelessness issues facing Greater Vancouver. The report makes a number of recommendations regarding the allocation of new shelter beds in various regions, such as ensuring a distribution of shelters around the GVRD, "so individuals living in each community have access to suitable emergency shelter locally" (p.II). However, this report combined all five communities south of the Fraser River, including Surrey, into one area ("South of Fraser"). Woodward & Associates et al. (2006) indicated that some communities (including Surrey) had requested treatment as separate regions in the report, but there was no justification for why this was not done. As such, the report failed to recognize the unique needs of Surrey, particularly with respect to areas such as Whalley. Research in Surrey has also identified overall service gaps, but once again, does not specifically acknowledge the unique needs of the Whalley area (SPARC BC, 2005). While the information from these reports are helpful, more in depth research into the specific needs of Whalley is required. The need for this local research, combined with the open policy window on homelessness, renders this study both timely and important.

3 Literature Review

Homelessness is a complex, multidimensional issue with a vast array of causes, consequences and manifestations. The goal of this literature review is to provide the reader with a basic understanding of the core issues in the field of homelessness, while focussing on key points relevant to the goals of this research. The literature included here facilitates an understanding of Whalley's unique needs and the development of appropriate solutions by reviewing potential causes and consequences of homelessness and the range of options available for addressing them. Literature regarding current issues affecting Greater Vancouver, Surrey, and Whalley, is included when available.

3.1 What is homelessness and who are the homeless?

Homelessness can be defined in many ways, and can include those who are sleeping on the street, staying in emergency shelters or other temporary accommodations, staying with friends, or living in housing that is deemed inadequate (Edgar, Doherty, Mina-Coull, FEANTSA, & the Joint Centre for Scottish Housing Research, 1999; City of Vancouver, 2005). In this paper, the term *homeless* includes those staying in emergency shelters or on the streets for at least part of the month. For example, someone who is able to stay with a friend part-time, but stays in shelters or on the streets the rest of the time is considered homeless in this paper.

An important issue to address up front is how those who are experiencing homelessness are referred to in this paper. For reasons of brevity and writing style, these individuals are often referred to as 'the homeless' or 'homeless people'. However, these terms are used with the full recognition that individuals are not adequately defined by this experience alone, and that people from all walks of life, with a variety of strengths and experiences, face homelessness.

Many forms of homelessness are captured in the definition employed in this paper. One important distinction involves the length of time that an individual is homeless, ranging from the short-term or transitional homeless who experience one or two brief episodes of homelessness, to long-term homelessness in which a person may remain homeless for many years (Culhane & Kuhn, 1998). For the purposes of this paper, *chronic homelessness* refers to any individual who

has experienced homelessness for longer than one year, or who has a long history of cycling in and out of homelessness.

Homeless individuals also face a range of different issues. For some, finances may be the main barrier to leaving homelessness, while others may face multiple barriers, including physical disabilities, mental illness, substance abuse, or a lack of social resources (BC Housing, 2006). Overall, strategies for reducing homelessness must reflect the various types of homelessness and target the specific needs of each unique group (US National Alliance to End Homelessness, 2006).

3.2 Consequences of Homelessness

Homelessness has a number of negative consequences for those who experience it as well as society as a whole. First, research suggests that homelessness itself appears to have a substantial, negative impact on health (Frankish, Hwang & Quantz, 2005; Hwang, 2001). It has been associated with an increased risk of premature death, musculoskeletal disorders and both chronic and infectious diseases (Hwang, 2001; Shariatzadeh, Huang, Tyrrell, Johnson, & Marrie, 2005). Psychological effects of homelessness are also significant, although there is often difficulty untangling the direction of causality between homelessness and mental health. For example, mental illness may lead to homelessness for some individuals, but homelessness has caused mental illness in others (Eberle et al., 2001a). In sum, homelessness is associated with negative consequences for both physical and mental health.

Second, homelessness is associated with high health and social service costs. Ample research from the United States suggests that homeless individuals incur higher healthcare costs than their housed counterparts, due to poorer overall health and expensive patterns of healthcare utilization (Salit, Kuhn, Hartz, Vu, & Mosso, 1998; Gordon et al., 2006; Kushel, Vittinghoff, & Haas, 2001). Research in BC also found that health care, criminal justice and other social service costs are higher for homeless individuals than those in supportive housing (Eberle et al., 2001b). Although this research was based upon a small sample of individuals from the Downtown Eastside of Vancouver, it confirms U.S. research indicating homelessness is associated with increased social and healthcare costs. Overall, these health and economic consequences provide compelling reasons for developing effective policies to address homelessness.

3.3 Causes of Homelessness

A solid conceptualization of homelessness is key to understanding the multitude of factors that may lead to homelessness. Anucha (2005) proposes a model of homelessness that includes four main dimensions – the Private Market (availability of housing and employment), the State (social policies), Civil Society (community resources) and Household or Individual Characteristics (SES, demographics, etc). The complex interaction of these four factors affects whether an individual will face homelessness, and their ability to exit homelessness and acquire stable housing (Anucha, 2005).

Other authors have developed similar frameworks for understanding homelessness. Duffy (2001) describes a three-dimensional model, consisting of the state, the market and civil society. Thus, government policy, labour and housing market conditions, and the social support networks available to people, all interact to increase or decrease one's risk of facing social exclusion and homelessness. However, because this model focuses on homelessness as social exclusion, the characteristics of individuals or households who become homeless are not included in the framework.

On the contrary, other researchers have focussed almost exclusively on individual or household characteristics in modelling the causes of homelessness. Martijn and Sharpe (2006) examined pathways to youth homelessness, and focussed on factors such as substance use, psychological problems, traumatic experiences and family problems. In a similar fashion, Caton et al. (2005) studied the influence of individual characteristics on the risk of long-term homelessness. However, others have directly criticized this approach, stating that a focus on individual level factors fails to acknowledge the role of structural and societal factors in homelessness (Alexander-Eitzman, 2006).

Overall, relying on a single factor (individual, structural or societal) may provide insight on only one piece of the homelessness puzzle, therefore failing to capture the true nature of homelessness in the area under study. The work of Anucha (2005) and others highlights the importance of examining multiple dimensions simultaneously, using multiple sources of information. Without this more complete understanding of the factors influencing homelessness, it is difficult to develop effective policy options.

Therefore, this study examines individual, societal and structural factors in order to understand homelessness in Whalley. The primary research portion focuses on the perspective of homeless individuals and community stakeholders to get a sense of the individual characteristics

of the homeless population, as well as how social and structural factors affect them. Understanding the local social and structural factors is also necessary, and therefore, these are discussed in the following two sections.

3.3.1 Local Factors: Government Assistance and Affordable Housing

British Columbia is currently experiencing significant poverty and homelessness due to a range of factors (Klein & Lee, 2006). The recent National Report on Welfare Incomes (Government of Canada, 2006) highlights the role of inadequate levels of welfare funding. In 2005, BC income assistance gave employable single persons an income equivalent to 31 per cent of the poverty line³. However, the provincial government recently announced an increase in the level of government assistance, with rate increases effective April 1, 2007 (Ministry of Employment and Income Assistance, 2007). Single employable persons will receive an increase of \$100 and many others an increase of up to \$50 (Ministry of Employment and Income Assistance, 2007). However, it remains to be seen if this increase will significantly affect homelessness in BC.

Eligibility for income assistance is also an important factor. Wallace, Klein and Reitsma-Street (2006) looked at the impact of changes to BC's Welfare eligibility policies made in 2002. These changes, designed to reduce the welfare caseload by encouraging employment and self-sufficiency, restricted eligibility requirements. Wallace et al. found that the number of people receiving welfare did decrease, but mainly due to highly restrictive application processes and requirements, not an increase in self-sufficiency. They concluded that the welfare system in BC is simply not working, and that "many people are being diverted to homelessness, charities and increased hardship" (p. 6).

Recognizing these difficulties, various initiatives have surfaced to assist the homeless access social assistance. The Vancouver Homeless Outreach Project involves outreach workers assisting homeless individuals with their income assistance application and finding them rental accommodation (McMartin, 2006). BC Housing recently launched their own Homeless Outreach Project, a similar program, in 17 communities (BC Housing, n.d.). Finally, recent changes to eligibility requirements have also greatly improved the ability of homeless individuals to access income assistance (A. Welsh, personal communication, November 15, 2006).

³ The poverty line is determined by Statistics Canada's Low-Income Cut-Off (LICO).

These initiatives, along with the increased assistance rates, may help to reduce homelessness in BC. However, securing sufficient income assistance for all those in need will not likely solve the problem of homelessness entirely. As the models discussed earlier suggest, the ability to participate in the housing market is also crucial. Research in Greater Vancouver has uncovered a significant shortage of affordable rental housing in the area that is expected to continue for several years without significant government intervention (McClanaghan & Associates, 2006).

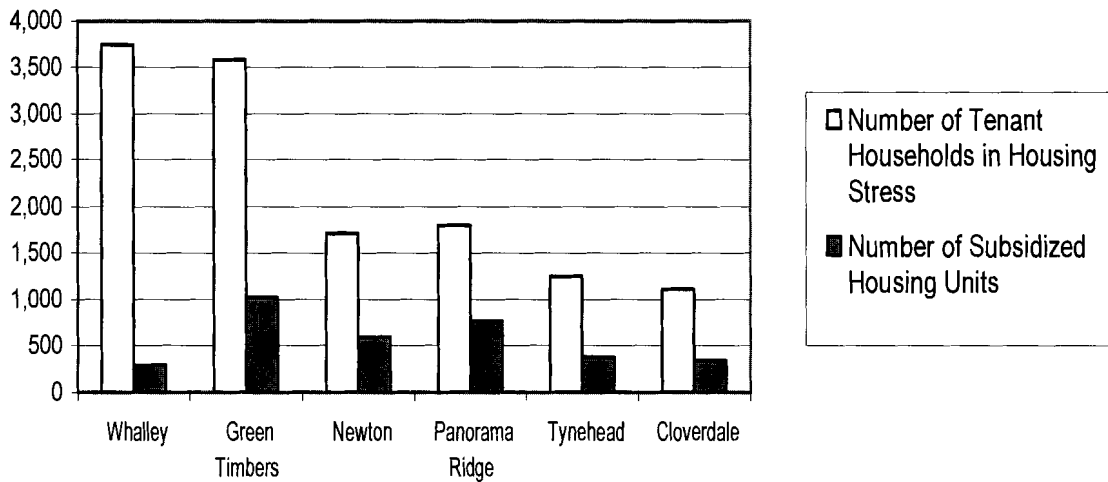
Housing characteristics beyond affordability are also associated with homelessness. For example, single and multiple-person, non-family households are generally at a higher risk of homelessness due to a lack of family support networks and a general instability in the housing arrangement (Bunting, Filion & Walks, 2002). Other factors such as unemployment, low income, dependency on government transfers, single-parenthood, and a high rent-to-income ratio are also associated with an increased risk of homelessness (Bunting et al., 2002). In order to have a full understanding of how these issues affect the situation in Whalley, the next section provides a brief review of demographic and socioeconomic characteristics of the Whalley area.

3.3.2 What about Whalley?

A number of indicators suggest that the Whalley area is particularly vulnerable to homelessness. According to 2001 census data, the Whalley provincial electoral district had the highest percentages of lone-parent families, people living with non-relatives, and tenant households spending more than 30 per cent of their gross income on rent in Surrey (Harron, 2006b). Furthermore, Whalley had the highest incidence of low-income⁴, the highest unemployment rate and the highest portion of regional income composed of government transfers (Harron, 2006b). Furthermore, the Whalley district contained the fewest units of low-income housing as listed by BC Housing (Harron, 2006b). Figure 1 illustrates the distribution of subsidized housing units relative to the number of tenant households experiencing housing stress, defined as those paying more than 30 per cent of gross income on rent.

⁴ That is, the highest percentage of people whose incomes fell below the Statistics Canada Low Income Cut Off (LICO) level.

Figure 1: Distribution of subsidized housing units and tenant households in housing stress in Surrey Provincial Electoral Districts.



Harron, 2006b. Based on 2001 Census data and BC Housing's subsidized housing listings as of summer 2006. Reprinted with permission.

Research has also identified a severe shortage of dedicated low-income housing for singles in Whalley and the surrounding areas (Harron, 2006b). Thus, low-income singles have limited options for affordable housing, yet may also be at an increased risk of homelessness compared to other household types (Bunting et al., 2002).

Overall, a troubling picture emerges when looking at the underlying structural and societal factors surrounding homelessness in Whalley. Eberle et al (2001c) suggest that without sufficient income, affordable housing, and a range of support services to meet people's needs, homelessness will occur. The availability of these essentials may be particularly important for Whalley, given the demographic profile of the community. The next section describes and analyses the policies and programs for addressing homelessness that are most often discussed in the homelessness literature.

3.4 Addressing Homelessness: Policies and Programs

3.4.1 Housing First and Housing Continuum models

In addressing homelessness, two key issues are the provision of housing and other support services. Specifically, what type of housing and supports are needed, and in what manner should they be provided. In much of the recent homelessness literature, there are two main approaches to these issues particularly in the context of assisting chronically homeless individuals

facing multiple or complex issues. They are the *housing continuum* model (also referred to as continuum of care or staircase models), and the *housing first* model.

The fundamental distinction between these two models is the connection between housing and treatment. Continuum models provide housing and treatment together, where housing is often contingent upon successful participation in various treatment programs, including abstinence or medication compliance (Tsemberis, Gulcur, & Nakae, 2004; Gulcur, Stefancic, Shinn, Tsemberis, & Fischer, 2003; Sahlin, 2005). Underlying this model is the assumption that individuals with mental health or substance use issues require transitional housing, treatment and training before they can move on to independent housing (Padgett, Gulcur, & Tsemberis, 2006; Tsemberis, et al., 2004). Conversely, housing first models view housing and treatment as separate issues (Kraus, Serge & Goldberg, 2005). Padgett et al.,(2006) describe the housing first approach as “a type of supported housing that separates treatment from housing, considering the former voluntary and the latter a fundamental need and human right” (p. 75). The housing first model also emphasizes the availability of ongoing supports, consumer choice, and community integration through the provision of ‘normal’ housing rather than residential treatment facilities (Padgett et al., 2006).

The housing first approach developed in the U.S. (Tsemberis et al., 2004) and is being adopted in many U.S. cities (U.S. National Alliance to End Homelessness, 2006). Housing first approaches are beginning to show up in Canada as well (e.g. City of Calgary, 2007), although continuum models appear to be the norm here. For example, the federal Supporting Communities Partnership Initiative (SCPI)⁵ directs Canadian communities to use a housing continuum approach to address homelessness (City of Vancouver, 2004). Continuum-based models are also used in many areas of the US (Tsemberis et al., 2004), and in Sweden (Sahlin, 2005).

Programs adhering to the housing continuum approach have recently faced criticism. A review of programs for homeless individuals with concurrent disorders by Serge, Kraus and Goldberg (2006) illuminated some of the shortcomings of a continuum-based approach. Specifically, they noted that “the issue of transitional housing, especially in a context where suitable permanent housing is not available, needs to be revisited and re-examined as a policy response” (p.52), as some transitional housing programs led to a cycle of clients receiving support and then falling backwards because there was no long-term support or permanent housing available. Other authors (e.g. Sahlin, 2005; Padgett et al., 2006) have echoed concerns over the

⁵ The new Homelessness Partnering Strategy (discussed on page 18) is replacing the SCPI program in 2007, and acknowledges the merits of housing first approaches by focusing on long-term and permanent housing initiatives.

effectiveness of housing continuum approaches, particularly when compared to housing first models.

Conversely, several recent studies have supported the effectiveness of housing first models for addressing homelessness, particularly among individuals with substance abuse and mental health issues (Padgett et al., 2006; Tsemberis et al., 2004; Gulcur et al., 2003). The U.S. National Alliance to End Homelessness reports that the housing first approach has successfully reduced homelessness for many groups, and that permanent supportive housing “saves money by decreasing use of institutions such as hospitals...while ending homelessness for many who face the most daunting challenges to achieving housing stability and recovery” (p. 5, 2006). Martinez and Burt (2006) found that a supportive housing program based on housing first principles resulted in high rates of housing stability, reduced emergency department use and reduced hospitalizations among homeless adults. The authors suggested that while supportive housing may be somewhat expensive, the costs can be offset by reducing demand on public health and social service systems.

Before continuing, it is fundamental to recognize that even if a housing first approach is adopted the need for a range or ‘continuum’ of housing and homeless services still exists. For example, emergency shelters for dealing with short-term crises, and different levels of supportive housing to address the needs of individuals with different barriers or disabilities. Furthermore, a range of housing options and support services is required to meet the diverse needs of those who experience homelessness, such as single men and women, couples, families with children, aboriginals, new immigrants or refugees and so on (SPARC BC, 2003). Finally, although a housing first model may not *require* individuals to participate in specific treatment or support programs, a range of options must be available, including mental health, addictions and other support services (Tsemberis et al., 2004).

The terms ‘housing first’ and ‘housing continuum’ are frequently used in homelessness discourse without referring to any specific program, and are often used to describe a wide range of policies or programs that are quite different. For example, the concept of a housing continuum often describes the importance of providing a wide range of housing to suit different needs, including emergency shelters, along with transition, supportive and independent housing (SPARC BC, 2003). For the purposes of this paper, the term *housing first* refers to policies or programs that emphasize the immediate provision of long-term, stable housing, with a wide range of treatment and support services available on a voluntary basis. The term *housing continuum* will refer to models that emphasize moving people through a series of steps designed to help

individuals move from homelessness to independent housing, usually requiring participation in various treatment or education programs. The next section reviews the general range of housing and support options designed to alleviate homelessness discussed in the literature.

3.4.2 Housing and Support Options for the Homeless

In addressing the provision of housing and supports for the homeless, there are a number of options frequently discussed in the literature. First, one can simply provide independent housing to people who are homeless, through the private market or a range of other options such as housing cooperatives, non-profit housing societies or government subsidized housing units. However, the affordability of this housing is key. The Canadian Mortgage and Housing Corporation (CMHC) defines affordable housing as that for which the occupants pay less than 30 per cent of their total income on gross rent (CMHC, n.d.). Thus, homelessness is often addressed through policies to ensure an adequate supply of independent housing is both accessible and affordable for homeless individuals (SPARC BC, 2003).

Second, supportive housing is often provided for those who require additional supports to maintain stable housing. Vancouver Coastal Health outlines three main types of supportive housing: 1) *Mental Health Supported Housing*, which involves housing with on- or off-site supports for those with mental health issues, as well as ‘enhanced’ support where basics such as meals are also provided, 2) *Addictions Supportive Housing*, which provides a drug and alcohol free environment for people who are in addiction recovery, and 3) *Low Barrier Supportive Housing*, which has no abstinence requirements, and focuses on providing stable housing and supports for individuals who are not necessarily involved in addiction treatment or recovery (City of Vancouver, 2007). Note that housing first models emphasize supportive housing where the utilization of support services is voluntary (Tsemberis et al., 2004).

A third form of housing often discussed in homelessness literature is transition housing. In this study, *transition housing* refers to temporary but longer term (2-3 years) housing that also “includes the provision of support services, on or off site, to help people move towards independence and self sufficiency” (SPARC BC, 2003, p.16). Transition housing serves a number of different populations, including women and children fleeing abuse (SPARC BC, 2003).

Fourth, emergency shelters are facilities where individuals can quickly access temporary accommodation, and are vital services for assisting people who become homeless (SPARC BC, 2003). For the purposes of this paper, the term *emergency shelter* will refer to services that provide temporary accommodations, usually in some form of shared-space facility, which may also provide a range of support services.

Box 1: Defining “Low-Barrier”

A note about “Low-Barrier”

In this study, the term *low-barrier* refers to housing and other services that are accessible to individuals, regardless of their income source, substance use, mental or physical health status or other characteristics, and do not require participation in any specific treatments or programs. This definition also recognizes that certain behaviours or health conditions may limit the ability of the provider to give service.

Note that the housing first approach focuses on providing low-barrier housing. However, the term low-barrier can also refer to emergency shelters and other services. Some authors use the term ‘minimal barrier’ in the same manner.

(SPARC BC, 2003; A.Welsh, Personal communication, November 15 2007)

3.4.3 Additional Considerations for Housing and Support Options

In providing both housing and support services, one vital consideration relates to providing services to fit a range of needs. For example, independent and supportive housing can come in the form of dedicated sites where all units are located together, or in scatter sites where individual units are spread around and mixed with market or other non-profit housing units. While dedicated housing may allow advantages associated with economies of scale, these complexes may reinforce social exclusion and stigmatization of social housing tenants (Avramov, 2001). On the other hand, mixed housing may not be suitable for individuals requiring more support or whose behaviours may be disturbing to other tenants (Serge et al., 2006). A range of abstinence and non-abstinence based housing is also important. Several recent studies emphasize how abstinence requirements are necessary in some cases, but can negatively affect the ability of others to achieve stable housing (Kraus et al., 2005; Serge et al., 2006; Kertesz et al., 2007). Overall, a range of housing options is required to meet the diverse needs of those who are homeless.

Another important issue with respect to housing is security of tenure. Programs that provide independent or supportive housing to the homeless may or may not provide tenants with full legal rights of tenancy. Some have argued that security of tenure through full tenancy rights is

required to reduce homelessness effectively (Sahlin, 2001). However, full tenancy rights may not be appropriate for abstinence or treatment-based housing (Serge et al., 2006). Eviction is a common consequence for substance use in treatment facilities and abstinence-based housing, and the provision of full tenancy rights would interfere with the ability to enforce this rule (Serge et al., 2006).

Finally, although housing is a key factor in alleviating homelessness, it is not the only issue. All of the housing options and examples discussed above involve both housing and support services, and the importance of the combination of the two elements has been emphasized in recent literature (Kraus et al., 2005). In other words, housing options without the accompanying support may be far less effective. A dizzying array of support services are associated with assisting the homeless, including prevention services to maintain housing, outreach to facilitate service access, physical and mental health services, addictions treatment and supports, and assistance with basics such as laundry and meals (SPARC BC, 2003). For individuals with more severe challenges, a higher level of supports including intensive case management or around the clock staffing may be needed (Serge et al., 2006). Finally, supports such as recreation opportunities, life skills training and flexible employment opportunities can also work alongside housing to maintain housing stability and improve quality of life (Gurstein & Small, 2005). In summary, a wide range of policy and program options exist for addressing homelessness, and are necessary for meeting diverse needs. The next section describes the primary research portion of this project that was used to gain an in-depth understanding of the needs and issues present in the City Centre area of Whalley.

4 Methodology

4.1 Research Design

According to Creswell (1998) qualitative research methods should be used when there is a need to “explore” a topic and provide detailed, nuanced information. The purpose of this study is to gain a more in-depth understanding of homelessness in the City Centre area of Whalley. This includes generating a detailed view of the social, structural and individual level factors from the perspective of community members, including those who are homeless. Understanding where these people have come from, how they became homeless, and why they have found themselves in this particular area are crucial pieces of knowledge in the effort to address both individual and community needs. A qualitative inquiry will provide this information.

Many examples of qualitative research on homelessness exist (e.g. Ensign & Panke, 2002; Tyler & Johnson, 2006; Miller, 2004; and Bhui, Shanahan, & Harding, 2006), suggesting that qualitative methods are both appropriate and acceptable in the field. Martijn & Sharpe, (2006) used qualitative methods to study youth pathways into homelessness, suggesting that a lack of research into their particular topic made this both “necessary and beneficial” (p.3). In the case of Whalley, very little research exists regarding homelessness or related factors. This study adds to the local homelessness literature by addressing this particular region, as well as to the overall field of homelessness research.

This study employs methods from the Case Study and Grounded Theory traditions of inquiry. The Case Study method, used in many disciplines, consists of an in-depth inquiry into one or more cases of a specific phenomenon using multiple sources of information. Multiple sources of information are analysed in order to provide an in-depth description of each case, and develop themes and assertions about the phenomenon at hand. Grounded Theory methodology is a tradition of Sociology where in-depth interviews are conducted until the point of saturation, and comprehensive coding methods are used to generate theories or models from the ground up (Creswell, 1998).

Because this study ‘borrowed’ methods from these two traditions, it does not adhere strictly to the methods of either one. This project employs case study methods in the sense that

the City Centre area of Whalley constitutes one “case” of urban homelessness. Also, data were drawn from multiple sources, such as interviews, reports and other documents, in order to provide an in depth description of homelessness in the area. The study incorporates grounded theory methods to the extent that qualitative interviews were used to build an explanation for why Whalley has become “home” to so many homeless people, which in turn, allowed the development of potential policy responses.

Qualitative interviews provided the primary data source for this project, collecting information regarding homelessness in the Whalley area from two groups:

3. Key Informants: Individuals who were homeless, or had been homeless, in the Whalley area (n = 20).
4. Key Stakeholders: Individuals with an interest in the community, including government, social service and business representatives (n = 9).

The sample of key informants was constructed using convenience sampling, while the sample of key stakeholders was composed using purposeful sampling, seeking out a wide range of service providers, policy actors and other community members with significant experience or contact with the issue of homelessness.

4.2 Procedures

4.2.1 Data Collection

Key Informant Interviews (Homeless & Formerly Homeless)

Data collection involved semi-structured interviews with homeless or recently homeless individuals in the Whalley area. Interviews consisted of six open-ended questions, in addition to basic demographic and background information collected at the start of the interview process. Appendix B lists the demographic and background questions, as well as the semi-structured interview schedule. All interviews were recorded and transcribed.

The interviews took place at the Front Room, a local drop-in centre in City Centre situated downstairs from the Gateway cold/wet weather shelter. The assistance of both staff and management at the Front Room were vital to the success of this research. Recruitment for the study involved placing posters with information about the study, and the interview times and location, in the Front Room four days prior to the first interview session. The posters also informed potential participants of the honorarium of a five dollar gift card for a local grocery

store⁶. The research protocol was approved by the SFU Research Ethics Board, and informed consent was obtained prior to each interview.

While preparing for this research, it came to the researcher's attention that some homeless individuals avoid the Front Room for various reasons. This introduced a limitation regarding the representativeness of the sample. However, time constraints and the need for a secure and private interview location prevented the addition of another location. The study addressed this limitation in two ways. First, interviews were conducted on nights when the cold/wet weather shelter was open, encouraging those who did not use the drop-in centre to come to the location for a shelter bed. Second, the second interview date corresponded with a community dinner that also had the effect of drawing individuals to the location even if they did not normally use the centre's services.

Key Stakeholder Interviews

The research included two stages of key stakeholder interviews. Stage one took place in conjunction with the key informant interviews, in order to provide additional information to inform the development and analysis of policy options (n = 6). Stage two interviews occurred after the development policy options, in order to obtain feedback on each option's feasibility, strengths and weaknesses. The information gathered from stage two interviews allowed further refinement and analysis of the proposed policy options, and provided critical feedback on the research findings. Four individuals participated in these interviews, one of whom had also participated in the first stage of interviews. These interviews took place at various locations, agreed upon by each individual, and all provided informed consent prior to participation. The key stakeholder interview schedules are presented in Appendix C, and Appendix D contains a complete list of the key stakeholders that participated in Stage 1 and 2 interviews.

4.2.2 Data Analysis

All interviews were transcribed verbatim, and then coded following the open, axial, and selective coding process characteristic of grounded theory methodology⁷. Open coding involves the construction of basic categories of information, axial coding interconnects the initial categories, and selective coding helps to build a 'story' that links the initial categories (Creswell,

⁶ Participants also received a pair of new socks, following the suggestion of Front Room staff. This was not indicated on the poster.

⁷ Except for the four stage 2 key stakeholder interviews – only one of these was recorded and none were transcribed.

1998). For more details on the coding procedures related to the grounded theory methodology, see Creswell (1998). Because this was not a pure grounded theory study, the final product was not a complete set of theoretical propositions that explained a single phenomenon, data collection was not re-iterative and did not continue until full saturation, and some additional uses of the coded data were employed. For example, some of the data drawn from the coding procedure was used to ‘test’ previous theories about why some people ‘chose’ to live in the City Centre area of Whalley. Furthermore, some of the data was used in a quasi-quantitative manner, in order to roughly estimate the characteristics of Whalley’s homeless population. It is fully acknowledged, however, that a much larger sample, randomly selected, is necessary to estimate the population demographics accurately. However, this was not the main purpose of this study, hence the emphasis remained on the qualitative information gleaned from key stakeholders and key informants regarding the nature of homelessness in Whalley.

Findings were verified using triangulation as often as possible. Attempting to verify information provided by the key informants regarding their individual stories would constitute a violation of their confidentiality. However, verification of non-personal information was carried out by comparing it to data from other interviews and data sources. Examples of additional data sources used for triangulation include agency websites and the GVRD homeless count (GVRD Homelessness Unit, 2005).

A verification procedure called *discriminant sampling* was also used to validate the findings. Creswell, (1998) describes this procedure as one in which “the researcher poses questions that relate the categories and then returns to the data and looks for evidence, incidents, and events that support or refute the questions, thereby verifying the data” (p. 209). Thus, after the initial coding was completed, questions or ‘hypotheses’ about homelessness in Whalley began to form. These were ‘tested’ by going back through the data to look for events that supported and refuted the evidence. Following this step, evidence from the literature was also used to further validate, refute, or explain the data and findings, a procedure known as *supplemental validation* (Creswell, 1998).

In order to demonstrate the findings as openly as possible, direct quotes are used frequently in the results and discussion sections to allow the reader to examine some of the evidence directly. The use of quotes also gives voice to participants, which is particularly important for marginalized groups like the homeless. Quasi-statistics are also used in places to relate to the reader how often particular themes or issues were raised in the data.

5 Results

The qualitative interviews produced a vast amount of data and some important insights into the lives and experiences of people who are homeless in the City Centre area of Whalley. In addition to reducing the data into a few major themes, I have also tried to present the data in a manner that will support the main goals of this study: To understand the nature of homelessness in the City Centre area of Whalley in order to develop policies that can work towards alleviating homelessness and related issues. Therefore, the themes that emerged from the data are explained in terms of how the participants became homeless, why they are currently staying in the Whalley area, and what specific barriers they face.

5.1 Key Informant Interviews

A total of 21 key informants participated in the study. However, data from one participant was not included due to concerns about her ability to provide informed consent, leaving the final sample size at 20. The majority of participants (75%) were male, with 25% female. This distribution is consistent with the gender distribution found by the 2005 Homeless Count in Surrey, where 76.5% were male, 23.1% female and 0.4% transgendered (GVRD Homelessness Unit, 2005).

Participants had a mean age of 44, ranging from 30 to 56 years of age. This is consistent with the findings of the 2005 Homeless Count in Surrey, in which 76.6% of all homeless respondents were between the ages of 25 – 54, with the range of 35-44 as the modal age group for both the day and evening counts (GVRD homelessness unit, 2005). This consistency suggests that although the age range in this sample appears restricted, it is reasonably representative of the majority of homeless persons in Surrey. However, the GVRD figures refer to homelessness in the entire city of Surrey, while this sample was looking specifically at the City Centre/Whalley area. Therefore, it may indicate homeless people outside of this general age range do not frequent the Whalley area. In other words, Whalley, and the area immediately surrounding the Front Room may attract people in this age range in particular, while youth and older individuals frequent different locations.

5.1.1 Why are the homeless in Whalley homeless?

An analysis of the main reason that each participant gave for how they became homeless reveals a lot of variation. The largest proportion, six participants, mentioned an eviction as the source of their homelessness. Interestingly, the findings concurred with the literature regarding the instability of households where non-family members share (Bunting et al., 2002), as half of those who were homeless due to an eviction cited problems caused by a roommate in a shared accommodation situation.

Of the remaining participants, five cited addictions issues, four cited major stressful life events such as the death of a loved one and three referred to family or relationship conflicts. Finally, one participant was homeless as the result of being cut off social assistance, and the other due to a car accident that led to a long hospitalization and the loss of his family, home and job. Overall, addictions and drug use constituted a major theme within this topic. Even among many of those who did not mention addiction issues as the *primary* reason for their homelessness, drug or alcohol abuse was mentioned many times as a supplementary problem that contributed to their homelessness. For example:

My girls were taken away – I'm also a single father. I went to work, came back, and there is a note on my stove saying ...my girls are now 'in care'. And that's where it all started from. After that I just started using more drugs. Got heavier and heavier until I just started feeling really sorry for myself where I wasn't paying the rent. I didn't give a damn about anybody. All I was thinking about was my girls and how I lost them and how I couldn't get to help. So this is where it all started from. I had everything, but I lost it – I lost it all. (Male, 47)

Several participants also noted how difficult it was to be homeless, particularly in the Whalley area, and not get involved in the drug scene.

Whalley is one giant crack shack. This building here [the Front Room] is one giant crack shack. (Male, 52)

If you don't get a job, and you feel that you don't have anything to do then you will probably get into drugs. I would just say that if you isolate yourself...then you do have a tendency to get drawn into where people are, just to be around people. And those kinds of situations lead you into doing drugs and stuff. (Male, 30)

My interview with Saira Khan, a local service provider, echoed a similar concern. She reported that many of her clients became drug users only after becoming homeless:

Before it used to be that you were addicted and you became homeless and now, because of homelessness you are becoming addicted. ... You [may be] suffering

from sleep deprivation [and the] guy sitting next to you says you need something to go to sleep, and before you know it you go from being not addicted to being addicted because of your homelessness. (Saira Khan, Project Comeback).

Overall, participants discussed a range of issues that led to their homelessness, but evictions from housing and substance abuse issues were the most common. Regarding evictions, problems with shared accommodations was often a factor, and although only five participants attributed their homelessness directly to a substance abuse issue, many others cited it as a contributory factor.

5.1.2 How long have they been homeless?

Two participants had stable housing at the time of the interview, but had previously experienced homelessness in Whalley. The remaining 18 participants had been homeless from 5 days to 32 years⁸, although many had been homeless for a very long time. Approximately 60% of participants had been homeless for more than one year, and all but three had been without stable housing for more than one month. In contrast, only 36% of the homeless surveyed in Surrey during the 2005 Homeless Count had been homeless for 1 year or more (GVRD Homelessness Unit, 2005.) These results suggest that chronic homelessness may be more prevalent in Whalley than the rest of Surrey.

5.1.3 Why Whalley?

One important element to understanding the homelessness in Whalley is knowing where these individuals are from. Prior to and during the course of this research, many people within the community expressed concerns that people who were becoming homeless in other communities were coming into Whalley to live on the streets and/or to access services such as The Front Room (e.g. Blundell, 2006). The key to assessing this theory was two fold; first, understanding where people came from and how long they had been living in Whalley, and second, asking them *why* they chose to live in the Whalley area while homeless.

When asked if they currently lived or stayed in the Whalley area, 17 of 20 (85%) responded that they currently lived in the Whalley area. Among these respondents, many had lived in Whalley for a number of years, ranging from 8 days to 47 years. Among all respondents,

⁸ The length of time that participants had been homeless is an approximation. Many respondents gave precise answers, but others did not. For example, they would say “7 or 8 years”, which would be calculated as 7.5 years.

the average length of time they had been living in Whalley was approximately 6 years⁹. Furthermore, 30% of all respondents reported that their last permanent residence was located within Whalley; and approximately 50% within the overall Surrey area. A few respondents indicated that they had come to Whalley for other reasons and had subsequently become homeless.

When asked *why* they chose to live or stay in Whalley while homeless, respondents provided a range of answers. It is important to note, however, that some participants had a strong *dislike* for the area, and said they tried to avoid the Whalley area as much as possible mostly due to drugs and crime:

I try not to [stay in Whalley]. I'm clean and I try to stay away from drugs and this is a mean town for drugs so I try to stay away...cause where there's drugs there's problems and I don't need the problems. (Male, 41)

The fact that some respondents had such a strong dislike of the area, yet were there on the night of data collection suggests that perhaps they often had no choice.

Many respondents did not pinpoint a specific reason for why they chose to live in Whalley while they were homeless. For the majority, it seemed that Whalley was simply their home and where they felt a sense of belonging:

I don't really know. It's just what I know. It's stupid. This is home I guess. (Male, 52)

That's a good question – it's a bad choice I guess. I don't know, convenience. (Male, 47)

I belong here. (Female, 48).

Some participants chose to stay in Whalley because they could access services, stating that their last neighbourhood had no services for the homeless, and hence they felt they had no choice but to come here. Most of these participants were from other parts of Surrey (Green Timbers and Guilford), and one from Langley. A few others noted they liked City Centre for sheer convenience, such as access to SkyTrain and the fact that temporary labour companies were close by, making it easier to get at least temporary employment.

Nine of the twenty respondents said they had experienced homelessness in another community (e.g. New West, Burnaby or the Downtown Eastside of Vancouver) at some point in their lives, and could therefore discuss how Whalley compared to these areas. In comparing

⁹ The length of time that participants had lived in Whalley is an approximation. Many respondents did not give exact answers. For example, they would say “7 or 8 years”, which would be calculated as 7.5 years.

Whalley with the Downtown Eastside of Vancouver (DTES), two respondents clearly said they preferred the DTES because there are more services available there. The rest preferred Whalley to the DTES, mostly because of reduced drug use:

Cause that's way more rougher down there [in Vancouver]...I get led astray really easily.(Female, 46)

Well, I stay here because I do less drugs. It's probably better for me. But down there [in Vancouver], in the shelters there is food, like there is three meals a day. (Female, 36)

This suggests that while some people avoid Whalley because of high levels of drug use, others find the drug situation better than in the DTES of Vancouver. In the end, there are two main findings here. First, compared to other areas in and around Surrey, participants said Whalley was their choice because they could access services such as the Front Room and Gateway shelter. Second, there did not appear to be any overwhelming reason why Whalley is chosen over other areas that have homeless services such as New Westminster or Vancouver, other than a few participants who felt they were less tempted to use drugs in Whalley than in the DTES. Therefore, Whalley does not appear to be a 'magnet' for people who are homeless within the GVRD, although *locally*, it seems to be the natural choice.

5.1.4 Housing and other Future Goals

Anecdotally, there appears to be a perception that some homeless people do not want to move into housing – that is, that they want to stay on the street. However, most of the participants had future goals such as obtaining housing and other important life goals such as finding permanent full-time employment, pursuing a career as a youth outreach worker, or regaining custody of their children. Some of the participants suffered from terrible health issues and expressed a desire for nothing but a home where they could rest and heal.

One interview question was directly aimed at understanding whether a) the homeless in Whalley really wanted housing, b) what kind of housing situation they would prefer, and c) were there any conditions, rules or circumstances that would make them refuse housing and remain homeless. The results of this portion of the interview were very telling.

First, all homeless participants said that if they were given access to housing, they would take it¹⁰. Most were indifferent about the type of housing, concerned only about issues related to sharing. For example, some expressed that they would not want to share their room or kitchen and bathroom facilities with other people, and most stressed the importance of privacy. In terms of location, the majority expressed no preferences. A few said they would prefer to stay in the general Whalley area, while others said it would be important for them to move away from Whalley to get away from the drugs. Other concerns included access to public transportation and having affordable food stores within walking distance. With respect to drug or alcohol tolerance, some participants were clear that abstinence-based housing would not work for them at all, while others thought abstinence-based housing would be helpful for them. Many participants were indifferent regarding substance use, concerned only with cleanliness and that drug use not be allowed in shared spaces. Overall, it seems clear that a variety of facilities is necessary to provide suitable housing.

5.1.5 Obstacles to Future Goals: The pervasive role of Stigma

One of the major barriers that the homeless face in reaching their goals is the simple fact that they are without a stable home. Six respondents talked about how not having a home directly affected their ability to meet their future goals. Three others mentioned their inability to maintain their appearance or hygiene without a home as a barrier to obtaining employment and housing. One can quickly see the catch-22 situation that develops here: when you are homeless, it is difficult to maintain your appearance and basic hygiene, which in turn acts as a barrier to employment and housing, which then extends your homelessness, and around and around you go.

The fact that participants felt they were turned away from opportunities simply because they looked a certain way, or because they looked homeless, suggests that stigma is a significant issue among this population. Many of the respondents mentioned the stigma they face as a homeless person, and how this stigma directly affects their ability to find housing and employment.

I need help to get a place because everybody looks at me sideways, like 'intent to rent forms?'. It's kind of hard to get a place when you can't like, get up and have a shower and you know, stay dry all day and you know, look kind of presentable. The same as getting a job – like you go in there not presentable enough, so they turn you away. Quit being so judgemental, on the landlord's part because I mean

¹⁰ One participant was currently housed so was not asked, another participant was not asked this question, as his interview was cut short due to an interruption by Front Room staff indicating that I needed to wrap things up quickly.

[just because] some of us look like the everyday common crook and criminal, right, doesn't mean we are. (female, 36)

You have to look decent and I don't even – like I didn't shower for 2 days, and I don't have any of my stuff here, like my clothes. And I have to shave, and just basic stuff that I have to do so I can meet the landlord and look decent. (male, 30).

I applied for places but...I figure sometimes it's because I don't have any teeth anymore, that maybe – who knows – it's my looks. I've never had a problem getting a place before [the last 4 years]. People just need to give people a chance. Because I always paid my rent, and I'm quite responsible to my landlord, but I just don't get a chance to do that now...there is a place here I would love...but they just don't like me. But I go bug them all the time, so you never know. They have quite a bit of turnover so they might want to give me a chance. It's just an ugly feeling. You get singled out. People seem to know by looking at you that you're homeless (female, 48)

5.1.6 Income & Employment

In terms of income, four respondents (20%) said they had no regular or legal source of income, while another 20% reported that they were currently working full or part-time jobs, mainly through temporary labour services located in the area¹¹. The remaining respondents reported receiving some form of income assistance, either in the form of traditional 'welfare' or disability benefits. Thus, despite the fact that 80% of respondents had a regular income, 90% of them were homeless. Even more alarming is that all of the individuals who had employment income were homeless at the time of the interview.

Seven participants brought up the fact that they had an employable skill or trade such as carpentry or construction, or significant work experience in areas such as hospitality or transportation. Note that there was no specific question about this, so it is possible that even more of the respondents had employable skills. Four respondents were unable to work and receiving provincial disability benefits, while two others said they suffered from health problems that prevented them from working, but were unable to obtain disability benefits. Some respondents were quick to point out that they were living with significant addiction issues that prevented them from moving forward in their lives, while others said it was extremely hard to secure employment while they were homeless. For example:

¹¹ A number of temporary or "day labour" ("work today, paid today") firms are located in the area. The phenomenon of the 'working homeless' is common in Whalley, where individuals are working on a regular basis but are unable, for various reasons, to secure a permanent job or residence. Project Comeback is a successful, innovative local program designed specifically to help these individuals exit homelessness.

I do construction. I'm just waiting to get secure again with my accommodation then I can start working right here. But without a place to live, without having food in the fridge, then it's hard to pack lunches and stuff like that. (Male, 30)

"I could go waitressing in a heartbeat but I need a stable home. I need somewhere stable in my life. I mean, I can't live in a car and go to work waitressing." (Female, 46).

Overall, a lack of training, education or work experience did not appear to be the major barriers to employment from the participant's perspective. One participant did express some frustration in his search for work, citing a lack of positions in the industries where he had experience, and a lack of experience in those that were hiring. However, a lack of training or experience preventing employment was rarely mentioned as a barrier to reaching future goals.

5.2 Key Stakeholder Interviews

5.2.1 Outreach Work

Several stakeholders indicated a need for additional outreach workers. This included an increase in capacity of the current program, as well as an expansion of the types of outreach available:

I think what is not working is that there are not enough outreach workers dealing directly with people to help them access the services they need or to build up some trust so that they know they can get off the streets. (Judy Villeneuve, City Councillor).

[Whalley needs a] mental health outreach worker, addiction outreach worker – dealing with people if they are not able and willing to work. ... Outreach workers to help them and move them to where they need to [be]. (Sara Khan, Project Comeback.)

Concerns also surfaced surrounding the location of the outreach worker in Whalley because of the aversion to the Front Room among many homeless individuals:

If you tell [our clients] they need to see the outreach worker at the Front Room they don't want to go. (Sara Khan, Project Comeback).

In sum, the key stakeholder interviews strongly suggested a need for more outreach workers, in a broader range of locations. Furthermore, the need for different types of outreach services, including mental health and addictions was also identified.

5.2.2 Multiple Barriers

Mental Health and Concurrent Disorders

The topic of mental health and concurrent disorders frequently emerged as a major concern during key stakeholder interviews. For example,

I think the clients here [at The Front Room] are the most barriered...I think a lot of the people that are here are actively addicted to drugs or alcohol, or have chronic mental illness. Which is different than other areas of Surrey...I say that probably 90% of all the clients down here have some kind of concurrent disorder in varying levels. We need some concurrent disorder programs for sure. I know for a fact that those are many, many of the people that are falling through the cracks...there is not a lot of help for them from Mental Health. They fall through the cracks continually, and that's sad. It should never happen that way.. (Annette Welsh, Director of Front Room Programs).

We've been told by both the police and Fraser Health [Authority] that most of the homelessness in City Centre is related to drug addiction and mental health issues.(Lesley Tannen, Executive Director, Whalley Business Improvement Association).

In terms of concurrent disorders, interviews with those who are homeless confirmed the fact that drug use and addictions are a major issue in the area, although there were no discussions about specific mental illnesses. While this study did not measure for mental illness, many of the participants mentioned general mental health issues such as stress, depression, and low self-esteem, and stakeholders identified a significant lack of mental health services for individuals who are homeless. What is clear is that many individuals who are homeless in the Whalley area face multiple barriers, including addictions, mental and physical health issues, and a myriad of other challenges stemming from a lack of social and financial resources.

Treatment and Employment aren't for everyone

Several stakeholders said rehabilitation processes such as addictions treatment and employment services were not the solution for everyone who is homeless. Because many of the clients are facing multiple barriers and very difficult issues, they are less likely to be successful in these types of programs.

Some people go through rehab, and if you support them through Project Comeback and they can...get working, but it's not a solution for everyone. And the project is good, and it sounds great because it works within government policy and it encourages responsibility and people are working but no one wants

to help out the people who are addicted, or who are chronically homeless, or who are really a mess. (Saira Khan, Project Comeback).

I get very frustrated with the high-barrier models and I also get very frustrated with the amount of money that is spent on addictions treatment because it's not the answer for everyone. You know, you really have to be in a place to quit in order to quit...if you're not ready to quit it just doesn't work. And it's very expensive – an expensive model that may or may not work....The guy that's now 45 that is a product of the Foster care system, became an alcoholic at 16, been in and out of jail – you know what – he's just not going to succeed in your [high-barrier] program – where does he go? We need to have those models where people just get to 'be'.(Annette Welsh, Director of Front Room Programs)

Stigma

Several key stakeholders raised the notion of stigma as a barrier to employment and housing, and further emphasized its pervasiveness in the community:

We get people who say... 'why the hell don't they get a job?' - Would you hire them? You know what, he's got a criminal record...he is going to steal from you because you know what, he doesn't really have another option. Really, are you going to hire him?How are you going to look for a place? I don't know many landlords that want you showing up with four suitcases...or, 'hang on, can you fill out this intent to rent form?' Those are all barriers...I mean, they're dirty, they smell. They can shower here tonight, but all they have to do is walk for five minutes and they're soaked, and they smell like it. (Annett Welsh, Director of Front Room Programs)

Some of them are pretty dirty and untidy...and truthfully, it makes people uncomfortable. Uncomfortable enough that if someone was sitting outside of your store you would be concerned that legitimate customers may not come into the store.(Lesley Tannen, Executive Director, Whalley Business Improvement Association).

Thus, stigma not only acts as a significant barrier to housing and employment for those who experience homelessness, it also affects the community at large.

5.2.3 Housing

Finally, most of the key stakeholders noted a lack of suitable, affordable housing in the community. This included two City Councillors and the local MLA, who all expressed concern over the fact that the federal and provincial governments were no longer providing funds for the construction of social housing. In sum, a lack of housing is seen as a serious problem for which the only answer is increased funding from senior governments.

6 Discussion

Because homelessness is a multidimensional issue that affects a broad range of individuals, no single report or project is likely to address all the needs. When focussing narrowly on the City Centre area of Whalley in Surrey, two important issues warranting further attention emerged. These are 1) the chronic nature of homelessness in the City Centre, and 2) the issue of stigma.

6.1 Chronic Homelessness

In order to effectively address homelessness in the City Centre area within Whalley, it is important to focus on specific types of homelessness and the unique needs of different groups. Homelessness is by no means a uniform experience. And focussing on specific groups is an important point:

We don't need a hundred new services in Whalley – we need services that are targeted to particular groups that are going to make the biggest impact in people's lives, and all the services should be about moving people on. (Annette Welsh, Director of Front Room Programs).

The particular homeless population that resides in the area is composed largely of chronic or long-term homeless who are facing multiple barriers in their quest for housing. Reports from key stakeholders indicate that many of the homeless in the area suffer from concurrent disorders – meaning they are living with both mental health and addictions issues. However, no direct or empirical evidence is available to support this assertion beyond the largely anecdotal evidence of key stakeholders. However, many of the homeless in the area did talk about serious addictions issues as well as long term homelessness, so at the very least, we know this is an important issue.

The specific issues – be they substance abuse, mental health or otherwise, are not as important to the goals of this study as the simple fact that for a person to be homeless for a long period of time suggests that, whatever the reason, the status quo is not working. In other words, yes, the individual may have a serious substance abuse issue, but for whatever reason, the treatment and recovery programs have not been successful in helping this person exit

homelessness. Perhaps it is the fault of the program, perhaps it has something to do with the individual – whatever the case, if we wish reduce homelessness, something has to change.

The nature of homelessness in Whalley, as revealed through this research, suggests a need for alternative models of dealing with homelessness. For example, if the majority of the homeless had been so for shorter periods of time, and indicated that they simply could not access the services they needed, it would be easy to assume that an increase in capacity would suffice. However, the fact that many individuals have been homeless for many years suggests that wait lists are not the problem. Furthermore, none of the homeless participants indicated that a wait list for services was acting as a barrier to reaching their goals. As suggested by some of the key stakeholders, a different model or type of service may be required to meet the specific needs of the long-term homeless, particularly those who are living with substance abuse and mental health issues. Therefore, policy options which attend to these unique needs are required.

6.2 Stigma: An important policy issue?

As discussed in the literature review, social and structural factors must be addressed along with the individual-level factors affecting homelessness. Hence, the stigma that many homeless face in their everyday life deserves attention. However, this issue is rarely identified as a significant barrier in the homelessness literature, and few efforts to directly address this issue have been made. Thus, it is an important issue upon which to focus in this study.

Major and Eccleston (2005) state that “in its most basic terms, stigma refers to a mark or sign of disgrace or discredit” (p. 64). Some scholars note that stigma is contextual; things that are stigmatizing in one situation may not be in another (Crocker, et al 1998 as cited in Major and Eccleston). However, the “pervasiveness and severity of stigmatization varies profoundly... depending on whether one is a member of a chronically high or low status group”(Major and Eccleston, p. 65). It is safe to say that someone who is homeless, particularly if they are long-term homeless, fall into the category of a chronically low status group. In fact, stigmatization has been defined as “when a shared characteristic of a category of people becomes consensually regarded as a basis for dissociating from (that is, avoiding, excluding ostracizing or otherwise minimizing interaction with) individuals who are perceived to be members of that category”(p.15, Leary and Schreindorfer, 1998, as cited in Major and Eccleston, 2005).

Stigma in this context can be seen from two different perspectives. From the perspective of community development, the stigma surrounding homelessness is problematic because it acts as deterrent to potential business patrons and residents. From the perspective of those who are

homeless, the stigma surrounding homelessness can impede their ability to obtain housing and employment. Thus, stigma harms those who are homeless by acting as a barrier to housing and employment, and harms the community by slowing economic development. Thus, a vicious cycle ensues – homeless people are avoided and stigmatized, which has negative community impacts but also serves to prolong homelessness, and thus the cycle continues.

Stigma may also act as a significant psychological barrier. People who experience stigma may react by withdrawing from the situations and contexts in which they experience stigmatization (Major and Eccleston, 2005). Thus, after experiencing stigmatizing reactions from potential landlords or employers, those who are homeless may stop looking for accommodations and employment. For example:

We get rent at welfare every month. I got \$550 sitting there right now and I'm living on the streets.... Just I don't have the initiative to go look at a place. And we're not clean enough, you know, clothes and that.(Male, 50)

Although this participant has the financial means to obtain some form of housing, he does not make the effort. The fact that his appearance was mentioned at the same time suggests that perhaps part of the reason he lacks initiative is because he is aware of the stigmatization he will face due to his appearance. Indeed, Major and Eccleston (2005) state that “one negative consequence of psychological withdrawal from domains where one fears exclusion is that it reduces motivation to persist in those domains” (p. 75). Furthermore, Major and Eccleston (2005) note that “others [in mainstream society] may use physical or psychological withdrawal as a rationale to justify further exclusion of the stigmatized from the domain in question. They may conclude that the stigmatized are just not interested in or capable of performing well in the domain” (p. 75).

Thus, it is easy to see how a homeless person who continually faces rejection and stigmatization in relation to housing and employment could easily become despondent. In turn, this lack of motivation or ‘surrender’ is seen as justification for stigmatizing attitudes and a refusal or reluctance to help on the part of mainstream society. Overall, while the notion of stigma may seem somewhat abstract and insignificant to policy at first blush, it becomes clear through further examination that a deadly cycle ensues which places real barriers on the homeless and affects the wider community. Thus, the notion of stigma becomes an important practical matter in the development of policy to address homelessness in Whalley for the benefit of both individuals and the community.

But the question remains, how would one address stigma through social policy? Major and Eccleston (2005) note that social exclusion is an essential part of stigmatization, and Waxman (1977) states that in order to reduce the stigma of poverty through public policy, policies must work towards social inclusion. This can be accomplished in part by removing those restrictions and policies that apply only to the impoverished group. An example of a stigma-producing policy that was uncovered through the current study is the need to have a potential landlord fill out an 'intent to rent' form. Only people who are currently receiving some form of social income assistance need to use these forms to access a damage deposit, and the stigmatizing effect is clear:

I need help to get a place because everybody looks at me sideways, like 'intent to rent forms?' (Female, 36).

Another example of inclusion rather than exclusion would be choice of format for social housing. For example, a government may decide to build 'housing projects' – large groups of social or low-income housing. Alternatively, they may decide to adopt policies that assist low-income or homeless individuals access housing that is dispersed throughout the jurisdiction. This could be accomplished by increasing their ability to access market housing, or by developing social housing that is 'scattered' and mixed in with market housing occupied by other, less marginalized groups. Clearly, the decision to build clustered social housing, no matter how well-intentioned, will create a certain level of social exclusion: those who are members of the low-income group live 'over there', while 'we' live in market housing.

Finally, stigma may also be at play in the provision of services for people who are homeless. Two of the service providers interviewed noted that there appears to be a general reluctance to fund or provide services for chronic or multiple-barriered homeless. Interestingly, research has uncovered a stratification of homeless services in other jurisdictions, whereby service providers select clients that are easier to help, while those with multiple problems who require higher levels of assistance are often marginalized or left without services altogether (Avramov, 2001). Thus, even among service providers and funding agencies, stigma surrounding the chronic homeless population may be resulting in a lack of services. This suggests that in order to effectively address homelessness in Whalley, policies must be explicit in ensuring that the needs of these individuals are met, reducing the ability of service providers to reject potential clients with multiple or complex needs.

7 Policy Options

The policy options put forth here are not exhaustive in terms of what the municipal, provincial or federal governments need to address, nor do they address the broad needs of the entire homeless population. Rather, these options focus on achieving two specific goals within the City Centre area – namely, to reduce the incidence of homelessness and prevent the entrenchment of homelessness in the area. The results of the primary research, along with the review of recent literature, provided two key issues upon which to focus for addressing these goals:

1. Addressing the Multiple-Barriered and Chronic Homeless
 - Specifically, addressing the needs of those for whom existing services have not been effective or appropriate. This includes those with physical and/or mental health issues, substance abuse, concurrent disorders, etc.
2. Stigma
 - Individuals who have the means to access independent housing are being shut out of the market, apparently due to issues of stigma. Furthermore, stigma in the provision of services may be contributing to the lack of services for the most barriered individuals.

Thus, we have two important issues that appear to be preventing Whalley’s homeless from exiting homelessness – those who need assistance not provided by existing programs, and those who are unable to access market or independent housing due to stigma and lack of available options. While acknowledging that these are not the only issues currently affecting homelessness in Whalley, this research suggests that they are important gaps in the current strategy that if addressed could significantly reduce the number of homeless individuals in the area. As such, the policy options presented focus on these key issues.

7.1 Status quo: monitor effectiveness of recent changes

This is the option of ‘doing nothing more’. The Province of BC has some new initiatives and programs, such as the building of the new Phoenix Centre (BC Housing, 2005a), and the

current Homelessness Outreach Pilot Project currently underway (BC Housing, n.d.). Because these projects are so new, it may be worthwhile to wait and see how effective they are before taking additional action. This may require additional efforts by local service providers to track the number of individuals they serve, paying particular attention to the characteristics of people who are transitioning out of homelessness. A small increase in funding would likely be required in order to collect this type of data effectively.

7.2 Increase Affordable Housing: Focus on Singles

This option consists of increasing the stock of affordable housing in the City of Surrey through the construction of purpose-built, low-cost housing. This would most likely be accomplished through partnerships between non-profit housing developers and the City of Surrey, the provincial government (BC Housing), and the federal government. This housing should be distributed across all communities of Surrey, ensuring that people in need of low-income housing can access it in their home community and avoiding the ghettoization of any particular area.

As discussed in the literature review, there is very little affordable housing for low-income singles in the city of Surrey (Harron, 2006b). Many participants, including those living on provincial Disability Assistance, noted how difficult it was for them to find suitable, affordable housing. They also stressed the instability of living in shared accommodation, confirming similar claims in the literature (Bunting et al., 2002). Therefore, it is important to increase the stock of housing available to low-income singles, without relying upon two or more persons sharing. In addition, these new housing units must be accessible for people with disabilities and physical health concerns, and affordable for people relying on income or disability assistance.

7.3 Non-Profit Housing Management

This option adopts elements from the housing first philosophy by focusing on immediately placing individuals in independent housing,. The goal of this option is to increase the amount of affordable housing available *and* improve accessibility of this housing to the homeless by simultaneously providing incentives for land owners/developers to provide low-income rental suites and providing a mechanism to overcome problems of stigma and market restriction.

This option consists of providing funding for a non-profit organization (new or existing) to assume the management of low-income housing units, through purchasing, leasing or developing other agreements with local rental property owners. The non-profit organization can

then facilitate the placement of homeless individuals into this housing, and may assume responsibilities such as rent collection. The idea is to provide some security to property owners or managers that they will continue to receive income and relieve them of the need to solicit and screen tenants. In return, the property owner/manager turns this responsibility over to the non-profit. The key element of this option is that individuals who are currently homeless would have priority access to this housing, thus setting it apart from standard affordable housing.

This can be accomplished by a non-profit organization leasing either entire buildings or individual units which they sub-let to their clients, with rent supplements where needed to maintain affordability. Other agreements can be arranged depending on the needs and wishes of both parties. For example, Pathways to Housing in New York City works with private landlords to secure market housing for their clients, mostly chronically homeless individuals with mental health and substance use disorders (Fitzpatrick, 2004). And while this can be a challenge, the program's founder says "landlords like working with Pathways tenants because rental payments are guaranteed" (p. 2, Fitzpatrick, 2004). The HOMES program in Hamilton, Ontario and the SHIP program in Peel, Ontario are two examples where a non-profit housing corporation leases housing units and then provides them to clients in need (Serge et al., 2006). Consultation with a local landowner and property manager suggests that some local property owners would be willing to participate in this program, but they are likely to want short-term contracts, as many low-income rental properties are held only for future redevelopment potential. However, this option has the ability to provide housing to the homeless much faster than constructing new buildings.

The essential point is that the non-profit housing agency is responsible for filling vacancies and ensuring rents are paid to the property owner. Basic property maintenance can be the responsibility of the non-profit organization, while major upkeep, such as structural repairs to the buildings, plumbing, etc. remain the responsibility of the land owner. All such details would be pre-determined and included in the lease contract. Ideally, this housing would be located across the city of Surrey, thereby avoiding the creation of a 'ghetto' in Whalley or any other area.

These housing agreements may be funded under a single organization who would work with existing non-profits to house those in need, or funding may be distributed to a range of existing non-profits who would then use the units to house their clients. Either way, it is important that a range of organizations, including those that work with women, Aboriginals, urban singles and others, have access to this housing. Determining the implementation details will require in-depth consultation with existing organizations to determine their needs, and to locate the necessary expertise.

Standard legal tenancy rights, with no special exceptions or requirements, would govern tenancies in this housing. For example, residents would not be subject to eviction for failing to comply with any treatment or special program requirements. Furthermore, all residents would be expected to pay 30% of their income (up to a maximum), or the shelter allowance component of social assistance, towards rent. Of course, the management organization would have some discretion for dealing with issues such as a failure to pay rent on time, within the limits of the Residential Tenancy Act.

Finally, this option creates an opportunity for social enterprise. Specifically, part of the management of these housing units may include tasks such as landscaping, basic building maintenance and so forth. Tenants and/or homeless individuals can be hired to provide these services. If successful, the services may expand to provide property maintenance service elsewhere.

7.4 Increase Funding for Support Services

This option calls for an increase in funding to existing service organizations, to allow them to provide support services to help individuals find and maintain appropriate housing. For example, this funding may provide services such as assistance with transportation for housing and employment searches, accompaniment to appointments with potential landlords, assistance with basic life skills, and critical mental and physical health services and addictions counselling.

The literature is clear on the fact that a wide range of services, provided in a manner that is flexible and responsive to the needs of individuals are vital (Gurstein & Small, 2005). Therefore, funding must be provided to services who understand the unique needs of the population they work with so that funds are utilized in the most effective manner. However, certain directions for this funding, such as a focus on assisting individuals secure long-term housing and supporting them to aid housing stability, can be integrated at a policy level.

The important piece is that organizations who work with the homeless will be able to provide the services necessary to help these individuals access and remain in stable housing, and even thrive in the community. Additional funding and support services for this option may come from partnerships between the Fraser Health Authority and local agencies, as a recent media release suggests additional funding for support programs is available through the Ministry of Health (BC Housing, 2007a).

7.5 Provide Low Barrier Supportive Housing

This option follows the philosophy of the housing first model and targets those experiencing chronic homelessness and multiple barriers. The key features of this option include the provision of a range of permanent supportive housing where residency is not contingent on abstinence, or participation in treatment or other programming. Ideally, this will include dedicated site housing with onsite supports for those with the most acute needs, and scattered units for those able to live more independently, with off-site or mobile supports available when required. Thus, this option requires building a new facility, and perhaps the purchase of individual units in the private housing market.

This policy option provides an important compliment to new initiatives. BC Housing recently announced a new program to provide housing and support for individuals who achieve sobriety in the Fraser Health region (BC Housing, 2007a). However, previous research indicates that stable, independent housing that is not contingent on abstinence is necessary to effectively reduce homelessness among those with substance abuse issues (e.g. Kertesz et al., 2007; Serge et al., 2006). The results of this study further support these findings, and indicate that a significant portion of Whalley’s homeless require housing that is not contingent on abstinence. Importantly, there is no expectation on the part of the resident to ‘graduate’ to another type of housing, although this is certainly possible and would be encouraged if appropriate. At the same time, this option recognizes that not all of Whalley’s homeless will be able to secure and maintain independent market housing.

This option follows the supportive housing initiatives already underway in other parts of the province¹² with the exception that access to the housing will not be contingent upon participation in treatment or counselling programs. A range of supports, including substance abuse treatment, mental health services and other life skill supports can be offered and strongly encouraged, but not required. However, certain behavioural expectations should be included, such as no drug dealing or other illegal activities, subject to eviction. Additionally, a range of services and staff expertise should be available to address diverse needs, including culturally appropriate services for aboriginals and other groups, and the needs of individuals with concurrent disorders. Finally, residents can pay 30% of their income, or the shelter allowance component of social

¹² For example, the St. Paul Street Supportive Housing Initiative in Kelowna, BC. Harm reduction principles are adhered to in this program however, it is not a low-barrier or low-demand model. Residents must pass a “careful screening process”, be engaged in services, and agree to participate in a prescribed treatment program, subject to eviction (Interior Health, n.d.)

assistance, towards rent. Thus, the program is not about providing ‘free’ housing, but more about providing a suitable, affordable home for people facing multiple barriers to housing.

7.6 Expand Low Barrier Transition Housing

By providing a stable place to stay, transitional housing takes care of basic issues such as personal hygiene, clothing and food, allowing individuals to focus on attaining other important goals such as finding a home. These steps seem small, but several key informants emphasized how difficult it was to find a home or a job without this basic stability. This type of program emphasizes moving people on to independent housing and therefore, a reasonable length of stay is enforced depending on an individual’s level of need.

There is currently only one low-barrier transition house (Hyland House) that serves Surrey, including clients from the Whalley area. Some community stakeholders expressed concern that this facility is not meeting the needs of individuals who need low-barrier service, and is in fact functioning as a “high-barrier” model. However, an interview with Peter Fedos, the manager of Hyland House, suggested that limited capacity was responsible for the number of people turned away from this service, and that they did in fact, provide services to individuals with multiple barriers. In either case, an increase in the number of low-barrier transition housing units, along with a strong emphasis on serving the needs of the most barriered homeless should improve the access to transition housing for those with the highest levels of need.

7.7 Expand Homeless Outreach Program

While anecdotal evidence suggests the current Outreach Worker pilot project funded through BC Housing has been highly successful, several stakeholders indicated that workers available outside of the Front Room are needed in order to reach the population of chronically homeless individuals in the City Centre area. Increasing the number of workers and allowing them to reach out to people who are not currently accessing services such as The Front Room will allow more people to receive assistance and access the housing and services they need. Therefore, this option calls for introducing two more outreach workers to the Whalley area, who can work outside of existing services.

8 Analysis of Policy Options

8.1 Criteria and Measures

Significant tension exists between the goals of reducing the costs to society and meeting the needs of those who are homeless. However, it may be possible to address the needs of the homeless population, and address the societal and government costs associated with homelessness simultaneously. Whatever the case, both goals must be included in an analysis of policy options. Reducing visible homelessness for the sake of tourism or small business owners without addressing the needs and wishes of those experiencing homelessness is not adequate. Nor is accepting homelessness as fact and aiming only to provide enough services to those who are homeless that they can survive life on the street. Truly effective policy should aim to alleviate all consequences of homelessness, including those borne by all sectors of society. Services and programs must aim to reduce and prevent homelessness, reduce the costs borne by society as a result of homelessness, and provide the services, supports and programs that individuals experiencing homelessness need and want.

8.1.1 Equity

Equity is concerned with the distribution of benefits and costs of each policy option. The results of this study suggest many of the homeless in Whalley face significant barriers to exiting homelessness, but may not have equitable access to services. Hence, policies focusing on their needs are required to address this existing inequity. Geographical equity, revolving around the distribution of services and the burden of costs borne by the different communities within Surrey, is also addressed. The issue of cultural or ethnic group needs did not surface in any interviews; however, literature regarding homeless services in Surrey indicates culturally appropriate services in the area of housing and homelessness are vital (SPARC BC, 2005). Therefore, separate analyses of equity regarding cultural or ethnic groups were not conducted for each policy option, rather each policy option (except the Status Quo) echoes the recommendation of the SPARC BC (2005) Gap Analysis that services address the needs of specific ethnic or cultural groups where possible.

These equity issues were assessed by careful consideration of information gathered from the key stakeholder interviews and other sources. Thoughtful reflection on the anticipated effects of each policy option also allowed an evaluation of who would bear the benefits and costs of various options. Box 2 describes equity measures in more detail.

8.1.2 Effectiveness

The effectiveness of each option relates to whether it addresses the key goals and issues identified in the research. Key goals include 1) reduce visible homelessness (community benefits), 2) improve the outcomes for individuals experiencing homelessness (e.g. health, housing, independence, address individual needs and wishes), 3) prevent future homelessness, and 4) prevent entrenchment of homelessness in the area or ‘ghettoization’. Two key issues identified in the primary research are 1) the issue of stigma and 2) the issue of chronic homelessness among individuals facing multiple barriers. Each policy is assessed in terms of how effectively it addresses these identified goals and issues using the results of this study and previous research. Box 3 describes the measurement of effectiveness in greater detail.

8.1.3 Economic Feasibility

The two main concerns for economic feasibility are 1) the estimated cost of the option, and 2) the overall economic effect of the policy. The overall costs were estimated

Box 2: Equity Measures

Equity
<p><u>High</u>: Option leads to improvement in equity over status quo, and does not introduce any new sources of inequity with respect to disadvantaged groups (e.g. homeless with multiple barriers).</p>
<p><u>Medium</u>: Option improves or maintains current equity levels. It may introduce some new sources of inequity, but these are largely compensated for by improvements in other types of equity. For example, it may introduce some inequity geographically, but improve equity with respect to services available to different groups.</p>
<p><u>Low</u>: Option does not improve upon current inequities and introduces new sources of inequity.</p>

Box 3: Effectiveness Measures.

Effectiveness
<p><u>High</u>: Both previous research and the results of this study strongly support the effectiveness of the option for addressing at least two of the goals and key issues.</p>
<p><u>Medium</u>: Results of this study or previous research suggest the option will be effective in addressing at least one of the goals or key issues. There is little or no evidence from this or previous research to indicate it would not be successful.</p>
<p><u>Low</u>: Results of this study or previous research question the effectiveness of the option for addressing the goals or issues identified in this project.</p>

using available data in the literature and information gathered from key stakeholder interviews. The economic impacts of different policies was determined using information from both literature and the stakeholder interviews.

Box 4: Economic Feasibility Measures

Economic Feasibility
<p>High: The absolute cost of the option is lower than other options and/or fits within current spending trends and priorities. May also reduce costs associated with homelessness.</p>
<p>Medium: The absolute cost of the option fits within current spending trends or priorities and/or has the potential to offset costs by reducing the costs associated with homelessness.</p>
<p>Low: The absolute cost of the option is relatively high, and does not fit with current spending trends or priorities. There is little expectation that absolute costs will be offset by reducing costs associated with homelessness.</p>

Related to the issue of costs is the fact that funding may come from municipal, provincial and/or federal governments as well as non-government organizations. Therefore, the spending priorities and trends of all levels of government contribute to the economic feasibility of policy options. As noted, a number of changes in homelessness policy and funding were taking place during the course of this research, including new federal and provincial strategies (BC Housing, 2006; Human

Resources & Social Development Canada, 2006), the announcement of a new provincial budget (Ministry of Finance, 2007), and the establishment of a new City of Surrey Homelessness Fund (City of Surrey, 2006b). The priorities and directions of these new strategies were considered in analyzing the economic feasibility of each policy option.

Finally, the cost of *not* implementing various options was also considered, as research and several stakeholders mentioned the high economic costs involved with not addressing homelessness effectively. As discussed in the literature review of this paper, homelessness is associated with significant costs relating to expensive patterns of health care utilization, as well as criminal justice and other social service costs (e.g. Martinez & Burt, 2006; O’Toole & Gibbon, 1999; Eberle et al., 2001b). Therefore, implementing a policy that will effectively reduce homelessness may reduce these costs, while *not* addressing homelessness may increase these expenditures in the long run. Box 4 provides a detailed description of the measurement of economic feasibility.

8.1.4 Political Feasibility

The criteria of political feasibility concerns whether or not various policy options are likely to be embraced by decision makers. For no matter how effective a policy or program may

appear, if it is unpopular with voters or strong community groups, politicians are unlikely to accept it as a viable option. Some of the important factors in political viability are how well the greater community will accept a given policy option, as well as how various options fit into the current political climate. Other factors, such as the level of media attention being given an issue and large events such as the upcoming 2010 Winter Olympics in Vancouver can impact the political viability of various options positively or negatively.

Box 5: Political Feasibility Measures

Political Feasibility

High: Stakeholder interviews provide strong support for the option, and the option conforms to stated policy priorities and/or should be well accepted based on current events, media coverage and the general policy context.

Medium: Stakeholder interviews provided mixed support for the option, but are generally neutral or supportive, and based on current events, media coverage and the general policy context the option should be somewhat acceptable. The option may or may not conform to stated policy priorities, but does not contradict stated priorities.

Low: Stakeholder interviews suggested there would be opposition to this option. The option does not conform to stated policy priorities and current events, and the option is likely to generate significant opposition based on current events, media coverage and the general political context

The three main measures of political viability used in the analysis of policy options were 1) interviews with key stakeholders, including stage two interviews in which individuals gave feedback on each option, 2) how well options fit with the stated policies and priorities of various levels of government and 3) current events, media coverage and other contextual factors. Box 3 describes the precise measurement of political feasibility.

8.2 Analysis of Policy Options

8.2.1 Monitor Status Quo

Equity

The results of this study suggest that this option will prolong existing inequities because:

- It largely neglects of the needs of individuals with multiple-barriers who cannot succeed in recovery-based services or unsupported market housing.

- There are few low-barrier services in Surrey, and most are located in the City Centre area¹³. This is inequitable for those needing these services, as well as the broader community.

Therefore, the equity level of this option is Low, as it prolongs and enforces existing inequities in the services available to the homeless.

Effectiveness

While the status quo has not been effective to date, some of the newest initiatives (outreach worker pilot project and the new Phoenix Centre) have only been in place for a short time. However, the results of this study suggest that even with these new initiatives, the status quo may remain ineffective because:

- The new Phoenix Recovery centre focuses on treatment and abstinence, which research suggests is not effective for many homeless individuals (Kertesz et al., 2007).
- Despite the outreach worker's efforts, many key informants said they needed more assistance with finding and accessing suitable housing.
- Stakeholders identified an urgent need for mental health services, particularly for individuals with concurrent disorders.

Overall, the evidence from this study suggests that the status quo will not address the key issues and goals outlined by this study, and therefore, the effectiveness level of this option is Low.

Economic Feasibility

The absolute costs of this option are very low, as the only costs stem from gathering the data necessary to monitor the new initiatives. However, because it is not expected to be effective, this option is not likely to reduce the social costs associated with homelessness, and may be associated with significant costs in other areas. Therefore, the economic feasibility level of this option is Medium-High.

¹³ Gateway shelter and The Front Room are located in City Centre, and some stakeholders suggested that these are the *only* services that are accessible to many individuals. Hyland House, located outside of the Whalley area, is also a low-barrier shelter and transition house. However, some stakeholders noted that it is often full, and is somewhat more restrictive in providing services to the most barriered individuals. Therefore, individuals often have no choice but to come to The Front Room and Gateway shelter.

Political Feasibility

Maintaining the status quo is politically feasible because:

- By definition, it conforms to existing policies.
- It requires no specific change or action, therefore presenting few opportunities for opposition.
- The focus on addictions recovery and treatment fits with current policy trends and should be acceptable to voters.

However, stakeholder interviews suggest that maintaining the status quo may be seen as inaction, and therefore, as undesirable. This may be particularly true for the City of Surrey, as they have not been very involved in the latest developments. Therefore, the political feasibility of this option is Medium.

8.2.2 Build New Affordable Housing

Equity

The option of building new affordable housing for low-income singles can improve equity with respect to housing access by:

- Reducing the need for low-income singles to live in unstable, shared accommodation.
- Providing affordable and suitable housing for individuals living on B.C. Disability Assistance.
- Improving geographical equity by ensuring that affordable housing is accessible to individuals across the city.

On the other hand, building new affordable housing may not serve the needs of individuals with multiple barriers, thereby prolonging an existing housing inequity vis-à-vis access to housing for individuals with multiple barriers. Therefore, this option achieves an equity rating of Medium.

Effectiveness

Results of this study suggest that increasing the amount of affordable housing can effectively address the goals outlined for this project:

- Reduce homelessness by increasing the effectiveness of existing services (e.g. Hyland House) by providing more permanent housing options.
- Prevent future homelessness by allowing those ‘at risk’ of homelessness to access affordable housing and reducing the number of people forced to rely on shared accommodations.
- Prevent the ‘ghettoization’ of City Centre by providing affordable housing units across all of Surrey’s communities.

However, major barriers to this option’s effectiveness include:

- It does not directly address the issue of stigma - housing managers may remain biased against people who are homeless.
- Research suggests that housing alone may not address specific needs of individuals with multiple barriers (Serge et al., 2006; Kertesz et al., 2007; Padgett et al., 2006).

Overall, the results of this study suggest that this option will help to reduce and prevent homelessness and the ghettoization of the City Centre. However, as a stand-alone policy it will neglect the key issues of stigma and individuals with multiple barriers. Therefore, the effectiveness level of this option is Medium.

Economic Feasibility

A recent gap analysis of social services in Surrey estimated that approximately 5000 units of affordable housing are needed in Surrey to address the number of households living in non-affordable housing (SPARC BC, 2005). However, only some of these are aimed at needs identified in this study (e.g. low-income singles). For the purposes of this analysis, it is assumed that 500 units of affordable housing for low-income singles will make an important

Box 6: Estimated cost of affordable housing

Affordable Housing Costs
<p>A presentation from the 2006 Greater Vancouver Housing Forum (GVRD 2006b) estimated the total land, construction and associated soft costs for a 240 unit affordable housing project in a suburban region at \$306 per square foot, or \$34.7 million total (with a minimum unit size of 400 square feet.)</p> <p>At \$306 per square foot, this yields a cost of roughly \$153,000 per 500 square foot unit. Thus, 240 units at \$153,000 equals 36.7 million, which is close to their figure of 34.7 million.</p> <p>Thus, a safe estimate of the cost of affordable housing in Surrey is \$150,000 per unit, if projects are of a similar size and nature.</p>

contribution to reducing and preventing homelessness. At approximately \$150,000 per unit (see Box 5), the cost of this option is estimated at \$75 million. Thus, the absolute cost of this option is significant, and is higher than other options presented here. Although part of these costs may be offset by reducing the size of the homeless population, funding for the construction of affordable housing is not readily available:

- Stakeholders identified a lack of funding for affordable housing from senior levels of government, and a lack of financial capacity at the municipal level.
- The 2007 Provincial budget provides no new funds for building affordable housing (Ministry of Finance, 2007).
- BC Housing does not include construction of new affordable housing in their latest housing strategy (BC Housing 2006).
- Recent social housing proposals have been rejected because neither municipal nor provincial governments are willing/able to provide the necessary funding (Boei, 2007).

In summary, the economic feasibility of this option is Low due to the high cost and lack of available funding.

Political Feasibility

Interviews revealed strong stakeholder support for this option, and recent media coverage demonstrates both public and political support for addressing homelessness and increasing affordable housing (e.g. Shore, 2007; Ransford, 2007; Christophersen, 2007; Colley, 2007; Zytaruk, 2007a). Increasing affordable housing also fits with stated policy priorities at both the municipal and provincial level:

- The Plan for the Social Well-being of Surrey identified purpose-built affordable housing and low-income housing for the homeless as key issues (City of Surrey, 2006c).
- Housing and homelessness are key priorities at the provincial level (BC Housing, 2006, Ministry of Finance, 2007).

Despite widespread support for low-income housing, the current provincial strategy does not include measures to increase the affordable housing supply, focussing on rental subsidies for families and seniors instead (BC Housing, 2006). In summary, the political feasibility of this

option is rated at Medium-High, as there is general support for an increase in affordable housing, but it does not conform to the current provincial housing strategy.

8.2.3 Non-Profit Housing Management

Equity

First, this option improves upon existing inequities by providing better access to housing for individuals with multiple barriers and others who have faced the stigma of homelessness in their search for housing. However, this option will involve taking housing units off the market, and therefore, out of reach of others needing low cost housing. This introduces a new source of inequity, as these individuals will not benefit from this option. Therefore, this option achieves an equity level of Medium.

Effectiveness

The results of this study suggest a non-profit housing management program will effectively address some of the goals and key issues of this project by:

- Removing stigma as a barrier to housing for homeless individuals.
- Improving the ability of existing programs to find suitable housing for homeless persons.
- Replacing low-quality property management with responsible non-profit management, providing benefits to the wider community.
- Preventing ‘ghettoization’ and encouraging social inclusion by providing housing for the homeless in conventional housing scattered throughout the city.

However, this option may not address the specific needs of individuals with multiple barriers, as it does not provide any support services alongside housing. Moreover, property owners may desire short-term lease agreements, which may compromise the long-term effectiveness of this option. Therefore, the effectiveness rating of this option is Medium.

Economic Feasibility

The estimated cost of housing provided through this option is \$2700 - \$7500 per unit, per year (see Box 6), excluding implementation and administration costs. This is lower than other options, such as building new affordable housing, and is far less expensive than emergency shelter beds (which cost roughly \$43,300 per unit, per year for a 30 unit shelter [P. Fedos,

personal communication, February 23, 2007]). By providing stable housing, this option may also lead to a reduction in healthcare and other costs associated with homelessness (Eberle et al, 2001b; Kushel, Perry & Bangsberg, 2002)

This option coincides with the provincial focus on private markets and rental subsidies (BC Housing, 2006), and an interview with Surrey City Councillor Judy Villeneuve revealed that the municipal government is currently considering non-profit management of new affordable housing in the city. Therefore, the economic feasibility of this option is High.

Box 7: Estimated cost of Non-Profit Managed Housing

Estimating the cost of leasing rental housing is very difficult. A local property owner & manager estimated that a typical low-cost apartment in the Whalley area must generate \$7200- \$12,000 to cover mortgage and maintenance costs. However, a portion of these costs would be covered by rental income. For example, tenants can pay 30% of their income or the shelter portion of Provincial Income or Disability assistance towards rent. Example:

\$375 per month = \$ 4500 per year, per unit in rental income.

Overall, the total cost of this option is estimated at \$2700 -\$7500 per year, per unit.

Political Feasibility

This option appears to fit with existing policy priorities, as the Plan for the Social Well Being of Surrey residents (City of Surrey, 2006c) recommends the development of policies or programs “to provide some seed money towards the implementation of solutions for housing gaps”. Furthermore, feedback from a range of community stakeholders, including a city staff member and a local property owner/manager, suggests this option would be well received, and unlikely to generate strong opposition. Overall, the political feasibility of this option is High.

8.2.4 Increase Funding for Support Services

Equity

Stakeholder interviews showed that homeless individuals did not have adequate access to mental health services, particularly those actively engaged in substance use. Therefore, this option may increase equity by providing mental health and other needed support services to all homeless individuals. Geographical equity may be compromised if the increase in funding is only available for services in the City Centre, however this is easily avoided by ensuring that increased support services are available throughout the City. Therefore, this option receives an equity rating of High.

Effectiveness

This option is likely to address several of the goals and key issues identified by this study:

- Previous research emphasizes the importance of providing support services along with housing for reducing homelessness for individuals with mental health and/or substance abuse issues (e.g. Kraus et al., 2005).
- Stakeholders suggest a lack of mental health services for homeless individuals contributes to homelessness in the area, and that more support services are needed to help some individuals maintain housing after leaving shelters and transition houses.
- Simple supports such as assistance with transportation and rental applications may help the homeless access housing, and overcome the issue of stigma.

Overall, an increase in funding for support services is expected to address several of the key issues and goals of this project. However, the results of this study also suggest that the success of this option may be limited without increased availability of suitable, affordable housing options. Therefore, this option achieves an effectiveness rating of Medium-High.

Economic Feasibility

Estimating the amount of increased funding that is required is extremely difficult. However, rather than determining what is needed, this policy can be driven by what can be made available. Therefore, this option is economically feasible, although its *effectiveness* will hinge strongly on the amount of funding that is made available. The flexibility of the cost of this option, combined with the uncertainty, suggests an economic feasibility rating of Medium is appropriate.

Political Feasibility

Stakeholder interviews suggest strong support exists for this option. If new funding is concentrated on services that are only available in the City Centre, some opposition from the community may surface (e.g. Blundell, 2006). However, providing funding to improve the services available through existing organizations (as opposed to adding new organizations) should minimize the visibility of this option, and therefore resistance to it. Furthermore, funding for increased support services available across the City of Surrey may help to mitigate this resistance. Therefore, the political feasibility of this option is High.

8.2.5 Low-Barrier Supportive Housing

Equity

This option will provide a significant improvement in equity with respect to the types of services available. Surrey is already home to new programs that assist individuals who participate in addictions treatment and recovery programs (e.g. Phoenix Recovery Centre). These programs, while very important, exclude many homeless individuals who are not willing or able to enter full recovery programs. Therefore, this policy option will address an important inequity by addressing the needs of this population.

The geographical location of these housing units within the City of Surrey may present some equity issues. Literature notes the importance of spreading services throughout the city (SPARC BC 2005). However, this can be seen as ‘exporting’ the problem elsewhere, while the City Centre area stands to gain the most as individuals leave the streets and enter stable housing. At the same time, the City Centre area currently bears a much larger burden with respect to homelessness than other areas. Therefore, distributing supportive housing throughout the City of Surrey, without simply imposing it on the areas with the lowest ability to resist it, will help to improve geographic equity. Hence, this option receives an equity rating of High.

Effectiveness

Several factors indicate this option will be highly effective:

- Previous local research (SPARC BC, 2005) identified a need for supportive housing in Surrey for people who are actively engaged in substance use.
- Results of this study suggest this option will effectively reduce visible homelessness, address the needs and wishes of individuals with multiple barriers, and avoid ghettoization of the City Centre by distributing units across the City.
- Previous research supports effectiveness of supportive housing that does not require abstinence or adherence to specific treatment options for those with multiple barriers (e.g. Serge et al., 2006; Tsemberis et al., 2004).

Overall, the evidence from local and other research supports the effectiveness of this policy option for addressing several of the goals and key issues identified by this study. Therefore, this option receives an effectiveness rating of High.

Economic Feasibility

The cost of providing supportive housing may include the cost of constructing new specialized housing and/or leasing existing units (see Boxes 7 and 8). The cost of construction is roughly \$150,000 per unit, while annual operating and support costs range from \$9000 - \$16,000 per unit. The construction costs are similar to building affordable housing, although providing support services alongside increases the absolute cost of the option. Therefore, this option is somewhat more expensive than other options discussed here. However, there are a number of factors that improve the economic feasibility of this option:

- This option may reduce the economic costs of homelessness (e.g. Eberle et al, 2001b; Martinez & Burt, 2006).
- It is far less expensive than emergency shelters that many homeless individuals with multiple barriers currently rely upon¹⁴.
- It fits with current provincial funding priorities (BC Housing, 2006)
- Funding for 90 supportive housing units in Surrey was announced near the end of this study, 35 of which were not yet allocated to any specific project (BC Housing, 2007b).

In sum, the economic feasibility of this option is Medium because although it is relatively expensive, it fits within current spending trends and has the ability to reduce other costs associated with homelessness.

Box 8: Supportive Housing Example 1: Dedicated Site constructed in Kelowna

Program: St. Paul Street Supportive Housing, Kelowna.

Provides stable housing and supports for people who are homeless and have a mental illness and/or addiction issue.

- Focuses on harm-reduction (not abstinence).
- Costs for this 30 unit housing project include:
 - \$4.5 million in capital costs.
 - Annual operating budget of up to \$500,000 for health services.
- Thus the per unit costs are approximately \$150,000 for capital plus \$16,000 per year for support services.

Source: BC Housing, 2005b

¹⁴ Annual cost of emergence shelter is \$1.3-\$1.5 million for 30 units, which equals over \$40,000 per unit per year.(P. Fedos, personal communication, February 23, 2007).

Political Feasibility

Results of stakeholder consultations and information regarding similar developments around BC (BC Housing, 2005b) suggest that significant community opposition to this type of housing may hamper its political feasibility. Although supportive housing is part of the current provincial strategy

Box 9: Supportive Housing Example 2: Scattered & Dedicated Supportive Housing in Peel, Ontario

Program: Housing and Supports Peel (HASP)

- Supportive housing for homeless individuals with severe mental illness & concurrent disorders. Abstinence is not required or expected.
- Permanent housing provided through lease with non-profit housing agency.
- Tenants pay rent according to income level (or provincial shelter allowance).
- Annual Costs for 218 units of housing + supports:
 - \$2.9 million (\$922,000 of this is raised via rent paid by tenants)
 - This equals \$13,300 per unit (roughly \$9100 per unit after accounting for tenant rent payments).

Source: Serge, Kraus & Goldberg, 2006.

(BC Housing, 2006), several of these developments are abstinence-based or emphasize they are not providing housing for the ‘hard to house’, perhaps in response to community concerns (Interior Health Authority, n.d.). Therefore, it is possible to assume that constructing low-barrier, long-term supportive housing will generate a “Not In My Back Yard” (NIMBY) reaction in Surrey. Conversations with stakeholders, along with the researcher’s experience in the area, also suggest that opposition will arise no matter which neighbourhood is chosen for supportive housing. People and businesses in the City Centre and Whalley areas will argue that they already hold a majority of services for the homeless, and other communities will argue that situating these facilities within their boundaries is simply ‘exporting’ Whalley’s problems to their neighbourhood. However, because stakeholders did support this option, and it conforms to current policy directions, the political feasibility of this option is Medium.

8.2.6 Expand Low Barrier Transition Housing

Equity

Providing more low-barrier transition housing will ensure that individuals with multiple barriers will have improved access to transition housing. However, some low-barrier transition housing already exists, and previous research has identified a need for other types of transition housing (particularly aboriginals, youth, and women leaving the sex trade) (SPARC BC, 2005). Because this option will only provide a small improvement in equity and may introduce new inequities by displacing funding for other under-serviced groups, it receives an equity rating of Low.

Effectiveness

Increasing the amount of low-barrier transition housing may address some of the goals of this study by helping Whalley's homeless overcome the obstacles they discussed in the interviews (e.g. basic needs such as personal hygiene). However, there a number of reasons to question the effectiveness of additional low-barrier transition housing:

- Stakeholder interviews provided mixed support for the effectiveness of transition housing, particularly for persons with multiple barriers.
- Recent literature questions the effectiveness of transitional housing, particularly for individuals with concurrent disorders (Serge et al., 2006).

The manager of Hyland House, a low-barrier transition house in Surrey suggested that a lack of capacity, affordable housing and funding for follow-up support services was to blame for the perceived lack of success. However, this suggests that additional low-income housing and support services are necessary to see success from an increase in transition housing. Interestingly, much of the research reviewed earlier emphasized that homeless people can be successfully housed directly into long-term, independent housing as long as the appropriate support systems are in place, and that this can happen without the assistance of transition housing. Therefore, it appears that the overall success of transition housing relies upon the existence of these other services, but the success of these other services does not depend on transition housing programs. Therefore, the overall effectiveness of this option is rated as Low.

Economic Feasibility

Transitional housing fits well with current provincial funding priorities (BC Housing, 2006). However, stakeholder interviews suggested that transition housing is very costly, a finding supported by evidence from existing programs. For example, an eight-unit transition house in Terrace, BC reported capital costs of \$1.3 million, or roughly \$160,000 per unit (Province of British Columbia, 2006). Operating costs for a 30-unit low-barrier transition shelter in Surrey run approximately \$375,000 - \$400,000 per year, or roughly \$13,000 per unit, per year (P. Fedos, personal communication, February 23, 2007). Therefore, this is a relatively high cost option. This is particularly salient when one considers the fact that without simultaneous increases in affordable housing and support services, this option will likely have limited success in reducing homelessness. Thus, the economic feasibility of this option is Low.

Political Feasibility

This option fits well with the existing policy framework, as it requires only an expansion of existing services and falls in line with current provincial strategies. However, the low-barrier nature of this option may incite a NIMBY reaction, reducing its political feasibility. Furthermore, stakeholder support for this option was mixed. In sum, the political feasibility of this option is Medium.

8.2.7 Expanded Outreach Program

Equity

In terms of equity, this option is fairly basic. First, as long as outreach workers are trained to work with all groups in a sensitive manner, there should be no issues of gender, age or ethnic inequity. Furthermore, by providing workers in more locations than just the Front Room, overall equity will be improved, since those who avoid the Front Room will have access to an outreach worker. Therefore, this option achieves an equity rating of High.

Effectiveness

First, the results of this study suggest that increasing the number of outreach workers may help to reduce homelessness:

- Stakeholders cited a need for more outreach workers in Whalley.
- Many key informants said they needed more help and support in their search for housing.
- The results of this study confirmed that many homeless in Whalley preferred to avoid the Front Room, and therefore did not access the outreach worker there.

However, outreach work may be severely limited by a number of important factors that would not be addressed with this policy alone. First, without sufficient affordable housing that is within the reach of those with the lowest incomes, outreach workers will not be able to find housing for their clients. Second, some clients may require more support than market housing and an outreach worker can provide (i.e. those with multiple barriers). Without an increase in these resources, outreach workers may be unable to assist the homeless move into housing. Therefore, this option receives an effectiveness rating of Low.

Economic Feasibility

This is a low-cost option as there are no capital costs and presumably low administrative costs if the program is administered by an existing agency or organization. The current BC-wide pilot project funds 18-20 workers for \$1.2 million per year (Personal Communication, Dominic Flanagan, February 1, 2007), which equals roughly \$63,000 per worker. Therefore, the cost of providing two additional workers in the Whalley area should be under \$150,000 per year, even after administration and implementation costs are considered. This is a relatively low-cost option that also fits with current funding trends. Therefore, the economic feasibility of this option is High.

Political Feasibility

The political feasibility of this option is High, as it simply involves expansion of an existing program, and the results of this study found widespread support for an increase in outreach workers.

8.2.8 Analysis Summary

The evaluation matrix presented in Table 1 provides a summary of the analysis. To illustrate the relative utility of each option, a score of one to three was assigned for each criteria (corresponding to the high, medium or low rating) and a total score was derived for each option. The options of expanded transition housing, the status quo and expanded outreach are quickly ruled out due to low effectiveness ratings. The remaining four options have similar levels of overall merit; however, the construction of affordable housing has a low level of economic feasibility rendering it an unlikely choice. Overall, the analysis indicates that several options are expected to be reasonably effective and realistic. The next section provides and discusses policy recommendations, and discusses the rationale behind the rejection of the remaining options.

Table 1: Evaluation Matrix

Criteria: Policy Options:	Equity	Effectiveness	Economic Feasibility	Political Feasibility	Total
Increased Support Service Funding	High 3	Med-High 2.5	Medium 2	High 3	10.5
Non-Profit Housing Management	Medium 2	Medium 2	High 3	High 3	10
Low-Barrier Supportive Housing	High 3	High 3	Medium 2	Medium 2	10
Expand Homeless Outreach Program	High 3	Low 1	High 3	High 3	10
New Affordable Housing	Medium 2	Medium 2	Low 1	Med-High 2.5	7.5
Status Quo	Low 1	Low 1	Med-High 2.5	Medium 2	6.5
Expand Low-Barrier Transition Housing	Low 1	Low 1	Low 1	Medium 2	5

9 Policy Recommendations

In analyzing the policy options, two points become clear. First, no single policy option will effectively address the key issues identified in this study. For example, regional and local homelessness plans and the results of this study indicated a need for the construction of new affordable housing. However, as a stand-alone policy, this expensive option may not meet the specific needs of individuals with multiple barriers, as it does not include any support services (Serge et al., 2006; Kertesz et al., 2007; Padgett et al., 2006). The need for multiple strategies is not surprising given the multidimensional nature of homelessness as described by the work of Anucha (2005), Duffy (2001) and countless others. These authors emphasized the need to examine and address homelessness by including factors relating to homeless individuals, their social environment, and structural characteristics such as housing markets. Furthermore, the goal of this study is to balance the needs of individuals with those of the broader community, providing further need for a multidimensional policy response.

Second, an effective policy response to this issue requires significant financial resources. Even though this study focuses on selected key issues within a very small geographic area, there will be no change without a strong funding commitment. Indeed, a recent report by the GVRD (2006) suggests local spending on homelessness “falls far below that of American and British cities that have demonstrated progress towards eliminating chronic homelessness” (p.8). In sum, additional funds from all levels of government are necessary to effectively reduce homelessness. Following these two points, four policy recommendations emerged.

9.1 Recommendation 1: Low-barrier supportive housing

Time-frame: Immediate

Individuals facing multiple barriers, including concurrent disorders, cannot exit homelessness without access to suitable, affordable housing. Providing low-barrier supportive housing will create long-term stability for individuals who need the most assistance in exiting homelessness. Under this option, individuals needing the most supports, and many of those causing the greatest concern within the community, can access housing that meets their needs and

wishes as expressed in their interviews. An abundance of research supports the effectiveness of this form of supportive housing at meeting the needs of individuals (e.g. Serge et al., 2006; Tsemberis et al., 2004), and significantly reducing the economic costs of homelessness (Eberle, et al.2001b; Martinez & Burt, 2006).

Supportive housing is a relatively high cost option. However, part of these costs may be offset by reducing homelessness. Furthermore, at the time this study was concluding, BC Housing announced the availability of funding for 35 units of supportive housing in Surrey for which a Call for Expressions of Interest would be issued in March 2007 (BC Housing, 2007b). This study strongly recommends ensuring that these funds are used to develop low-barrier housing units that will provide services appropriate for individuals with multiple barriers, including those with concurrent disorders.

9.2 Recommendation 2: Increase Funding for Support Services

Time Frame: Immediate/Short-term

Both local stakeholders and previous research emphasize the importance of support services backed by stable funding in addressing homelessness (e.g. Kraus et al., 2005). Furthermore, many of the homeless participants said they simply needed more assistance with basic tasks like finding a suitable place to live, and remembering important appointments. For example, a dedicated housing liaison can help individuals with basics like transportation, and work with property managers to address issue of stigma against the homeless. Other supports, including mental health and addictions services, can help people maintain their housing and gain stability in their lives.

Of course, this option also requires a substantial funding commitment from all levels of government in order to be truly effective. However, the policy window for action on homelessness is open, observable in the number of new programs and funding initiatives underway in the region. Thus, the timing for securing long-term funding commitments is now. Increasing funding for support services is another option that will be more effective if combined with a housing strategy, such as non-profit housing management or the development of new affordable housing.

9.3 Recommendation 3: Pursue non-profit housing management

Time Frame: Short-term

The third recommendation is to further pursue implementing non-profit housing management in the City of Surrey in order to provide priority access to housing for homeless individuals. In depth consultation with real estate experts and a broader range of local property owners is needed to know with more certainty whether this option is feasible in terms of implementation.

Providing non-profit housing management is far less expensive than constructing new affordable or transition housing. The non-permanent nature of this option reduces its ability to effect long-term and stable change, although it may provide a viable short-term, low-cost option to increase the availability of affordable housing to homeless individuals while pursuing options for increasing the affordable housing stock.

Although the effectiveness of this option is rated Medium, this option has the potential to provide many benefits for Whalley and other communities. First, in combination with increases in support service funding, this option can make a significant contribution to reducing homelessness by preventing the stigmatization of homeless individuals by property managers. Second, it will address the stigma of homelessness by promoting inclusive housing for people exiting homelessness. Third, it can provide income security for low-cost rental property owners, which over time may encourage more property owners and developers to provide low-cost rental housing. Fourth, the rehabilitation of rental housing by non-profit organizations can lead to increases in the value of surrounding properties, providing benefits for the entire community (Ellen & Voicu, 2006). Fifth, one stakeholder suggested this policy may be useful in stabilizing the current affordable housing stock, as there is some concern that property owners can demolish (or cease to maintain) these buildings at any time to make way for new developments. Finally, this option may also provide an opportunity for social enterprise, hiring homeless and formerly homeless individuals to carry out property management and maintenance services.

This report recommends that the City of Surrey further investigate the feasibility of this option, including potential funding sources, legal and contractual details, and the number of property owners who may be interested in participating. More investigation is also needed to determine whether the expertise and community capacity needed for this option currently exists in Surrey.

9.4 Recommendation 4: Continue to push for New Affordable Housing

Time Frame: Long-Term

While improving access to the existing housing stock is important, studies indicate a significant shortage of affordable housing units in the region (McClanaghan & Assoc. 2006; City of Surrey 2006c). Therefore, the final recommendation of this project is two-fold: 1) That the City of Surrey continues to pursue the development of affordable housing using their new Homelessness Fund and 2) That both the provincial and federal governments re-examine the need for significant funding for the construction of new affordable, rental housing.

9.5 Rejected Options

The status quo and the expanded outreach options were rejected on the basis that they would not go far enough in addressing the key issues identified in this study. The option of building more low-barrier transition housing was rejected on two fronts. First, a growing body of literature is rejecting the effectiveness of transition housing as a viable tool in addressing the needs of homeless individuals facing issues such as substance abuse and mental illness (e.g. Serge, 2005). Second, it is a very expensive option that must also be incorporated with additional permanent housing and support services to achieve any success at all. In sum, the results of this project did not support the pursuit of these measures.

Furthermore, as this study was concluding, the provincial government announced the development of 12 new transitional housing units for individuals with mental health or addictions by the Fraserside Community Services Society (Zytaruk, 2007b). Thus, there is little reason to recommend additional transition housing for this population at this time.

10 Study Limitations

As with most empirical research, this study has a number of limitations. First, data regarding the ethnicity of participants was not collected in this study, which in turn, limited the ability to assess the equity of various options in terms of their impact on different ethnic groups. This is a significant limitation to the study, since the provision of culturally appropriate services is important, and has been stressed in local literature (SPARC BC, 2005). However, I believe that the general nature of the recommended policy options do not limit the ability of services to be provided in a manner that is sensitive to the needs of different ethnic or cultural groups. The details of the design, implementation and services provided within the recommended options should be determined by experts in the field, and it will be up to them to ensure that services are provided appropriately for all groups.

There are several limitations stemming from the sampling procedure. First, time and resource constraints restricted the sample size to 20 key informants and 9 key stakeholders. A larger sample would have increased the reliability of the findings, and may have provided a broader range of community stakeholder perspectives. A second important limitation regarding the sample is related to the location of the key informant interviews. Anecdotal evidence, and information gathered during the research indicates that many of Whalley's homeless avoid the Front Room. A number of reasons for this were presented, including the high prevalence of drug use in the area around the facility. Thus, conducting all of the key informant interviews in the Front Room may have biased the sample. However, there are three reasons to believe that this bias was minimized. First, the interviews were scheduled to coincide with events that would draw non-regular visitors to the Front Room. Second, the weather on both occasions was extremely poor, with heavy rain and high winds, and data collection took place in the evening when people were beginning to gather around to sign-up for a bed in Gateway Shelter (located upstairs from the Front Room). Presumably, people would be more likely to seek shelter under poor weather conditions and therefore, people who did not routinely access the Front Room's services may have been more likely to be there under the circumstances. Third, many of the interviewees indicated that they avoided the Front Room and yet, had come on that day due to the weather or other circumstances, suggesting the sample did include people who avoided the Front Room.

Another limitation stems from the fact that although this study borrowed methods from the grounded theory tradition, an iterative sampling process was not used. In grounded theory, the researcher usually codes the first set of interviews, and then returns to data collection until a point of saturation is reached (Creswell, 1998). Again, time and resource constraints limited my ability to return and conduct further interviews. However, a point of near-saturation was reached on the vast majority of themes without a second round of data collection. Furthermore, this study was not designed as a grounded theory study, but rather, drew upon the grounded theory method to investigate the research questions.

There is some question regarding the accuracy and consistency of the data collected from the key stakeholders, as is common to all research that relies upon self-report data. For instance, a respondent would say they had been homeless for 4 years, but at a later point, say they had been homeless since 1998. This is only a hypothetical example, but is characteristic of the type of inconsistencies in some participant's responses. These were dealt with by clarifying with the respondents in a respectful manner where possible, or by assuming that reality lay somewhere in the middle. Unfortunately, the fact that such inconsistencies were present in more than one interview calls into question the accuracy of some of the participant's responses. However, most of the data and themes that were important to the final analysis did not require high levels of accuracy. For example, whether or not someone had experienced stigma 5 times or 8 times when looking for a home was not relevant – the important point is that they experienced stigma on multiple occasions in an important context.

Finally, the findings of the study may be limited by the fact that all interviewing, coding and analysis was completed by a single person. This increases the possibility of researcher bias in both the data collection and results. However, resource constraints and the individual nature of Capstone projects prevented the inclusion of additional researchers.

11 Conclusion

The goal of this study was to gain an understanding of the nature of homelessness in Whalley, in order to develop policies that can work towards alleviating homelessness for the benefit of those experiencing homelessness and the entire community. A review of the literature revealed some information regarding the causes of homelessness in general, and in the GVRD, but there was no information available for the Whalley or City Centre area specifically. Furthermore, the literature regarding solutions to homelessness suggested that solutions had to fit the unique needs of each homeless population and sub-population. Thus, without a more in-depth understanding of the issues facing the Whalley and City Centre areas of Surrey, it would be difficult to understand why the homelessness had escalated to the current level, and precisely what those individuals needed in order to exit homelessness.

The qualitative interviews with key informants (homeless and formerly homeless residents of Whalley) and key stakeholders provided a rich data source from which to increase our understanding of homelessness in Whalley. Some of the major themes that emerged were 1) the significant impact of stigma on both homeless individuals and the community, 2) the salience of substance abuse issues in the area, not only as a cause of homelessness, but also a symptom, and 3) that many of Whalley's homeless had been so for many years, indicating that current services and programs were not addressing their needs. Finally, the idea that Whalley was attracting homeless individuals from other communities was only partially supported. Results indicated that about half the participants had lived in Whalley or surrounding neighbourhoods prior to becoming homeless. Furthermore, the majority of homeless participants simply considered Whalley their home, although many noted that it was not a desirable place to be.

After carefully considering all of the evidence collected through the primary research, along with the general literature on homelessness, seven policy options were developed. These were: 1) Maintaining the status quo, 2) Building new affordable housing, 3) Developing a non-profit housing management program, 4) Increasing funding for support services that improve housing access and stability, 5) Creating a low-barrier supportive housing program, 6) Building new low-barrier transition housing and 7) Increasing the number of outreach workers in the operating in Whalley.

A careful analysis revealed that no single option would meet the goals of this study and address the key issues identified in the research. Therefore, recommendations include increasing funding for support services and constructing a low-barrier supportive housing project. Furthermore, this study recommends that planners and policy makers examine the possibility of also developing a non-profit housing management program in order to improve access to affordable housing in the short-term. Finally, many sources suggest that the City of Surrey, and indeed the entire GVRD, will need to increase to the permanent stock of affordable housing (SPARC BC, 2005; McClanaghan and Associates, 2006). Therefore, the final recommendation is that all levels of government continue to pursue policies to increase the stock of affordable housing.

Overall, these options represent short and long-term assistance that should make a significant impact in the community. Increasing funding for needed housing support services should provide many individuals with the help they need to access and maintain housing. And although building a low-barrier supportive housing project will be expensive, time consuming and may create community opposition, it will go a long way in addressing the needs of homeless individuals facing multiple issues. Introducing a non-profit housing management program may help to quickly address the lack of housing available to individuals who are currently homeless due to issues of stigma and affordability. These efforts can improve the outcomes for many who experience homelessness and reduce the level of visible homelessness in the community.

Future research needs to focus on the topic of stigma and homelessness. The results of this study uncovered the significant impact that stigma can have on prolonging homelessness, and further research in other jurisdictions will add significantly to the homelessness literature. There is also an urgent need for research regarding effective policy responses to stigma with respect to homelessness and a variety of other policy issues.

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Appendices

Appendix A

Services related to homelessness located within the Surrey -Whalley Provincial Electoral District

Emergency Shelter/Halfway/Transition Houses	Low Income/Affordable Housing & Housing Services.	Employment/Income Assistance services	Food Services	Outreach / Drop-in services	Other
Quick Response -3 Beds for youth	BC Housing Listed Units - Seniors and adults with disabilities - 43 units	Employment op'd by PCRS - several pgms here.	Surrey Food Bank	The Front Room	Clothes Closet - free clothes FOR CHILDREN - Oak Avenue Church
Gateway Shelter - 36 beds for men and women, November thru March. Op'd through Front Room.	BC Housing Listed Units - Families - 126 units	Phoenix Employment Pgm (HRSDC funded)	Surrey Urban Mission *All are welcome Breakfast" (via St. Helen's Outreach pgm.	St. Helen's Outreach program	Djaef Mahler Grocery - specialized food bank for HIV+ residents in need of support
Hobden House - federal correction halfway house. 17 units.	BCHousing Independent Living subsidized suites - seniors. 60 units (The Gateway)	SRS Vocational Services Society (main office - programs around surrey.	Our Lady of Good Council Church - food hampers	Surrey Street Youth Services (South Fraser C.S.)	MCC Thrift Store - free goods with referral from agency
Sheena's Place - shelter for homeless women w/ or w/o children. 10 units	Sandell House - 8 units of mental health supported housing	Kla-How-Eya Aboriginal Center - via SACSBC.org.	Four Square Gentle Shepherd Church. Meals alternate wed, thur, fri.	SACS Kla-How-Eya drop-in/services for homeless youth	
	SILP units (bc housing & mental health co-operative project. For adults w/mental illness. 50 units	Surrey Community Services Society - supported work pgm.	NightShift - food provider	Surrey North Community Health Centre - street-level services incl. free med. Clinic, Hiv/AIDS support, needle exchange etc...	

Emergency Shelter/Halfway/Transition Houses	Low Income/Affordable Housing & Housing Services.	Employment/Income Assistance services	Food Services	Outreach / Drop-in services	Other
				Metis Family Services - drop-in centre for youth	
				Whalley Youth Centre - drop-in at Tom Binnie community centre	

Data Source: E. Harron - unpublished research compiled for (and provided courtesy of) the Whalley Business Improvement Association. Inventory includes services listed in:

- SPARC BC (2005). Plan for the social well-being of Surrey residents: Gap analysis. Retrieved July 8, 2006 from <http://surrey.ihostez.com/contentengine/document.asp?Print=yes&ID=18778>
- Surrey Community Services Society (2006) *Grey Book*. Surrey: Author.
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Appendix B

Key Informant Interview Schedule

Demographic/Background Questions

(Note: These questions were used to gather relevant data, but also to help build rapport with the individual.)

1. Age (only those over 19 years of age will be interviewed).
2. Gender
3. Do you live in Whalley? How long have you lived in Whalley?
4. Are you currently homeless? How long have you been homeless?
5. Last place of permanent residence?
6. Have you lived on the street in another community?
7. Do you have any income? If yes, what is the source:
 - a. Full-time employment
 - b. Part-time employment
 - c. Self-employed
 - d. Income Assistance (welfare, training etc)
 - e. Employment Insurance
 - f. Pension
 - g. Family or friends
 - h. Binning
 - i. Panhandling
 - j. Other _____
 - k. No income source

Semi-structured, Qualitative Interview Questions

1. Please tell me how it is that you became homeless.
2. Please tell me about your experience living as a homeless person in Whalley
 - a. Why here in Whalley – why not somewhere else?
 - b. *If applicable* - How does this compare to other areas you have lived?
3. What do you want for your future?
 - a. Do you want to find permanent housing or do you want to stay on the street?
 - b. What do you need to get there (what help, support?)
 - c. What barriers have you faced in reaching your goal?
4. If someone gave you a place to live, would you take it?
 - a. Why or Why not?
 - b. What would change your mind – make you say yes/no? (Location, other residents, support services, expectations)
 - c. What type of housing/living situation do you want for yourself?
5. Have you ever gone from being homeless to housed before?
 - a. What helped you along the way?

- b. What made it harder?
- c. *If currently homeless*: What did you need to stay in that home? Why did you become homeless again?
- d. *If currently housed*: What is helping you stay housed? Do you need more help? What are your biggest challenges right now?

- 6. Is there anything else you want to tell me?
 - a. Anything else you think I should know about being homeless in Whalley?
 - b. Anything else you think can help keep people from becoming homeless in Whalley, and helping them get a home again if they do?

*** Reminder: Front Room staff are available to talk to if there is anything you need to talk about after today.

Give participant their honorarium

Appendix C

Key Stakeholder Interview Schedule

Stage 1 Interview Schedule

1. Please explain your current understanding of homelessness in Whalley, specifically in the City Centre area.
 - a. Magnitude
 - b. Causes
 - c. Symptoms
 - d. Related issues
2. What do you think is working right now, in terms of dealing with the homeless in this area?
3. What do you think is NOT working right now?
4. What do you see as the necessary next steps for addressing this problem? Why?
5. What role does (participant's agency/group/service) play in this issue?
6. What role do other (levels of government, organizations, groups) play in this issue?
7. Are there any experiences, or any other information you would like to add? Is there anything else you think I should know? Anything else you think other policy makers/officials/public should know about this issue? Are there any lessons learned from other jurisdictions that you believe apply to Whalley/Surrey?

Stage 2 Interviews

I will briefly describe the research I carried out and how it led to each policy option. I will then ask the participants to provide a critique of each policy option, and to offer their suggestions and comments.

Appendix D

List of Key Stakeholder Participants

Stage 1 Participants:

1. Judy Villeneuve
 - Surrey City Councillor (18 years on council)
 - Holds the Social Planning & Housing Portfolio
 - Chair of Surrey's Homelessness & Housing Task Force.
2. Tom Gill
 - Surrey City Councillor (elected in 2005)
 - Member of Surrey's Homelessness & Housing Task Force and the Social Planning Committee.
3. Annette Welsh
 - Director of Front Room Programs, The Front Room drop-in centre.
4. Lesley Tannen
 - Executive Director, Whalley Business Improvement Association
5. Bruce Ralston
 - MLA for Surrey-Whalley.
6. Saira Khan
 - Project Comeback Coordinator (homelessness-related service provider)

Stage 2 Interviews

1. Peter Fedos
 - Manager, Hyland House (low-barrier shelter and transition house in Surrey-Newton)
2. Lesley Tannen
 - Executive Director, Whalley Business Improvement Association
3. City staff member (Policy and Planning)
4. Local rental property owner/manager