Oceanside Homelessness Needs Assessment

<u>Acknowledgements</u>

Table of Contents

Introduction

In August 2013 it became my task to familiarize myself with the services that exist in the Oceanside area for people who are the absolute homeless and those that are on the cusp of homelessness. I first connected with service providers to better understand how people received assistance and what services each agency provided. There are numerous service providers and volunteers in this community who offer an extensive range of services and are passionate about assisting the homeless and those at-risk of homelessness. These service providers generously gave their time to explain the various services available and the criteria for those who were able to receive the services. In addition, they were insightful and open in sharing their opinions on the challenges facing their clients.

Service providers were also willing to meet as a group to build a community map and discuss issues around homelessness and poverty. The initial meeting was a success; service providers came ready to participate and engaged fully in each task set for them. Moreover, they left far more connected with one another and requested that the exercise be repeated. As a result of connecting with these service providers, I felt that we had the resources in this community to help any client in need, with the exception of housing.

Next, with the help of outreach workers, I began to meet the people who were homeless and facing homelessness. One by one, I heard stories of their lives and how they came to be in their current situation. They were quick to give thanks to the many agencies that assist them and were also willing to share the problems they experience. The greatest struggle appears to be the cost and availability of housing but many individuals also noted issues surrounding transportation, health, food, finances and more. I experienced first-hand the cracks that appeared when trying to help clients. Again and again, there was little I could do to help other than listen and I realized there was no single answer.

This Needs Assessment is broken down into sections, beginning with a description of the Oceanside area both physically and demographically. The following sections detail the homeless count, key services for those in need, and gaps in the services. Summaries of available services are included but I have also attempted to identify challenges facing the provision of service. Following each service section is a list of identified gaps and potential solutions. These are not quick fixes and are not suggestions meant to be addressed in a certain order. The solutions are merely intended as starting points for the imagination of the community. They are based on solutions that other communities have addressed; some of the subject communities are similar in size to Oceanside while some are larger. The subject communities also vary in the extent to which they have addressed the homelessness issue: some have many solutions, and some have just begun.

The foundation for all of the above-mentioned communities was recognition of the homelessness and poverty issue in their area and a subsequent determination to address the issue. Anecdotally, many community members have expressed concern about the 'downloading' of responsibilities of various levels of government. However, when these communities committed to dealing with the problem, solutions began to grow. Each of these communities faces unique challenges and each has come up with solutions based on their needs. As a result, the solutions that developed appear

to be more community-based and sustainable. The downloading of responsibility allowed them to customize their solutions and then 'upload' much of the cost back to the other levels of government.

Background of Community

This is a needs assessment of the homeless and at-risk of becoming homeless populations of the Oceanside area of Vancouver Island. This area is also known as School District 69 (SD69) and is located in the northern half of the Regional District of Nanaimo (RDN). Geographically, this area encompasses Nanoose Bay in the south to Deep Bay in the north and inland to Whiskey Creek. In addition to a number of smaller communities throughout, this area also includes two major municipalities: the City of Parksville and the Town of Qualicum Beach. This extensive landscape of nearly 700 km^2 is primarily rural and includes farmland, kilometres of beaches and many rivers and forests. The majority of the area is within 5 kilometres of the ocean (Hunter, 2006). This area is known to be a retirement destination and promotes its tourist industry.

The Oceanside area has moderate temperatures averaging 18°C from April to October; however, in the winter months from November to March the average low is around 0°C and may drop as low as -15°C. During the winter months the region also receives an average of nearly 900mm of precipitation.

According to the Local Health Authority Profile (LHA) provided by Island Health for this area, the population is approximately 46,000 (LHA, 2013). The average age of residents was 51.5 years in comparison to the BC average of 40.9 years (BC Stats 2006, 2011). In 2011, Statistics Canada rated Qualicum Beach and Parksville as the top two communities in Canada with a population over 65 with 42.7% and 32.1% respectively. There is also a significant youth population in the community with the school district serving approximately 4800 students (School District 69). This is also the traditional territory of two First Nations, the Snaw'Naw'As (Nanoose) and Kwalikum and is home to people from other Nations as well. According to Statistics Canada (2011), there are about 1100 First Nations people living in the Oceanside area.

Point-in-time Homeless Count

In late spring of 2013, OfCity Consulting was contracted by the Oceanside Task Force on Homelessness to conduct a point-in-time homeless count that took place over the span of three days before the height of tourist season. This was a follow-up count to one done in the late spring of 2011. Both counts used similar methods and came up with similar results. This similarity is noteworthy as it identifies a stable and persistent issue. It is important to recognize point-in-time counts are by their nature significant underestimates of the actual situation. They rely on individuals willing to come forward to be surveyed at a given time and place. This is especially problematic in the Oceanside region because it covers a large rural area, which is where the homeless predominantly reside and as a result are less likely to be in the area being counted on that day. Nevertheless the goals of the count were to establish a minimum number of homeless, to understand more about what lead to being homeless and to establish how connected

homeless and at-risk individuals are to the greater community.

Some of the key findings from OfCity Consulting's report include:

- A total number of 49 homeless or at-risk people participated in the survey.
- An additional 18 people who appeared to be homeless or at-risk were observed during the count but did not wish to take part in the survey
- 66% of respondents identified as being a resident of Oceanside for more than 1 year
- 55% of the survey respondents identified themselves as homeless
- 65% percent of respondents were men; 33% of respondents were women
- More women (71%) than men (45%) indicated they suffer from a physical disability
- More men (50%) than women (14%) suffer from an addiction.
- 73% of respondents indicated they had a disability of some sort
- The largest age bracket of respondents was age 20-34 (36%)
- 40% of respondent's were older than 45 years of age
- 86% of respondents suggested they would stay in a shelter
- The largest identified need in the community was affordable housing, as noted by 73% of respondents

Housing

Housing cost and availability in the Oceanside community is consistently considered to be one of the top issues in the community. According to the Canadian Mortgage Housing Association (CMHA) spring 2013 report, the Oceanside region has the lowest average rental vacancy in BC at less than 2% and an average rental rate of $736 per month. These factors make it very challenging for low-income individuals and families to access affordable and safe housing.

A brief look at the end of March, at the online classifieds on the popular Kijiji site revealed that there were eight one-bedroom units available at an average of $840 per month plus utilities. CMHA (n.d.) defines affordable housing as spending no more than 30% of an individual's income on housing. According to the LHA profile (2013), 46.4% of renters in Oceanside are paying more than 30% of their income on housing. In conversations with residents of the Oceanside area, those on low-income, disability, or receiving social assistance are precariously housed, spending between 50% and 90% of their monthly income on their housing. This is not limited to one age group but is widespread across the community for youth, single adults, families, and seniors.

In order to access slightly less expensive housing, individuals and families are moving into more rural areas where there is no access to public transportation. Consequently, these individuals or families either have extremely limited access to services or alternately must endure the additional cost of a vehicle. In addition, these individuals and families living on low income or social assistance are more likely to be housed in substandard and sometimes unsafe conditions. From anecdotal experiences that have been shared, common issues these individuals may face include lack of heat, lack of hot/running water and/or plumbing, mould/mildew issues, leaking roofs, dirt floors or holes in the floors, and incidents of violence, both sexual and physical.

The options for subsidized housing in the region are very limited. There are 140 subsidized units in Parksville managed by the Lions Club Housing Society; 20 of these units are allotted for families with children under the age of 18 and the remaining 120 are allotted for seniors or adults with disabilities. There is currently zero vacancy in these units and an existing waiting list of 85 individuals. The Kiwanis Housing Society is in the process of replacing 20 outdated subsidized units for seniors with 35 subsidized units in Qualicum Beach. These new units will be available to seniors, adults, families and people with disabilities. All these units are also privately managed and therefore have the right to refuse any tenants. Therefore, people with behavioural issues or an active addiction or a history of addiction are not likely to be accepted.

The Oceanside area is home to few emergency housing resources that are limited in scope and capacity. For the last three years, BC Housing and the Oceanside Task Force on Homelessness have collaboratively funded an emergency weather shelter in Parksville which has been operated by the Salvation Army. The shelter is available from November 1 to March 31 and is open when the weather meets certain extreme weather criteria, including low temperatures or high precipitation levels. There are six crisis stabilization beds at Hirst House, a facility run by Island Crisis Care, but it is only accessible through referral from the Oceanside Adult Mental Health and Substance Use (MHAS) team. As of fall 2013, there is now also a house run by Haven Home in Oceanside for women with or without children who are escaping violence. Other than these options, there is no full-time shelter, emergency housing, group homes, or low-barrier or high-barrier supported living units within the Oceanside community.

Currently, there is no tenancy support program in the area to teach renters how to be good tenants or to educate them about their rights. To access the Residential Tenancy Board to solve a dispute with landlords, a tenant requires money upfront to file a complaint. Moreover there can be up to a six month wait period before the complaint is addressed. If issues do arise and are not dealt with immediately, tenants often have nowhere else to go due to the low vacancy rate.

Municipalities attempt to support affordable developments and provide many incentives as laid out by provincial legislation. Both Parksville and Qualicum Beach allow for suites and carriage houses to be built as a way to encourage more affordable housing (City of Parksville, 2013; Town of Qualicum Beach, 2011). Neither municipality offers any financial incentives. For developers considering the construction of affordable single detached neighbourhoods or multi-unit complexes, both communities will absorb the Development Cost Charges (DCCs), which offset the municipality's costs of providing water, sewer, parkland, and roads. The City of Parksville may also consider rezoning or offering density bonuses depending on the project. From a development perspective, affordable housing is described as adequate housing with a market price that is affordable to residents who have an income that is 80% or less than the median household income in that area (City of Parksville, 2013).

Gaps within the community:
- No Full-time, all-weather shelter
- Low availability of rental properties, specifically low-income affordable rentals
- Lack of rental subsidies to help house individuals/families for short or long-term support to end homelessness or prevent homelessness
- Lack of supportive housing units

- Lack of supports for 'hard to house' tenants to remain housed: in-home visitors, help with shopping, budgeting, physical and mental health.
- Lack of housing for youth in either a group home within the community or safe, affordable housing to support the Youth Agreements with MCFD
- Lack of emergency housing for short term access due to violence, fire, theft through Victims' support services
- Lack of crisis beds that are more accessible to the community and/or have increased access to supports similar to Nanaimo for higher risk individuals.
- Lack of supports for tenants to be good tenants and to help deal with housing issues. Many end up losing their damage deposits because they do not know the process.
- Lack of supports for landlords to be good landlords and to remove some risk from housing riskier or higher maintenance clients.

Potential Solutions:
- Apply community and political pressure provincially to require development plans to include a certain amount of low income housing in each development.
    - Similar to our current accommodation for green space and parking in developments according to provincial legislation.
- Bring funders together to develop multiple projects to provide supportive and low-income affordable housing to multiple groups.
- Multi-story buildings to accommodate 30 units could provide mixed access and supports from multiple agencies.
    - This can also prevent populations being targeted and keep the residents safer.
- Increase population density in areas to help with transportation issues either by more appropriate location or increased access to public transportation.
- Develop a multi-purpose building to bring a full-time shelter with the flexibility to change as the community needs change

    - Could double as emergency weather shelter because it would already be staffed 24 hours per day.
    - Could create private or semi-private rooms to offer support but not as intense as the crisis beds.
    - A drop-in centre to allow people somewhere to get out of the weather during the day.
    - Could house a common space with offices for outreach workers and health professionals to reach clients.
    - Could offer showers and a free store for necessities
    - A kitchen could engage community and provide breakfast and/or additional meals

Transportation

The challenge of transportation was highlighted by both service providers and residents of Oceanside and is addressed in many sections of this assessment. Because housing is somewhat less expensive further away from city centres, there is an increased need for access to transportation. There is one taxi company, Oceanside Taxi, which is located in Qualicum Beach

and they advertise 24/7 service for all of Oceanside. The cost of a taxi is covered by the Emergency Weather Shelter when it is open to ensure that the availability and cost of transportation is not a barrier to accessing the shelter.

The current public transportation is contracted through the Regional District of Nanaimo (RDN). There are three routes which run in SD69 (BC Transit, 2014). There are two daily services; the 88 route is a daily service in Parkville and the 90 route is the Intercity from Nanaimo to Qualicum Beach that also serves Northwest Bay Road. The 99 route runs once a week on Tuesdays from Qualicum Beach to Deep Bay. Although riders pay for the service, the cost of public transportation is primarily subsidized by the RDN and the communities served by these routes. To better accommodate cost, public transportation requires a certain population density. Running a bus service into more isolated rural areas quickly becomes very expensive and riders may still have to walk long distances to find a bus stop. Currently, there is no bus service around RDN Area F, including Coombs, Errington, and Whiskey Creek. The RDN is very supportive of transit planning and is willing to perform a feasibility study for interested communities.

The Ministry of Social Development and Innovation (MSDI) has an agreement to provide the Society of Organized Services (SOS) with tickets to supply clients with a means to make it to appointments with MSDI in Nanaimo. The SOS also buys bus tickets which they supply to clients for free to make it to other appointments in Oceanside or Nanaimo.

The HandyDART is a public transportation service which runs Monday to Friday from 7:15 am to 5:15 pm in Parksville and Qualicum Beach (RDN, 2013). This is a specialized bus designed to help individuals who cannot travel on the regular transit service without assistance due to physical or cognitive disabilities. Access to a phone is a necessity because this is a specialized door to door service that requires clients to call ahead to make reservations.

Two additional transportation options in Oceanside are the medical transportation driving service and the Better At Home transportation. Both of these programs are accessed through the Society of Organized Services (SOS) and staffed by volunteers. The medical transportation is a service to help individuals from all areas of Oceanside to access any type of medical appointment. The volunteers pick up the clients from their homes, deliver them to their appointment and drive them home again. The Better At Home transportation program is a door to door service specifically for seniors to access non-medical appointments. Again, a phone is a necessity because reservations are required.

For many individuals, a private vehicle is simply not feasible, however there are some clients who manage to make it work. A reliable vehicle is costly to run on a daily basis and low-income individuals are most likely to buy a vehicle in greater need of repairs and less fuel efficient because the initial cost is most affordable to them. This option is cheaper than buying a new car but it is still extremely expensive. For these individuals, there is one mechanic in the area who will provide pro-bono labour for safety-related problems in vehicles and negotiated rates for other repairs on a referral basis through the Emergency Assistance Program at the SOS.

Gaps within the community:
- Limited public transportation
- Lack of transportation access to the food bank

- Lack of transportation to appointments and other social programs

Potential Solutions:
- Increase public transportation routes, even one or two days a week, to help increase access to the food bank.
- Explore possibility of using a smaller bus that is able to do a greater number of routes around the Oceanside area
- Ask service providers to increase transportation options to and from programs
- Have service providers work together to fund a bus for programs.
  - Could be centrally operated by one agency but collaboratively funded.
- Create a program similar to the medical transportation service offered by the SOS that provides rides for families to get groceries
- Create co-operative rental car programs
- Subsidize taxis

Food and Food Services

The Oceanside area has an official food bank located in French Creek that is run by the Salvation Army. It is open five days a week: Monday, Wednesday, and Friday until noon and Tuesday and Thursday until 4 pm. For the monthly grocery allotment, people may preselect their choices and collect their food at one of two satellite distribution centres in Coombs or Bowser. The other option is to make an appointment for either a Tuesday or Thursday and pick it up directly from the food bank. Through funding and donations, the Salvation Army provides a large selection of canned and dry goods in their warehouse, which has been set up like a grocery store. To support the dignity of the clients, the food bank allows the clients to go through the "store" with a volunteer and pick out items according to their preference and their predetermined needs (family, children, individuals, etc.). According to some clients, this Salvation Army provides the most amount of food per client compared to other areas. The Salvation Army says this is a reflection of the community support they receive from both residents and businesses. If they have excess canned goods, bread donations, baby food or seasonal fruit donated by locals, it is made available in the entry for clients to select up to three items each day. The clients are asked for identification, proof of income and expenses for their initial visit and must update this information yearly. However, their request for food is unlikely to be denied if they are homeless or cannot provide this information. The food bank helps an average of 400 clients per month. Due to this demand, if a client misses an appointment, it is unlikely that they will be able to rebook within a two-week period. Nanoose residents are served by the Nanoose Community Services Food Bank.

Another service based out of Nanaimo but available through the Salvation Army Food Bank is the Good Food Box program. This program is run by Food Share Nanaimo and allows individuals to purchase boxes of produce for $10 per box. There is no income requirement and people are not limited to one box. Payment must be received prior to the first Wednesday of the month and the boxes are delivered to the Salvation Army for pick-up on the second Wednesday of the month. Each box contains ten different seasonal vegetables and/or fruits; the goal is to meet the nutritional serving requirements for one adult for a period of two weeks. The boxes are filled

with either locally-sourced produce or produce purchased through wholesale buyers, which often saves customers about 50% of what they would spend in a grocery store. The items selected are items that can be readily used: potatoes, apples, oranges, lettuce, etc. Occasionally, different items may be added but if they receive negative feedback, they will not repeat it. The program supplies approximately 50 boxes to the Oceanside area.

A few issues surrounding use of the food bank have been identified by clients who use the service. Accessibility is an issue because of the location and the limited schedule for food pick-up on Tuesdays and Thursdays. As always, transportation presents a challenge due to the distance of the food bank from either Parksville or Qualicum Beach city centers. Those without their own vehicles noted difficulty in getting to their appointments and also in their ability to transport the food to their homes. Many clients are reliant on walking, public transportation or friends to get to the food bank. To walk from either central Parksville or Qualicum Beach takes about an hour or an hour and a half respectively and may take even longer from other outlying areas. There are two options for clients to take the bus, both of which are RDN routes. Route 90, which comes from Nanaimo and serves both Parksville and Qualicum Beach, goes past the food bank location and runs every two hours. The other option, Route 88, serves only Parksville, gets to within a seven minute walk to the food bank and runs hourly. Being dependent on friends for rides to the food back can be challenging for a number of reasons and may result in missed appointments. Rescheduling for missed appointments within the week or even that month may not be possible due to the need of the community and the limited availability of days to access the food bank.

Some individuals, particularly mothers, have mentioned the lack of available fresh vegetables, fruits, milk, and eggs at the food bank. They recognize the appeal of the ease and lower cost of providing more processed and "no name" foods but wish to make healthier choices for their families. They would like to receive vouchers to access these items from the grocery stores as they recognize the challenges of the food bank carrying perishable items. One mother mentioned that this was available to her while she was pregnant and was very grateful for it.

Homeless individuals endure additional challenges to accessing food bank assistance. In addition to transportation challenges for those that are homeless, creating and keeping a food bank appointment can be challenging due to difficulties in tracking time meaningfully, especially when they are focussed on living day to day. Obtaining food that can be kept and prepared while living outside is an additional challenge. This issue presents the problem of creating packages that are more homeless appropriate. Unlike housed families/individuals, this requires more types of food that are pre-prepared, heat-optional or simple to heat and require no refrigeration. In addition, because they have little to no storage for food, smaller packages that are available more often would be beneficial.

The Oceanside community does offer some meal options, particularly through two churches which offer regular meals. The Salvation Army soup kitchen is open for lunch on Mondays, Wednesdays, and Fridays in Parksville. They serve between 100 and 120 clients each day they are open. On Thursdays, St. Stephen's United Church in Qualicum Beach offers a community lunch and on the third Tuesday of each month they host a community dinner. Other community lunches and dinners are hosted by churches and other organizations occasionally, often focussed around holiday periods like Christmas.

On Saturdays, the Manna Homeless Society hands out fresh fruit and some groceries from their van. These packages usually contain fruit, cereal, crackers, soup, cookies, granola bars, canned fruit, bread and toilet paper. They also provide other non-food necessities for those in need. Recently these necessities have included blankets, socks, hats and tents.

Some additional solutions are available within the community through various agencies. These may include grocery gift cards or vouchers that are available after all other resources have been accessed, as a seasonal program, or on an irregular "first come, first served" basis. These gift cards are often dependent on donations from the community. The SOS has been addressing their Emergency Assistance program by reducing the requirements to access the program and also by providing multiple food vouchers to grocery stores which removes the need to spend one voucher all at once. In addition, some organizations try to provide a snack or meal in conjunction with programs. There is also a cooking program supported by Island Health for mental health clients out of Family Place, the new integrated centre in Parksville for family and youth supports and services. This program gives people ideas and hands-on experience for different and healthy ways to prepare food from the food bank.

Gaps within the community:
- Lack of breakfast service available within the Oceanside area
- Lack of lunch service on Tuesday, Saturday, or Sundays
- Lack of regular dinner service except for the monthly community dinner hosted by St. Stephen's
- Lack of transportation to and from the food bank
- A need for more options to increase access and accommodate needs for those who are already using or should be using the food bank.
- Need for social cooking programs for young mothers or families

Solutions/Ideas:
- Engage and empower clients to ensure best access to the food bank and clients' needs are addressed
- Create custom food packages for homeless and find ways to get it to them such as drop-off places, outreach workers, soup kitchen, etc.
- Grocery cards to access non-taxed foods such as milk, fruit, vegetables, eggs, etc.
- Drop-in centre with breakfast service, lunch on missing days, and dinner
  - Could "adopt" out days to interested groups and churches who would like to volunteer
- Existing programs could develop ways to open for missing lunches and other meals

Employment

In the Oceanside area in 2011, the median income was $55,974 with 26.5% of the population earning more than $80,000 and 7.6% earning less than $20,000 annually (VIHA, 2013). Statistics that would indicate the population at greatest risk of homelessness would be the low income, social assistance and unemployment categories. In the Oceanside area, 7.7% of individuals under 65 and 5.5% of individuals over 65 earned less than $16,124 in 2011. In the

same year social assistance was provided to 1.3% of the population, while 1.6% of the population was receiving employment assistance.

Employment in the Oceanside area is primarily service-based industry with the top three sectors being retail trade, health and social service, and accommodation and food services (Statistics Canada, 2011). The local Career Centre also recognizes that employment is highly service based. Many retail and food service jobs are part-time and minimum wage jobs continuing the challenge for individuals to make ends meet in this community. The Career Centre also notes that local employment is also largely seasonal; unemployment markedly increases in the fall and winter and declines in the late spring and summer. The average unemployment rate for Oceanside in 2011 was 6.1% (VIHA, 2013).

It is also important to note that finding employment also costs money initially. Employment usually involves interviews at which individuals must appear in appropriate, sometimes more expensive dress clothing, a job which may involve a dress code, safety wear or tools, and a reliable means of showing up either by means of public transportation or a personal vehicle. The Career Centre has a closet for clients who are in need of appropriate clothing for job interviews. Transportation remains another challenge for those people who have found homes further out in the more rural areas of Oceanside. Because it is harder to be able to get to work reliably, they must invest in a vehicle or repairs to an existing one or negotiate a car pool.

Gaps within the community:
- Difficulty accessing full-time, non-seasonal employment
- transportation to employment
- Very little or no opportunity for small capacity building employment for individuals with disabilities or mental health concerns.

Solutions:
- Find ways to develop more sustainable employment through the tourist off-season
- Expand on programs with small stipends such as the Workability program.
- Build capacity within the community for special employment opportunities such as park and neighbourhood cleaning for developmentally-challenged or mental-health-challenged individuals.

Financial Assistance

Income assistance is an incredibly complicated but important topic when considering homelessness. There is no way to address all aspects of it here other than to very briefly mention some of the categories of assistance and the challenges. There are a small percentage of residents (1.3%) in the Oceanside area that are dependent on income assistance (LHA, 2013). This is provided by BC's Ministry of Social Development and Innovation (MSDI). Income assistance is meant to aid "British Columbians by helping people move from income assistance to sustainable employment, and by providing income assistance to those who are unable to fully participate in the workforce" (MSDI, 2012, para. 1). There are three major categories in which people are placed after completing a successful application process: expected to work (ETW), persons with

persistent multiple barriers to employment (PPMB), and persons with disabilities (PWD). Each category has its own nuances but some important distinctions for the ETW category are the requirement to actively seek employment and upon finding employment the earning exemption is $200 per month, after which income is subtracted from the total amount the individual is eligible for. Through Work BC, those in the PWD category are given specialized employment supports to seek employment where possible within the community (VIVRS, n.d.). In addition, those able to find employment are able to earn up to $9600 per year before earnings begin to be subtracted off their assistance (MSDI, 2012). The regulations around length of eligibility and allowable assets are different for each category as well. Once eligible for income assistance, there are many other financial assistance programs that individuals and families may have access to (MSDI, 2012).

The rates for income assistance vary provincially and for each demographic and category; they were last adjusted in BC in 2007. There are many factors that go into figuring out the allowable amount, but the following are just a few examples of what the assistance can look like. An ETW single individual can receive a monthly maximum of $235 for living allowance and $375 for shelter allowance for a total of $610. A PWD single individual also receives $375 per month for shelter but up to a maximum of $531 for a total of $906 per month. Proof of residence is required in order to qualify for the shelter allowance. An ETW mother of two would be able to collect $660 for shelter allowance and $375 for living allowance for a total of $1035 and she would be entitled to child tax credits as well. In the past seven months, there has been no one-bedroom suites, bachelor suites or a single bedroom in a shared house advertised for $375 per month.

The largest challenge to the existing income assistance rates is that they do not meet the current minimum financial needs of individuals or families living in this area. In addition, many people have expressed frustration over the existence of barriers through policies and a lack of support to move out of poverty. This also creates a need for clients to find additional and time consuming ways to make ends meet, often unsuccessfully or illegally, regardless it takes away from their ability to find more meaningful employment to move them off assistance (Klein & Pulkingham, 2008). Many clients have expressed fear of retaliation from MSDI if they go to their MLA or the BC Ombudspersons office because they have been unable to deal with administrative mistakes or decisions they feel are unfair. Clients struggle with the application process and find communication frustrating with the long wait times on the phone or having to go to the closest MSDI office in Nanaimo. Beyond the minimum two year wait, many people struggle to be moved into the PWD category (Klein & Pulkingham, 2008). In Oceanside, this process is made more difficult with lack of access to a family physician or a community advocate to assist with the long and complicated process.

To ease some of this stress, MSDI has an agreement with the SOS to fax in monthly report cards for clients that are needed to maintain their eligibility, as well as the bus tickets mentioned earlier. MSDI also has two income assistance outreach workers working out of the Balmoral Hotel with the Homeless Outreach Support Team, but neither of whom comes to this area regularly.

In addition to subsidized housing, there are a few options for rental assistance to help ease the burden of renting in the private market for some residents through BC Housing. The Shelter Aid for Elderly Residents is for seniors over 60 years of age, who have a monthly income of less than $2033 or $2217 for couples, and pay more than 30% of their monthly income on rent. The Rental Assistance Program (RAP) is for working families with at least one child, who make less

than $35,000 per year (BC Housing, n.d.).

Gaps within the community:
- Difficulty in accessing income assistance: all online, long call wait times, no assistance to do applications
- Disadvantaged access to PPMB and PWD
- Lack of rental subsidies for other population demographics to overcome financial challenges
- Current rates of social assistance do not meet the cost of living

Potential solutions:
- Churches pooling funds together to aid with rental subsidy or emergency short-term housing
- Find ways to increase access to income assistance workers to help with sign up
- Provide an advocate to help with the application processes for income assistance
- Create alternatives for PPMB and PWD approval processes when there is limited to no access to physicians in the area

Banking

The cost of banking can be prohibitive for low-income earners and inaccessible for the homeless. To have a bank account, a customer must have appropriate identification and must be able to pay the monthly fee, as well as remembering to keep that amount in the account. In addition, many banks require an address in addition to identification. According to the Bank Act (Section 448.1) two forms of identification are required to be presented or one piece of identification and someone who can verify their identity but it does not appear to require an address to open an account.

Through conversations with bank management, the legal process of liens is also detrimental to low-income individuals. If a low-income individual owes money to the government for taxes, child support or BC medical, financial institutions are required by law to inform the appropriate government if that individual either currently possesses or opens a new bank account at any time[1]. The government has the first right to collect what is owed from any deposit and there is no maximum amount the government can confiscate in this manner[1]. Other collectors can put liens on the account as well, although there are usually limits to how much they may seize. If a client has an account and wishes to deposit a cheque, the cheque must be processed through their account. According to a recent conversation with a bank manager in Oceanside, if the financial institution suspects that a person is trying to cash a cheque to avoid liens elsewhere, they are obligated not to cash the cheque and return it to the individual. Consequently, if a low-income individual has an account with a lien on it, they must try to find other options to access the funds provided by a cheque.

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[1] A request to confirm this information is currently with the Canada Revenue Agency.

If a client has two forms of identification, one option for them to cash government cheques is to visit another major financial institution at which they do not have an account.   All major banks must cash government cheques without any fee (Bank Act, Section 458). For other types of cheques, a bank may only cash it if the cheque originated from any branch of that bank. There are usually flat rate fees to cash a cheque, although they are often less than $5 and thus fairly small.

If a client does not have a usable account, another option is to turn to the short term loans businesses. These businesses specialize in lending money to people who are struggling to make it to the next payday or cheque issue day but they also provide a cheque cashing service (personal interview with branch manager of the Cash Store, March, 2013). The businesses usually charge a variety of fees for this service. These fees vary but can include a card activation fee, a minimum $20 per month card fee, cheque processing fees such as 4% and additional withdrawal fees such as $2 per withdrawal. For one client, this cost her $50 to cash a $300 rent subsidy cheque. Government cheques are not exempt from these fees at this type of business.

The trend to move towards a paperless society is growing and it is reasonable to expect the Canadian federal government will be moving toward direct deposit for assistance cheques in the future. This expectation is supported by clients being told of these plans and encouraged to get identification to open accounts. If this issue of cheque cashing or access to safe accounts is not addressed, the issue will only become worse for these individuals who are completely dependent on this money and may lose it to liens or not be able to access it at all.

Although it is important for individuals to meet their financial obligations, this will remain impossible unless we create an environment that allows them to do so. If an individual is employed with a monthly income of $1100 and for two months their income is confiscated to satisfy debts, we are ensuring they become homeless and hungry. Once an individual becomes homeless, it becomes much harder to maintain employment which in turn plunges them further into a cycle of poverty and homelessness.

Gaps in the community:
- Safe and cost effective ways to cash cheques.
- Disconnect between the provision of social assistance and taking it back through liens and bank fees
- Great lack of understanding of bank accounts, loans, liens and rights often results in people unable to open accounts, or avoiding banks and turning to more expensive alternatives.

Potential Solutions:
- Clarify banking and CRA requirements
- Create unique accounts for low income individuals
- Find ways to increase financial education
- Create savings matching programs
- Develop unique accounts/debit cards for individuals on social assistance/disability, possibly that cannot have liens placed on them
- Address barriers to bank accounts or cheque cashing with financial institutions

Health

Although it must be noted that there are many social determinants of health, including socio-economic status, housing, nutrition, dental care, education, etc., which may directly and indirectly affect an individual's health status, the need for accessible physical and mental health care must still be addressed. There has been a recent initiative to consolidate a variety of health services in Oceanside. This is evident through the construction of both Family Place (as mentioned earlier) and the brand new Oceanside Health Centre. Services such as urgent care, primary care, medical imaging, outpatient laboratory services, and access to specialty services including Mental Health and Substance Use and Seniors Care have been combined in the Oceanside Health Centre (Island Health, 2013). The facility also offers Integrated Primary Care Teams to increase care to clients in a way that is meaningful for them, whether at home, in group settings or in an office (Island Health, 2013).

By uniting services in a central location rather than having them scattered throughout the community, provides collaborative, physician-centered teams which are intended to be more accessible and a custom fit for clients based on their needs. According to the Oceanside Health Centre, they are in the beginning stages of an attempt to create more accessible care for vulnerable populations, such as those that are homeless or at-risk of becoming homeless, by trying to better understand their needs and understand where barriers to care exist for them. This facility is only in the beginning stages of development and will require some time to establish itself; hopefully it can expand and adapt to further encompass the needs of the Oceanside Community.

Two of the noticeable gaps within the community are the lack of a walk-in clinic and a shortage of family doctors. Many residents and service providers within the community were under the impression that the new centre was going to have a walk-in component. When the existing walk-in office made an independent decision to close, there were no plans for walk-in services at the centre or elsewhere, leaving a hole in the community which has yet to be addressed. The lack of walk-in availability is compounded by the lack of doctors accepting new patients in comparison with the number of patients looking for a GP. When the Oceanside centre opened, they announced that any residents needing a doctor should come put their name on a wait list. While there are discrepancies to the actual number, according to the Executive Director of the health centre, approximately 1000 people signed up on the given day. It is also reasonable to assume that not all those who needed a doctor were able to attend to sign up. The client's name was put into one of three categories: those without a doctor, those without a doctor in this area, and those looking to change doctors. When the centre brought one doctor already working in the area in to the primary care centre, they were only able to accommodate a small portion of those people. The experience of service providers and potential clients is that as soon as doctors in this area publicize they are accepting new patients, they become full within a matter of days. Clients that are homeless or in extreme poverty are more likely to have chronic health issues and also experience greater difficulty in accessing prescriptions. Not having access to a regular physician is a serious barrier to clients trying to apply for PPMB and PWD status for social assistance. Each application requires a doctor that has a sufficient history with a client to fill out the medical portion. With the average age being approximately ten years older than the BC average, it is reasonable to expect the average case to be more complicated due to the increasing medical needs

of elderly patients. To accommodate more complex cases, it would be reasonable to expect a lower average panel of patients per doctor than the provincial average, which further demonstrates the need for more general practicing doctors in the Oceanside area.

From a physical health perspective, additional issues around communication between hospitals, doctors and health care providers has resulted in a series of possible issues with clients. Being discharged into homelessness has been especially problematic with the emergency unit at the Nanaimo Regional General Hospital (NRGH). A number of experiences from both clients and service providers have detailed experiences where clients are discharged late at night with no way to return to Oceanside or sent in a taxi to a shelter or crisis house without appropriate arrangements made first. Hirst House is a crisis house located in Parksville with seven beds which clients are solely referred to by Oceanside Adult Mental Health and Substance Use (MHAS) unit in the Oceanside Centre. Without having that specific referral, Island Crisis Care, which runs Hirst House is unable to accept clients. Another issue has been raised is the need to ensure that these clients have access to the prescriptions that are provided during doctors appointments and emergency room visits. As well, it is essential to ensure that the prescriptions are appropriate to the client's living situation. For example, some foods need to be taken with food or water so the client must have access to those necessities.

Additional necessities that residents, especially those that are homeless, may not have regular access to include toilets, showers and readily accessible public facilities. Being homeless and not having access to showers affects personal hygiene and makes individuals more susceptible to skin diseases and foot conditions (Thokozeni, 2012). This is compounded by not having access to dry, clean clothing and properly fitting shoes. Some people have shared stories of being refused access to keys for public washrooms in downtown areas. There are no public showers but the SOS has recently made a shower available to those in need, providing them with toiletries, towels, and clean socks and underwear.

Mental health and addictions issues affect many clients that are homeless and experiencing poverty. The Vancouver Island Crisis Society runs the Crisis Line which operates Vancouver Island wide and is accessible 24 hours a day, seven days a week. While not all calls are related to poverty, in 2013 the Crisis Line received a total of 793 calls from the Oceanside area with 401 about mental health, 131 regarding addiction, 48 for suicide, and six about homelessness. If someone is deemed to be in crisis after a short assessment a Crisis Response Team is contacted. The Parksville Crisis Response team is a part of Oceanside MHAS and also has the same working hours: they received 6 calls last year. If a call is received after 3:00pm, it is forwarded onto the Nanaimo Crisis Response Team, a mobile community team who will attend this area if needed. They responded to 40 calls from this area in 2013.

The Oceanside MHAS provides mental health assessment, treatment, counselling, and case management services Monday to Friday between 8:30am to 4:30pm. They also try to provide a walk-in service for anyone in crisis from Monday to Friday. There have been a number of stories shared regarding dedicated case management workers going above and beyond for clients, but there are also times that clients have explained that they felt ignored or in power-over relationships rather than being treated as equals. The addictions services include withdrawal management, assessment, referrals, counselling, and prevention. The challenge with addictions is the reliance on the limited available number of public beds in Nanaimo's Clearview Detox Centre

for withdrawal management. For crisis stabilization or for further support after detoxing, Oceanside MHAS can refer clients to Hirst House or to other crisis beds in Nanaimo. Higher risk clients (such as suicide risk) cannot be referred to Hirst House because of the limited services in Oceanside for afterhours support. While recognizing that Oceanside MHAS offers case management for clients, there is no intensive case management using inter-agency collaboration within the community. Oceanside does not have an Assertive Community team or any version thereof to bring the strengths and resources of multiple agencies together to help clients.

Additional short-term counselling services are provided by the SOS and the FRA at no charge so clients who do not qualify for counselling through Oceanside MHAS can access this type of service. There can be long wait times due to the need in the community and the limited number of appointments.

Gaps in the community:

- Insufficient access to family doctors, not enough of them
- No walk-in clinic to address small issues/prescriptions/etc.
- No communication between hospitals and health care providers
- No formal sharing of discharge plans between the hospitals and the clients doctor
- Hospitals discharging into homelessness
- No Assertive Community Team or similar inter-agency collaborative effort for intensive case management
- Lack of access to mental health professionals in the evening and weekend
- Accessing addiction programs and detox centres when clients are ready
- Limited access to a shower and public washrooms
- Clients turned away from medical and mental health system when using drugs or alcohol even when in crisis
- Address potential power-over relationships between clients and service providers

Potential Solutions:
- Confirm the number of residents that need access to a doctor, specifically those in extreme poverty or at-risk of homelessness.
- Develop a walk in clinic alongside the Urgent Care Centre or as a stand alone clinic
- Increase number of doctors practicing within the area
- Increase access to health professionals by providing care from a common space for volunteer foot care nurses, dental hygienists, occupational and physio therapists
- Develop a advisory group of clients and health professionals to determine and address barriers to service
- Increase awareness at hospitals to prevent discharging into homelessness, lacking medication, or inappropriate medication or care for living situation
- Develop an integrated community team to directly address and support issues around homelessness and mental health for clients

Police Services

A little less than 3% of files opened by the RCMP were for mental health, with an estimated 75% of those ending in detention in 2013. The RCMP have implemented mandatory online critical incident and de-escalation training for police officers that involves an additional practical portion happening every three years (known as block training). This is a relatively new program brought in to give officers a better understanding of how to deal effectively with clients with mental health and addictions issues. This is a much- needed program in light of anecdotes from clients who have had interactions with the police while they have been in crisis. In addition, a strong disconnect is apparent between the police officers and the medical system. Although they recognize there are financial restraints on all programs, the police often feel that many people are inappropriately turned away from the medical system and not able to access help until it is too late. For instance, the police are able to request a psychological assessment of a client but they are not able to do so until the client has already committed a violent act. Because many of the mental health cases result in driving the clients to the NRGH, one of the issues for the police is in dealing with hospital staff such as doctors and nurses. Once at the hospital, the officers are required to stay with the client until he or she can be signed over to a doctor, yet the officers feel any information that they can provide regarding a client is often undervalued or even ignored by medical staff.

While the police recognize the effect of mental health clients on their job, they do not have the same recognition for homelessness. This is in large part because the homeless are living in the rural areas and are therefore less likely to draw the attention of officers or complaints from the public requiring police intervention. They also mentioned that public loitering is a bylaw issue, although both bylaw officers and police officers seem to recognize the financial and social cost to writing tickets for such offences and avoid issuing tickets for the most part.

Gaps in the community:
Disconnect between clients and police officers when dealing with mental health issues
Missing help for mental health clients if using drugs or alcohol
Formal information and protocols (if needed) to share about services within the community
Missing collaboration between medical system and the police

Potential Solutions:
Find ways to increase collaboration between NRGH and police
Increase awareness of VI crisis database

Advocacy

Advocacy is an issue that has been raised through many different channels, including both clients and service providers. Many of the service providers offer a certain amount of advocacy for clients simply by way of their job and many others offer advocacy "off the corner of their desk"; however, there is no dedicated client advocate in the Oceanside region. The opportunity for an advocate to ensure fairness and equity for clients in application processes or communication with agencies has been mentioned by previous and current workers. They would like to see someone

who can build connections with service providers to help clients understand expectations, to lead them through the bureaucratic processes and to help them understand additional appropriate options.

Clients have expressed frustration at not being able to access financial support (specifically through social assistance) because the rules keep changing and they cannot keep up with the information. Others feel like they are being prevented from accessing help to which they should be entitled or they believe there may be programs available but do not know where to begin. They have limited resources, including patience and attention, to dedicate to this challenge and would like to have assistance.

Many of the providers recognize that applying for social assistance is a long, complicated and often frustrating process. Many stories have been shared about clients not receiving benefits for months and not knowing how to follow up, or clients who get too frustrated with the process and give up. Some clients have shared experiences in which they have travelled all the way to Nanaimo and waited for the day only to be told that they will have to come back tomorrow. This delay costs the clients money, time and perseverance that they may not have.

With funding provided by the Alberni Clayquot Regional District, the Port Alberni Shelter Society has had much success with an advocate who increased their resident's disability application success rate to 95% in 2013. Their advocate meets clients at the shelter to help them with the process and has developed good working relationships with various doctors to make the process as smooth as possible. Canadian Mental Health Association, with funding from the BC Community Gaming Grant has also been able to provide a part time advocate in Port Alberni who has been able to meet clients in different facilities to help them. She has helped many clients to navigate application processes and advocated for others to be able to access PPMB and PWD.

Nanaimo has the Nanaimo Citizen Advocacy, which does not really address the need in the Oceanside area. They refer clients to the SOS, which has many services but not a specific client advocate.

Gaps in the community:
- Disadvantaged access to social assistance programs, especially Persons with disability, Persons with persistent multiple barriers
- Lack of representation/mediation for clients dealing with ministries or case workers.
- No social assistance outreach worker comes to this area regularly.

Potential Solutions:
- Find ways to increase individual success in applying for disability
- Examine ways to provide an advocate to increase the voice of the client in many of the services focussed on poverty and homelessness.
- Examine ways to increase access to social assistance worker in this area.
  - Could work out of an office twice a month in the area.

Summary of Services

There are many services and volunteers in this community who work to help people in any number of ways beyond the specific categories that have been used in this assessment. Some of the service agencies are mentioned specific to their involvement in the various sections and also have many other services available. Many services do not fall neatly in to those categories but play an important role in the community.

These are just a few examples of the dedicated people and services that exist throughout the Oceanside community.

- *The dentists who do small payment plans with clients and even provide some work for free*
- *The foot nurses who are dedicating a day or two a month to help look after the feet of people with diabetes and other foot care issues*
- *The pet food stores who collect food donations and share it with people in need because they recognize the importance of the relationships that individuals develop with animals*
- *Qualicum Cat Rescue for the five year plan for providing free spay/neuter for cats*
- *The volunteers at the Community policing offices who call on a list of individuals every morning just to say hello and make sure they are okay.*
- *The mental health workers who pick up clients to ensure they get home safely outside of their working hours*
- *The SOS who provides a shower with toiletries, socks and underwear for individuals*
- *The Salvation Army who in conjunction with another church help clients to access identification*

Finding ways to collaborate with one another and actively recognize the other services that exist so clients can be better referred to appropriate services is an area that must continue to be developed within the Oceanside community. While each service provider generally has a specific mandate to the clients they are most able to help, they need to keep addressing ways to prevent "non-ideal" clients from falling through the cracks. It is essential that, to better help the homeless and those at-risk of homelessness, service-providers need to be cognizant of and work to avoid barriers to service, especially with transportation, which is such a prominent issue in this community.

The quality and dedication of the services that exist within the community must be recognized as a major factor in the goal to end homelessness in Oceanside. There is work to do around communication and collaboration, but together many of the gaps can be addressed. However, without addressing the serious shortage of affordable housing, most especially safe and low-income affordable rental units these efforts will result in limited success. Without providing stable and affordable housing, closing the door on homelessness is futile.

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