

Community Social Service Needs in Greater Victoria

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ADMN 598 Management Report

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June 2011

EXECUTIVE SUMMARY

Community social services provide critical supports to individuals, families and communities in a wide variety of areas, from providing parenting education to operating community food banks or assisting victims of domestic violence. Estimates suggest that as many as 60% of individuals will access some type of community social service over their lifetime. Despite their broad reach and importance to communities, community social services in BC are currently facing a combination of increased demand for services and stable or decreasing funding with which to meet demands. In light of these challenges, research on the need for community social services is increasingly necessary to allow organizations to prioritize and effectively serve target populations. This report was requested by the three clients: Board Voice Society of BC, the Community Social Planning Council of Greater Victoria, and the Federation of Community Social Services of BC. These organizations represent members from across the spectrum of community social services sector, and are involved in developing and promoting the community social services sector in Greater Victoria and BC. The clients requested an assessment of the community social service needs and available services in Greater Victoria, in order to determine what population groups were underserved and how services and funding could be more effectively targeted.

This paper is the first segment of the overall community needs assessment requested by the clients. It explores the literature on community social service needs and the demographics of Greater Victoria to develop a picture of the community social service needs in Greater Victoria and recommendations on appropriate services for the identified needs. In order to achieve this goal, the following research tasks were conducted:

- A review of academic and grey literature to identify relevant evidence related to the need for social services among specific individuals and groups;
- Creation of framework for discussion of social service needs in Greater Victoria;
- Collection of data on a variety of demographic and socioeconomic indicators to illustrate the current demographics and population trends present in Greater Victoria;
- A discussion of Greater Victoria's current population, the results of the literature review and implications for community social services in Greater Victoria; and
- Presentation of recommendations for community social service provision in Greater Victoria and for future research on related issues.

A second paper will document the available community social services in Greater Victoria and compare them with the identified needs. Together, the two papers will provide the clients with an evidence base that will support discussions about the community social service sector and its importance to key funders, particularly the provincial government.

Research Findings

Exploration of the socioeconomic and demographic information about Greater Victoria revealed a wide range of detail about population groups and issues in Greater Victoria. Several large population groups were identified, including young adults, seniors and immigrants. The available information also pointed to certain trends in population, including overall population growth, particularly in the Western Communities, a rapidly

growing Aboriginal youth population and shifting patterns of immigration, with many new immigrants coming from Asia as opposed to traditional source of immigrants in the UK and Western Europe. Income and housing affordability also emerged as key issues for residents of Greater Victoria, due to high rents and low vacancy in addition to the economic effects of the recent recession. In addition to the homeless population, Greater Victoria has a large number of families and individuals who are unstably housed and at risk of homelessness. These findings were combined with the results of the literature review and previous community consultations to develop a list of recommendations.

Recommendations

Based on the available academic and community-based evidence, this paper presents a set of eight recommendations that can be used both by the clients to inform planning and advocacy, and by subsequent researchers as points of comparison with existing services:

- *Recommendation 1:* Target parenting support services and early education and child care to neighbourhoods and populations with high levels of need, including areas with high levels of child vulnerability, low-income families, young parents and lone-parent households.
- *Recommendation 2:* Provide work- and life skills-related supports to youth, with particular attention to vulnerable groups, particularly youth aging out of the foster care system and youth with children.
- *Recommendation 3:* Provide supports to Greater Victoria's large senior population, including outreach to connect with socially isolated seniors and those suffering from disabilities and chronic disease.
- *Recommendation 4:* Provide a range of integrated mental health and substance abuse services targeted at a variety of stressors and population groups, as well as services that deal with related social, economic and financial stressors.
- *Recommendation 5:* In addition to comprehensive services for homeless individuals in Greater Victoria, provide outreach services to the large population of 'hidden homeless' and unstably housed, with particular attention to the needs of families.
- *Recommendation 6:* Ensure that victims of domestic violence have access to both family-oriented emergency services and long-term supports to enable self-sufficiency and community reintegration.
- *Recommendation 7:* Locate community social services for at-risk women, children and youth so that they are close to the target populations, particularly with regard to the growing population in the Western Communities.
- *Recommendation 8:* Further focus this research by assessing available services and gaps, sharing the results with other researchers and service providers and identifying specific service types and needs.

The results of this paper reinforce the broad scope of community social services and their critical importance in supporting individuals, groups and communities and enabling individuals to overcome barriers to full community participation. While the recommendations in this paper cannot speak to all of the diverse groups and needs present in Greater Victoria, they (along with the research findings) indicate some of the key current issues and provide an evidence base that will help to support planning, advocacy and effective delivery of community social services in Greater Victoria.

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SECTION 1: INTRODUCTION

The community social services sector encompasses a broad spectrum of services that provide supports to individuals, families and communities in addition to working on broad social issues. The services that fall into this sector vary widely, and range from parenting support classes and providing transportation for seniors to assisting homeless populations to find housing or working to decrease discrimination in a community. Community social services are critical components of supporting individual, family and community wellbeing, and estimates suggest that as many as 60% of BC residents will use some type of community social services in their lifetime (Federation of Community Social Services of BC, 2011). The wide range of services offered by community organizations complements other important service areas including health and education (J. Paterson, personal communication, Dec 2 2010). By addressing many of the social factors that influence health, including housing, food security and education, the community social services sector has significant effects on the health and well-being of a community, and the potential to decrease overall health expenditures in the long term (Kendall, 2010; Raphael, 2006). Community social services can also have dramatic effects on human capital and economic productivity. For instance, estimates from the Human Early Learning Partnership (HELP) at the University of British Columbia suggest that in early childhood development, an area in which community social services offer an array of supports, unnecessary vulnerability could cost the province 20% of GDP growth over the next 60 years (Kershaw, Anderson, Warburton and Hertzman, 2009). In addition to direct delivery of services, the community social services sector plays a key role in strengthening communities by enhancing community participation and cohesion (Hay, 2010).

In BC, the community social service sector currently faces significant funding-related challenges. Over the previous decade, the amount of government funding provided to the community social service sector has largely held constant or decreased, while the recent recession has increased the need for a wide range of community social services (Federation of Community Social Services of BC, 2011). Funding is of particular concern for community social services in the Greater Victoria area following an August 2010 decision by the provincial government to reduce social service funding for South Vancouver Island by \$2 million (BC Government and Service Employees' Union, 2010). Funding cuts and the uncertainty of future funding pose a number of problems for providers of community social services, one of the most significant of which is how to prioritize service needs and appropriately allocate limited funds among organizations and population groups.

In light of these challenges, this research project has been requested by three client organizations representing community social service providers in Greater Victoria and BC: the Board Voice Society of BC, the Community Social Planning Council of Greater Victoria, and the Federation of Community Social Services of BC. Previous research in this area has largely been restricted to either general demographic data or focused needs assessments on particular sub-populations or issues, leading to a lack of broad-based research that examines Greater Victoria's community social services sector as a whole.

In their request for this research project, the clients stated that this “knowledge deficit hinders the capacity of the sector to enlist public support, and limits the government’s capacity (as a core funding source) to adequately address the needs of our community” (Board Voice Society, Community Council and Federation of Community Social Services of BC, 2010, para. 2). The clients requested data on the demographics and social service needs of Greater Victoria, in addition to evidence from academic and other sources on appropriate service levels for Greater Victoria’s population. The clients may use this evidence for planning purposes and to support their work in promoting the community social service sector and advocating for appropriate funding allocation from the provincial government.

This paper constitutes the first segment of a larger project on community social services in Greater Victoria for these client organizations; a second research project will involve documenting and assessing available community social services in Greater Victoria and comparing them with the identified needs to highlight groups who may not be receiving adequate services. The goals of this paper are to describe community social service needs in Greater Victoria and to provide a review of literature on appropriate community social service levels for a given context. In order to meet these goals, the following research tasks will be undertaken:

- A review of academic and grey literature to identify relevant evidence related to the need for social services among specific individuals and groups;
- Creation of framework for discussion of social service needs in Greater Victoria;
- Collection of data on a variety of demographic and socioeconomic indicators to illustrate the current demographics and population trends present in Greater Victoria;
- Synthesis discussion of Greater Victoria’s current population needs, the results of the literature review and implications for community social services in Greater Victoria; and
- Presentation of recommendations for community social service provision in Greater Victoria and for future research on related issues.

This report is structured as follows. A brief introduction to the client organizations and their interests in the current research is followed by the literature review. This section begins with definitions of key concepts and the development of a discussion framework before reviewing the available literature on community social services needs. Following the literature review, the findings related to Greater Victoria are presented. The analysis and discussion sections then place the findings in a broader context and interpret them in light of the results of the literature review. Finally, the paper presents recommendations for community social services in Greater Victoria as well as for further research in this area.

SECTION 2: CLIENT ORGANIZATIONS

This research project has been prepared for three non-profit agencies in the Greater Victoria area. As the three client agencies all aim to support and promote the work of the community social services sector, they have jointly requested this project in response to political and economic uncertainties in the sector, which create challenges for service delivery as well as opportunities for advocacy (Federation of Community Social Services of BC, 2011). The purpose and goals of each organization are briefly outlined below, in addition to an overview of the organizations' interests in the current project.

2.1: Organizations and Goals

2.1.1: The Board Voice Society of BC

The Board Voice Society of BC (Board Voice) is an organization consisting of board members from non-profit social service providers across British Columbia. Board Voice's mission is "to help sustain healthy communities through representing the broad public interests of the community-based social services sector" (Board Voice, 2009b). In order to achieve its mission, Board Voice works to support governance capacity in social service organizations, to promote the value of social services and to advise governments on issues facing social service organizations (Board Voice, 2009a).

2.1.2: The Community Social Planning Council of Greater Victoria

The Community Social Planning Council of Greater Victoria (also referred to as the Community Council) is made up of both community organizations and individuals. Its mission is to improve the quality of life in Greater Victoria through producing research and fostering community engagement (Community Social Planning Council, n.d.a). The Community Council's priority areas for research, action and education are poverty reduction and alleviation; community economic development; housing affordability; and social, economic and environmental sustainability (Community Social Planning Council, n.d.b.).

2.1.3: The Federation of Community Social Services of BC

The Federation of Community Social Services of BC (The Federation), whose members include social service agencies of various sizes across the province, works to promote networking between service providers and to provide tools and research to support both regional and province-wide social service initiatives. The Federation also undertakes policy action and advocacy on behalf of the community social services sector (Federation of Community Social Services of BC, n.d.).

2.1.4: Summary

While the three client organizations have slightly different membership and mandates, they share two important characteristics relevant to this project. All of the organizations

deal with the community social service sector as a whole, and all are involved (through research, advocacy and policy action) in developing and promoting the community social services sector. These common activities inform the clients' interest in this research project, which are discussed below.

2.2: Client Interest in Current Research Project

While Board Voice and the Federation both have membership across British Columbia, all three organizations are based in Greater Victoria and have an interest in the local context of community social services. These three organizations are all involved in various ways in promoting the social services sector, and having reliable evidence is critical to supporting their activities. As mentioned in the introduction, funding is currently a particularly significant issue for social services in the Greater Victoria area, as in August 2010 the provincial government announced a \$2 million reduction in social services funding for south Vancouver Island (BC Government and Service Employees' Union, 2010). In addition, recent changes in the political leadership of both the government and opposition have resulted in significant restructuring of key ministries and shifting government priorities. While this creates challenges for the planning and delivery of community social services, it also provides an opportunity for input and advocacy on the part of the community social services sector (Federation of Community Social Services of BC, 2011).

The information generated for this report will be useful to the client organizations and their members when negotiating with the provincial government over program funding. Previous requests for increased social services funding have faced two significant challenges. Firstly, the requests have relied mainly on anecdotal information about social service needs as perceived by individual providers and organizations within the community, and secondly, much of the academic research that has been completed has focused on a specific area or population group rather than the social services sector as a whole. The research produced for this paper, in combination with the second research component being conducted by Luba Hazeldine, will help to fill some of these gaps, enabling the clients to achieve key organizational goals. A comprehensive community needs assessment, by providing accurate information about the population being served, is a critical step in improving the effectiveness of services on a variety of fronts (Soriano, 1995). Increasing the available research about the community social services sector as a whole and integrating existing needs assessments will bolster the clients' efforts to promote the community social service sector and its importance to key funders, particularly the provincial government, as well as providing additional information to support evidence-based discussions between the clients, government and individual social service providers related to community needs and appropriate distribution of resources.

Reviewing existing literature is a critical step in addressing the clients' research questions and in setting the context for a discussion of the issues specific to Greater Victoria. The following section defines key terms for the paper and provides an overview of available literature on social needs and their connections to community social services, as well as identifying some limitations of the current literature.

SECTION 3: LITERATURE REVIEW

The documents identified through the following literature review provide context for interpretation of the statistical data on Greater Victoria, and have been used both to generate both a framework for discussion of social needs in Greater Victoria and to create recommendations in combination with the statistical and demographic findings. Given the broad scope of the research question, a variety of databases and search terms were used to identify relevant articles (a detailed list of databases and search term combinations used can be found in Appendix A). Results of these searches were scanned for relevance to the research question and repeated or irrelevant results were eliminated. The literature review begins with a discussion of the parameters of key terms for the paper, before moving on to describe the conceptual framework. Following this, the subsequent sections outline the available literature relevant to each component of the framework.

3.1: Definitions

In order to discuss the state of community social service need in Greater Victoria, two critical concepts must be discussed and defined: community social services and social service need. The literature contains a wide array of conceptions of these terms, particularly need, which can significantly influence the way that needs are measured, reported and discussed. For the purposes of this project, the definitions of these two concepts are outlined below.

3.1.1: Community social services

One of the main challenges associated with attempting to examine community social services as a whole (as opposed to focusing on a specific issue or type of service) is developing a comprehensive definition of community social services that adequately represents the diversity of organizations involved, services provided and clients served. In consultation with the clients, the following definition has been developed. For the purposes of this project, community social services include organizations that support families and communities, provide services to vulnerable population groups (such as children, immigrants, seniors or people with a chronic disease or disability), or deal with broad social issues (such as poverty, homelessness or discrimination). Social services provide community-based infrastructure that links with and supports the work of the health and education systems by providing services in the community that intersect with these systems. The provision of supportive housing for individuals undergoing treatment for addictions, for instance, is a clear example of the role that the community social service sector plays in complementing and supporting the work of the health system (J. Paterson, personal communication, December 2, 2010; “Save now, spend later”, 2009). Other types of community social services range from providing education for new parents or language classes for immigrants to community food banks or multi-level services to prevent homelessness and support homeless populations.

While this definition of community social services makes relatively clear the type of services under discussion, the wide variety of services and organizations involved in the community social service sector means that the sector's borders are somewhat flexible. For instance, certain social services are delivered directly by government but in a community setting, blurring the boundaries between government-delivered social services and community social services. For the purposes of this project, these cases have been assessed on an individual basis as they presented themselves in the literature, and judgment calls have been made about which cases to include according to their relevance to the research question and the specific types of services involved.

3.1.2: Social service need

Need has been defined in a wide variety of ways by researchers in the health and social sciences. These definitions have been the subject of considerable controversy, with some researchers suggesting that the term is too ambiguous to be useful in discussions of public policy (Lightfoot, 1995). Need is a particularly difficult concept to operationalize and measure, since it is somewhat subjective and varies between individuals, groups and cultures (Billings and Cowley, 1995). For the purposes of this paper, two definitions of need identified in the literature have been selected as most relevant to the research question: normative need and felt or expressed need. While each of these types of need has limitations individually, they complement each other to create a comprehensive picture of community social service needs in Greater Victoria.

Normative need is an assessment of need based on external research and/or professional opinion – for instance, an expert's statement that a community is in need of mental health services based on statistics about the community (Aoun, Pennebaker and Wood, 2004). One of the main advantages of this conceptualization of need is that it enables researchers to use a wide range of literature beyond their specific jurisdiction, which (in addition to broadening the evidence base) can provide useful recommendations that are not restricted by the current structure of services and data collection in a given community (Smith, n.d.). However, normative need is a somewhat limited tool on its own as it is disconnected from conditions on the ground and tends to overestimate demands for services, given that not all individuals identified by professionals as having needs may actually perceive the needs themselves (Aoun, Pennebaker and Wood, 2004; Billings and Cowley, 1995). Normative need has been particularly emphasized in the literature review portion of this paper, given the clients' interest in building an evidence base that includes external professional opinions to support the clients' negotiations with the provincial government.

Felt need, which includes problems identified by individuals through vehicles such as surveys, and *expressed need*, or need measured as demand for specific services, provide useful information for short-term planning exercises as well as for identifying perceived priorities. However, relying solely on perceptions of need and demand for services as an indication of need is unreliable as these perceptions may be influenced by external factors such as media coverage, new technology, or accessibility of existing services, causing certain needs to be over- or under-represented at a given time (Asad-Lari, Packham and

Grey, 2003; Aoun, Pennebaker and Wood, 2004; Harrington, Kerfoot and Verduyn, 1999). In the context of this paper, felt need is largely drawn from previously conducted needs assessment (both from Greater Victoria and from other jurisdictions) and serves as a complement to the normative assessments of need found in the academic literature.

Clarifying the outlines of the community social service sector and the framework of social service need within which this paper will operate are key steps in ensuring that the subsequent discussion is straightforward and comprehensible. Having discussed the relevant types of need, this paper moves to discussing the needs-based approach to planning and the discussion framework through which community social service needs will be examined.

3.2: Need-based planning and discussion framework

Needs-based or needs-led planning, which attempts to match service levels to identified needs, is a departure from a historical focus on service-based planning (Billings and Cowley, 1995). This type of planning is most often used in the context of allocating scarce resources, and is thus appropriate to the current context of community social services in Greater Victoria (Lightfoot, 1995). There are several identified steps involved in needs-based planning:

- 1) Gather evidence of need (including statistics, profiles, and best practices);
- 2) Assess evidence quality and reliability;
- 3) Describe service system;
- 4) Prioritize needs; and
- 5) Inform policy and planning (Queensland Government/Disability Services Queensland, 2008).

This paper undertakes the first two tasks, while the subsequent paper will complete the third and fourth elements of the needs-based planning process. In order to effectively present and discuss the evidence referred to in step 1, however, a conceptual framework is necessary. While there are numerous frameworks that could potentially be applied to the community social services sector, the multidimensional approach to social need and vulnerability taken by the United States Agency for International Development (USAID) (2005) can be easily adapted to the particular context of Greater Victoria.

The adapted version of the USAID framework, seen in Figure 1, encompasses a wide variety of factors at multiple levels, providing a comprehensive picture of the realm of community social services and the multiplicity of factors that influence social need. The use of this particular framework is further supported by its congruence with the framework employed in a very similar needs assessment project by Alexander Ervin (1997) for the United Way of Saskatoon. At the individual level, factors include personal characteristics such as age (particularly children/youth and seniors), immigrant or Aboriginal status, or identification as lesbian, gay, bisexual, transgender or queer (LGBTQ). Chronic disease, disability and mental health and addictions issues also affect needs at the level of individuals. In concert with these individual-level factors, social need is influenced by a range of family- and community-level issues including poverty, homelessness, food security, labour and employment status, education rates and domestic

violence. At the broadest level, social need is influenced by forces in the surrounding environment, key among which are the economic and political situations, as well as discrimination. Within this framework, factors interact within and between the identified levels to create complex systems of vulnerability and need (USAID, 2005).

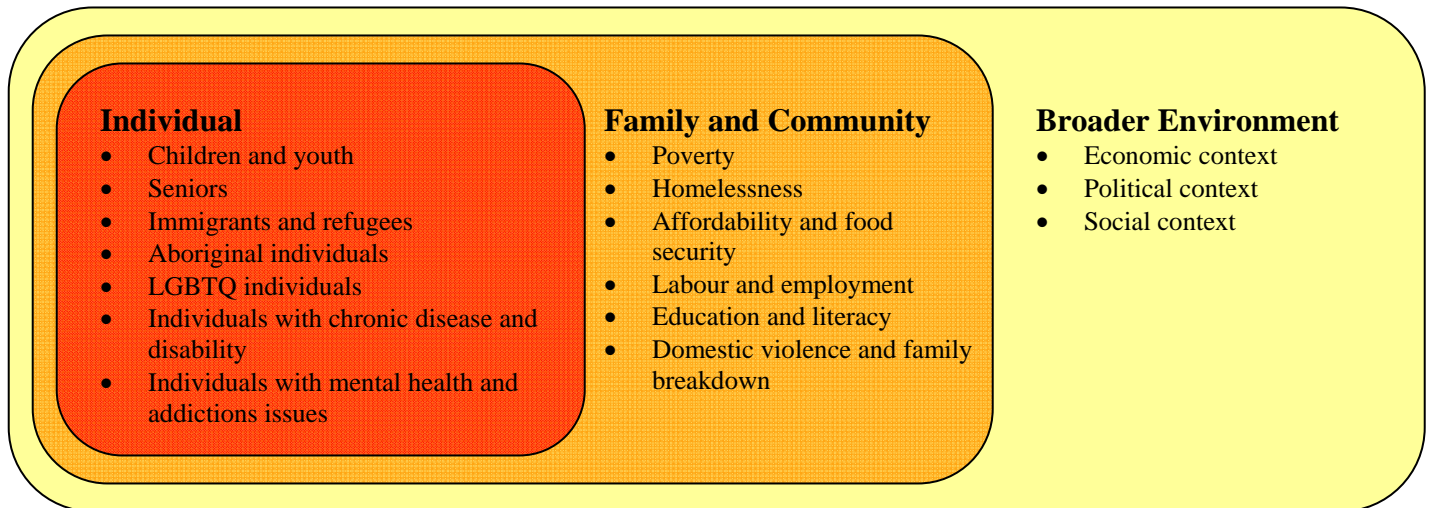


Figure 1. Discussion framework – multi-level factors contributing to social need. Adapted from *Promising practices in community-based social services in CEE/CIS/Baltics: A framework for analysis* by USAID, 2005. Retrieved from pdf.usaid.gov/pdf_docs/PNADF930.pdf.

This framework will form the basis for the subsequent review of relevant literature and presentation of data on the population of Greater Victoria. Each of the factors will be discussed and, where particularly notable, the patterns of interaction and overlaps between particular factors. The following sections outline the available literature on social service needs connected to each factor, beginning with the individual factors and then exploring the family and community factors before turning to the broader environment. In addition, the review of literature includes observations on gaps in existing literature and their effects on this paper’s analysis. The literature discussed below will be used to provide context for interpretation of the subsequent statistical data and to formulate recommendations on community social service provision in Greater Victoria.

3.3: Individual factors

The review of available literature begins with a discussion of individual characteristics, as outlined in the conceptual framework, which may influence vulnerability and the need for social services. In addition to discussing particular population groups (children and youth, seniors, immigrants, Aboriginals and LGBTQ individuals), this section also reviews the community social service needs of individuals with disabilities, chronic diseases, mental health issues and addictions.

3.3.1: Children and youth

Children and youth are two population groups with unique vulnerabilities and needs, particularly in relation to early development and vulnerability. This discussion of child and youth needs also includes reference to families, as a review of the available literature revealed that it was impossible to discuss issues surrounding children and youth without also addressing the family context, given its enormous influence on the lives of children in particular. Families and children have a diverse range of needs that vary from family to family. Families face a variety of stressors in caring for their children. Researchers have demonstrated that high levels of stress negatively affect children's cognitive development, with long-term effects on mental and physical health. In the United States, estimates suggest that 7% of children experience a number of these stressors together, increasing the risk of toxic stress levels. While all families face certain stressors, some groups are at particular risk for high levels of stress, including low-income families; families in which the parents have mental health or substance abuse issues; families headed by young parents; and families with disabled children (Miller, 2011).

One measure of vulnerability among children is the Early Development Instrument (EDI), which has been used by researchers at the Human Early Learning Partnership (HELP) at the University of British Columbia (UBC) to survey kindergarten students across BC (HELP, 2011). This instrument measures kindergarten students' school readiness and abilities in five areas:

- Physical: motor development, energy levels, physical preparedness for school
- Social: age-appropriate social control, cooperation and respect, able to follow directions
- Emotional: anxiety, aggression, pro-social behaviour
- Language: basic literacy and numeracy, interest in books and simple math tasks
- Communication: ability to communicate own needs and understand others in English, interest and participation in activities and environment (HELP, 2011).

Children whose score is very low relative to their peers on one or more of the five areas are considered vulnerable, indicating that they may be limited in their current and future development (HELP, 2011). However, while the EDI provides a useful measure for evaluation and comparison of children's school readiness at a neighbourhood level, it does not provide details on the causes of observed vulnerability or prescriptions for specific services to address vulnerability and lack of school readiness among children (Janus et al, 2007).

Some of the key service needs among children and youth identified by researchers include:

- Obtaining quality housing and financial assistance;
- Help dealing with health problems;
- Protection of children from abuse or bullying;
- Support for pregnancy and parenting (particularly young parents);
- Job training and education for older youth to promote self-sufficiency (Axford and Whear, 2008);
- Home visiting programs to improve the quality of children's environment (Parker and McDonald, 2010);
- Parenting information and childcare referral centres; and
- Comprehensive early childhood development (ECD) programs, based on models such as the Head Start program (Miller, 2011).

Gradual shifts in family structure, particularly increasing numbers of lone parents and increasing rates of both parents being employed outside the home, have resulted in decreased time for quality parent-child interactions and thus increasing need for community support services to help families deal with a variety of issues including mental health problems or risky behaviour (Weissberg, Kumpfer and Seligman, 2003). In the United States, researchers estimate that 30% of youth age 14 to 17 engage in multiple high-risk behaviours such as drug use or risky sexual activity, while 35% engage in one to two problem behaviours. While the remaining 35% of youth exhibit no problem behaviours, researchers suggest that they continue to need strong and consistent support to maintain these habits (Payton, Wardlaw, Graczyk, Bloodworth, Tompset and Weissberg, 2000; Weissberg, Kumpfer and Seligman, 2003). Research suggests that effective interventions to prevent high-risk behaviours like substance abuse build protective factors through intensive family supports, education for older youth to enhance awareness of risks and peer support groups for both youth and parents of youth with mental health challenges (Canadian Mental Health Association – BC Division, 2011; Vimpani, 2005).

Research suggests that increasing numbers of youth in Canada are living with their parents for longer periods of time: in 2001, 41% of youth age 20-29 lived with their parents compared with 27% in 1981. This underscores the importance of parents' financial support as youth take longer to acquire education and a foothold in the labour market (Family Service Association of Toronto and Community Social Planning Council of Toronto, 2004). Youth are over-represented in poverty figures due to high rates of unemployment, generally low-wage jobs, and the impact of time spent in school on earnings (Lee, 2000). Several groups of youth have unique service needs associated with specific challenges, including homeless youth, youth 'aging out' of the foster system, and transgender youth.

In recent decades, research has also shown increasing stresses on families headed by younger adults. A study from Toronto showed that young families showed increasing levels of debt and poverty, combined with declining average incomes and increasingly

unstable places in the labour market. Levels of poverty are particularly high among families with parents under 25: in 2001, 63.5% of families in this category lived in poverty, and the income gap between younger and older families was continuing to widen (Falling Fortunes, 2004). Teenage pregnancy in particular is strongly correlated with poverty, both as a precursor to and an effect of pregnancy, leading to generational cycles of lower levels of education (only 50% of teenage mothers complete high school) and un- or under-employment. In addition to high rates of low income, teenage mothers often face discrimination. A broad range of services is needed to support teenage mothers, particularly life skills development; career and job skills training; social support networks and positive role models (Evaluation Designs Ltd, n.d.).

As a whole, the available literature strongly suggests that families have a wide range of support needs, including needs for parenting support and education and accessible childcare. The literature particularly highlights the additional needs of certain vulnerable families, children and youth, particularly families facing low income, parental mental health or substance abuse issues, youth who are parents and families with disabled children. Among these families, more comprehensive supports such as early childhood development programs, assistance with housing and finances, or individualized home visiting programs may be necessary. Researchers have also identified needs for youth-specific supports, particularly for services that address low income and homelessness and promote development of life skills.

3.3.2: Seniors

Seniors are a diverse group, with a wide variety of abilities, challenges and needs. However, researchers have suggested that there are three general phases of aging, each with specific types of support needs:

- 1) Healthy/active aging: minimal support needs;
- 2) Slowing down: growing needs for transportation, safe and appropriate housing; and
- 3) Needing a broad array of supportive services to help them stay in the community (Knickman and Snell, 2002).

Research from the United States estimates that of the elderly not living in institutions, 6% require help with the instrumental activities of daily living (IADL), such as shopping or housework, while an additional 11% require assistance with the activities of daily living (ADL), including eating and bathing (Knickman and Snell, 2002).

Factors that tend to protect seniors against high levels of need include robust social networks, regular exercise and religious belief. However, even for seniors who have stable social and familial support networks, community services are often necessary to help support them in their homes. Recent international movements towards elder-friendly communities have included programs to provide volunteer and social opportunities; services such as home repair help; transportation; and senior-specific recreation opportunities (Alley, Leibig, Pynoos, Bannerjee and Choi, 2007). Due to varying needs among seniors, a wide range of services is appropriate, including:

- Personal assistance, such as housekeeping or personal care;

- Environmental support, including home maintenance and repair;
- Emotional support, ranging from counseling to social activities;
- Assistance with finances and financial planning;
- Mental and physical health services;
- Assistance navigating the health care system (Choi and McDougall, 2009);
- Targeted telephone health services; and
- Community centre outreach to isolated seniors (Cloutier-Fisher, Kobayashi, Hogg-Jackson and Roth, 2006).

Several factors are correlated with higher levels of perceived and unmet needs among seniors. The overall number of needs tends to increase with age, while researchers have found that the number of unmet needs is higher among women and among low-income seniors. Seniors' living situations can also significantly influence their needs for services, particularly if they are without a main caregiver. Seniors living alone may need particular help with home maintenance, obtaining nutritious food, accessible exercise and adequate transportation to mitigate the effects of aging as well as physical and mental health conditions (Castilloal, Woodsa and Orrella, 2010; Cohen-Mansfield and Frank, 2008). In a review of studies on seniors with dementia living alone, researchers found high levels of unmet need in areas including nutrition, hygiene, mobility and risk of falling, and financial and medication management (Castilloal, Woodsa and Orrella, 2010).

In addition to the physical health challenges associated with aging, many seniors suffer from mental health issues such as depression, which is correlated with the presence of chronic illness or disability, social isolation, and financial issues (Choi and McDougall, 2009). Social isolation is a particular issue among women, the very old, seniors without a partner, seniors who have significant health challenges, and those who have moved recently or frequently. Researchers estimate that 17% of seniors in most BC communities experience some type of social isolation (Cloutier-Fisher, Kobayashi, Hogg-Jackson and Roth, 2006; van Tilburg, Havens, de Jong-Gierveld, 2004).

It seems clear that support needs among seniors include assistance with a variety of tasks (including daily activities, finances and home maintenance) and mental and physical health supports, with particular attention to social isolation. Research suggests that the so-called 'oldest old' seniors (those over 85) have the highest rates of disability as well as the largest projected increase in population over upcoming decades, suggesting that increased services may be required. However, the simultaneous improvements in health status among the elderly may slow the rate of increasing need (Knickman and Snell, 2002). Perceived needs are also likely to shift as the baby boomers (those born between 1946 and 1964) age, with significantly different priorities and expectations for aging than current and previous generations of seniors (Malone and Langeland, 2011).

3.3.3: Immigrants and refugees

Recent immigrants to Canada face a variety of challenges in integrating into Canadian society, two of the most pressing of which are finding employment (which involves

separate challenges with recognition of credentials, valuation of foreign work experience and discrimination) and locating housing. Estimates show that more than 25% of recent immigrants to Canada spend more than 30% of their income on housing, as opposed to 20% of households led by Canadian-born individuals, and 50% of recent immigrants spend more than half of their income on housing, which indicates vulnerability and a heightened risk of homelessness (Ma, 2010; Wayland, 2007). Non-permanent residents have extremely high poverty rates, due mainly to restricted work opportunities available to them (Lee, 2010). In addition to issues of affordability, recent immigrants often face discrimination and have difficulty finding reliable information and appropriate housing (Ma, 2010). Housing outcomes are variable among population groups, however: refugees tend to have the most difficulty finding appropriate housing, while family class immigrants have the least difficulty. In addition, immigrants from Europe, China and Southeast Asia have significantly higher rates of home ownership than immigrants from many other countries, in some cases comparable to rates among Canadian-born individuals (Wayland, 2007). Researchers suggest that there is a need in many cases for collaboration between settlement agencies and general housing agencies, in addition to greater promotion of available services in multiple languages and education programs on landlord/tenant issues (Wayland, 2007).

Aside from financial and housing concerns, researchers have suggested that many immigrants require support to navigate the fragmented health and social service systems and work the immigration system to achieve permanent residency, as well as needing emotional support (Simich, Beiser, Stewart and Mwakarimba, 2005). Immigrant populations also often have considerably worse health outcomes than the general population, indicating a need for accurate and accessible information about health behaviours, risks and services (Krepsa and Sparks, 2008).

A 2010 study of immigrant youth in Alberta, British Columbia, Ontario, Quebec and Nova Scotia identified a range of challenges faced by youth who have recently immigrated to Canada. One of the primary challenges identified was language barriers, with youth reporting issues with expressing themselves and understanding others, due to lack of knowledge of English or regional accents. In addition, 30% of youth reported having negative peer experiences including peer pressure and bullying, while 29% reported having experienced racism or discrimination from peers, teachers, administrators and the community at large. Immigrant youth also reported issues with understanding and integrating into Canadian and school cultures, in addition to dealing with family stresses related to finances, employment, language issues and discrimination (Chuang, 2010). Refugee youth may face additional challenges with integrating into school given past trauma and lack of stable education in their home countries (Kugler and Price, 2009).

Recommendations to address the spectrum of needs among immigrant youth included:

- Support programs that link school activities and community groups and resources;
- English- and French-language programs specifically targeted at youth;
- Specialized training for students, teachers and administrators on immigrant youth needs and addressing discriminatory behaviour;

- Buddy, mentoring or peer support programs to allow youth to make connections in the community quickly;
- Specialized school orientation and mentoring programs designed for immigrant youth and extending for a significant period of time to allow for adjustment (Chuang, 2010); and
- Building relationships between schools and families, including parental education about available services and mental health issues (Kugler and Price, 2009; Canadian Heritage, Alberta Division, 2008).

Immigrant youth also have potential to benefit from broad-based youth programs, particularly those that involve peer groups and mentoring approaches (Canadian Heritage, Alberta Division, 2008).

The literature on immigrant and refugee integration in Canada shows that two of the most pressing needs among recent immigrants and refugees are for assistance with finding appropriate and affordable housing and with accessing and navigating the health and social services systems. Existing research also suggests that immigrant youth are a particularly vulnerable group, who could benefit from programs that link school and community resources and provide mentoring opportunities to help them build social networks in their new communities.

3.3.4: Aboriginal individuals

Research suggests that Aboriginal individuals and families need a variety of supports given the high rates of Aboriginal children in care as well as the overall high rates of poverty among urban Aboriginal peoples in BC. The incorporation of Aboriginal perspectives on family and tradition has been identified as an important element of cultural competence and effectiveness, particularly in areas such as housing, where Aboriginal extended families may have trouble finding suitable accommodations, and employment services, where a holistic perspective extending beyond short-term employment outcomes may be useful (British Columbia Association of Friendship Centres, 2009; Alberta Native Friendship Centres Association, 2010; Giddy, Lopez and Redman, n.d.). The ongoing legacy of residential schools in the form of mental and physical health issues is an important issue suggesting the need for a range of support services, including services for survivors of sexual assault and education and counseling related to family violence (British Columbia Association of Friendship Centres, 2009).

Research on Aboriginal, Métis and Inuit mobility in Canada suggests that in addition to appropriate services, the timing of service delivery is important to effectively supporting individuals, and that receiving key support services within two to seven days of arriving in a city significantly affects an individual's long-term outcomes. Within this initial transition period, service needs could include temporary housing and food, information on other service providers and resources, and assistance with finding critical items such as housing, furniture or employment. Following the first week of the transition period, other services may be needed, including introductions to the community, family support services, income assistance, education and upgrading, or cultural services such as access to elders and healing services. To effectively supply this range of needed services, a

community needs assessment conducted in Edmonton suggested that a centralized resource centre would be useful in providing initial and ongoing supports for individuals making the transition to a new city (Alberta Native Friendship Centres Association, 2010).

3.3.5: LGBTQ individuals

Research from the United States estimates that 3-8% of the population is lesbian, gay, bisexual, transgender or queer (LGBTQ), a group that may have particular needs for targeted mental and physical health supports as well as advocacy to deal with ongoing discrimination (Shankle, Maxwell, Katzman and Landers, 2003). A needs assessment for LGBTQ services conducted in Hamilton in 2007 produced several general types of service need and recommendations. The report identified needs for a dedicated social and recreational space for the LGBTQ community, along with a centralized community resource centre. It also recommended providing a range of LGBTQ-specific counseling services, particularly for youth, and a 24-hour accessible phone line in addition to providing anti-oppression education to a range of community social service providers that regularly dealt with members of the LGBTQ population (Pike, 2007).

Research suggests that youth who identify as LGBTQ or questioning may need specific types of resources and supports to help them successfully navigate social and emotional challenges, which are often exacerbated by harassment, discrimination and lack of support networks, with estimates that 30% of sexual minority youth in the US have been verbally or physically assaulted by family members (Davisa, Saltzburga and Locke, 2010; Miller, Sadegh-Nobari and Lillie-Blanton, 2009). These factors can contribute to high rates of stress, mental health issues, post-traumatic stress disorder, eating disorder and substance abuse issues that require specialized support services (Freundlich and Avery, 2004; Miller, Sadegh-Nobari and Lillie-Blanton, 2009). Evidence suggests that a mixture of formal and informal counseling services, delivered by individuals knowledgeable about specific youth and developmental issues, are most effective in mitigating these stresses (Davisa, Saltzburga and Locke, 2010).

Schools are a particularly important venue for youth support services, and previous assessments have identified the following needs:

- Greater awareness and sensitivity, including staff training;
- Inclusion of LGBTQ issues in school curricula;
- School-based services such as counseling; and
- Dedicated 'safe spaces' for LGBTQ youth in schools.

Community-based support groups, such as gay-straight alliances, have also been identified as an important means through which youth can find support as well as be involved in community education and anti-stigma campaigns (Davisa, Saltzburga and Locke, 2010). LGBTQ youth in foster care face additional challenges as compared to their peers, particularly in terms of harassment and violence, and may benefit from 24-hour phone lines to report safety concerns as well as tailored education on topics including STDs, reproductive health and substance abuse (Freundlich and Avery, 2004).

LGBTQ adults face additional issues as they age, being more likely to live alone (even if they have partners) and less likely to access appropriate care and housing due to discrimination (Addis, Davies, Greene, MacBride-Stewart and Shepherd, 2009). LGBTQ seniors are much more likely to be closeted than their younger counterparts, and many community services for LGBTQ individuals are youth-oriented. In light of this, LGBTQ seniors have needs for specialized mental health issues; support on issues of isolation and elder abuse; assistance with housing and finances; and accessing the healthcare system (Shankle, Maxwell, Katzman and Landers, 2003).

As the available literature demonstrates, LGBTQ individuals, especially youth, are vulnerable to a variety of mental and physical health issues including high levels of stress, depression and eating disorders. Among other support needs, targeted counseling services and centralized community resource centres appear to be two of the most commonly identified. In addition to specialized services for youth, however, the literature also suggests that LGBTQ seniors need targeted services to address a range of issues including mental health, isolation, discrimination and access to appropriate care and housing.

3.3.6: Individuals with disability and chronic disease

Chronic disease and disability, which may or may not be linked, create a number of challenges for individuals that may require the support of community social services. For individuals with disabilities, the labour market poses particular challenges, as shown by Figure 2 (below). In 2006 approximately 44% of Canadians with a disability were not in the labour force, compared with only 20% of individuals without a disability. Unemployment rates were also different for individuals with disabilities, with considerable variation according to the severity of the disability: the unemployment rate was 8.3% for individuals with mild disabilities, as compared to 15.2% for individuals with severe disabilities. Employment outcomes also vary by type of disability: particularly high unemployment levels and low participation rates are seen in people with developmental disabilities, memory issues and psychological limitations (Statistics Canada, 2008c). Additionally, 14.8% of unemployed individuals and 7.4% of employed individuals with disabilities believed that they have experienced some form of work-related discrimination, suggesting a need for advocacy in this area in addition to other services (Statistics Canada, 2008).

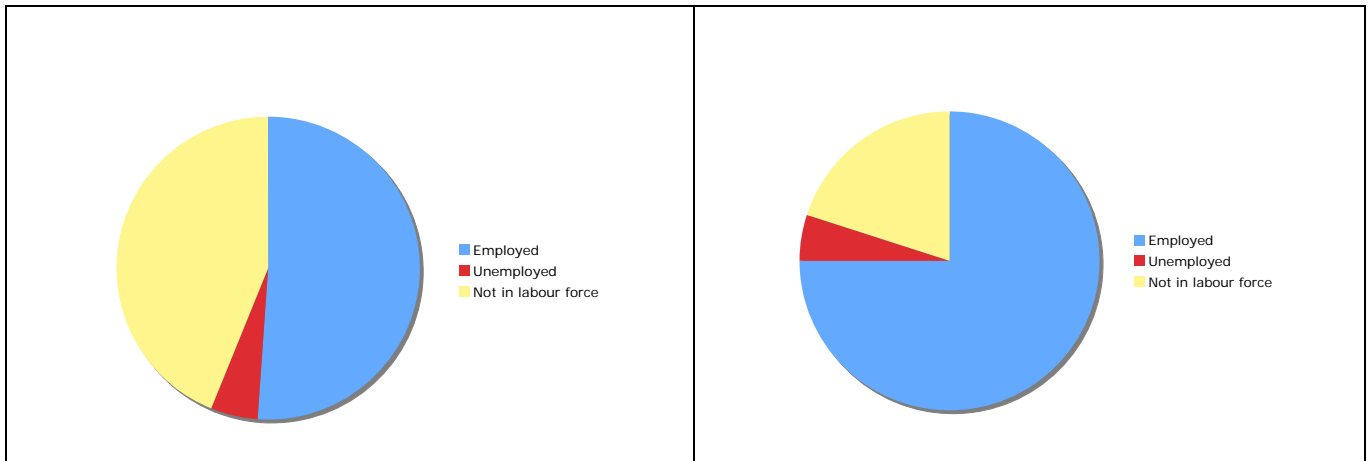


Figure 2. Comparative employment status of Canadians with disabilities (left) and Canadians without disabilities (right), 2006. Adapted from *Participation and Activity Limitation Survey 2006: Labour Force Experience of People with Disabilities in Canada*, by Statistics Canada (n.d.). Catalogue no. 89-628-X — No. 007.

Individuals with intellectual disabilities face a particular set of income-related challenges: 70% are unemployed or not members of the labour force, and they are three times as likely as other Canadians to live in poverty. Additionally, 75% of individuals who do not live with family member live in poverty. Children with intellectual disabilities are also more likely to be living in families with below-average income, and parents are twice as likely to have financial issues and 50% more likely to have trouble coordinating care than average parents. Children with disabilities are twice as likely to be victims of violence, and are over-represented in both government care systems and child abuse cases (Canadian Association for Community Living, 2008). The majority of individuals with intellectual disabilities live in the community and many have additional mental illness, leading to a range of service needs. Expert consensus suggests that people with intellectual disabilities need individually tailored monitoring, support and risk management, in addition to training and support for family members and other caregivers and access to leisure activities and work opportunities (Hemmings, Underwood and Bouras, 2009). Seniors with intellectual disabilities also have specific needs that are distinct from those of younger individuals with intellectual disabilities. Research suggests that seniors with intellectual disabilities may suffer from higher levels of dementia and psychiatric symptoms than the general population of seniors, and as such have needs for specialized physical and mental health assessments, social relationships, daytime activities and appropriate and accessible information about their conditions (Strydom, Hassiotis and Livingston, 2005).

Support needs among individuals with disabilities often extend beyond the individual to families and other caregivers. Parents of children with disabilities, for instance, have expressed their need for a variety of services, including help with housework and respite care; counseling and contact with other parents; skills training, professional support and

proper equipment to care for their children; and support for family trips and non-disabled siblings (Beresford, Rabiee, and Sloper, 2007).

The presence of chronic disease, which may or may not be connected to disability, can have a significant effect on an individual's need for community social services. Chronic disease is a large and variable category, encompassing diseases such as diabetes, cardiovascular disease, HIV/AIDS, stroke, cancer, asthma and dementia (Government of Ontario, 2005). Due to the wide variety of chronic diseases (both in terms of type and severity), it is not possible in the scope of this paper to review all of the relevant literature. However, a brief overview suggests that integration between the community social services sector and the medical system is critical to supporting individuals with chronic conditions, and the range of services needed (in addition to medical services) may include providing information about an individual's condition, advocacy, housing, homecare, counseling and treatment for co-occurring issues such as substance abuse or mental health issues (de Carvalho Mesquita Ayres et al., 2006; Katz et al, 2000; Kreindler, 2008). Other services that may be provided by the community social services sector include support services that help individuals to understand and self-manage their conditions, particularly for vulnerable groups including individuals with low income or low literacy levels (Kreindler, 2008). Prevalence of many chronic diseases and therefore the need for many types of care increases as individuals age, and support services for family caregivers, including counseling and respite care, are also needed and may become particularly important in upcoming decades as population aging moves more care to the home setting (Christ and Diwan, n.d.; Government of Ontario, 2005).

While this is by no means a comprehensive review of the vast literature available in the area (particularly on the specific types of chronic disease), it suggests several key categories of need relevant to community social services. Income and employment are major challenges for individuals with disabilities or chronic disease, and community social services are needed to help individuals participate effectively in the labour market. Another significant need is for support to families and caregivers, who may face a variety of emotional and financial stresses in caring for individuals with disabilities or chronic disease. Finally, research suggests that integrating community supports with the healthcare system is critical to providing effective service and dealing with co-occurring issues, particularly in the area of mental health.

3.3.7: Individuals with mental health and addictions issues

As indicated in the preceding sections, mental health issues occur across a wide variety of population groups. Estimates from the United States suggest that approximately 20% of adults experience some type of mental disorder in a 6-month period, and that 1 in 3 adults will experience a mental disorder over the course of their lives. While these estimates do not indicate the severity of disorders or the amount of disability they may cause, they do indicate a large presence of mental disorders, particularly when coupled with child and youth disorders, Alzheimer's, and low-level mental disorders that are not included in these estimates but may cause significant limitations (Klerman, Olfson, Leon and Weissman, 1992). Some of the most common mental illnesses are anxiety, depression

and substance abuse, while more severe illnesses such as schizophrenia or psychoses are much rarer, affecting only 0.4 to 0.7% of the population at any time (Klerman, Olfson, Leon and Weissman, 1992; Australian Government Department of Health and Aging, 2007).

Mental health needs among children and youth are in many ways distinct from those of adults, and mental health issues may be correlated with some of the issues discussed later, particularly youth homelessness. Estimates from US Surgeon General suggest that approximately 20% of children and youth experience “symptoms of a mental disorder” in a one-year period (Weissberg, Kumpfer and Seligman, 2003, p. 426; Flisher et al., 1997). Common issues among children and youth are aggression, anxiety/depression and attention issues (Australia Government Department of Health and Aging, 2007). In the United States, unmet need for mental health services is correlated with a number of factors, including being on public income assistance, having difficulty with transportation, and the presence of parental mental issues (Flisher et al). Youth report high levels of mental health and substance abuse problems, and approximately 70% of all mental health problems begin in adolescence (Centre for Addiction and Mental Health, 2011). Mental health issues may be triggered by a variety of factors, including school or family stress or peer conflict; therefore, it is important that services link school and community resources with families to deal with both the triggers and the ongoing factors contributing to mental health issues (Buchanan, Colton and Chamberlain, 2010).

While estimates suggest that substance abuse issues may be less prevalent than mental health issues, they still affect a large number of individuals: Canadian data suggest that 1 in 10 individuals over the age of 15 exhibit symptoms of alcohol or drug dependence. Men are overrepresented in both types of substance abuse, being more than twice as likely as women to experience any substance abuse, and 25% of high-risk drinkers are men as opposed to 9% of women (Centre for Addiction and Mental Health, 2009). Researchers have identified a range of areas in which services are needed to reduce the prevalence harms associated with substance abuse. These include programs to delay or prevent first-time use, create environments conducive to preventing or reducing substance use, and to mitigate the individual, family and community harms resulting from substance abuse (Centre for Addictions Research of BC, 2006). Additionally, individuals in addiction treatment programs often have a number of co-occurring issues and needs for supplementary support services. Common issues include:

- Depression and/or other mental health issues
- Violence
- Unemployment and financial issues
- Skills deficits and low education levels
- Unstable housing or homelessness
- Limited social support networks (Pringle, Emptage and Hubbard, 2006).

Evidence also suggests that the most effective interventions combine universal and targeted approaches and are delivered at a variety of levels (Centre for Addictions Research of BC, 2006).

Given the available estimates, it seems that relatively large segments of both the adult and child populations are affected by mental health issues. The research also suggests that youth are a critical population in terms of services, given the high reported levels of mental health issues and the fact that the majority of ongoing mental health issues begin in adolescence. Researchers have recommended targeting youth through comprehensive services that connect school programs, community resources and families. Individuals dealing with substance abuse issues also have a variety of service needs, including individual and family services, preventative services that aim to delay or stop the onset of substance abuse, and services that combine substance abuse treatment with support for associated issues, including homelessness and low skill levels.

3.3.8: Summary

As illustrated by this discussion, there are a variety of individual characteristics that influence the type and level of community social services required. Table 1 provides a brief summary of some of the service needs that were strongly highlighted in the available literature. While the table does not represent all possible community social service needs, due to the huge variety of potential issues and service types, it does indicate some of the key needs identified by researchers to date. The needs illustrated in Table 1 are also complicated by the fact that many of the categories overlap – for instance, within the immigrant and refugee category there are issues specific to children, youth and adults, while mental illness and disability can affect individuals in any of the other categories. The following section expands on these individually focused issues with a discussion of social service needs at a broader level, related to issues such as housing, income and education.

Table 1

Summary of key individual service needs from the literature

Population group	Key service needs identified in literature
Children and youth	<ul style="list-style-type: none"> • Broad-based parenting support and education and accessible childcare • Services for vulnerable children and youth: comprehensive early childhood development programs, housing and financial assistance, individualized home visiting programs • Youth-specific services: address unemployment, low income and homelessness, life skills development
Seniors	<ul style="list-style-type: none"> • Assistance with tasks (including daily activities, finances, transportation, home repairs) • Mental and physical health supports, particularly outreach to prevent social isolation
Immigrants and refugees	<ul style="list-style-type: none"> • Help to find appropriate and affordable housing • Information on and assistance navigating health and social services systems

	<ul style="list-style-type: none"> • Programs for youth that link school and community resources, provide connections to other youth
Aboriginal population	<ul style="list-style-type: none"> • Cultural competence in services, particularly in terms of housing and perspectives on family • Mental health and counseling services for survivors of sexual assault and family violence • Range of transitional services to meet immediate and long-term needs of individuals moving to cities
LGBTQ population	<ul style="list-style-type: none"> • Targeted counseling services for youth • Centralized LGBTQ community resource centres • Specialized services for seniors to address mental health, discrimination and access to care and housing
Individuals with disability and chronic disease	<ul style="list-style-type: none"> • Services to improve labour market participation, employment and income • Support for families and caregivers, from respite care to counseling services • Integration of community social services and health services to deal with a range of co-occurring issues
Individuals with mental health and addictions issues	<ul style="list-style-type: none"> • Comprehensive services for youth that incorporate school, community and family resources • Programs that delay or prevent substance abuse • Combined treatment for substance abuse and co-occurring issues such as homelessness or mental health problems

3.4: Family and community factors

The factors explored in this section, ranging from issues of income and affordability to family violence, interact both with each other and with the individual characteristics discussed above to create a variety of needs for support from community social services. Each section discusses the available literature on a particular issue, what the literature indicates about community social service needs, and examples of relevant programs that have been offered in other areas.

3.4.1: Low income and poverty

Statistics Canada offers a number of instruments for the measurement of low income. The Low Income Cut Offs (LICOs) indicate families who are more likely to spend significant amounts of income on food, shelter and clothing than average families (Giles, 2004). LICO levels are determined by the population of a city or area as well as the size of family in question (Lee, 2000). While LICOs have not been explicitly designed for use as a type of poverty line, and have been critiqued for not reflecting different living costs between areas, they are widely used in social research and do provide a useful indication of relative poverty that is easily measurable and understandable (Lee, 2000; Ross, Shillington and Lockhead, 1994).

As discussed earlier in relation to families, low income can result in increased life stresses and fewer resources with which to mitigate stress. Low-income families face particular stresses in balancing the burdens of work and childcare with fewer resources. Low-income families are more likely to have children who are disabled or chronically ill, while being less likely to have the flexibility or work leave time to care for them. Low-income families also face challenges with transportation and lack of car access, large proportions of income being spent on childcare, and lack of time for involvement in children's school activities, which has been shown to result in poorer educational outcomes (Heymann, Penrose, and Earl, 2006). Parents in low-income families may also be facing stresses associated with caring for aging parents, potentially leading to isolation (Williams, 2003). Lone-parent families and single women are generally the two categories with the highest overall poverty rates, up to five times the poverty rate among couples without children (Lee, 2000).

A wide body of research has also documented the gradient effect in health, which results in significantly worse health outcomes for individuals with lower socioeconomic status. While this effect applies at all levels of health, it is particularly marked among the 20% of the population with the lowest income. In Canada, the poorest fifth of the population as compared with the richest fifth has a 358% higher disability rate, a 128% higher rate of mental health issues, double the prevalence of diabetes and heart disease, and a 60% greater chance of having more than one chronic condition (Kendall, 2010). Low-income seniors tend to have additional service needs in comparison with their more affluent counterparts, as a result of lower overall health status combined with fewer resources at their disposal (Anderson, Bradham, Jackson and Heuser, 2000). Senior women are particularly likely to be impoverished due to the likelihood that their lifetime Canada Pension Plan (CPP) contributions were somewhat lower, affecting benefit levels. Seniors who are recent immigrants also have a specific set of issues related to being unable to access full OAS/GIS benefits (Lee, 2000). In a survey of informal caregivers to low-income seniors, more than 50% of caregivers expressed a need for additional support services and 35% of caregivers expressed a specific need for community-based supports. Major categories of service need included daycare, home health services, assistance with transportation, home meals and housekeeping help (Anderson, Bradham, Jackson and Heuser, 2000).

An Australian study found that among families who were seeking support, housing issues were the most common primary concern, with housing quality, affordability and threats of eviction identified by 47% of families as the main concern. Domestic violence was the second most common primary problem, identified by 27% of families, while financial issues were common (approximately 32% of families) but were not usually the primary concern. Parents also requested help with parenting, including behavioural and control issues with their children, parental physical and mental health, and relationship issues. The interconnections among these issues require coordinated and synchronized support services that can deal with various combinations of needs. Other expressed needs among parents who were receiving government support payments included requests for respite child care, to allow personal time or to enable returns to school or work; help with household tasks; and connections to networks of other parents in similar circumstances

(Fernandez, 2007). Researchers have also identified needs for services offered in families' home communities as well as accessible family recreation options (Family Service Association of Toronto and Community Social Planning Council of Toronto, 2004).

Low income poses a number of issues, particularly related to mental and physical wellbeing. While community social service organizations may not be able to directly address low income, low-income individuals and families have a range of needs that could be met by community organizations. Among families, key needs include access to childcare and transportation and support in the search for adequate and affordable housing. The literature also demonstrates needs for assistance accessing mental and physical health services, given the generally low health status and high stress levels faced by low-income individuals.

3.4.2: Affordability and food security

Many individuals and families face issues with finding and maintaining appropriate and affordable housing. The Canadian Mortgage and Housing Commission (CMHC) defines a household as being in core housing need if its housing fails to meet any of the criteria of adequacy (requiring no major repairs), suitability (correct size for the occupants), or affordability (costs more than 30% of before-tax income) (CMHC, 2007). National-level estimates suggest that approximately 30% of households face problems with housing affordability (Scruby and Rapaport, 2007). Lack of housing affordability has a variety of negative effects on individuals and families, since spending more than 30% of income on housing means that households are less likely to have adequate resources to spend on clothing, food and other necessities (Statistics Canada, 2011e). These issues are particularly pronounced among some population groups: 58% of single-parent families and 76% of single parents under age 30 face challenges with affording appropriate housing (Scruby and Rapaport, 2007). While a significant body of literature has acknowledged the issue and effects of a lack of housing affordability, there are few recommendations on the role of community social services in addressing housing affordability or mitigating its negative effects.

In addition to housing affordability, another important indicator of overall affordability is food security. While there is a range of definitions of food insecurity, Statistics Canada has defined household food insecurity as any situation in which "food quality and/or quantity are compromised, typically associated with limited financial resources" (Statistics Canada, 2011e). In Canada, studies have found that food insecurity is correlated with several factors including a declining household income, receiving income assistance, or being a member of a household headed by a lone mother. Food insecurity is associated with lower levels of both physical and mental health, and common strategies for dealing with insecurity include delaying payment of rent or bills, selling possessions, giving up services such as phone or internet, or sending children to others' houses for meals. Community resources such as food banks and community kitchens are important sources of emergency food for individuals experiencing food insecurity, but researchers

have suggested that advocacy for policy change on issues of poverty and income supports is critical to finding a long-term solution (Kirkpatrick and Tarasuk, 2009).

3.4.3: Homelessness

General research on homelessness has shown that estimating precise need for specific service types is difficult, as some of the most effective systems involve an integrated spectrum of services from temporary housing to long-term affordability and support options. However, Burt and Wilkins (2005) have developed recommendations for two distinct types of housing need. Temporary/transitional housing is appropriate for individuals and families who will need services for less than two years, and is particularly needed for family reunification, addictions recovery and supporting victims of domestic violence. By contrast, permanent supportive housing (PSH) is appropriate for individuals who have difficulty retaining housing due to factors beyond affordability (such as mental illness or disability). A variety of groups, including women, Aboriginal individuals, youth, individuals with disabilities, veterans, immigrants and refugees, have specific support needs; however, there is limited research on many of these vulnerable sub-populations (Greater Victoria Coalition to End Homelessness, 2011).

Researchers have also developed a variety of models of a housing continuum, which indicates the need for services at various stages. A sample continuum, developed for a study of homelessness in the Fraser Valley, is outlined below:

- 1) Prevention: need for rent banks, landlord mediation and other services to keep people in existing housing.
- 2) Shelters/safe houses: need for short-term emergency housing. Populations with specific needs (that have historically been under-served) include youth, couples and families, and individuals with pets.
- 3) Supportive housing: need for a range of longer-term services, including counseling, addictions treatment and life skills training.
- 4) Low-barrier housing: also known as housing first, need for a wide range of supports as demanded by clients.
- 5) Independent housing: at this stage, individuals may be living independently but continue to need a range of support services (van Wyk, van Wyk and Bullock, 2008).

Homelessness is often correlated with high levels of mental health issues, which are exacerbated by unmet service needs due to lack of service access and inappropriate hospitalizations (Stergiopoulos, Dewa, Durban and Chau, 2010). In a survey of mental health among residents of a men's shelter in Ontario, researchers discovered that three quarters of the residents had moderate to severe mental health issues. Of these individuals, approximately one quarter were assessed as being able to self-manage; one third could live independently with moderate community support; 38% were in need of intensive rehabilitation and support beyond the capabilities of general social service workers; and 9% were in need of structured, 24-hour residential care (Stergiopoulos, Dewa, Durban and Chau, 2010).

Homeless youth face a wide range of challenges similar to homeless adults, but may need additional youth-oriented services to gain important life skills and independence. Some of the physical health issues include risks associated with exposure, nutrition issues and unpredictable access to health care in addition to risky behaviours that contribute to high rates of sexually transmitted diseases, drug and alcohol dependence and exposure to violence (Dorsen, 2010). Homeless youth may also need mental health services to deal with past trauma and ongoing supportive adult relationships to build self esteem and life skills (Collins and Clava, 2009). Research also suggests that homeless youth can benefit from employment services that provide long-term individualized services to help youth find and maintain employment (Ferguson, 2010).

Certain groups of youth are considered particularly at risk of homelessness and discrimination. Transgender youth, for instance, face particular challenges with finding adequate housing due to low levels of income, lack of safe environments and often low levels of family support due to their gender identity, combined with difficulty finding shelters that will accept them based both on age and on gender identity (Miller, 2009). Youth 'aging out' of the foster care system also have a wide range of needs for support to deal with economic instability, lack of relevant work-related training and life skills development. Several of the key types of services needed include assistance in finding housing, finding jobs and job skills training, learning about money management, career planning, parenting information and obtaining driver's licenses and reliable transportation (Mares, 2010).

Family homelessness is also a significant and growing issue. In addition to stress and other mental and physical health issues, family homelessness can result in problems with child development and behaviour. Isolation from friends and family and the resulting lack of support network is identified as a key determinant and outcome of family homelessness; in light of this, researchers have suggested that key service areas are outreach mental health services, building social support networks and planning for reintegration of families into the community (Tischler, Rademeyer and Vostanis, 2007).

Homeless elderly are another unique subpopulation that is likely to grow due to the combination of population aging and increasing housing prices. However, there is currently a lack of research and conflicting data on the needs of this population group (Ploeg, Hayward, Woodward and Johnston, 2008). Existing Canadian research suggests that as many as 10% of shelter users may be elderly. The elderly homeless, in addition to facing the numerous challenges faced by all homeless adults, have particular issues associated with physical and mental frailty, vulnerability and lack of targeted programs and services. Research suggests that seniors who become homeless later in life (as opposed to the chronically homeless) have unique needs and could benefit from quick assessments and movement to supported housing along with attention to physical and mental health issues (McDonald, Dergal and Cleghorn, 2007).

Given the complexity of the causes and effects of homelessness, the available literature indicates that homeless populations need a spectrum of services, including preventative services such as landlord mediation to keep people housed, short-term housing with

supports such as counseling and addictions treatment, and longer-term housing options for individuals with multiple and ongoing issues. The literature also indicates that a range of sub-groups have their own particular needs, including youth, who may need additional support services such as work training and life skills mentoring, seniors, who are often mentally and physically frail, and families, who need comprehensive services and help to build social networks and support community reintegration.

3.4.4: Education and literacy

Literacy is an extremely important issue, as various studies have shown that individuals with low literacy experience a variety of economic and health-related disadvantages. In BC, for instance, surveys have found that 81% of individuals with high levels of literacy are employed compared to only 47% of those with very low literacy. Education also has critical links to health, employment, income and well-being: individuals who do not graduate from high school have higher rates of unemployment, lower lifetime earnings and overall poorer health status than those with a high school diploma (BC Representative for Children and Youth and BC Office of the Provincial Health Officer, 2010). The importance of education and literacy is likely to persist and potentially increase in upcoming years: estimates suggest that by 2015, approximately 55% of new jobs will require postsecondary education and an additional 11% will be in management (BC Council on Admissions and Transfers, n.d.). Literacy's correlations with average income are particularly strong for women (Statistics Canada, 2005). In the United States, the average income without a high school certificate or General Educational Development (GED) is very close to the federal poverty line, and researchers found that women had interrelated needs beyond simply the need for literacy training or educational upgrading. These needs ranged from addressing learning disabilities to lack of time or childcare preventing them taking part in education (Albertini, 2009).

Research also suggests that literacy is connected to health, with demonstrated correlations between low levels of literacy and poor self-reported health. This is particularly significant for seniors, given the large number of seniors with low literacy levels and the generally lower self-reported health status among seniors (Statistics Canada, 2005). Recent research from the Canadian Council on Learning (CCL) indicate that while different sub-groups within the population (for instance, seniors or immigrants) have differing needs for literacy services, there are some general recommendations for effective community-based literacy programs, including locating services close to the target population, providing a drop-in centre with childcare and counseling support available, screening for learning disabilities, and providing long-term instructional plans that are tailored to individuals' goals and needs (Canadian Council on Learning, 2008).

3.4.5: Labour and employment

Unemployment is another important issue with effects on a variety of other areas including income and mental health. Research from the United States estimates (conservatively) that at least 20% of working-age recipients of Social Security could benefit from employment services and supports, such as access to training, assistance in

finding employment or provision of specialized equipment or tools in the workplace. Currently, the government's Work Incentives Planning and Assistance services have shown some success in using individualized counseling and follow-up combined with referrals to local employment services to improve individuals' employment outcomes (Kregel, 2009). The literature also indicates that certain vulnerable groups may benefit from employment programs targeted to address their specific needs and challenges. For instance, there is a significant body of literature on supported employment for people with mental health issues and disabilities. Unemployment levels among individuals with mental health issues in particular are generally quite high, and those who are working tend not to retain jobs (Rampton, Waghorn, de Souza and Lloyd, 2010). Despite this, in previous studies many individuals have expressed the importance of work and a desire to be employed: as many as 80% of individuals with mental illnesses who want work remain unemployed (Corbiere et al., 2010; Evans and Repper, 2000; Rampton, Waghorn, de Souza and Lloyd, 2010). In addition, individuals who are unemployed tend to have high rates of depression, anxiety, substance abuse and overall low quality of life and self esteem (Dutta 2008). Supported employment programs assist individuals through a combination of job placement assistance and skilled ongoing support within the workplace and individually tailored interventions, including modifications to hours of work or specialized technological aids in the workplace (Dutta et al, 2008; Evans and Repper, 2000; Rampton, Waghorn, de Souza and Lloyd, 2010). A study conducted in the UK also identified needs for emotional support and encouragement; training and job-specific skills; information and contacts related to their job search; and assistance creating resumes (Johnson et al, 2009). Transportation needs have also been identified, particularly among individuals with physical disabilities (Marini, Lee, Chan, Chapin and Romero, 2008).

Employment is especially important for youth who have been in the foster system, as they often lack the support network and ongoing financial help from family that many youth rely on. As a result, many former foster youth experience homelessness and reliance on social assistance. The work-related service needs of this group range from life skills training (such as financial literacy) to help with the job search and obtaining relevant work experience. Some evidence suggests that one-stop centres, which can provide services to adults as well as youth, can be tailored to the specific needs of former foster youth. These centres provide assessments, job services referrals, career counseling, job search assistance and information on local labour markets (Henig, 2009).

While the literature strongly indicates that many individuals who are unemployed (particularly those with disabilities or mental illnesses) would like to be employed, the complexities of needs and of the labour market mean that there is no clear prescription for community social services. Some of the documented successes have been in the area of supported employment, which provides a variety of long-term workplace supports to enable individuals to find and maintain employment. Other research indicates that centralized centres offering assessments, referrals, counseling and other job-search-related services can be useful, particularly when targeted at high-risk groups such as youth leaving the foster care system.

3.4.6: Domestic violence and family breakdown

Domestic and sexual violence continue to be present in Canada, with significant effects on both women and children who are involved in or witnesses to violence (Johnson, 2006). Research from the United States estimates that 25% of women experience some form of victimization (including rape, assault and harassment) at the hands of an intimate partner over their lifetime (Wilson, 2010). Intimate partner violence occurs at a wide range of income levels, and even women from upper socioeconomic backgrounds may have needs for secure shelter, clothing and housing resources, and emotional support when leaving an abusive partner (Wilson, 2010). Researchers have also suggested that family-oriented services are needed, particularly in the form of shelter facilities that can accommodate children and specific counseling services for the estimated 10% of children who have witnessed violence in their homes (Worrall, Boyland and Roberts, 2008; Willis, Pearce, Phalen, Keet and Singer, 2010).

In addition to the need for emergency shelters as a respite from abuse, research suggests that women leaving situations of domestic violence need ongoing support in a range of areas, such as assistance with seeking a job, obtaining education and training, locating affordable housing and addressing mental and physical health issues, to support women in achieving economic self-sufficiency once they have left emergency shelters. Research also suggests that there are unique service needs among survivors of violence who are not living in shelters and who are economically stable, but may also benefit from a range of support services. These types of services are particularly needed in women's home communities, to provide support for women who are remaining in or returning to their home neighbourhoods (George, Grossman, Lundy, Rumpf, and Crabtree-Nelson, 2010). Multi-level interventions have been recommended by a number of researchers, ranging from community-level interventions and awareness campaigns to group support services to culturally appropriate individual interventions such as counseling (Willis, Pearce, Phalen, Keet and Singer, 2010).

3.4.7: Summary

As the preceding discussion has demonstrated, various population groups and issues create a diverse mix of needs for community social services. The literature also points to some of the critical areas in which different factors overlap (for instance, the high rates of vulnerability among youth or lone-parent households in terms of unemployment, income and housing affordability), suggesting an overall need for coordinated and integrated services. Table 2 provides a summary of some of the key specific service recommendations found in the literature, while the following section builds on this discussion by outlining the broad contextual factors and how they affect the development of social need.

Table 2

Summary of key family and community service needs from the literature

Issue	Key service needs identified in literature
Low income and poverty	<ul style="list-style-type: none"> • For families: assistance with transportation, accessible childcare, support finding housing • Help accessing appropriate mental and physical health services
Affordability and food security	<ul style="list-style-type: none"> • Food banks and other community food resources • Advocacy for broad policy change on poverty and income supports
Homelessness	<ul style="list-style-type: none"> • Spectrum of services, including: prevention of homelessness (such as landlord mediation); short-term housing and supports for dealing with mental health and addictions; long-term supportive housing • For youth: work training and life skill mentoring • For seniors: additional mental and physical health supports • For families: assistance building social networks and reintegrating into community
Education and literacy	<ul style="list-style-type: none"> • Services to address factors inhibiting educational participation, including learning disabilities and lack of available childcare • Drop-in learning and resource centre with education and counseling available • Services tailored to individuals' needs and long-term goals
Labour and employment	<ul style="list-style-type: none"> • Individualized services including training, assistance in resume creation and job search, and referral to other relevant agencies • Ongoing physical and emotional support in the workplace • Specific services for youth, including work experience placements and life skills training
Domestic violence and family breakdown	<ul style="list-style-type: none"> • Family-oriented shelter services, counseling and emotional support for women and children • Long-term supports including assistance with education, job searches and finding stable housing • Ongoing services in home neighbourhoods to support reintegration into community

3.5: Broad environmental conditions

This final section reviews the available literature on the broadest level of factors contributing to social need. The information below provides context for understanding how factors in the social, political and economic context create and mediate the need for different types of social services. While not explicitly discussed here, it is also important to note that these factors (particularly the political and economic context) simultaneously influence the functioning of the community social services sector itself, largely through their influence on priorities and the availability of funding.

3.5.1: Economic and political context

The economic context has considerable effects on the need for a wide spectrum of community social services. According to research conducted by the Social Planning Network of Ontario (SPNO), the following changes have been noted among many community social service providers in the wake of the recent recession:

- Increased numbers of clients and complexity of needs, as well as increased emphasis on crisis management over prevention;
- Increasing numbers of service users who are middle-income and recently out of work, as opposed to the chronically unemployed and low-income;
- Given the impact of the recession on the labour market, increased need for both economic supports and job training/job search assistance;
- Higher levels of family stress leading to increased needs for mental health support services and crisis lines; and
- Increased need levels among seniors, due to decreasing value of retirement savings paired with decreased capacity of families to provide support due to job loss and other stress (Social Planning Network of Ontario, 2009).

International research shows similar patterns, with surveys of social service providers in Britain indicating increased requests for help with issues of mental health, substance abuse, homelessness and abuse (particularly of elderly and disabled individuals) (Brindle, 2009). Certain groups are particularly vulnerable to the effects of economic downturns, including youth, who face high unemployment levels, and youth aging out of the foster care system, who face additional challenges (Harris, 2009; Lowell, 2010).

The political context also has far-reaching effects on the levels of need for community social services through government decisions related to priorities and funding in related areas such as health and education. Political decisions can influence overall levels of social need in a jurisdiction, for instance by investing considerable resources in prevention of mental health issues, thus reducing future need for related community social services, as well as influencing the scope of action of community social services through decisions about which types of social services will be directly delivered by government and which will be the responsibility of the community social services sector (Boris and Stuerle, 2006).

3.5.2: Social context

One of the key broad social issues highlighted in the literature is discrimination, which can take a variety of forms, including ageism, sexism, racism, homophobia, or stigmatization of groups such as the mentally ill, homeless or single parents. Its effects are similarly varied, and can include poverty, un- or under-employment, homelessness and poor mental and physical health outcomes (Davis and Wertz, 2010; Williams, Neighbours and Jackson, 2008; Winkworth, McArthur, Layton, and Thompson, 2010). The literature contains a wide variety of recommendations for raising awareness and decreasing the prevalence of discrimination and stigma, including targeted social media campaigns and education outreach in addition to a substantial body of literature on anti-

discriminatory practice by service providers (Davies, 2002; Warner, 2005;). However, there is limited information on the community social service needs of individuals who have been subject to various types of discrimination. A US study on anti-discrimination laws related to transgender individuals recommended a number of concrete actions to support victims of discrimination, including supporting individuals in the workplace and promoting anti-discriminatory workplace policies; providing legal support to communities; and providing targeted housing and housing support services for certain groups, many of which could potentially be applied to other groups facing various types of discrimination (Davis and Wertz, 2010).

3.5.3: Summary

While the three broad contextual factors discussed above may not have such obvious links to the need for specific community social services as some factors discussed earlier (such as food security), they are critical forces shaping not only individuals' needs for community social services but in many cases their reactions to need and the ways in which they access services. In concert with individual- and community-level factors, these broad forces play a significant role in determining levels of demand for community-based supports. As illustrated by the research from the Social Planning Network of Ontario, economic factors are particularly influential in terms of the number and type of people seeking services, in addition to the type of services needed.

3.6: Conclusion

The available literature indicates that the individual, family or community and broad contextual factors outlined in the framework interact in complex ways to create social needs, and also that there are a large number of potentially useful and necessary interventions to support different individuals and population groups. The recommended supports range from broad-based services offered to a wide variety of individuals and groups (such as generalized parenting support classes) to targeted initiatives aimed at vulnerable populations (such as comprehensive life-skills training for at-risk youth). Some of the suggested services aim to mitigate stresses (by providing respite care for families of disabled children, for instance), while others work to enable fuller participation in the economy and community (such as outreach to isolated seniors or employment training). Given the complexity of social need and the types of community social services that are possible, the literature does not provide exact recommendations for service types or quantities in any given setting. However, the literature does provide some indications of the types of service needs that can be linked to specific population groups and socioeconomic issues. The next step is to examine the population groups and issues present in Greater Victoria through the lens of the discussion framework to develop recommendations about appropriate social services for the specific Greater Victoria context.

SECTION 4: METHODOLOGY

Formal community needs assessments typically involve multiple data collection strategies, ranging from the creation of indicators to surveys, public forums and inventories of existing services (Carter and Beaulieu, 1992; Government of New Brunswick, 2002). Some researchers have also highlighted the usefulness, particularly when faced with constraints of time or budget, of creating community profiles based on a combination of available statistics and indicators and qualitative information from practitioners or other key informants in the area. Despite possible limitations based on availability or reliability of data, this approach usually produces a relatively comprehensive picture of needs and illuminates gaps (Billings and Cowley, 1995). Therefore, given the time and budget limitations of this project, along with the large bodies of literature and statistical data available, this paper relies on existing information related to the demographics and socioeconomic status of the residents of Greater Victoria.

As an initial phase in the data collection process, documents were gathered from social service organizations in other (primarily Canadian) cities to identify the types of statistics relevant to the research question and conceptual framework (see Bathurst Regional Council, n.d.; City of Edmonton, 2009; Nangia, DiLenardi and Gasparini, 2003; Nangia, DiLenardi and Gasparini, 2004; Social Planning Council of Ottawa, 2008; Social Planning Council of Sudbury, 2006). Information on Greater Victoria was then gathered from a variety of sources, primarily Statistics Canada, BC Statistics, the United Way of Greater Victoria, and the Victoria Foundation's Vital Signs publications. The statistics included in the paper were chosen based on a combination of relevance to the research question and availability and quality of data. This information was used to produce a detailed picture of Greater Victoria's population, key population sub-groups and demographic trends as well as broad social and economic issues. In subsequent sections, these findings are interpreted in concert with the findings from the literature review to generate information on potential social needs and trends in Greater Victoria. Prior to discussing the research findings, however, it is important to outline the geographic areas referenced within the discussion. The following section provides an overview and maps of the most relevant levels of geographical aggregation used in this paper.

4.1: Geography of Greater Victoria

The large number of municipalities in the Greater Victoria area means that for the purposes of social data collection, agencies use a variety of boundaries to collect and report data under the heading of 'Greater Victoria'. For the purposes of this project, the goal was to include, in addition to the 'core' municipalities (as identified by BC Stats) of Esquimalt, Oak Bay, Saanich, View Royal and Victoria, the surrounding municipalities whose populations and social service networks were significantly integrated with those of the core municipalities, such as Colwood, Langford, Metchosin and Highlands (BC Stats, 2009). However, due to data availability several other municipalities including Sooke, Central and North Saanich and Sidney have been included in the discussion. While every effort has been made to maintain a consistent geographic area of reference, certain

information (particularly information related to health) was only available for a larger area, therefore several slightly different geographic areas have been used in the interest of obtaining as much relevant data as possible.

There are three distinct geographical areas that will be used in this paper. The vast majority of the data (including census data obtained from Statistics Canada and population data obtained from BC Stats) refers to the Victoria Census Metropolitan Area (CMA), a map of which can be seen in Figure 3, and includes the Western Communities, Sooke and the Peninsula. When possible, the collected data has been broken down to show statistics for individual municipalities in order to provide more detail and clarity. For health-related topics, including disability and food security, the most detailed geographical aggregation available was the South Vancouver Island Health Service Delivery Area (HSDA). As shown in Figure 4, Greater Victoria is the main metropolitan area encompassed, but the data reported also include surrounding rural areas and the southern Gulf Islands. Some information is also available at the level of Capital Regional District (CRD). As shown in Figure 5, the CRD is similar in geographic area to the South Vancouver Island HSDA, as it includes a number of rural areas and southern Gulf Islands. Some of the data sources (such as the Victoria Foundation's Vital Signs publications) also make reference to three areas within the Greater Victoria area for the purposes of discussion: the Victoria core, the Peninsula and the Western Communities. The Victoria core includes Victoria, Saanich, Oak Bay, Esquimalt and View Royal; the Peninsula encompasses Central and North Saanich, Sidney and the Gulf Islands; and the Western Communities refer to Colwood, Highlands, Langford, Metchosin and Sooke.

As mentioned above, maps of all three geographic areas are available on the following pages. When presented throughout the paper, statistics will explicitly state which one of the Victoria CMA, South Vancouver Island or the CRD the information presented refers to. In the few cases where the geographical area used by the data source itself was unclear, the term 'Greater Victoria area' will be used. Having clarified these boundaries, the paper now moves to the discussion of demographic and socioeconomic data for the Greater Victoria area.

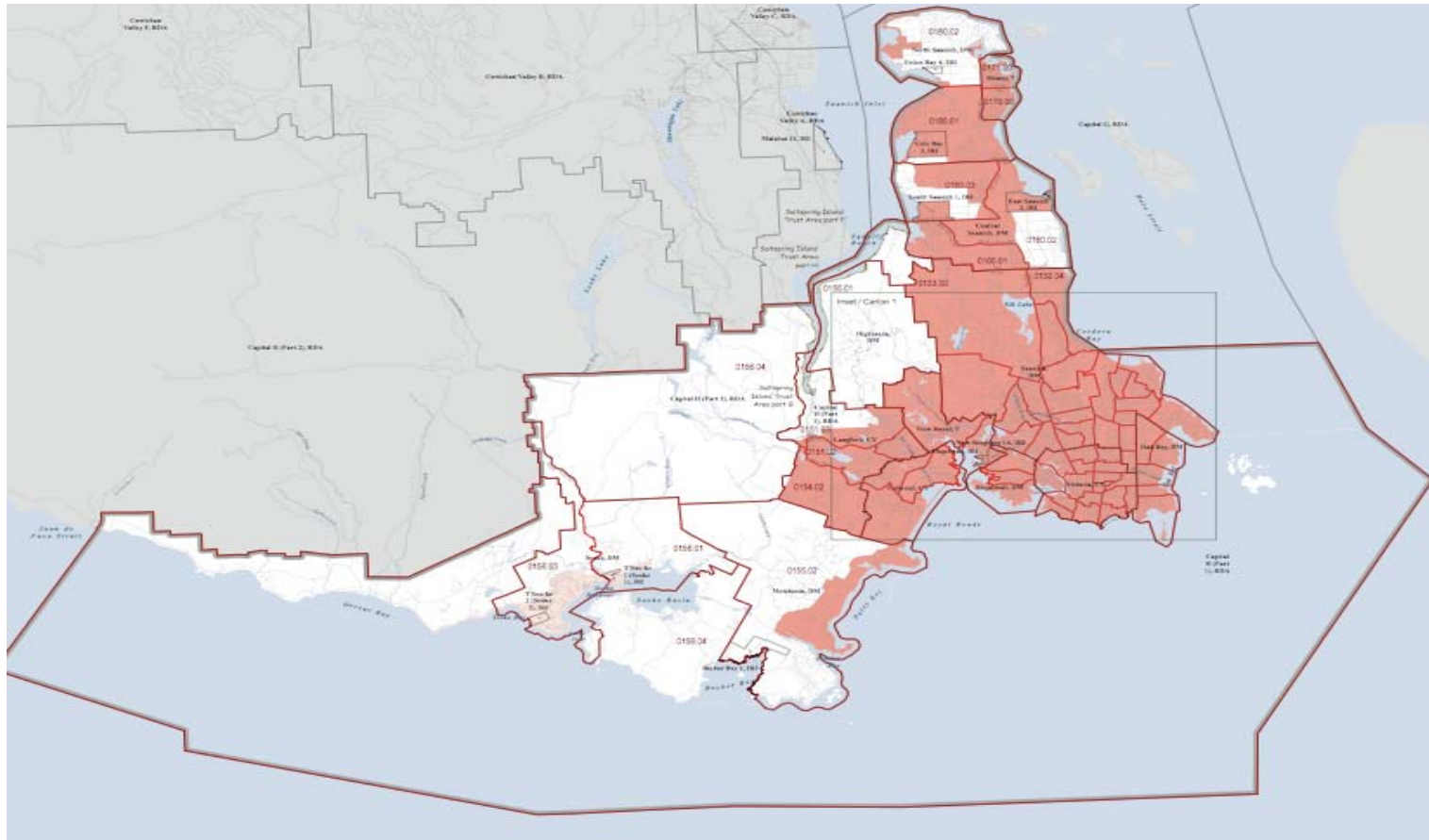


Figure 3. Map of Victoria Census Metropolitan Area (CMA). From Statistics Canada (n.d.). Retrieved from http://geodepot.statcan.gc.ca/2006/13011619/0415231412150104_05-eng.jsp?geo=03130120935-02&province=BC&callingName=03130120_05-eng.jsp&fileName=%2F2006%2F13011619%2F13011619_030118200519%2F03130103010320%2F0203%2F&Submit=Download.



Figure 4. Map of South Vancouver Island Health Service Delivery Area (HSDA). Retrieved from <http://geodepot.statcan.ca/GeoSearch2006/GeoSearch2006.jsp?resolution=H&lang=E&otherLang=F&census=Yes&DisplayData=Yes&NewImage=yes&layer=hr&IdentName=South%20Vancouver%20Island%20Health%20Service%20Delivery%20Area&IdentUID=5941>.

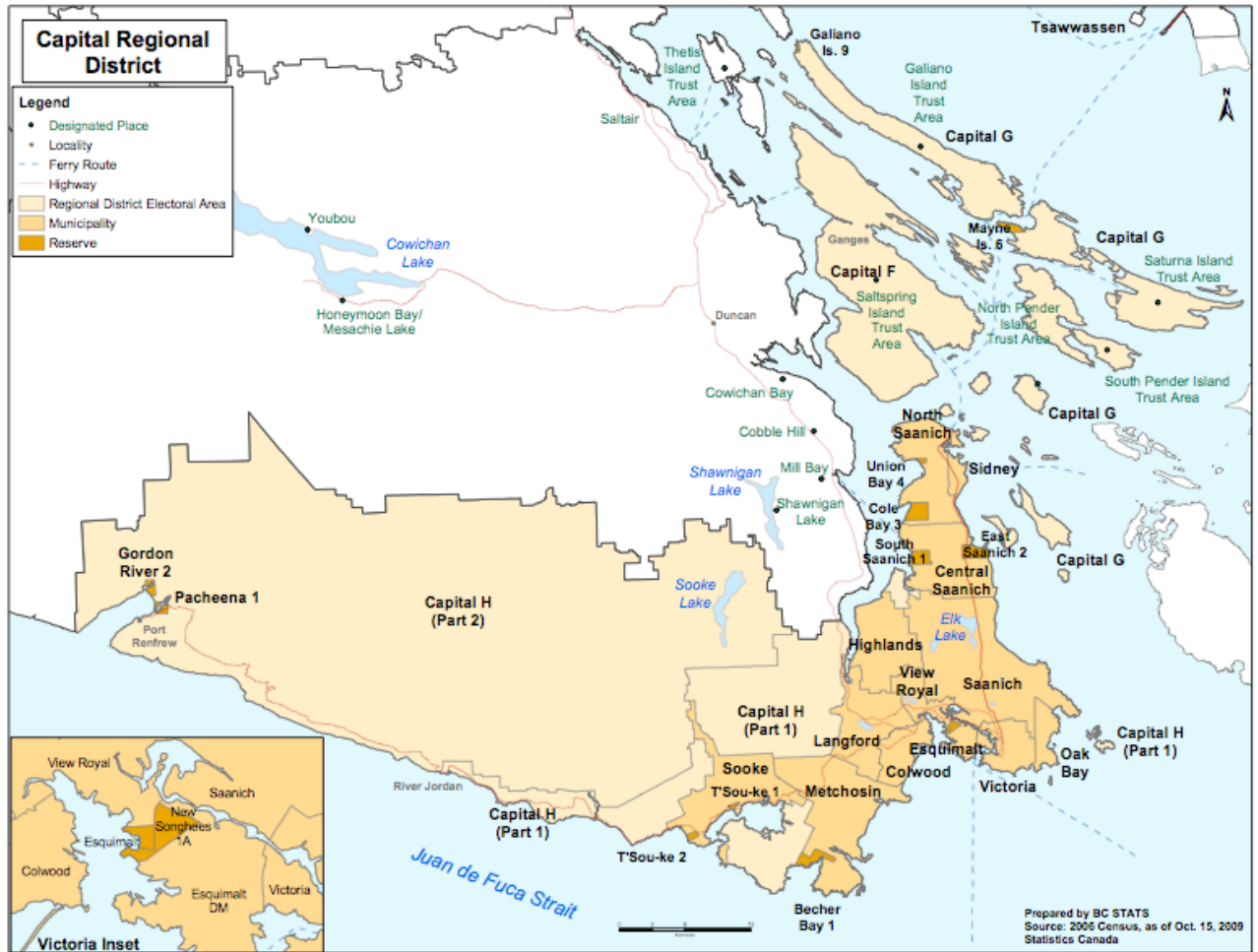


Figure 5. Map of BC Capital Regional District (CRD). From BC Stats. Retrieved from <http://www.bcstats.gov.bc.ca/data/pop/maps/rdmaps2006/rd17.pdf>

SECTION 5: FINDINGS - A PICTURE OF GREATER VICTORIA

Following the conceptual framework, this section presents the statistical findings related to the population and social service needs of Greater Victoria, and provides the information necessary to apply the results of the literature review to the specific Greater Victoria context. In this section, information on the demographics and socioeconomic status of Greater Victoria's population provides a picture of the population groups and issues present in the area. The subsequent analysis section interprets these findings in light of the results of the literature review to develop recommendations about appropriate service levels in Greater Victoria.

5.1: Population overview

This section provides a brief overview of key demographic characteristics of Greater Victoria, including population trends, age structure, migration and household composition. While this data does not directly provide information on social need, it is necessary to set the context and to provide general information on the size, location and composition of the population, all of which have implications for the organization and delivery of community social services. This information also provides a basis for comparison between the general population and the specific sub-groups discussed in subsequent sections.

5.1.1: Current population and historic growth rates

The population of the Victoria Census Metropolitan Area (CMA) in 2009 was estimated to be 351,314 individuals. The overall population was relatively gender-balanced, with 48% men and 52% women (BC Stats, 2011a). As illustrated by Figure 6, Greater Victoria's growth rate has fluctuated considerably over recent decades. Projections from BC Statistics suggest that growth will slow in Greater Victoria in upcoming decades, while still maintaining a positive growth trend. Greater Victoria's total population is expected to increase to 393,578 by 2020 and 425,732 by 2030 (BC Stats, 2010b). Overall, between 2009 and 2036 Victoria's population is expected to grow by 24.8%, while BC's population is expected to increase by 36.4% (BC Stats 2010a; BC Stats, 2010b).

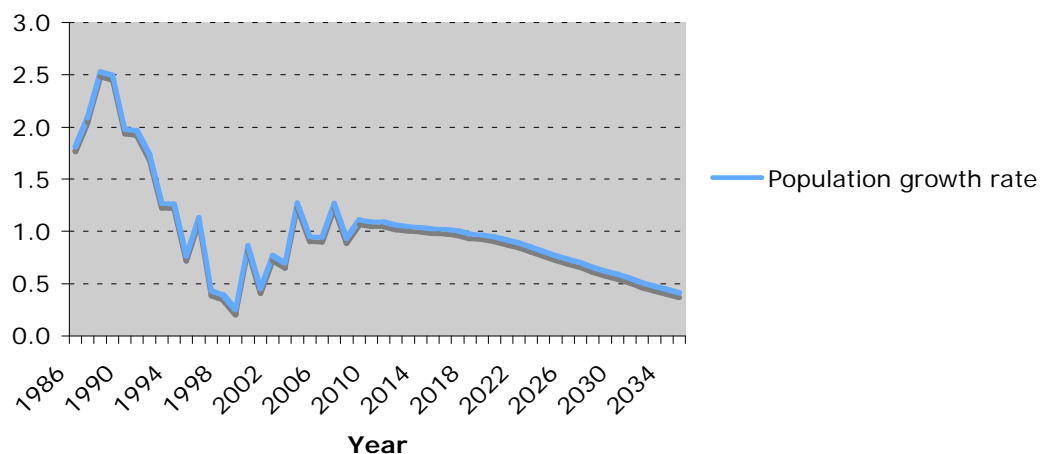


Figure 6. Historic and projected population growth rate in the Victoria CMA, 1986-2036. Adapted from *Population projections, totals age group, special region 935 Victoria CMA, 1986-2036*, by BC Stats, 2010.

Within the Victoria CMA, recent growth rates have varied considerably among the individual municipalities. As shown by the figure below, Langford and Highlands saw the highest growth as a percentage of the population from 2006 to 2010, while Oak Bay and Esquimalt saw the lowest percentage growth rates, including some negative growth rates.

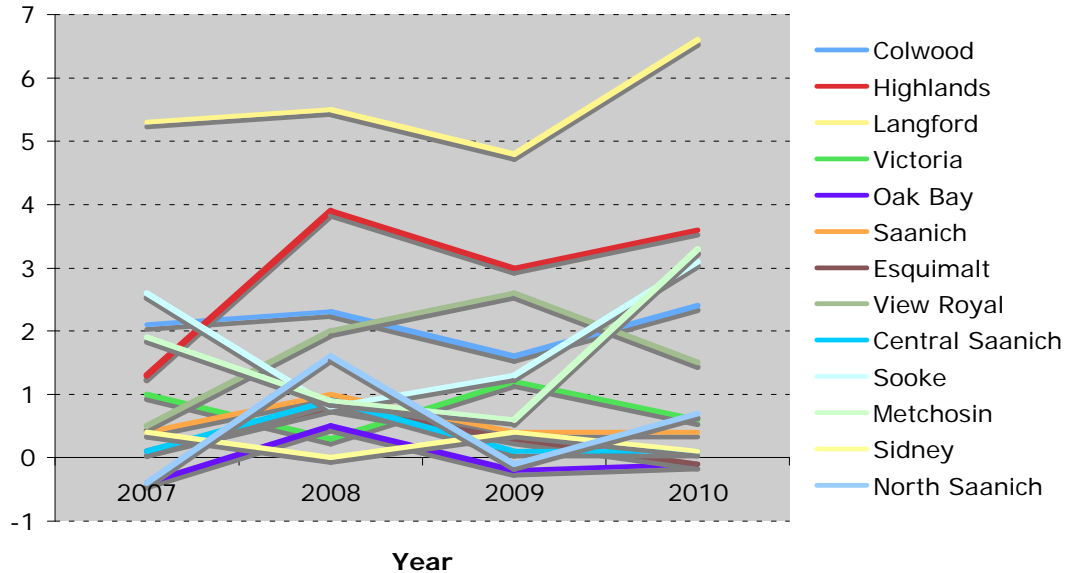


Figure 7. Percent population change by municipality within Greater Victoria, 2006-2010. Adapted from *Community facts: Central Saanich; Community facts: Colwood; Community facts: Esquimalt; Community facts: Highlands; Community facts: Langford; Community facts: Metchosin; Community facts: North Saanich; Community facts: Oak Bay; Community facts: Saanich; Community facts: Sidney; Community facts: Sooke; Community facts: Victoria; and Community facts: View Royal*, by BC Stats, no date. Retrieved January 17, 2011, from http://www.bcstats.gov.bc.ca/data/dd/facsheet/cf_alpha.asp.

In terms of growth in number of residents, Langford remained one of the top areas with an average of 1444 new residents per year between 2006 and 2010. Victoria and Saanich, with the next-largest additions, gained an average of 633 and 619 residents per year respectively. Esquimalt and Oak Bay gained the fewest residents on average, with Esquimalt gaining approximately 48 residents per year and Oak Bay losing an average of 9 residents per year (BC Stats, n.d.a-n.d.m).

5.1.2: Migration and population mobility

Individuals moving to the Victoria CMA come from a variety of locations. As illustrated by Table 3, in each of 2006 and 2007 the main sources of migration were other provinces in Canada, followed by individuals from within BC and then individuals from outside Canada (Victoria Foundation, 2010b).

Table 3

Number and Origins of Migrants to the Victoria CMA, 2006 and 2007

	Within BC	Within Canada	Outside Canada	Net migrants
2006	628	2030	493	3151
2007	1104	2562	946	4522

Note. Adapted from Victoria's vital signs: Greater Victoria's 2010 annual check-up, by the Victoria Foundation, 2010. Retrieved from <http://www.victoriafoundation.bc.ca/web/vitalsigns2010>.

As shown in Table 4, in 2006, the mobility levels of the Victoria CMA's population were comparable to those in BC as a whole. The vast majority (93%) of the population had lived in the Victoria CMA for at least one year, 83% at the same address, while 78% of the population had lived in Victoria for at least five years, 53% at the same address and 25% at a different address within the area (Statistics Canada, 2007a).

Table 4

One- and Five-Year Mobility for Victoria CMA Residents, 2006

Place of residence	1 year ago	5 years ago
In Victoria	93%	78%
At same address	83%	53%
At different address	10%	25%
Elsewhere in BC	4%	12%
Other province or territory	2%	6%
Other country	1%	3%

Note. Adapted from *Victoria, British Columbia (code 935) (table), 2006 Community Profiles*, by Statistics Canada, 2007. Retrieved from <http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>.

5.1.3: Population age structure

As shown in Figures 8 and 9, younger adults (ages 20-29) and older adults and seniors, particularly women, constitute a larger proportion of the Victoria CMA's population than they do of the population of BC as a whole.

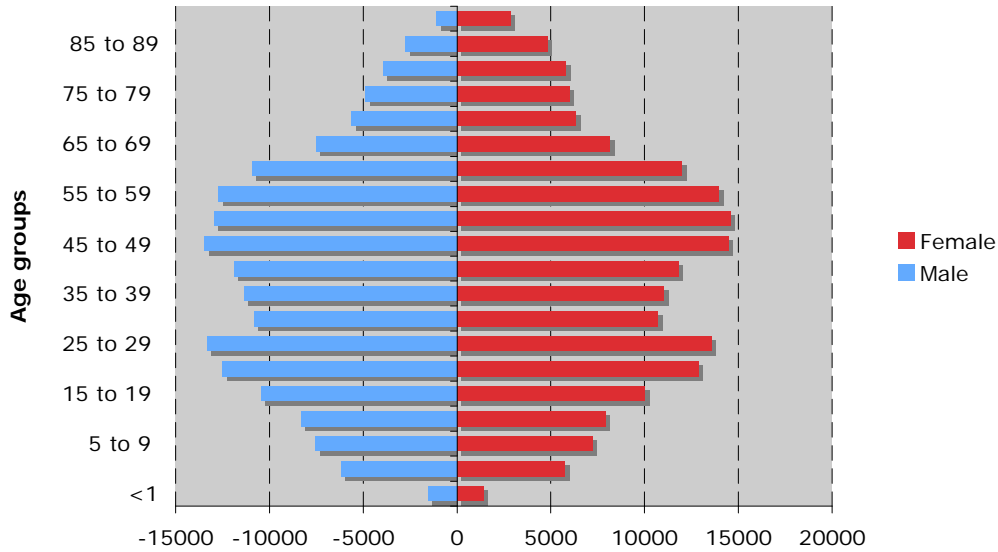


Figure 8. Age structure of the population of the Victoria CMA, 2009. Adapted from *Population estimates, standard age groups, special region 935 Victoria CMA, 2009* by BC Stats, 2011.

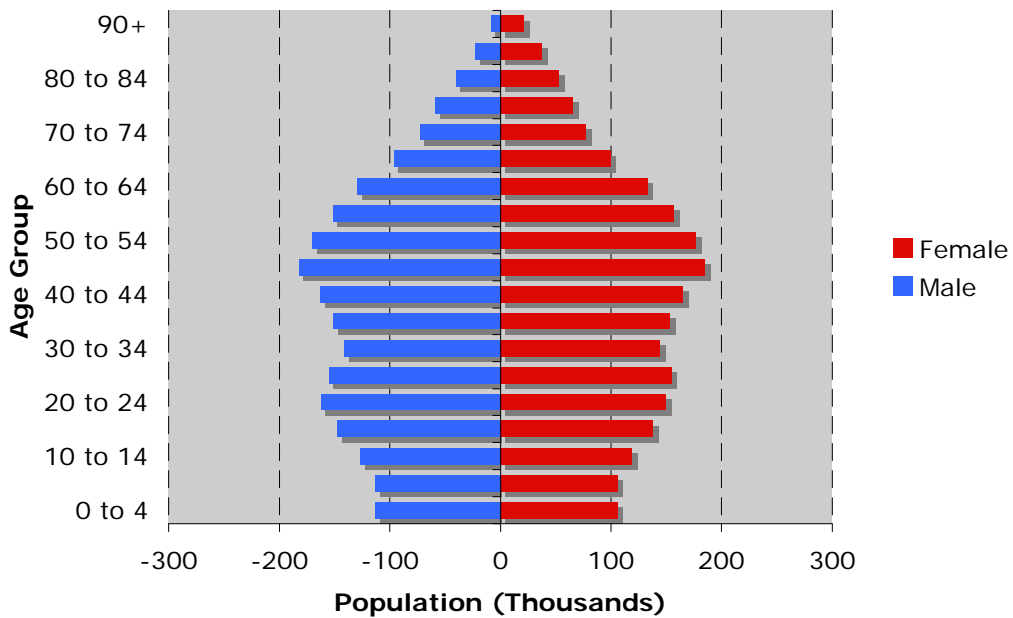


Figure 9. Age structure of the population of BC, 2009. Adapted from *Population estimates, standard age groups, special region British Columbia, 2009* by BC Stats, 2011. Retrieved from <http://www.bcstats.gov.bc.ca/data/pop/pop/dynamic/PopulationStatistics/Query.asp?category=Census&type=SR&topic=Estimates&agegroup=Standard&subtype=®ion=0&year=2009&agegroup=5-year&gender=a&output=browser&rowsperpage=all>.

5.1.4: Languages spoken

According to the 2006 Census, 85% of residents of the Victoria CMA speak English as their mother tongue. There is also a small Francophone community, comprising approximately 5580 individuals who speak French as their mother tongue, while approximately 13% of Victoria's population speaks neither English nor French as their mother tongue. The census also indicates, however, that virtually all residents of the Victoria CMA have knowledge of one or both of the official languages: 89% of the population reported knowledge of English, while 10% reported knowledge of both English and French. Approximately 1% of the population, or 2270 individuals, reported no knowledge of either English or French. When asked about the main language spoken at home, 94% of residents reported English as the main language, while 5% of residents reported speaking primarily a non-official language in the home (Statistics Canada, 2007a).

5.1.5: Household size and structure

Slightly fewer than half (46%) of the Victoria CMA's residents 15 years old and over are legally married. Approximately one third (33%) of residents are single, while 10% are divorced and 9% are in a common-law relationship. Overall, 7% of residents who are widowed, with the rate almost four times as high among women (11%) as men (3%). The vast majority of the Victoria CMA's 91,935 census families in 2006 were married-couple families, with an average of 2.9 members per family, while 14% of families were common-law couple families, and 16% of families were headed by a lone parent. Of the 14,640 lone-parent families in 2006, 80% were female-headed, consistent with patterns for BC as a whole (Statistics Canada, 2007a).

5.1.6: Summary

Overall, the available information suggests that Greater Victoria will see slowing but continued growth through the upcoming decades, with Langford gaining a particularly large number of new residents while several other municipalities, particularly Oak Bay and Esquimalt, see lower or negative population growth. Data from recent years suggest that the majority of migrants to the area come from within Canada, and Greater Victoria's population is notable for its large proportions of young adults and seniors relative to the overall BC population. Based on this background information, the following section explores each of the key population groups identified in the discussion framework in more detail.

5.2: Individual factors

This section describes the population groups outlined in the conceptual framework (children and youth, seniors, immigrants, Aboriginals and LGBTQ individuals) and their characteristics in Greater Victoria. Subject to data availability, the description of each group includes the total population, age and sex distribution, languages spoken, and living arrangements as well as selected statistics relevant to individual groups (such as

period of immigration and Aboriginal status). This section also describes the prevalence of chronic disease, disability and mental health and addictions issues in Greater Victoria. The information presented in this section is necessary to understand the proportions of the Greater Victoria population made up by key groups as well as salient characteristics of certain groups that may be linked to specific types of community social service needs.

5.2.1: Children and youth

In 2009, 45,963 children aged 0-14 and 45,906 youth aged 15 to 24 lived in the Victoria CMA, constituting approximately 26% of the total population (BC Stats, 2011). Victoria experienced a net increase in youth 18-24 in 2006: for every youth that moved out of the area, 1.6 youths moved into the area. This type of youth migration is comparable to several other Canadian cities including Halifax, London and Calgary (Victoria Foundation, 2009).

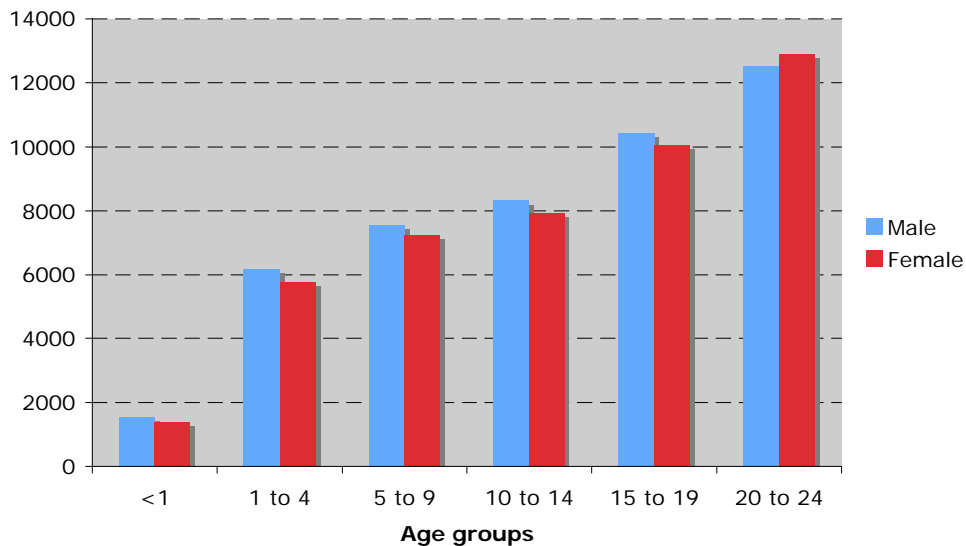


Figure 10. Age and gender breakdown among children and youth in the Victoria CMA, 2009. Adapted from *Population projections, totals age group, special region 935 Victoria CMA, 1986-2036*, by BC Stats, 2010.

The majority (56%) of children and youth in the Victoria CMA in 2006 lived in single-family households headed by a married couple. Additionally, approximately 19% of children and youth, or 16,944 individuals, lived in households headed by lone parents. Smaller proportions of children and youth lived in households headed by a common-law couple, multiple family households or non-family households. The most notable differences between children (ages 0 to 14) and youth (ages 15 to 24) were the higher numbers of youth who lived alone (2,405 individuals) and with other non-family members (5,364 individuals) (Statistics Canada, 2011b).

Similar to the statistics for the total population of the Victoria CMA, the vast majority of

children and youth reported knowledge of one or both of the official languages. Most children and youth reported knowledge of English and approximately 15% of youth reported knowledge of both English and French, while less than 1% of all children and youth reported no knowledge of either official language (Statistics Canada, 2011b).

5.2.2: Seniors

In 2009, 17% of the Victoria CMA’s population, or 59,855 individuals, was over the age of 65, with 11,556 individuals over the age of 85. Victoria also had 49,616 residents between the ages of 55 and 64, who will be adding to the senior population in the upcoming decade. As Figure 11 shows, Greater Victoria’s seniors are predominantly female, particularly at the oldest age groups (85 to 89 and 90+) (BC Stats, 2011a).

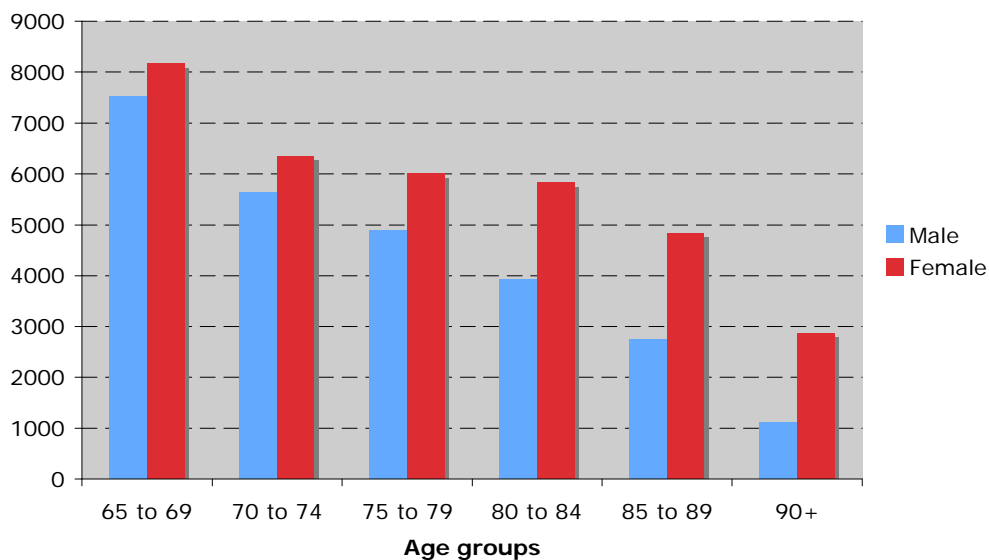


Figure 11. Age and gender breakdown among seniors in the Victoria CMA, 2009. Adapted from *Population projections, totals age group, special region 935 Victoria CMA, 1986-2036*, by BC Stats, 2010.

In 2006, 56% of seniors in the Victoria CMA were married and 27% of seniors were widowed, the majority of whom were over age 80, while 10% of seniors were divorced and 6% had never been married. The remaining 2% of seniors were separated but still legally married. The majority of seniors lived with a spouse (57%), while one third of seniors lived alone (33%). Small proportions of the senior population were lone parents (4%), lived with a common-law spouse (2%), or lived with one or more others who were not part of a census family (2%) (Statistics Canada, 2011b).

Also in 2006, 91% of seniors in the Victoria CMA reported knowledge of English and 6% reported knowledge of both English and French. A very small proportion (3%) of seniors, or 1480 individuals, reported having no knowledge of either English or French (Statistics Canada, 2011b). This is somewhat higher than the percentage of non-English

speakers in the overall population, which may be linked to the patterns of immigration discussed below.

5.2.3: Immigrants and refugees

As of 2006, 61,980 immigrants resided in the Victoria CMA, making up 18.7% of the total population. There was also a small population of 2,812 non-permanent residents, which included individuals on work permits, students on study permits, refugee claimants and their families (Statistics Canada, 2011b; Statistics Canada, 2008a). Immigrants living in Victoria were considerably older than the non-immigrant population of Victoria, as shown in Figure 12. However, the age distribution of immigrants from the 2000-2006 period (Figure 13) shows that the majority of recent immigrants were youth and younger adults, and that the population of recent immigrants was generally younger than the overall non-immigrant population of Victoria (Statistics Canada, 2011b).

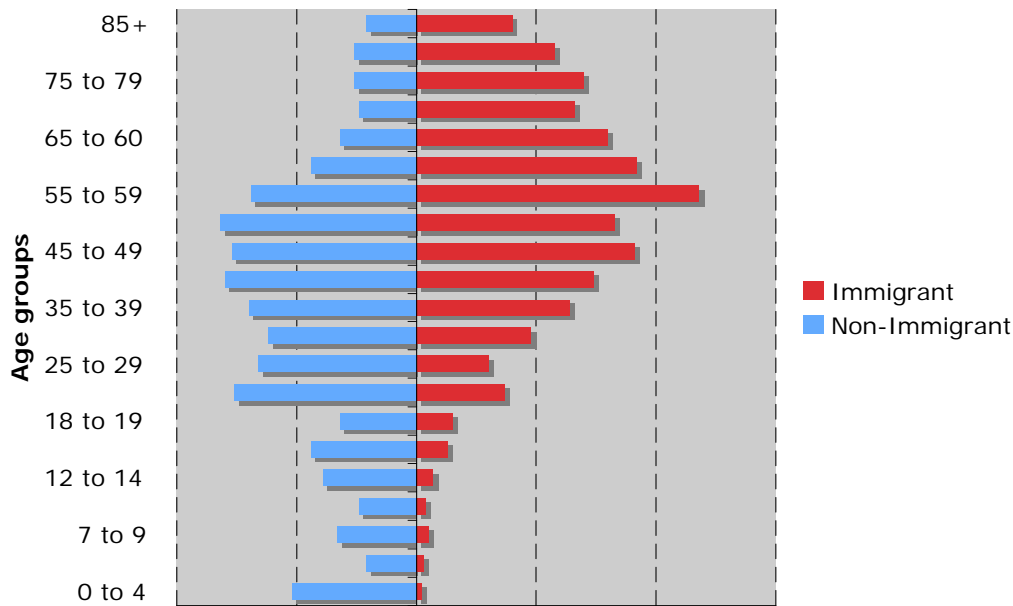


Figure 12. Comparative age distribution of immigrant and non-immigrant populations in the Victoria CMA, 2006. Adapted from *Census of Canada, 2006* (subset compiled from public use microdata file), by Statistics Canada (2011) (producer). Using SDA (distributor). Retrieved from <http://sda.chass.utoronto.ca.ezproxy.library.uvic.ca/sdaweb/html/canpumf.htm>.

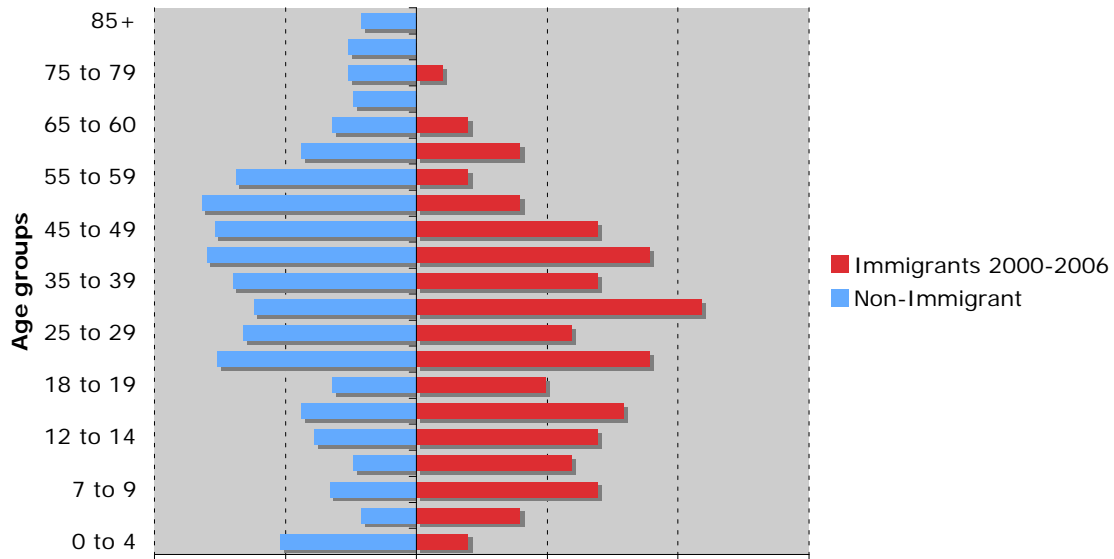


Figure 13. Comparative age distribution of immigrants arriving between 2000 and 2006 and non-immigrant populations in the Victoria CMA, 2006. Adapted from *Census of Canada, 2006* (subset compiled from public use microdata file), by Statistics Canada (2011) (producer). Using SDA (distributor). Retrieved from <http://sda.chass.utoronto.ca.ezproxy.library.uvic.ca/sdaweb/html/canpumf.htm>.

Overall, the United Kingdom was the most common country of origin for immigrants to the Victoria CMA, accounting for approximately one third of all immigrants. However, while the United Kingdom has historically constituted a large share of immigration, data from the period 2001-2006 shows significant shifts in sources of immigrants to Greater Victoria. Table 5 shows the top 7 source countries (by percent of immigrant population) of immigrants to the Victoria CMA for the total immigrant population and for immigrants between 2001 and 2006. It demonstrates that a relatively large number of recent immigrants came from the United States of America, in addition to increasing proportions of immigrants originating in China, South Korea and India (Statistics Canada, 2007a). Additionally, as illustrated by Table 6, of the immigrants living in the Victoria CMA in 2006, most immigrated in the period 1950-1979. Less than a third of the immigrant population immigrated since 1980, with only 9% of immigrants having immigrated since the year 2000 (Statistics Canada, 2011b).

Table 5

Top 7 Countries of Origin of All Immigrants to the Victoria CMA and Immigrants Arriving Between 2001 and 2006, 2006

All immigrants up to 2006		Immigrants 2001-2006	
Country	Percentage of Immigrants	Country	Percentage of Immigrants
United Kingdom	31.3	United States of America	14.8
United States of America	9.9	China, People's Republic of	14.1
China, People's Republic of	7	Philippines	6.4
Germany	5	Korea, South	5.6
India	4.5	India	4.8
Netherlands	3.1	Taiwan	4.3
Philippines	2.9	Japan	3.1

Note. Adapted from *Victoria, British Columbia (code 935) (table), 2006 Community Profiles*, by Statistics Canada, 2007. Retrieved from <http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>.

Table 6

2006 Immigrant Population in the Victoria CMA by Period of Immigration

Years	Percentage of 2006 immigrant population
pre 1950	7%
1950-59	24%
1960-69	21%
1970-79	23%
1980-89	6%
1990-99	9%
2000-2006	9%

Note. Adapted from *Census of Canada, 2006* (subset compiled from public use microdata file), by Statistics Canada (2011) (producer). Using SDA (distributor). Retrieved from <http://sda.chass.utoronto.ca.ezproxy.library.uvic.ca/sdaweb/html/canpumf.htm>.

5.2.4: Aboriginal individuals

In 2006, individuals self-identifying as Aboriginal made up approximately 3.5% of the Victoria CMA's population. The majority of these individuals (62.4%) identified themselves as North American Indian, while one third (33.2%) identified themselves as Métis (Statistics Canada, 2007b). As illustrated by Figure 14, the Victoria CMA's

Aboriginal population is considerably younger than the overall population of Victoria, with a much larger proportion of the population being children and youth, and with very limited numbers of individuals over the age of 65.

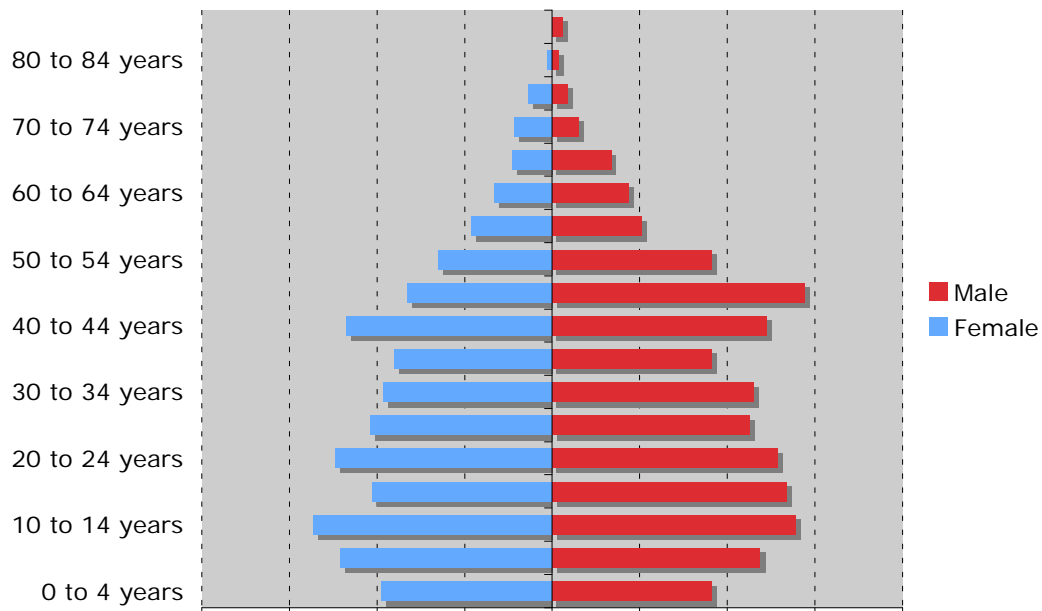


Figure 14. Age structure of the Aboriginal population of the Victoria CMA, 2006. Adapted from *Victoria, British Columbia (code 935) (table), 2006 Aboriginal Population Profiles* by Statistics Canada (2007).

Also in 2006, approximately 92% of Aboriginal people in the Victoria CMA reported knowledge of one or both official languages, mainly English. Meanwhile, approximately 6% of Aboriginal people reported knowledge of Aboriginal languages, with 5.2% of Aboriginal people indicating that an Aboriginal language was their mother tongue (Statistics Canada, 2007b).

5.2.5: LGBTQ individuals

While information on LGBTQ individuals living in the Greater Victoria area is extremely limited, general research suggests that anywhere between 3% and 8% of the population is LGBTQ (Shankle, Maxwell, Katzman and Landers, 2003). In the Victoria CMA, this would mean that somewhere between 10,539 and 28,105 individuals identify as LGBTQ (BC Stats, 2011a).

5.2.6: Individuals with disability and chronic disease

Types of disabilities and chronic disease and the levels of limitation experienced vary widely among individuals. However, one useful indicator for the purpose of determining

service need is the number of individuals who self-identify as having difficulty with everyday activities. In 2007/2008, 28.1% of all residents of South Vancouver Island age 12 and older (approximately 88,827 individuals) stated that they sometimes or often experienced difficulty with activities (Statistics Canada, 2011a). As illustrated by the chart below (Figure 15), the proportion of the population having difficulty with activities rises dramatically with age, from a low of 5.5% among 12- to 14-year olds to a high of 72.8% among individuals over 80 years of age.

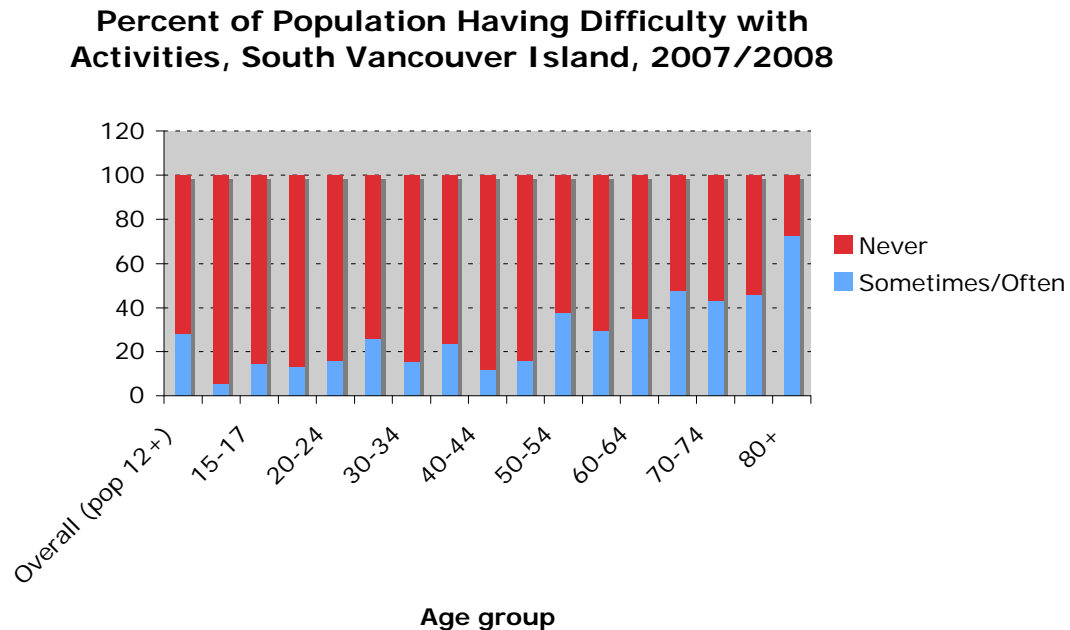


Figure 15. Percent of South Vancouver Island population having difficulty with activities by age group, 2007-2008. Adapted from *Canadian Community Health Survey (CCHS) Annual Component, 2007/2008* (subset compiled from public use microdata file), by Statistics Canada (2011). Using SDA (distributor). Retrieved from <http://sda.chass.utoronto.ca.ezproxy.library.uvic.ca/sdaweb/html/cchs.htm>.

Based on the available data, rates of several chronic conditions such as asthma, diabetes and arthritis are comparable to or lower in the South Vancouver Island HSDA than in comparable health regions (Statistics Canada, 2010a). According to the most recent Canadian Community Health Survey, the causes of health problems and activity limitations vary widely across age groups in the South Vancouver Island area. The three most common causes of health problems are injury, disease/illness and ageing. Injury is most common among individual 20-24, with significant rates among other younger adult age groups as well as seniors age 70-74. Overall, injury accounts for 21.7% of health problems. Disease/illness accounts for a large percentage of health problems across age groups, particularly among youth age 15-19 and individuals in middle age. In total, disease/illness accounts for 31.1% of all health problems. Ageing is also a significant factor in health problems, causing 24.2% of the total problems. Unsurprisingly, the

effects of aging are most significant among individuals over 50, with ageing accounting for over half of the health problems reported by individuals over 80 years of age (Statistics Canada, 2011a).

To provide further detail on activity limitations and service needs, the 2007/2008 version of the Canadian Community Health Survey (CCHS) asked respondents specific questions about types of help that they routinely required. Individuals identified a variety of needs for help with housework, meal preparation, transportation and finances. As expected given the patterns of disability discussed elsewhere in the paper, older adults expressed higher levels of need with all types of tasks. The specific tasks are discussed individually below (Statistics Canada, 2011a). Research indicates that needs for these and other in-home services may continue to increase in upcoming years, particularly if the trend towards more day surgeries and shorter hospital stays continues, increasing the number of people who may need assistance in the community following hospitalization (Tousignant, Dubuc, Hebert and Coulombe, 2007).

The need expressed by the largest proportion of the population of South Vancouver Island population was a need for help with housework: 7.2% of the population, or approximately 22,825 individuals, indicated that they needed help with household tasks. Individuals over 55 indicated considerably higher levels of need, with 38% of individuals over 80 requiring help. However, a sizeable portion of those individuals requiring help was between the ages of 25 and 44 (Statistics Canada, 2011a). Similar patterns emerged when individuals were asked about their needs for help in getting to appointments: 5% of the population of South Vancouver Island, approximately 15,718 individuals, indicated a need for help getting to appointments. The highest levels of need were among individuals aged 25 to 29 and over 54 (Statistics Canada, 2011a).

A smaller percentage, approximately 3.5% of South Vancouver Island's population, indicated a need for help with meal preparation (approximately 11,119 individuals). The most significant levels of need were identified by individuals age 50 and over, with the highest level of need is among seniors aged 80 and over, at 20.6% or approximately 3875 individuals (Statistics Canada, 2011a). Similarly, 2.7% of South Vancouver Island residents, or approximately 8546 individuals, indicated a need for help with finances. Levels of expressed need were highest in the 45-59 year old age group and the over 80 age group, of which 15% indicated a need for assistance with finances. Of the 2.2% of residents who indicated a need for help with personal care, approximately 50% (3385 individuals) were over 80 years of age. Of the remaining 50%, most were over 45 years of age (Statistics Canada, 2011a).

In terms of needs for assistance among individuals with developmental disabilities, Community Living BC (CLBC) estimated that, across the province, 12,718 eligible individuals (approximately one third of the total adult population with developmental disabilities) would be registered for services by April 2010. This number is projected to increase at a rate of approximately 4-5% per year to 2013. CLBC expects to see continuing increases in the number of registered eligible individuals in BC, for a number of reasons, including the fact that as caregivers age increased supports are needed to help

them care for family members at home and the increases in medical technology and supports that have increased life expectancy for many individuals with developmental disabilities (Community Living British Columbia, 2010). In 2009-2010, Community Living Victoria (CLV) supported 144 individuals with developmental disabilities in a variety of housing including supported apartments (Community Living Victoria, 2010).

5.2.7: Individuals with mental health and addictions issues

Similar to the discussion of chronic disease and disability, mental health and addictions encompasses a broad range of conditions for which exact statistics are not necessarily available. However, several indicators of general wellbeing and estimates of the prevalence of selected conditions are discussed in this section. For instance, in 2010, 63.5% of South Vancouver Island residents identified themselves as being in very good or excellent health, a higher rate of positive self-perceived health than was reported for either BC as a whole (58.6%) or the Statistics Canada-identified peer group of similar areas (61.1%). Residents of South Vancouver Island also reported relatively high levels of very good or excellent mental health, at 69.6%, although these levels were lower than the rates for BC (70.4%) and the peer group (74.3%) (Statistics Canada, 2010a). In addition, 18.1% of the population reported experiencing significant amounts of life stress, an indicator of poorer mental wellbeing (Statistics Canada, 2011c).

In 2009, a Victoria Foundation survey found that residents of the Victoria CMA rated their happiness and life satisfaction as 76/100. Victorians also rated the availability of support in times of crisis at 83/100, in addition to 79/100 reporting satisfaction with family and friend relationships, while feelings of trust and safety scored 69/100. Victorians rated their level of freedom from exclusion and discrimination as 76/100. In the 'material wellbeing' section, there was a discrepancy between residents' ratings for freedom from basic material deprivation (92/100) and satisfaction with financial situation and security (53/100) (Victoria Foundation, 2010a). Overall life satisfaction varied widely within the Greater Victoria area, with a high of 70% in the Peninsula (Central/North Saanich, Sidney and the Gulf Islands), a low of 54% in the Western Communities (Colwood, Highlands, Langford, Metchosin, Sooke) and a rate of 60% in the Victoria core (Victoria, Saanich, Oak Bay, Esquimalt and View Royal). Stress levels and issues with time balance were frequently cited barriers to overall life satisfaction, with particularly high stress levels among women, middle-aged individuals, separated individuals, and lone parents as well as a trend of higher stress among lower income earners in Greater Victoria (Victoria Foundation, 2010a).

A recent survey of drug users in Victoria released by the Centre for Addictions Research of BC found that the most commonly used substances included tobacco, crack, cocaine, morphine, heroin and alcohol (Centre for Addictions Research of BC, 2005). According to data on South Vancouver Island, 16% of residents reported heavy drinking (Statistics Canada, 2011c), and according to provincial-level data, males in BC were considerably more likely than females to drink at levels identified as 'acute risk' at least once a month, with the highest levels of acute risk drinking among individuals age 19 to 24 (45-50% of males and 30-35% of females) and decreasing rates among middle-aged and older

individuals. Overall, 27% of males and 14% of females were at risk of long-term harms related to their alcohol consumption patterns (Centre for Addictions Research of BC, 2005).

5.2.8: Summary

A variety of points have emerged from this section's exploration of the basic demographics of key groups within the population of Greater Victoria. Children and youth make up approximately one quarter of the population, with ongoing net migration of youth into Greater Victoria. Seniors, who are predominantly female, also make up a large proportion of the population (approximately one fifth) with almost as many individuals about to become seniors over the next decade. Greater Victoria is also home to a large immigrant population, many of whom are older and from the UK and other Western European nations. By contrast, more recent immigrants to Greater Victoria tend to be younger and from countries including the US, China, South Korea and India; however, virtually all immigrants to the area have some knowledge of English. The Aboriginal population is even smaller, at 3.5% of the total population, and significantly younger than the overall population. The available information on health and well-being suggests that a significant number of Greater Victoria residents (approximately 28%) face activity limitations, while a similar proportion report less than 'very good' mental health and approximately 18% experience high levels of stress. As the subsequent sections indicate, family and community issues may combine with these individual characteristics to create particular patterns of social vulnerability and, as a result, distinct needs for specific types of community social services. The following section explores broader factors that determine social need within families and communities.

5.3: Family and community factors

This section moves from describing individual populations to discussing family and community factors, the next level of the conceptual framework. The following subsections present key statistics in Greater Victoria related to income, employment, food security, homelessness, education and indicators of general wellbeing. Together, the statistics demonstrate the magnitude of certain social and economic issues in Greater Victoria, and highlight some of the population groups who may be particularly vulnerable or in need of services. In combination with the preceding section, this information provides a picture of key social issues in Greater Victoria, which is further supported by the integration of information from previous needs assessments conducted among specific population groups in Greater Victoria.

5.3.1: Low income and poverty

In 2008, the median total income for all family types in the Victoria CMA was \$77,810. However, there was variation among family types: the median income for families headed by a couple was \$84,160 while the median for lone-parent families was \$41,430 and the median for people not in census families was \$27,200 (Statistics Canada, 2010b).

As shown in Figure 16, there has been considerable variation in the rate of change of average income over the decade 1998 to 2008. While most family types saw increases of approximately 40%, elderly families (in which the main earner was over 65) saw much smaller increases in income, at approximately 22%, while non-elderly males saw increases in income of almost 95% (Statistics Canada, n.d.e; Statistics Canada, n.d.f).

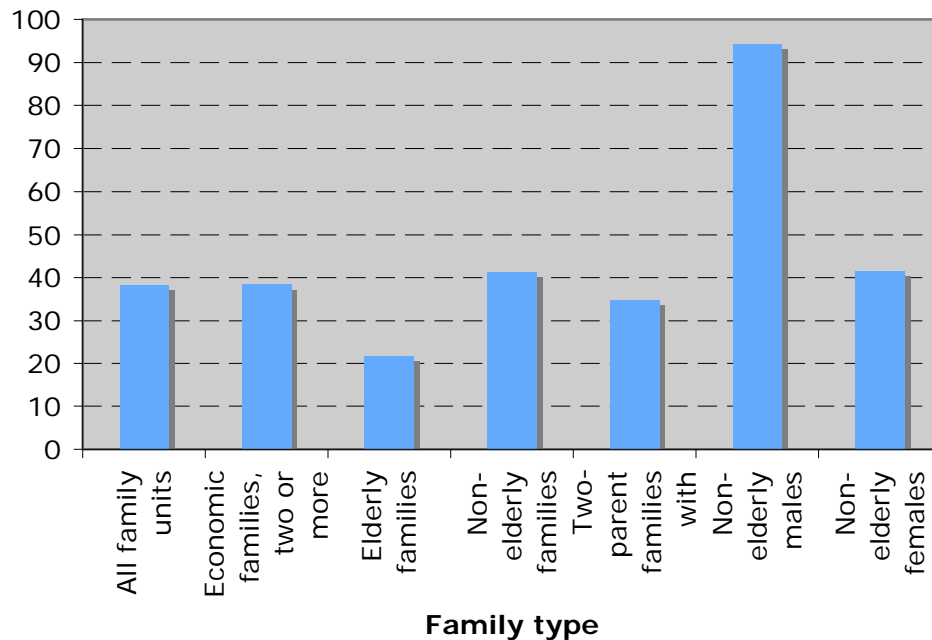


Figure 16. Percentage change in average income by family type in the Victoria CMA, 1998-2008. Adapted from *Table 202-0603 Average after-tax income, by economic family type, 2008 constant dollars, annually (Dollars)* (table), by Statistics Canada (n.d.). CANSIM (database). Using CHASS (distributor). Accessed March 17, 2011.

As discussed in the literature review, Statistics Canada’s Low Income Cut Offs (LICOs) provide a useful measure of relative poverty in an area. Table 7 shows the most recent published LICOs in before-tax income that are applicable to areas with a population between 100,000 and 499,999, which includes Greater Victoria.

Table 7

Statistics Canada's Before-Tax Low-Income Cut Offs

Family size	Before-tax income (\$)
1	17,895
2	22,276
3	27,386
4	33,251
5	37,711
6	42,533
7+	47,354

Note. Adapted from *Income Research Paper Series: Low Income Cut-offs for 2006 and Low Income Measures for 2005*, by Statistics Canada (2007). Catalogue no. 75F0002MIE, no. 004. Retrieved from <http://www12.statcan.ca/census-recensement/2006/ref/dict/tables/table-tableau-18-eng.cfm>.

In 2008, 10.7% of the Victoria CMA's population had income below the LICOs, compared to 14.8% of BC's population and 13.6% of Canada's population (Victoria Foundation, 2010b). This means that as of 2008 there were approximately 37,000 individuals in Victoria with incomes below the before-tax LICOs. This number is lower than in previous years, as illustrated by Figure 17; however, more recent data showing the impacts of the recent recession on 2009 and 2010 incomes is not available at present (Statistics Canada, n.d.d). Among different family types, rates of low income varied widely: non-elderly females (46%); female lone parents (37.6%); unattached individuals (30.3%); and lone parents overall (29.4%) had markedly higher rates of low income than the elderly (1.8%); two-parent families with children (2.4%); and families of two or more people (5%) (Statistics Canada, n.d.d).

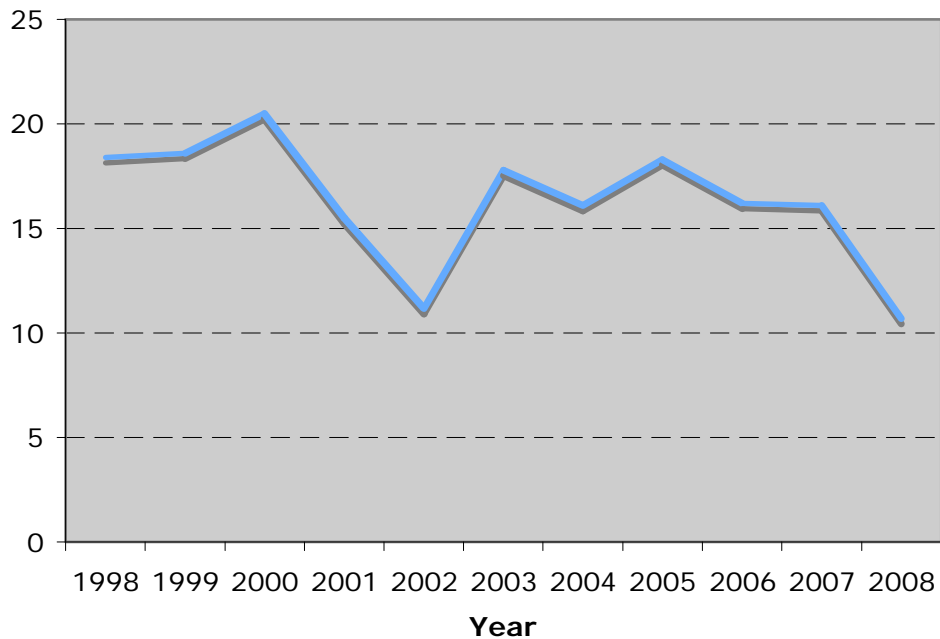


Figure 17. Percentage of all families in the Victoria CMA below LICO based on before-tax income, 2008. Adapted from *Table 202-0804 Persons in low income, by economic family type, annually* (table), by Statistics Canada (n.d.). CANSIM (database). Using CHASS (distributor). Accessed March 17, 2011.

Across BC, child poverty had declined in the years leading up to 2008 but was expected to spike in 2009/2010 as a result of the economic decline. Rates of family poverty ranged from a high of 30.9% among families headed by a lone mother to 12.2% among two-parent families. However, overall 67% of poor children lived in two-parent families, while 26% lived with lone mothers and 7% lived with lone fathers or other relatives. Approximately one third of poor children had at least one parent who worked full-time, full-year (First Call: BC Child and Youth Advocacy Coalition, 2010).

Income Assistance in British Columbia is offered to a variety of individuals who are unable to work, have very low earnings or urgently need food or shelter (BC Ministry of Social Development, n.d.). In September 2010, the rates of individuals receiving basic Income Assistance in the Victoria CMA varied widely by municipality. Victoria had the highest rates across most age groups, particularly among children and youth under 19, of which 5.4% were receiving Income Assistance. Esquimalt also had relatively high rates of Income Assistance recipients, particularly in the 19 to 24 age group. In several municipalities, individuals over 65 had higher average rates of receiving Income Assistance than individuals age 19 to 64 (BC Stats, n.d.n). In September 2009, 3.1% of children in the overall Capital Regional District were receiving Income Assistance, compared with 4% of children in BC as a whole (BC Stats, 2009b). Among youth in the CRD, 2.8% were receiving Income Assistance payments, approximately a quarter of whom were employable. In comparison, 3.8% of youth in BC, approximately 37% of

whom were employable, were receiving Income Assistance payments (BC Stats, 2009b).

Also in 2009, 0.9% of male seniors in Victoria and 1.2% of female seniors in the Capital Region were receiving the maximum guaranteed income supplement (GIS) benefit (Victoria Foundation, 2010b). These rates are considerably lower than the overall BC rate, as seen in Table 8. For single seniors, the maximum GIS benefit is \$661.69 per month. When combined with the monthly Old Age Security (OAS) benefit, these seniors would have an income of approximately \$1,815.92 per month, or \$21,791.04 per year (Service Canada, 2011).

Table 8

Percentage of Seniors in the Capital Region Receiving the Maximum GIS Payment, 2009

	Male	Female
Victoria	0.9%	1.2%
BC	2.6%	3.5%

Note. Adapted from Victoria's vital signs: Greater Victoria's 2010 annual check-up, by the Victoria Foundation, 2010. Retrieved from <http://www.victoriafoundation.bc.ca/web/vitalsigns2010>.

5.3.2: Affordability and food security

Low income and poverty are closely connected to issues of affordability. Each year, the Victoria Foundation calculates the Affordability Index for the Victoria CMA, which is designed to give an indication of the income needed to sustain a modest standard of living in Victoria. In 2009, for a family of four the parents would need to work a combined total of 70 hours each week at a wage of \$17.31 per hour. This is an increase from the hourly wage of \$17.02 needed in 2008, and would result in annual household earnings of approximately \$63,000 per year (VS 2009, VS 2010). The major monthly costs included rent, utilities and phone (27% of costs), childcare (20.7% of costs) and food (15% of costs) (Victoria Foundation, 2010b).

In comparison with rates across Canada, the Victoria CMA generally has higher rents and lower availability and vacancy rates, increasing the difficulty of finding appropriate housing for many (GVCEH, 2011). Apartment vacancy rates in the Victoria CMA are well below the BC and Canadian averages. In October 2010, the vacancy rate was 1.5%, compared to 2.7% in BC and 2.6% in Canada overall. Projections suggest that vacancy rates will be even lower, at 1%, in 2011. Simultaneously, rental prices have been increasing in the Victoria CMA. Rents increased 2.4% between October 2009 and October 2010, a smaller increase than the 4.4% jump between October 2008 and October 2009. The Canada Mortgage and Housing Commission (CMHC) calculated that in 2009, more than 30% of the median income in Victoria was required to rent a 2-bedroom apartment (CMHC, 2010). Table 10, below, shows the average rents in October 2010 for various apartment types. These costs are expected to increase in keeping with inflation in

2011. The average rent for a 2-bedroom apartment, \$1024, is considerably higher than the national average rent for a 2-bedroom apartment, which was \$860 in the same time period (CMHC, 2010).

Table 9

Average Apartment Rents in the Victoria CMA, October 2010

Apartment type	Average monthly rent (October 2010)
Bachelor	\$665
1-bedroom	\$806
2-bedroom	\$1024
3 or more bedrooms	\$1223

Note. Adapted from *Rental Market Report: Victoria CMA* by the Conference Board of Canada, 2010. Retrieved from http://www.cmhc-schl.gc.ca/en/hoficlincl/homain/homain_001.cfm#rnr1.

According to CMHC data, in 2006, 12.4% of the households (approximately 16,900 households) in the Victoria CMA were in core housing need based on failing to meet the criteria of affordability, adequacy and suitability. Affordability was the most common criterion on which the classification of core housing need was based: 9.5% of households spent more than 30% of their before-tax income on shelter, while smaller percentages failed to meet adequacy or suitability requirements or failed in multiple categories (0.6%, 0.4% and 2.0% respectively). Renters were much more likely than owners to be in core housing need, with approximately three times as many renters as owners were in core need, and rates of core housing need five times as high among renters as compared to owners (CMHC, 2006).

Certain household types showed significantly higher rates of core housing need than the overall average in the Victoria CMA: 20.9% of seniors living alone were in core housing need, along with 32.6% of female lone-parent families and 19.1% of male lone-parent families. Non-senior individuals living alone also had a 20.3% incidence of core housing need. In terms of numbers of households in core housing need, however, non-senior-led families made up a large proportion of the total households, accounting for 6,400 households in core housing need while senior-led households accounted for 4,200 households and non-family individuals accounted for 5,500 households (CMHC, 2006).

Aboriginal households were at higher risk of being in core housing need, with 23.7% of all Aboriginal households in core housing need. Status Indians had the highest rates of housing need, at 29.4%, followed by non-status Indians (24.5%) and Métis (17.8%). However, due to their small population Aboriginal households in core housing need collectively accounted for 1,100 of the 16,900 households in need in the Victoria CMA (CMHC, 2006).

As a group, immigrant households had similar rates of core housing need to non-immigrant households in the Victoria CMA in 2006. However, there were some important variations. As shown in Figure 18, recent immigrants were considerably more likely to be in core housing need than others (for instance, 24.5% of individuals who immigrated between 2001 and 2006 were in core housing need). However, as discussed earlier, recent immigrants make up a small minority of the total immigrant population. This explains why, as Figure 19 shows, recent immigrants constitute only a small number of the total households in core housing need despite having higher rates of need. Meanwhile, approximately 2,300 of the total 3,800 immigrant households in core housing need are those who immigrated prior to 1981 (CMHC, 2006).

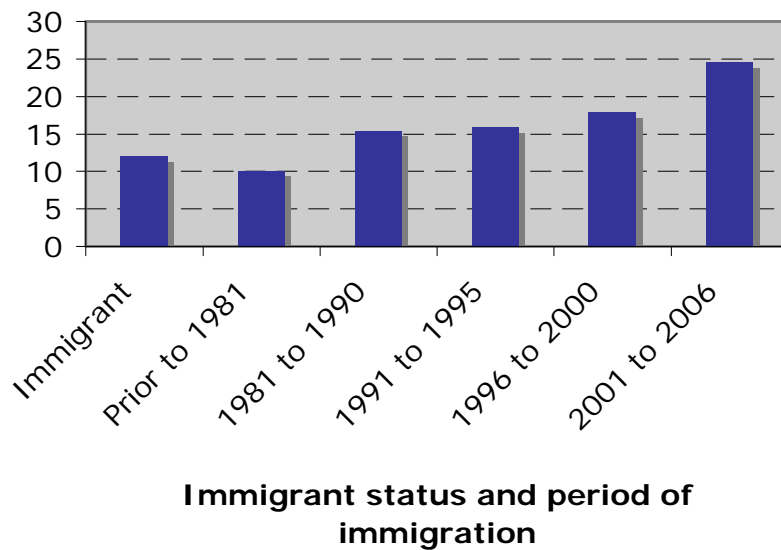


Figure 18. Percent of immigrant households in the Victoria CMA in core housing need in 2006, by period of immigration. Adapted from *Characteristics of Households in Core Housing Need, Victoria, 2006* (XLS document), by the Canadian Mortgage and Housing Commission, 2006. Retrieved from http://www.cmhc-schl.gc.ca/en/corp/about/cahoob/data/data_013.cfm.

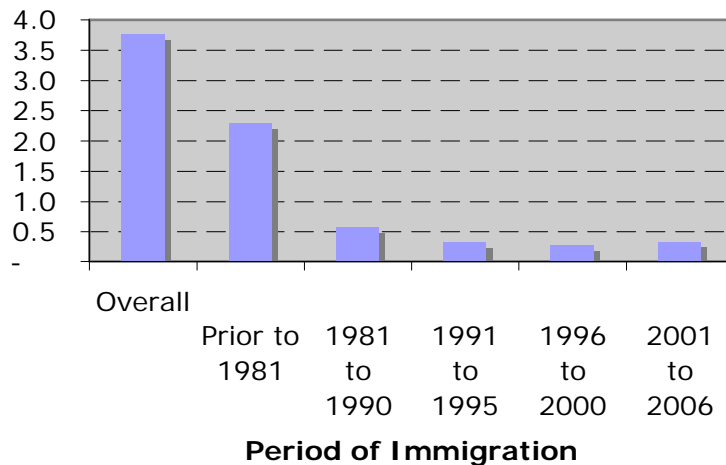


Figure 19. Number of immigrant households in the Victoria CMA in core housing need in 2006, by period of immigration. Adapted from *Characteristics of Households in Core Housing Need, Victoria, 2006* (XLS document), by the Canadian Mortgage and Housing Commission, 2006. Retrieved from http://www.cmhc-schl.gc.ca/en/corp/about/cahoob/data/data_013.cfm.

Food security is another important indicator of affordability and an area in which community organizations regularly provide services. Low income is the biggest barrier to healthy eating, especially given other fixed costs such as housing (Dietitians of Canada, 2009). Food prices BC-wide have been increasing in recent years, including a 1.9% increase from October 2008 to October 2009 (BC Cost of Eating, 2009). Based on average costs for BC, food and shelter for a family of four would require more than 100% of the monthly Income Assistance payments (Dietitians of Canada, 2009). The price of a standardized food basket within the Vancouver Island Health Authority (VIHA) in 2009 was still lower, at \$858, than the provincial average of \$872 (BC Cost of Eating, 2009). However, combined with high housing prices, rising food prices can affect the quality and quantity of food available to households. Data from the Canadian Community Health Survey indicate three levels of food (in)security based on households' food acquisition over the past 12 months:

- Secure: no or one instance of “difficulty with income-related food access”
- Moderately insecure: compromised quality or quantity of food
- Severely insecure: reduced amounts of food and unpredictable eating patterns (Statistics Canada, n.d.a)

The statistics in Table 9 indicate that approximately 8% of South Vancouver Island's population over 12 is moderately or severely food insecure. Females (and female-headed households) are more likely to be moderately or severely food insecure than males (and male-headed households). In total, in 2007-2008 there were 23,110 individuals over 12 in the South Vancouver Island area who experienced some form of food insecurity, 8981 of whom were men and 14,129 of whom were women (Statistics Canada, n.d.a).

Table 10

Food Security in Population of South Vancouver Island 12 Years and Over, 2007-2008

Degree of food security	Total	Male	Female
Food secure	92%	94%	91%
Food insecure - moderate	5%	4%	6%
Food insecure - severe	3%	2%	3%

Note. Adapted from *Table 105-0547 Household food insecurity, by age group and sex, Canada, provinces, territories, health regions (2007 boundaries) and peer groups, occasional (number unless otherwise noted) (table)*, by Statistics Canada (n.d.). CANSIM (database). Accessed February 15, 2011.

Statistics from South Vancouver Island are not yet available for 2009-2010, but provincial-level data show dramatic increases in food bank use in BC from 2008-2009 as a result of the recession, with an additional (though smaller) increase in use from 2009-2010. In March 2010, 29.7% of food bank users in BC were children, and 6.2% were seniors. Aboriginal people (First Nations, Métis and Inuit) were over-represented provincially, making up 19.5% of all people using food banks. Nationally, the rate of Aboriginal use of food banks has increased faster than the overall rate of food bank use in recent years (Food Banks Canada, 2010). National research on food banks also shows that overall, 50.5% of households rely on income assistance as their primary source of income, while 15.1% of households rely on disability payments. The majority of food bank users live in rented accommodations, either at market rent (59.8%) or in social housing (25.6%). However, BC food banks reported changing trends in 2010, with an increase in the number of two-parent families needing help, as well as an increase in homeowners using food banks (Food Banks Canada, 2010).

5.3.3: Homelessness

According to a 2007 survey conducted by the Community Council, the Capital Region's homeless population included approximately 791 individuals (Victoria Foundation, 2009). In the survey population, men were 50% more likely than women to be homeless or unstably housed. Local research also suggests that homeless families (women and children in particular) may be undercounted since they tend to stay with friends and relatives, out of fear that their children will be taken away and due to lack of family-oriented shelter services. Total numbers of these "invisible homeless" are unknown, but 2007 estimates suggest that there are 8100 women at risk of homelessness and 24,300 unstably housed families in the Greater Victoria area (ibid; Community Council, 2007d). Approximately 25% of the homeless population is estimated to be Aboriginal, a group that makes up only 2.8% of the total population in the Capital Region. A large proportion (33%) of Aboriginal individuals were youth, who represent a fast-growing demographic group (Community Council and Victoria Cool Aid Society, 2007). Estimates also suggest that the population of street youth in the Capital Region is approximately 250-300 individuals. According to a Community Council survey, the most common reason

for homelessness (expressed by 55% of youth) was conflict or neglect by family, friends or caregivers. Survey results also showed that 58% of street youth used alcohol and drugs. Including youth who were unstably housed, estimates suggested that there were approximately 220 youth age 13-18, 323 youth age 19-24 and 73 youth age 25-30 in Victoria (Community Council and Victoria Cool Aid Society, 2007).

In 2009/10, shelters in the Victoria CMA recorded 67,595 overnight stays, an increase from 66,027 in 2008/09 (Victoria Foundation, 2010b). As illustrated in Table 11, the waitlist for social housing in Victoria is significant, despite decreases in the length of the waitlist for most groups, including families (Victoria Foundation, 2008; Victoria Foundation, 2009; Victoria Foundation, 2010b). A 2007 survey found that of the families on the waitlist who qualified as homeless, 45% had experienced past or present abuse, 37% had mental health issues and 30% had issues concerning alcohol or drug use (Community Council and Victoria Cool Aid Society, 2007).

Table 11

Victoria CMA Social Housing Waitlist, 2008-2010

	2008	2009	2010
Families	919	631	578
Seniors	481	347	421
People with disabilities	437	327	400
Single people	42	31	45
People needing wheelchair access	13	49	66

Note. Adapted from *Victoria's vital signs: Greater Victoria's 2010 annual check-up*; *Victoria's vital signs: Greater Victoria's 2009 annual check-up*; and *Victoria's vital signs: Greater Victoria's 2008 annual check-up* by the Victoria Foundation, 2008, 2009 and 2010. Retrieved from <http://www.victoriafoundation.bc.ca/web/vitalsigns2010>, <http://www.victoriafoundation.bc.ca/web/vitalsigns09/intro> and <http://www.victoriafoundation.bc.ca/web/vitalsigns08>.

5.3.4: Education and literacy

Greater Victoria's rates of high school completion compare favourably to provincial and national rates of high school completion. In 2009, 13% of residents of the Victoria CMA over the age of 15 had not graduated from high school, as compared to 17% in BC and 21% in Canada (Victoria Foundation, 2010b). As shown in Figure 20, the proportion of the population without a high school diploma is relatively consistent among individuals age 20 to 59, while seniors over the age of 60 show considerably higher rates, with 22% of seniors holding no diploma, degree or certificate (Statistics Canada, 2011b).

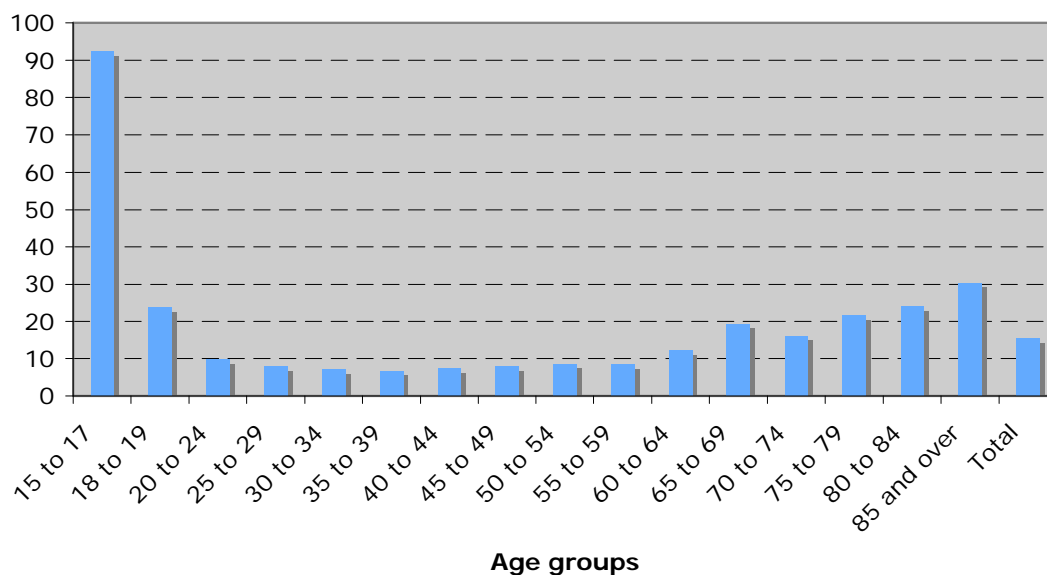


Figure 20. Percent of population without high school diploma by age group, Victoria CMA, 2006. Adapted from *Census of Canada, 2006 (subset compiled from public use microdata file)*, by Statistics Canada (producer). Using SDA (distributor). Retrieved from <http://sda.chass.utoronto.ca.ezproxy.library.uvic.ca/sdaweb/html/canpumf.htm>.

Given the presence of several colleges and universities (including Camosun College, Royal Roads University and the University of Victoria) in the Greater Victoria area, there is a significant student presence in the population. In the 2008/2009 academic year, there were 22,481 part-time and full-time students in the Victoria CMA (Victoria Foundation, 2010b). As shown below (Table 12), over half of the Victoria CMA’s population has completed some postsecondary, slightly more than both the provincial and national averages (Victoria Foundation, 2009; Victoria Foundation, 2010b). Additionally, as seen in Figure 21, the highest level of education achieved varies across age groups, with individuals between the ages of 20 and 64 most likely to hold a bachelor’s degree as their highest level of education (Statistics Canada, 2011b).

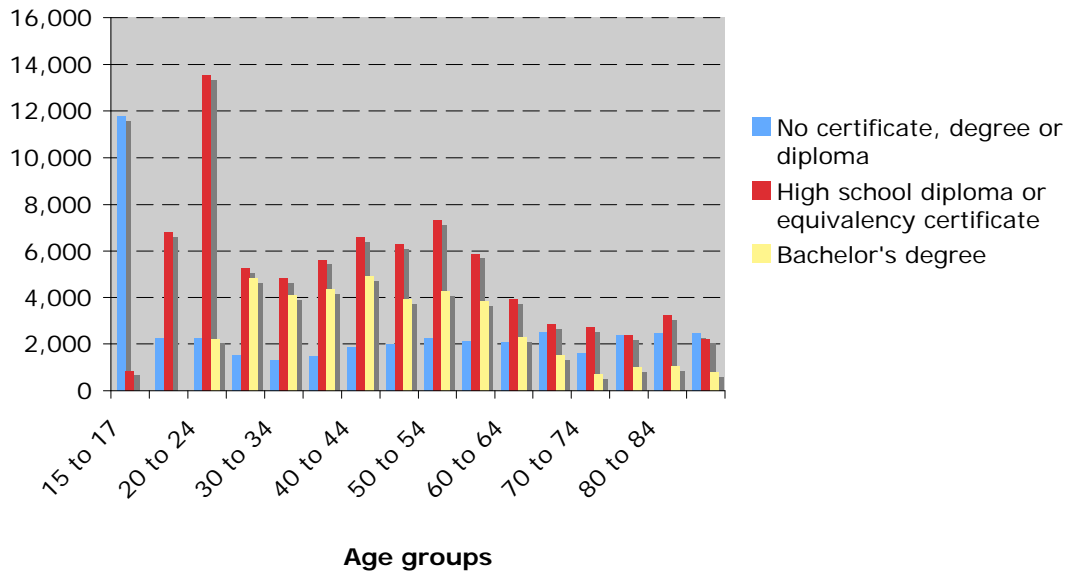
Table 12

Percent of the Victoria CMA’s Population Completed Some Postsecondary, 2008 and 2009

	Victoria	BC	Canada
2008	53.3%	49.1%	50.4%
2009	52%	49.2%	50.8%

Note. Adapted from Victoria’s vital signs: Greater Victoria’s 2010 annual check-up; and Victoria’s vital signs: Greater Victoria’s 2009 annual check-up, by the Victoria

Foundation, 2009 and 2010. Retrieved from <http://www.victoriafoundation.bc.ca/web/vitalsigns2010> and <http://www.victoriafoundation.bc.ca/web/vitalsigns09/intro>.



*Figure 21. Highest level of education achieved (selected categories) by age group, Victoria CMA, 2006. Adapted from *Census of Canada, 2006 (subset compiled from public use microdata file)*, by Statistics Canada (producer). Using SDA (distributor). Retrieved from <http://sda.chass.utoronto.ca.ezproxy.library.uvic.ca/sdaweb/html/canpumf.htm>.*

While rates of high school graduation and postsecondary education may be high in Greater Victoria, research suggests that large proportions of the population face limitations due to low literacy levels. According to the 2003 results of the International Adult Life Skills Survey (IALSS), 35% of BC residents had literacy levels that were inadequate for everyday life in Canada, and 44% of BC residents had low numeracy skills, meaning that they had difficulty with basic quantitative manipulation and understanding (Literacy BC, 2005a; Statistics Canada, 2005). Rates of low literacy were particularly high among seniors (more than 70%), immigrants (more than 60%) and urban Aboriginal people (60%). Individuals with low literacy levels are also concentrated in a number of industries including: trade, finance, insurance and real estate; manufacturing; accommodation and food services; construction; and public health care and social assistance (Literacy BC, 2005a; Literacy BC, 2005b).

5.3.5: Labour and employment

Of the Victoria CMA's population age 15 years and over, approximately 194,900

individuals were in the labour force in 2010, an overall participation rate of 65.4%. 102,900 individuals were considered not in the labour force, 70% of whom were over the age of 55 (Statistics Canada, n.d.e; Statistics Canada, n.d.f). Of the 194,900 individuals who were employed in 2010, 138,300 held full-time employment while 45,100 held part-time employment. Women were much more likely than men to hold part-time positions: 18% of women and 11% of men held part-time positions in 2010. Women were also more likely to be non-participants in the labour market, with 38% of women and 31% of men considered not in the labour market (Statistics Canada, n.d.e; Statistics Canada, n.d.f).

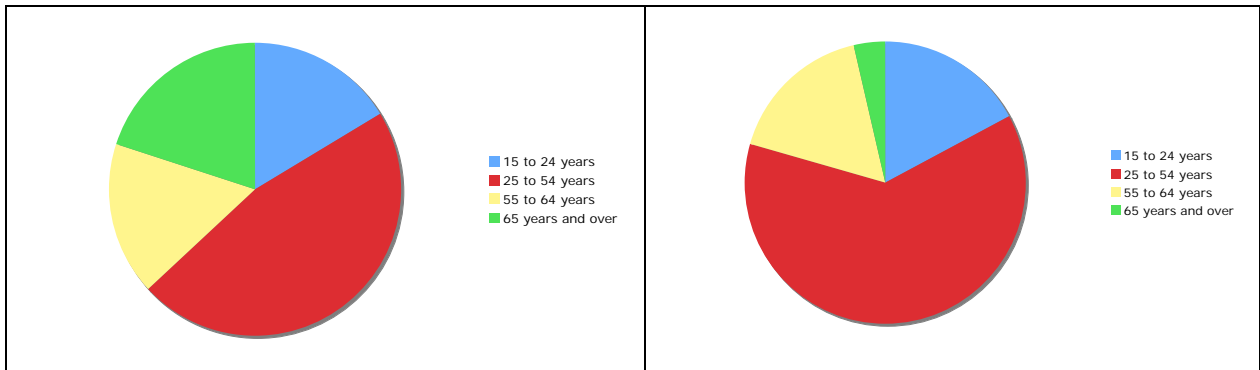


Figure 22. Comparison of the Victoria CMA's population (left) and labour force (right) by age category, 2010. Adapted from *Table 282-0110 Labour force survey estimates (LFS), by census metropolitan area based on 2006 census boundaries, sex and age group, annual (persons unless otherwise noted)* (table). CANSIM (database), by Statistics Canada (n.d.). Accessed February 15, 2011.

According to Statistics Canada's 2010 Labour Force Survey (LFS), the unemployment rate in the Victoria CMA was 6% in 2010. This represents a slight decrease from the 2009 rate of 6.5%, but an increase over the unemployment rates below 4% earlier in the decade. Figure 23 shows the annual unemployment rate from 1996 to 2010.

Unemployment was particularly high among youth 15 to 24 years old, with rates of 13.8% for males 15 to 24 and 8.9% for females 15 to 24 years old (Statistics Canada, n.d.e; Statistics Canada, n.d.f). Immigrants in the Victoria CMA showed lower rates of employment than Canadian-born residents of the Victoria CMA. In 2009, 54.6% of immigrants over the age of 15 were employed, as compared to 65% of Canadian-born residents (Victoria Foundation, 2010b).

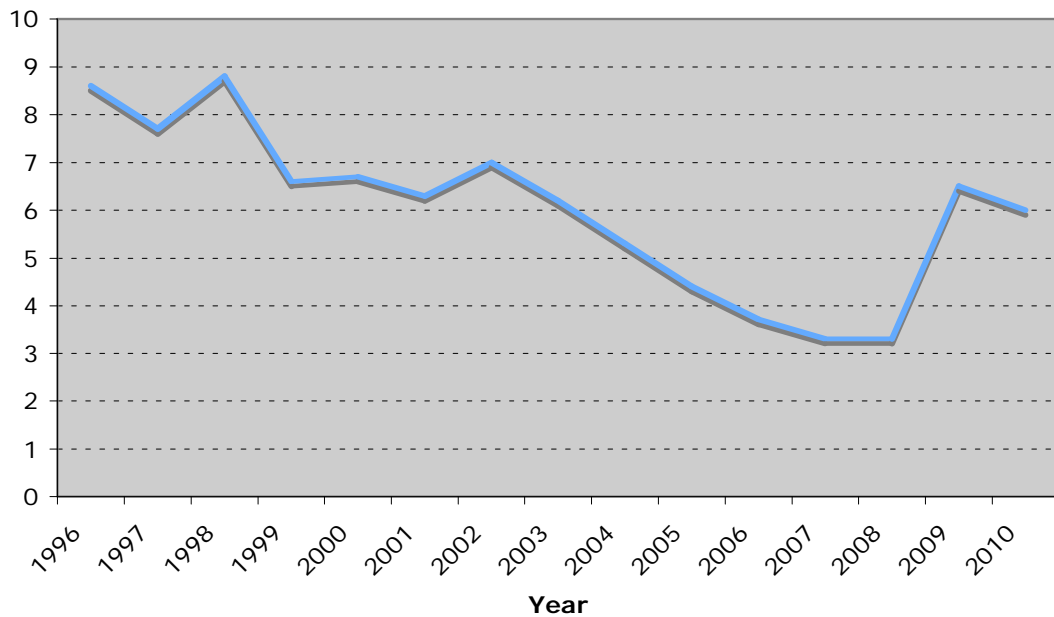


Figure 23. Victoria CMA unemployment rate, 1996-2010. Adapted from *Table 282-0110 Labour force survey estimates (LFS), by census metropolitan area based on 2006 census boundaries, sex and age group, annual (persons unless otherwise noted) (table)*. CANSIM (database), by Statistics Canada (n.d.). Accessed February 15, 2011.

As shown in Figure 24, Forecasts from the Conference Board of Canada (2010) suggest that, having peaked in 2009, unemployment will continue to decline to approximately 5% in the Victoria CMA by 2014, which is still higher than the pre-recession levels in the 3-4% range. Unemployment levels in BC are predicted to follow a similar pattern, declining from a higher peak unemployment rate in 2009 to a rate of 5.4% by 2014.

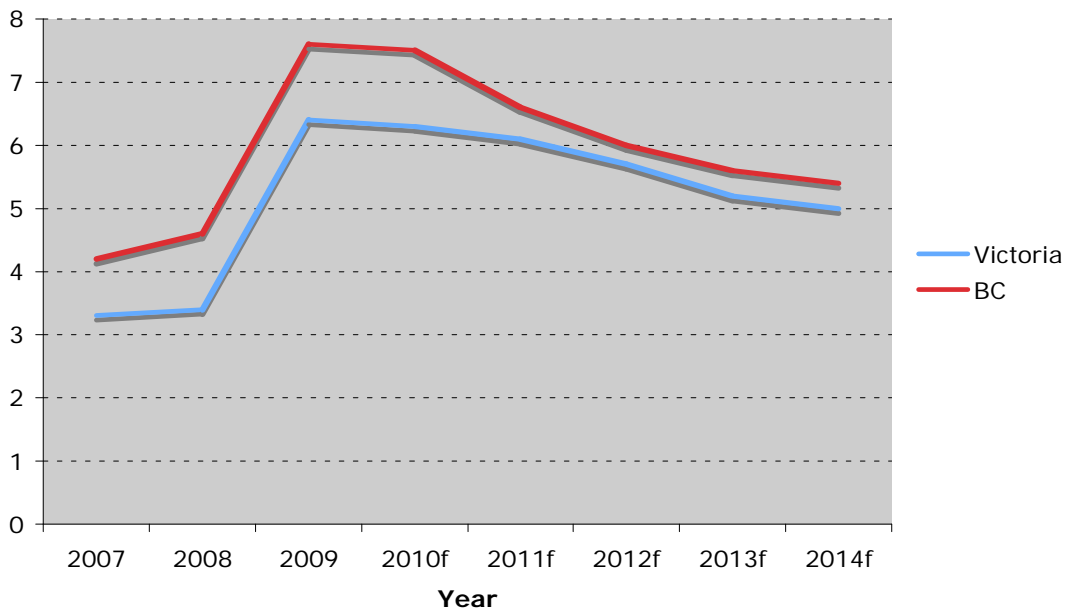


Figure 24. Unemployment rates and forecast rates for the Victoria CMA and BC, 2007-2014. Adapted from *Metropolitan Outlook 1: Insights into 27 Canadian Metropolitan Economies*, by the Conference Board of Canada (2010). Retrieved from http://www.conferenceboard.ca/products/reports/metro_reports.aspx.

In September 2009 approximately 1.9% of the total population of the Victoria CMA was receiving Employment Insurance (EI). While the majority of EI recipients lived in Victoria and Saanich, the rates of EI dependence were highest in Esquimalt (2.2%) and Langford/Metchosin/Highlands (2.3%). Rates of EI dependence across the municipalities within the Victoria CMA is shown below (Figure 25) (BC Stats, n.d.a-n.d.m). Also in September 2009, 1.8% of youth 19-24 in the CRD were receiving Employment Insurance benefits, as compared to 2.6% of youth provincially (BC Stats, 2009b).

5.3.6: Domestic violence and family breakdown

A 2004 Canadian survey found that 21.2% of women had experienced some form of abuse in the previous 5 years, while the rate in BC was 23.3%. BC also reported the highest level of lifetime sexual assault by a non-spouse, at 16.3% as compared to the Canadian average of 11.6%. Aboriginal women in BC had higher rates of experience of violence than non-Aboriginal women (42.1% as compared to 22.2%) as well as higher rates of lifetime sexual assault by a non-spouse (31.1% as compared to 15.6%). Women with disabilities or activity limitations were also more likely to report abuse (Cohen and Maclean, 2004).

Levels of child abuse and children in care are also important indicators of wellbeing. In December 2009, 10.7 per 1,000 children under 18 in the Capital Regional District were in government care. This is slightly higher than the provincial average of 9.4 per 1,000

children being in government care. The rate of reported child abuse in 2009, however, was lower in the CRD than in the province as a whole: abuse was reported for 6.3 of every 1,000 children in the CRD and 7 of every 1,000 children in BC (BC Stats, 2009b). Aboriginal children were dramatically over-represented in the provincial care system in 2009. On South Vancouver Island, there were 259 Aboriginal children in care, representing 36.5% of children in care. In BC overall, Aboriginal children made up 52.6% of children in care in 2009 (Victoria Foundation, 2010b).

While the numbers of children in government care is relatively small, researchers estimate that a much larger number of children in the Victoria CMA may be vulnerable on one or more of the areas defined by the Early Development Index (EDI) discussed in the literature review. For the school years 2007/2008 and 2008/2009, 28.7% of kindergarten-age children across BC were classified as ‘vulnerable’ on one or more categories (HELP, 2011). In the Victoria CMA, approximately 23.1% of the 1573 kindergarten children were classified as ‘vulnerable’ in one or more areas. Vulnerability levels varied widely by neighbourhood, however, as shown by the table below. Throughout the Victoria CMA, the highest levels of vulnerability appear to be on the physical, social and emotional scales. While some areas, particularly Sidney, University, Burnside and Esquimalt, show high levels of vulnerability on communication, the overall levels of language and communication vulnerability appear to be low (HELP 2011).

Table 13

Neighbourhoods in the Victoria CMA With Highest and Lowest Child Vulnerability Levels

Neighbourhood	Percent vulnerable on one or more indicators
Highest vulnerability	
Sidney	48.3%
Burnside	41.8%
Downtown – Vic West	35.8%
Lowest vulnerability	
Highlands	10.3%
Metchosin	11.4%
Fernwood	13.6%

Note. Adapted from *EDI Data File* by the Human Early Learning Partnership (HELP), 2011. Retrieved January 15, 2011, from <http://www.earlylearning.ubc.ca/maps-and-data/edi-data-tables/>.

5.3.7: Summary

The preceding subsections have provided an overview of some of the key demographic and socioeconomic indicators and trends in the Greater Victoria area. The available data

indicate that, while the recorded rates of low income and unemployment in the Greater Victoria area are lower than those in BC and Canada as a whole, many individuals and families may face affordability challenges due to a combination of high and rising prices for food and accommodation throughout the area. At last estimate, the homeless population in Greater Victoria comprises approximately 800 adults and 250-300 youth, with Aboriginal individuals and men over-represented. Additionally, the estimated populations of unstably housed women (8,100) and families at risk of homelessness (24,300) suggest a much larger issue and potential need for services to prevent homelessness. The available information also shows that rates of education and high school completion in Greater Victoria are comparable to provincial rates, but there may be a large proportion of the population (particularly seniors, immigrants and Aboriginals) who face challenges with literacy and numeracy, potentially affecting their employment, income and health. The subsequent section broadens the discussion to the contextual factors at work in Greater Victoria that may influence the magnitude or type of needs identified in this and the preceding section.

5.4: Broad political and environmental factors

This section moves to the broadest and most general level of the conceptual framework, with a discussion of the general environmental factors within which the community social services sector operates. The following discussion deals with the political and economic context that may shape social needs, as well as a brief overview of the forces of discrimination and social exclusion at play in the Greater Victoria area. A discussion of community social services without reference to these contextual factors would miss a critical aspect of social need, as these factors interact with the various individual, family and community factors to create certain patterns of vulnerability and social need, in addition to influencing the work of the community social services sector itself.

5.4.1: Political and economic context

The political context in British Columbia has recently undergone considerable shifts, with ongoing effects on priorities and budgeting. In October 2010, former premier Gordon Campbell conducted a large-scale rearrangement of cabinet positions, changing the positions of 17 of 23 cabinet ministers in addition to reformulating the organization and mandates of several ministries including a reorganization of responsibility for key areas such as welfare and homelessness (Shaw, 2010). Shortly following this reorganization, Campbell announced his resignation as premier, and was replaced by Christy Clark in February 2011 (CBC News, 2011; Hunter and Stueck, 2010). Clark's stated priorities for the government include a focus on families, combating poverty and job creation (CBC News, 2011). In addition to these significant changes on the part of the government, the official opposition elected Adrian Dix as their leader on April 17, 2011 following the resignation of Carole James in December 2010 (CBC News, 2010; BC NDP, 2010; Hunter and Bailey, 2011). Dix's stated agenda revolves around increasing corporate taxes to provide funding for social programs (Hunter and Bailey, 2011). With the leadership races decided, both parties will be focused on gaining support for the next provincial election in 2013, creating both additional changes as well as opportunities for

lobbying by interest groups including the community social services sector (Federation of Community Social Services of BC, 2011). Economically, despite a loss of 1.2% of GDP in 2009, the Victoria CMA's economy was expected to grow by 3.3% in 2010 based on increased demand in the service sector, which accounted for approximately 48% of jobs in the Victoria CMA as of 2006 (Statistics Canada, 2007a). Tourism, which has been affected by the global economic situation and the strong Canadian dollar, is also expected to rebound, with projected growth of 2.5% in 2011 (Conference Board of Canada, 2010).

5.4.2. Social context

While both Canada and BC have legal protections against discrimination, available evidence suggests that discrimination continues to happen based on a wide range of personal and group characteristics. While statistics on the prevalence of all types of discrimination are rare, particularly at the city level, according to the Victoria Foundation, in 2008 72.6% of Victoria CMA residents reported not having experienced discrimination in the past five years, suggesting that approximately 27.4% of residents have experienced some type of perceived discrimination or unfair treatment (Victoria Foundation, 2010b).

At the national level, a recent report from Statistics Canada indicated that reported hate crimes across the country had risen in 2008, with particularly significant increases in crimes based on sexual orientation (Mahoney, 2010). Members of the LGBTQ community in Canada also tend to face stigmatization and discrimination, particularly among youth. Anti-gay language is common, and LGBTQ youth account for a disproportionate number of homeless youth and suicides (PFLAG Canada, 2009). Evidence also suggests that Aboriginal people in Canada face ongoing discrimination and racism as a result of the history of colonialism and cultural suppression, which may influence Aboriginal overrepresentation in vulnerable populations such as the homeless, incarcerated and children in government care (Pacific AIDS Network, 2009).

A number of individuals in Victoria have reported experiencing stigmatization and discrimination based on a number of co-occurring factors, including homelessness, mental health issues and drug use (Greater Victoria Coalition to End Homelessness, 2011). In addition to the emotional impact of stigmatization, it can also cause significant problems with accessing necessary supports. In a 2007 survey of homeless individuals in Greater Victoria, many women also reported experiencing discrimination from landlords when seeking housing with children, as did youth parents seeking housing with their children (Community Council, 2007d; Community Council, 2008). Discrimination and bullying also continue to be important issues affecting child and youth mental and physical health: in BC, less than half of youth reported feeling safe at school, with Aboriginal students more likely to report having been bullied and not feeling safe, and 29% of immigrant youth reported experiencing racism from teachers and the general public, suggesting a need for further advocacy work and other school-based supports (BC Representative for Children and Youth and BC Office of the Provincial Health Officer, 2010; Chuang, 2010).

5.4.3: Summary

The economic and political context in Greater Victoria and BC as a whole are in considerable flux at present, and the uncertainty surrounding economic recovery and the government's future policy directions could lead to significant shifts in both social need and the resources provided to the community social service sector, depending on the magnitude of the economic recovery and the new government priorities. Another broad issue affecting the broad environment and social service needs is discrimination, which continues to be an issue in local, provincial and national contexts, with reported stigmatization of various groups including sexual minorities, Aboriginals, the homeless and individuals facing mental health or addictions issues. The following section provides an overview of the combined results of these factors with the other findings, before discussing the findings in the context of the literature review.

5.5: Summary of findings related to Greater Victoria

The findings presented in the previous sections point to a number of issues and trends that affect social need in Greater Victoria. At a general level, projections suggest that Greater Victoria will continue to experience population growth, albeit at a slower rate than in previous years (BC Stats, 2010b). If recent trends continue, migrants are likely to be largely from elsewhere in BC and other Canadian provinces, and the municipalities receiving the largest number of new residents will likely include Langford, Saanich and Victoria (BC Stats, n.d.a-n.d.m; Statistics Canada, 2007a). Key population groups in Victoria include younger adults, seniors, immigrants and Aboriginal people. Compared with BC as a whole, Victoria has a high percentage of residents in the 20-29 age group (likely influenced to some degree by the presence of several universities and colleges) and in the over 65 age group (BC Stats, 2011a). The relative size of these groups may affect the type and number of community social services needed in the area, particularly for the third of seniors who live alone and may require additional support. Victoria also has a substantial immigrant population of almost 62,000, but there are important variations within this category: the majority of immigrants are older and immigrated prior to 1979 from the United Kingdom and other western European countries (Statistics Canada, 2011b). The demographics among more recent immigrants, who are younger and tend to come from the United States, China and the Philippines, suggest that they have significantly different needs for community social services than established immigrants, particularly in terms of housing and employment (Statistics Canada, 2011b). Finally, Aboriginal individuals make up a relatively small segment (3.5%) of Greater Victoria's population, but are a considerably younger population than the overall population, with relatively few individuals over the age of 65 (Statistics Canada, 2007b). Aboriginal individuals are significantly over-represented, however, in several areas, including the homeless population, the population of children in government care, and the population in core housing need (CMHC, 2010; Community Council and Victoria Cool Aid Society, 2007; Victoria Foundation, 2010b).

The data indicate that income and affordability are significant issues for some residents of Greater Victoria. When examined in detail, non-elderly males fare best in terms of average income, while females and the elderly have generally lower average incomes. Similarly, between 1998 and 2008 the increases in income were highest for non-elderly males and lowest for elderly families (Statistics Canada, n.d.e; Statistics Canada, n.d.f). Despite this, of the 37,000 residents of Greater Victoria whose income falls below the Low Income Cut Offs (LICOs), rates of low income are relatively low among elderly families compared to high rates of low income among non-elderly women and female lone parents (Statistics Canada, n.d.d). Unemployment is also currently a concern, as the unemployment rate of 6% is considerably higher than rates prior to the recent recession, with particularly harmful effects on youth and immigrants seeking work; however, economic projections for the next several years show decreasing unemployment rates, revitalization of tourism and the service sector, and growth in Greater Victoria's GDP (Conference Board of Canada, 2010; Statistics Canada, n.d.e; Statistics Canada, n.d.f).

In addition to income, housing availability and affordability are ongoing issues: the Greater Victoria area has an extremely low vacancy rate compared to both provincial and national averages, and it is projected to decrease further in 2011 (CMHC, 2010; GVCEH, 2011). The concurrent increases in rent are likely to exacerbate the existing affordability issues, and increase the number of households in core housing need. Currently, the 16,900 households in core housing need contain significant numbers of Aboriginal families, lone parents, seniors living alone and recent immigrants (CMHC, 2010). While Greater Victoria's homeless population is significant – an estimated 800 homeless adults and 250-300 homeless youth – the number of individuals at risk of homelessness is much larger. Estimates suggest that 8100 women are at risk of homelessness and 24,300 families are unstably housed, while shelter stays in the area increased in recent years (Community Council, 2007d; Community Council and Victoria Cool Aid Society, 2007; Victoria Foundation, 2009). Rising food costs pose an additional challenge to affordability, with documented increases in food bank use across the province and country in the wake of the recession.

Overall, the findings also indicate residents of Greater Victoria seem to have generally high levels of self-perceived physical and mental health, with high reported levels of life satisfaction as compared to provincial averages. However, significant proportions of the population reported less than excellent mental health as well as high levels of stress, particularly related to financial security (Statistics Canada, 2010a). Additionally, geographic variations in rates of reported life satisfaction and stress suggest that the population in certain parts of Greater Victoria (particularly the Western Communities) may have unique needs for mental health or other services (Victoria Foundation, 2010a). The limited evidence available also suggests that discrimination is an ongoing issue for a number of population groups in BC and Greater Victoria, affecting both the physical and mental health of individuals (Victoria Foundation, 2010b).

Previous needs assessments in Greater Victoria have highlighted a number of issues, many of which align with the issues emerging from the statistical data. Priority issues include affordability of food and housing, services related to mental health and

addictions, poverty and the affordability and availability of childcare. Studies have also highlighted youth- and family-oriented needs for services and outreach as well as advocacy on behalf of several groups facing discrimination, including individuals with mental illnesses and youth with children. Several of these issues are discussed in more detail in the following section, which integrates the findings with the results of the literature review to place them in the broader context of community social service needs (UWGV, 2011; Victoria Foundation, 2010b).

SECTION 6: DISCUSSION

Having examined the relevant demographic and socioeconomic data from Greater Victoria, the paper will now explore what these data, when combined with the literature on social service needs, can tell us about the types of community social services that would be appropriate for Greater Victoria. In addition to discussing each of the categories contained in the conceptual framework, this section also touches on key trends and projections for the Greater Victoria area that may influence the need for community social services in upcoming years as well as priorities previously identified by the community social services sector.

6.1: Identified priorities for community social services in Greater Victoria

In early 2011, the United Way of Greater Victoria released the results of a consultation with community social service providers within the Greater Victoria area. The consultation produced a variety of recommendations and findings, several of which are relevant to this paper. Specifically, the participants' identification of priority population groups and issues helps to support and add to the academic and demographic data gathered for this project by providing a current picture of the needs and priorities as perceived by service providers. A brief overview of the key points is provided below, beginning with the priority population groups that participants identified as needing support, seen in Table 14.

Table 14

Priority population groups needing support in Greater Victoria, 2011

Population group	Percentage of respondents
People with mental health issues	78.5%
Working poor	66.9%
People with addictions	61.4%
Single parents	53%
People with disabilities	51.8%

Note. Adapted from *Reconnecting with Community: Community Consultation Report*, by the United Way of Greater Victoria, 2011. Retrieved from <http://www.uwgv.ca/media/pdfs/UWGVConsultReport.pdf>.

In addition to identifying priority groups, the UWGV consultation asked participants to identify priority themes and issues for action within the community. Another significant source of broad-based information on the community social services sector and other facets of wellbeing in Greater Victoria, the Victoria Foundation's annual Vital Signs publication, also asked respondents to identify priority issues facing Greater Victoria. The themes are listed in Table 15 in order of priority, for comparison.

Table 15

Priority themes and issues: UWGV Consultation 2011 and Vital Signs 2010

UWGV Community Consultation 2011	Victoria Foundation Vital Signs 2010
Affordable food for low-income individuals	Homelessness
Affordable housing for low-income individuals	Cost of living
Available mental health services	Addictions
Homelessness	Housing
Inclusive community	Mental illness
Substance abuse – youth	Community planning/development
Support for abuse victims	Poverty
Substance abuse – adults	Childcare
Affordable child care for ages 0 to 4	Transportation
Elder care	Healthcare

Note. Adapted from *Reconnecting with community: Community consultation report*, by the United Way of Greater Victoria (2011). Retrieved from <http://www.uwgv.ca/media/pdfs/UWGVConsultReport.pdf>; Victoria’s vital signs: Greater Victoria’s 2010 annual check-up, by the Victoria Foundation (2010). Retrieved from <http://www.victoriafoundation.bc.ca/web/vitalsigns2010>.

The UWGV consultation participants also generated recommendations for services to address the priority areas and groups in Victoria, which included:

- Increased emergency food access and education/outreach about food and nutrition;
- Creation of long-term community food infrastructure such as community gardens and kitchens;
- Provision of culturally appropriate mental health services that are located close to populations in need;
- Proactive work to identify and assist the ‘hidden homeless’ and unstably housed;
- Specific services for youth aging out of foster care;
- Provision of youth-oriented treatment for substance abuse and linked support through parents and schools;
- Support groups and affordable counseling for victims of abuse; and
- Education about and early identification of adult substance abuse issues, combined with advocacy and anti-stigma campaigns (UWGV, 2011).

As seen in Table 15, several broad themes recur in the priority list of concerns, including affordability, homelessness, mental health and addictions and childcare. In addition, the list of suggested services and supports generated by the UWGV consultation participants points to several specific population groups perceived to be at risk, including unstably housed individuals and youth aging out of foster care. Many of the identified issues are supported by demographic data, the results of the literature review, and key social trends, as discussed in the following section.

6.2: Key trends and projections

A number of important economic and demographic trends have been identified that will likely influence the need for community social services in Greater Victoria in both the short- and the long-term. Among the most immediate issues are the economic effects of the recent recession, which will likely include higher levels of need for supports related to employment, mental health and substance abuse, family issues and general financial stress (Social Planning Network of Ontario, 2009). Longer-term trends in migration and settlement will also affect the type and distribution of social service needs in Greater Victoria:

- Changing demographics on the West Shore as a result of increased population growth, particularly in young families;
- Increasing number of immigrants settling in non-core areas;
- Overall population aging, with particularly significant increases in the ‘oldest old’ categories;
- Rapid growth of the Aboriginal youth population (UWGV, 2011); and
- Shifting immigration patterns resulting in increasing numbers of immigrants from non-Western European countries of origin (Statistics Canada, 2007a).

6.3: Key community social service needs

It is impossible to discuss all of the possible types of community social services necessary for several reasons, primarily the complexity and range of services that exist. For instance, a survey of the services provided by immigrant- and refugee-serving organizations in Toronto identified a huge variety of service types, including:

“adult day services, community and economic development, counseling/crisis intervention, drop-ins, early learning and child care, education, emergency shelter, employment/skills training, food and clothing, general community services, health, rehab and homecare, homeless services, housing access, information/referral/hotline services, legal aid, long-term care, other early years services, outreach, recreation, settlement, language and literacy, social housing, supportive housing and other services”

(Community Social Planning Council of Toronto and Family Service Association of Toronto, 2006, p.5).

The following discussion addresses some of the main issues emerging from the combination of demographic data, academic research and previous needs assessments conducted in Greater Victoria.

6.3.1: Children and youth

Given the combination of the number of families with children in Victoria, the identified shifts in demographics and mobility (particularly on the West Shore), and the challenges faced by young families in terms of affordability and food security, the need for a range of services emerges strongly from the literature and previous needs assessments. Family housing instability and homelessness are significant issues, particularly for Victoria’s

14,640 lone-parent families, of whom approximately 30% may currently be in core housing need (Statistics Canada, 2007a; CMHC, 2006). Estimates also suggest that there may be many more women and families in Greater Victoria who are part of the 'hidden homeless', indicating a need for family-oriented housing support services including mental health outreach, family emergency shelters and services to help homeless or at-risk families build social networks and reintegrate into their communities (Community Council, 2007d; Tischler et al, 2007).

The literature also indicates needs for a variety of parental support services. Registered childcare spaces are in short supply in Victoria, particularly for children under 12 months old, which makes it significantly more difficult for parents to find and maintain employment (Cruikshank, Gruposso and Gabel, 2007; UWGV, 2011). In addition to the provision of appropriate services, the importance of locating services in or close to families' home communities (Family Service Association of Toronto and Community Social Planning Council of Toronto, 2004) suggests that increased childcare spaces are necessary in the Western Communities and other non-core areas with increasing numbers of young families. Research also suggests needs for a range of other parental supports, such as pregnancy support, parenting education and support for mental health and substance abuse issues. In addition to general services, targeted services may be useful for low-income parents (particularly lone parents) and parents in neighbourhoods with demonstrated high levels of child vulnerability including Burnside, Downtown-Vic West and University (HELP, 2011). Specialized supports are also needed for parents of children with disabilities or other special needs, including education and training, respite care, peer support and accessible recreational opportunities (Beresford, Rapiee and Sloper, 2007).

Employment and income are two important issues facing youth in Victoria. The 2010 youth unemployment rates (13.8% among males 15-24 and 8.9% among females 15-24) were considerably higher than unemployment rates among the Victoria population in general (Statistics Canada, n.d.e; Statistics Canada, n.d.f), and combined with the low wages often earned by youth and the amount of time spent in school, youth in general are at considerable risk for low income (Lee, 2000). Youth homelessness is also an important issue in Victoria, and various community needs assessments have suggested a need for youth-oriented shelter services to house the estimated 250-300 homeless youth as well as services for the estimated 350 unstably housed youth (Community Council and Victoria Cool Aid Society, 2007). Suggested services include both emergency and long-term housing options tailored to youth, mental health services, and individualized services to assist with finding and maintaining work (Collins and Clava, 2009; Ferguson 2010). Both academic literature and community needs assessments indicate that youth aging out of foster care in Greater Victoria are particularly in need of additional services, such as life skills training, job training and job search assistance, housing assistance, and forming stable, supportive relationships with adults (Mares 2010; Collins and Clava, 2009; Community Council, 2008). As with family services, the location of these supports is important. This is particularly true for vulnerable youth, as assessments suggest that services offered in youths' home communities (especially the Western Communities)

reduces the disruption of family and social support networks (Community Council, 2008).

The combined information from literature, demographic data and community needs assessments points to needs for both broad-based supports for children and youth (such as parenting support, quality childcare and employment assistance for youth) and targeted supports for groups in need, particularly low-income and lone-parent families as well as youth aging out of the foster care system.

6.3.2: *Seniors*

Seniors' service needs also deserve significant attention, particularly considering the relatively large proportion of the population over 65 (59,855 individuals) and soon-to-be over 65 (49,616 individuals 55-64) (BC Stats, 2010a). Research suggests that seniors in the community have a broad range of needs for assistance with the activities of daily living (basic tasks such as eating or bathing) as well as the instrumental activities of daily living (including shopping and housework) (Knickman, 2002). Additionally, seniors may benefit from help with home maintenance, obtaining nutritious food, and accessible and affordable transportation (Cohen-Mansfield and Frank, 2008).

Victoria's 11,556 seniors over the age of 85 are particularly likely to be in need of services, given increasing levels of disability with age (BC Stats, 2010a; Knickman, 2002). This increasing need with age is clearly demonstrated in the expressed levels of need found in the Canadian Community Health Survey (CCHS): 35-40% of South Vancouver Island residents over 80 indicated a need for help with housework; 25-30% with getting to appointments; and 20% with meal preparation (Statistics Canada, 2011a). Other particularly vulnerable groups who tend to have higher levels of need for a range of services include low-income seniors, women, seniors living alone, and seniors with one or more chronic conditions (Cohen-Mansfield and Frank, 2008; Calsyn and Winter, 2001; Miranda-Castilloal, Woodsa and Orrella, 2010). Many of these factors of vulnerability overlap in Victoria, as women make up a larger percentage of the oldest age categories as well as being more likely to be widowed (BC Stats, 2010b; Statistics Canada, 2011b). Women are also more likely to experience low income as a result of lower lifetime CPP contributions, increasing their need for services such as daycare, home health services, accessible transportation and nutritious food (Lee, 2000; Anderson, Bradham, Jackson and Heuser, 2010).

In addition to physical health issues, mental health issues also pose significant challenges for seniors, particularly social isolation. According to BC research, as many as 17% of Victoria's seniors may be experiencing a form of social isolation (Cloutier-Fisher, Kobayashi, Hogg-Jackson and Roth, 2006). In addition to a range of support services needed by seniors (including financial assistance, help navigating the health care system and personal assistance), community outreach may be needed to identify and assist isolated seniors within Victoria, particularly as the senior population expands in the near future (Choi and McDougall, 2009; Cloutier-Fisher, Kobayashi, Hogg-Jackson and Roth, 2006).

6.3.3: Immigrants and refugees

Examination of Greater Victoria's immigrant population reveals a number of issues, particularly for recent immigrants to the area. One of the primary challenges faced by immigrants to Victoria is finding affordable and appropriate housing. 3,800 immigrant households in Victoria are considered to be in core housing need, with particularly high rates of need among recent immigrants (CMHC, 2006). Affordability is the key issue for many families, and those families who spend more than 30% of their income on housing are considered vulnerable and at high risk of homelessness (Ma, 2010). In addition to immigrant-specific housing services, research suggests that collaboration between immigrant-serving agencies and broader housing organizations may be effective in improving housing outcomes for those at risk, particularly recent immigrants (Wayland, 2007).

Employment is another major challenge for immigrants, and immigrants to Victoria have lower employment rates than Canadian-born residents (Victoria Foundation, 2010b). Access to employment involves a wide variety of issues including credential recognition, valuation of foreign work experience, language skills and discrimination (Ma, 2010). Currently, all but a small population in Victoria (approximately 2270 individuals) report having knowledge of one of Canada's official languages, but there may be a need for some language training in addition to support in navigating the health, social services and immigration systems; finding work and appropriate transportation; and building social networks within Victoria (Fisher, Durrance and Hinton, 2004; Simich, Beiser, Stewart and Mwakarimba, 2005).

Immigrant children and youth, who make up a significant proportion of recent immigrants to Victoria (Statistics Canada, 2011b), have additional service needs to support successful integration. Recommended supports include programs that connect schools with parents and communities; peer mentoring programs that establish useful connections with Canadian-born youth; and awareness training for teachers and school staff on the issues faced by immigrant youth and how to best address them (Chuang, 2010).

In general, the available research suggests that particular attention is needed to the two very different sub-populations of immigrants and refugees who live in Greater Victoria. While the overall immigrant population is older and tends to come from the United Kingdom and other Western European countries, newer immigrants tend to be younger and from distinctly different countries of origin, including the United States, China, the Philippines and South Korea (Statistics Canada, 2007a). Several of the challenges discussed above, particularly related to income and housing, are more acute for recent immigrants. However, recent immigrants make up only a small proportion of the total immigrant population. Thus, while recent immigrants have higher rates of certain service needs, they represent a small number of the total immigrant population in need of services, particularly in terms of housing (CMHC, 2006).

6.3.4: Aboriginal individuals

While self-identified Aboriginal individuals constitute only approximately 3.5% of Greater Victoria's population (10,905 individuals), they are a relatively young and fast-growing population with unique support needs (Statistics Canada, 2007b; UWGV, 2011). Given the dramatic over-representation of Aboriginal children in care on South Vancouver Island, researchers have suggested that a variety of culturally appropriate family supports are needed to help improve parenting skills, alleviate stresses associated with low income and deal with the ongoing mental and physical health issues associated with the fallout from residential schools (Victoria Foundation, 2010b; British Columbia Association of Friendship Centres, 2009; Alberta Native Friendship Centres Association, 2010).

Aboriginal individuals in Greater Victoria had higher levels of mobility than the general population in 2006, and approximately 17% of Aboriginal residents had lived elsewhere in BC during the previous five-year period (Statistics Canada, 2007b). This highlights the importance of having effective and timely services in place to ensure a smooth transition, starting with orientation, housing and employment assistance, transportation and connections to the community within the first two to seven days of arrival (Alberta Native Friendship Centres Association, 2010; CMHC, 2006).

6.3.5: LGBTQ individuals

Various estimates suggest that anywhere from 3-8% of the population is lesbian, gay, bisexual, transgender or queer (LGBTQ), a group that is vulnerable to discrimination as well as a variety of physical and mental health issues (Shankle, Maxwell, Katzman and Landers, 2003; Pike, 2007). As reports suggest that discrimination based on sexual orientation is an ongoing issue in Canada, LGBTQ individuals are in need of support at a variety of life stages (Mahoney, 2010; PFLAG Canada, 2009). Research suggests school-based counseling services and advocacy geared specifically to youth are important to help them deal with social, emotional and physical health issues including post-traumatic stress disorders, substance abuse and eating disorders (Davaia, Saltzburga and Lockeb, 2010; Freundlich and Avery, 2004; Miller, Sadegh-Nobari and Lillie-Blanton, 2009). The existence of a centralized community resource centre is also an important element of providing resources, counseling services and a dedicated social and recreational space (Pike, 2007). Aging LGBTQ individuals face an additional set of challenges and may need support in dealing with social isolation, discrimination and elder abuse, mental health issues and effectively accessing the health care system (Addis, Davies, Greene, MacBride-Stewart and Shepherd, 2009; Shankle, Maxwell, Katzman and Landers, 2003).

6.3.6: Individuals with chronic disease and disability

Approximately 28% of residents of South Vancouver Island experience some type of activity limitation or difficulty completing tasks, with the rates of activity limitation rising with age (Statistics Canada, 2011a). In addition to facing challenges with various

activities, individuals with disabilities typically have low rates of labour force participation and high rates of unemployment, resulting in high levels of poverty (Statistics Canada, 2008; Canadian Association for Community Living, 2008). Individuals with developmental difficulties and memory or other psychological limitations have some of the poorest labour outcomes, and Community Living BC expects to see increasing levels of support needs among individuals with developmental difficulties in upcoming decades as life expectancy increases and carers age, requiring more support (Statistics Canada, 2008; Community Living British Columbia, 2011). In order to support individuals in finding and maintaining employment, supported employment programs are needed to provide job search assistance and ongoing monitoring and support in the workplace, in addition to advocacy and education to minimize potential or actual workplace discrimination (Dutta et al, 2008; Evans and Repper, 2000; Rampton, Waghorn, de Souza and Lloyd, 2010; Statistics Canada, 2008). In the community, individuals with disabilities have a variety of support needs, including medication monitoring, caregiver training and respite care, transportation, and social and other leisure activities (Hemmings, Underwood and Bouras, 2009; Strydom, Hassiotis and Livingston, 2005).

6.3.7: Individuals with mental health and addictions issues

Mental health issues affect a large proportion of the population: as many as 20% of adults are likely to experience mental health issues in any given six-month period, with anxiety, depression and substance abuse the most common problems (Klerman, Olfson, Leon and Weissman, 1992; Australian Government Department of Health and Aging, 2007). In Greater Victoria, mental health issues have been listed as a high priority in more than one previous community needs assessment (UWGV, 2011; VF, 2010b). In the Greater Victoria context, researchers have recommended a number of key supports, including a range of supportive housing options, informal community networks and supports, preventative outreach and follow-up, family counseling and culturally competent services (Canadian Mental Health Association, 2009; Community Council, 2007c).

Many of these recommendations are integrated with suggestions for services related to substance abuse. A variety of estimates exist related to the prevalence of substance abuse in Victoria. National-level research suggests that one in 10 Canadians over the age of 15 shows signs of alcohol or drug dependence, while provincial-level data show that 27% of males and 14% of females were at risk of long-term harm due to alcohol consumption patterns (Centre for Addiction and Mental Health, 2009; Centre for Addictions Research of BC, 2005). Research suggests that a critical aspect of harm reduction for injection-drug users in Victoria is access to a fixed-site needle exchange (Ivsins, Chow, Marsh, Macdonald and Vallance, 2010). Services for both adults and youth are priority issues within Greater Victoria area, and researchers have recommended a range of harm-reduction services, from prevention to mitigation, delivered at a variety of levels (Centre for Addictions Research of BC, 2006; UWGV, 2011).

6.3.8: Affordability and food security

Affordability of food and housing are significant issues in Victoria, and the two top issues identified by the United Way of Greater Victoria's recent community consultation (UWGV, 2011). Housing adequacy and affordability are critical issues in Victoria, given the low vacancy rates and high rents compared to national averages (CMHC, 2010; GVCEH, 2011). Individuals or families renting homes face particular challenges, as renters across Canada have seen their incomes decrease in recent decades due to rent prices that have been increasing faster than lower and middle incomes over the same period, and this issue is particularly evident in Victoria (Bryanta, Leaverb and Dunnc, 2009). Approximately 16,900 households are in core housing need, the vast majority due to problems with affordability (CMHC, 2006). Many of these households may be vulnerable to homelessness, indicating further need for some of the supports designed to prevent homelessness discussed in the subsequent section.

Food security is another important aspect of affordability that affects individuals in Victoria: 8% of the population of South Vancouver Island experienced some type of food insecurity in 2007/2008, and it seems likely that that group has grown in subsequent years due to province-wide trends of increasing food prices and dramatically increased food bank use in the wake of the economic downturn (Statistics Canada, n.d.a; Food Banks Canada, 2010). In addition to ensuring that community resources such as food banks have the necessary capacity to provide short-term relief to individuals unable to acquire sufficient food, longer-term advocacy for policy change on poverty and income supports is as a key part of addressing food insecurity (Kirkpatrick and Tarasuk, 2009).

6.3.9: Homelessness

Homelessness also continues to be a priority issue in Victoria, with estimates that approximately 791 individuals are homeless while 24,300 families are unstably housed and at risk of homelessness (Victoria Foundation, 2009; Community Council, 2007d; UWGV, 2011). Men and Aboriginal individuals are over-represented in the homeless population, and Aboriginal youth represent a significant and fast-growing group within the homeless population (Community Council and Victoria Cool Aid Society, 2007). Mental health services are critically important, given the correlations between homelessness and mental health issues, and a range of housing options and supports (van Wyk, van Wyk and Bullock, 2008; Stergiopoulos, Dewa, Durbin and Chau, 2010). Previous needs assessments indicate that more than 40% of homeless individuals in Victoria would like help to find work, which requires a variety of supports including access to clothing, showers, phone services and a permanent address; assistance with resume creation and the job search; transportation and health services and counseling (Community Council and Victoria Cool Aid Society, 2007). Families who are homeless or at risk of homelessness also need tailored supports including appropriate shelters, mental health outreach, assistance in building social networks for reintegration into home communities and advocacy to deal with the stigma reported by homeless individuals in Greater Victoria (GVCEH, 2011; Tischler, Rademeyer and Vostanis, 2007; Community Council and Victoria Cool Aid Society, 2007).

6.3.10: Labour and employment

While unemployment levels in Victoria rose sharply in 2009, reflecting the global economic downturn, they are expected to have decreased slightly in 2010 and to continue to decrease over the next several years, while still remaining higher than the unemployment rates directly prior to the recession (Conference Board of Canada, 2010). Tourism, one of Victoria's major industries, is expected to rebound in 2011 (Conference Board of Canada, 2010). The employment outlook varies by industry, however, and individuals employed in non-commercial services and transportation and warehousing may face slower or negative growth (Conference Board of Canada, 2010). Thus, there may be industry-specific needs for support programs such as training and skills upgrading in future years as the economy continues to shift.

6.3.11: Education and literacy

While rates of high school completion in Victoria are high in relation to BC and Canada, 13% of individuals over the age of 15 are without a high school diploma (Victoria Foundation, 2010b). In addition, more than one third of BC residents have low literacy skills (Literacy BC, 2005a; Statistics Canada, 2005). Given the strong links between literacy and education and employment and income, particularly for women (who, as discussed earlier, are at higher risk of facing income-related issues in Greater Victoria including core housing need and food insecurity), as well as to overall health, improving education and literacy levels is an important issue (BC Representative for Children and Youth and BC Office of the Provincial Health Officer, 2010; Statistics Canada, 2005). In addition to formal education programs, services designed to enhance literacy and access to education need to address some of the barriers faced by individuals with low literacy, such as availability of childcare or unaddressed learning disabilities (Albertini, 2009).

6.3.12: Domestic violence

Estimates suggest that approximately 23% of women in BC have experienced abuse in the last five years, with Aboriginal women and women with disabilities or activity limitations at particularly high risk of sexual or physical abuse (Cohen and Maclean, 2004; Wilson, 2010). Locally, the recent United Way of Greater Victoria consultation identified support for victims of abuse as a key need in the community (UWGV, 2011). Women experiencing domestic abuse have a range of immediate and longer-term support needs. In the short term, women (and their children) need shelter services, housing resources and counseling (Wilson, 2010; Worrall, Boyland and Roberts, 2008). In the medium- to long-term, women need supports to enable them to deal with mental and physical health problems, find housing and employment, and become self-sufficient as well as ongoing support services to help them re-establish themselves in their home communities (George, Grossman, Lundy, Rumpf, and Crabtree-Nelson, 2010).

6.3.13: Political and economic context

The political and economic contexts in Greater Victoria are currently in flux, with large direct and indirect effects on community social service need. Some of the most immediate effects are related to the economy: research suggests that the economic recession has created more and increasingly complex needs for a wide range of social services, particularly in the area of labour and employment. In the longer term, the recent political changes in BC, particularly the election of a new premier and leader of the opposition, are likely to have significant effects in the form of changes to policies and priorities.

6.3.14: Social context

Discrimination based on a variety of factors has been identified as a key social issue, both in a national and provincial context and by previous community needs assessments in Greater Victoria. In the Greater Victoria context, homeless individuals, youth with children and individuals with mental illnesses or substance abuse issues have all reported experiencing discrimination and expressed a need for advocacy. Research suggests that in addition to advocacy, actions to prevent discrimination and support victims could include counseling, legal advice and promotion of anti-discriminatory workplace policies.

6.4: Summary

The preceding discussion gives an idea of some of the types of social service needs in Greater Victoria, subject to the availability of both academic and demographic data. In many instances, the overlaps between the categories within the conceptual framework mean that certain population groups likely have needs in a variety of areas – for instance, lone-parent families are more likely than others to be in core housing need, to face food insecurity and to have low income. Aboriginal groups in Greater Victoria also tend to show certain patterns of heightened need, being over-represented in terms of children in government care, core housing need and homelessness. The next section builds on this discussion and provides recommendations for the ideal structure and delivery of community social services necessary to meet the identified needs.

SECTION 7: CONCLUSION AND RECOMMENDATIONS

The results of the literature review and demographic analysis clearly demonstrate that a multitude of needs exist for support from the community social services sector. One of the main goals of this project is to provide a set of recommendations related to the community social services sector that can be used both by the clients for their advocacy work and by subsequent researchers to assess the state of existing community social services in Greater Victoria. The following recommendations highlight themes that have emerged from both the literature review and the demographic analysis as key issues and areas of service need in the population of Greater Victoria. The recommendations are grouped according to the discussion framework that has been used in previous sections, and they focus on the community social service needs in Greater Victoria that are most strongly indicated by the available academic, demographic and community-based research.

7.1: Recommendations related to individual factors

Recommendation 1: Target parenting support services and early education and child care to neighbourhoods and populations with high levels of need, including areas with high levels of child vulnerability, low-income families, young parents and lone-parent households.

Availability of parent support services, particularly quality childcare, has been identified as a key issue by numerous community needs assessments in Greater Victoria, given the large proportion of the population constituted by children and young adults. While all parents could potentially benefit from a range of support services, research shows that lone parents, parents in low-income households and young parents (categories that frequently overlap) face particular issues in terms of affordability and other stressed in Greater Victoria. Indicators such as child vulnerability according to the Early Development Index, levels of income and average ages of family heads could be used to effectively identify target groups and deliver services accordingly.

Recommendation 2: Provide work- and life skills-related supports to youth, with particular attention to vulnerable groups, particularly youth aging out of the foster care system and youth with children.

Low levels of employment and income are significant issues for many youth, putting particularly those who lack financial support from their families at risk of poverty. Youth-specific work-related supports including help with the job search process are important mechanisms of helping youth to obtain self-sufficiency. Beyond income-related issues, however, certain vulnerable groups of youth in Greater Victoria require broader supports. Recent community consultations as well as academic literature have highlighted the particular needs of youth aging out of the foster care system and young parents, including mentoring, life skills coaching, counseling services, advocacy and housing support. Targeting services to youth aging out of the foster system in particular

would benefit the fast-growing Aboriginal youth population in Greater Victoria, who are over-represented in both the foster care system and the homeless population.

Recommendation 3: Provide supports to Greater Victoria's large senior population, including outreach to connect with socially isolated seniors and those suffering from disabilities and chronic disease.

Given the large proportion of Greater Victoria's population made up of seniors, in addition to the large number of baby boomers who will be adding to the population in the near future, appropriate community social services for seniors are a growing issue. Elderly women, seniors living alone and seniors over the age of 85 are particularly likely to be in need of services, including assistance with household tasks, personal tasks, transportation and finances. Low literacy and social isolation are particular problems among seniors, with detrimental effects on mental and physical health that can be mitigated by outreach and other supports.

Recommendation 4: Provide a range of integrated mental health and substance abuse services targeted at a variety of stressors and population groups, as well as services that deal with related social, economic and financial stressors.

The connections between mental health needs, substance abuse and other issues including homelessness are well-documented in the literature and the importance of these services is clearly recognized by individuals within the Greater Victoria community social services sector, as shown by the emphasis placed on mental health and substance abuse in both the United Way and Victoria Foundation consultations. The effects of the recent recession are likely to continue to increase the need for mental health and substance abuse services, in concert with documented stresses faced by individuals and families due to high accommodation and food costs in Greater Victoria.

7.2: Recommendations related to family and community factors

Recommendation 5: In addition to comprehensive services for homeless individuals in Greater Victoria, provide outreach services to the large population of 'hidden homeless' and unstably housed, with particular attention to the needs of families.

Homelessness is another issue that has clearly been recognized as a priority by the community social services sector, given its prominence in recent community consultations and the relatively large body of Greater Victoria-specific research generated on the topic. Both the academic literature and previous community needs assessments make it clear that a comprehensive range of services is necessary, including emergency shelters, supportive housing, mental and physical health services and employment-related supports. Family-oriented services are particularly needed, as many of the 'hidden homeless' who live with family or friends remain so due to the fear of having their families split up by the community and government systems of social services. However, the data on Greater Victoria also demonstrate a clear need for outreach and preventative support services, given the significant numbers of households that are in core housing

need, at risk of being homeless or part of the ‘hidden homeless’. Projected increases in rent and decreases in vacancy rates are likely to further increase the need for stabilization of at-risk households and families struggling with affordability.

Recommendation 6: Ensure that victims of domestic violence have access to both family-oriented emergency services and long-term supports to enable self-sufficiency and community reintegration.

Support for victims of violence and abuse is an important issue in Greater Victoria, as indicated by its appearance on the list of priority issues from the UWGV community consultation. While exact figures on the magnitude of the issue are difficult to come by, estimates suggest that it may have affected as many as 23% of women in BC in the past five years. Two distinct types of services are needed to support victims in the Greater Victoria area: emergency shelter, counseling and other short-term services that can accommodate both women and children, and long-term supports to enable women to deal with mental and physical health issues, find employment and build social support networks within their communities. As the stresses associated with the recent recession have led to observed increases in family violence, the effective provision of these services is particularly important at present and in the near future.

7.3: Recommendations related to broad contextual factors

Recommendation 7: Locate community social services for at-risk women, children and youth so that they are close to the target populations, particularly with regard to the growing population in the Western Communities.

Accessibility of community social services is a particularly important issue in Greater Victoria given the recent and projected population growth in several of the Western Communities, particularly Langford. While accessibility of services includes many factors (such as transportation, wheelchair access or languages), both academic research and previous community needs assessments in Greater Victoria have highlighted the importance of physical location for certain types of services. Two areas in which location of services may be particularly significant are in services for homeless or at-risk youth and services for women and children who have been victims of domestic violence, both priority groups according to recent UWGV and Victoria Foundation consultations. In both cases, the literature indicates the importance of enabling individuals to maintain and build their local support networks and to effectively reintegrate into their communities. The recent UWGV consultation has also highlighted the growing numbers of young families in the Western Communities, further increasing the importance of having services for these vulnerable populations that will allow them to receive needed services while maintaining and building their social support networks.

7.4: Recommendations for further research

Recommendation 8: Further focus this research by assessing available services and gaps, sharing the results with other researchers and service providers and identifying specific service types and needs.

This paper provides the foundation for additional research by reviewing the academic literature and describing key population characteristics and needs, but further work is needed to translate this research into action. As mentioned earlier, the second research component, currently being conducted by Luba Hazeldine, will assess currently available services in Greater Victoria and point to gaps in service provision. Following on her analysis, two interrelated steps will be important. First, as these papers rely heavily on secondary research (both academic and grey literature), discussing the results with individuals and organizations currently active in the area is critical in order to provide context and verification of findings. The clients and any other individuals planning to use the results should discuss the findings with individuals and organizations involved in the sector to ensure a comprehensive picture of needs that corresponds to conditions on the ground, particularly in areas where literature, statistics or previous needs assessments were limited, including LGBTQ issues, discrimination, education and literacy and substance abuse. These discussions could also be used to focus the findings from both papers and to identify specific types and quantities of service needs. Due to limitations of space and expertise in the context of these papers, this critical work translating research findings into detailed prescriptions for services can best be completed by those who know the sector, building on the evidence identified in this paper.

While these recommendations are far from conclusive, given the limitations of time and space in this paper, they incorporate a wide range of evidence and highlight several important themes that emerged from the literature review, findings and community-identified priorities as seen in previous community needs assessments.

7.5: Conclusion

The results of this paper reinforce the broad scope of community social services and their critical importance in supporting individuals, groups and communities and enabling individuals to overcome a wide variety of barriers and challenges to full community participation. However, current limitations on government funding in Greater Victoria and increased levels of need in the wake of the recession make it necessary for the clients and other organizations to carefully examine existing services and funding allocations, in order to ensure that the diverse needs of the population are met effectively.

Within the wide range of needs that exist in Greater Victoria, the available literature points to several themes and issues that are particularly in need of attention in the present context. Seniors, youth and families, as key population groups, require individualized attention to meet their changing needs, particularly given the current economic climate and the overall aging of the population. Another major concern for many individuals in Greater Victoria that has been exacerbated by the recent recession and ongoing recovery

is affordability. The high and increasing costs associated with food and rent affect broad sections of the population, with particularly severe consequences for families headed by lone parents and low-income individuals. Issues of homelessness, unstable housing and domestic or family violence are also intimately connected to affordability and the economic context in Greater Victoria, and estimates suggest that the incidence of both has increased in recent years. In addition to economic trends, the shifting trends in migration and settlement, with a growing population in the Western Communities and increasing immigration from countries other than the UK and Western Europe, are beginning to change the composition and location of the population and therefore the types of needs involved. Given the breadth and magnitude of these issues, a huge variety of specific service needs are indicated. The specific services recommended in this paper, from life skills mentoring for vulnerable youth to outreach to unstably housed families, draw on an extensive review of available evidence to provide suggestions that can mitigate some of the issues identified and enable individuals, families and groups to participate more fully in the economy and community of Greater Victoria.

As noted earlier, the recommendations offered in this paper are far from comprehensive and there are many other groups and issues that also deserve attention. The recommendations are also limited by the quality and quantity of available literature, which is particularly sparse in certain areas. However, this set of recommendations does highlight key ongoing issues for the community social service sector in Greater Victoria and offers suggestions for specific services based on an extensive review of available literature. The recommendations can be used in a variety of ways. They can be used as a guide to some of the critical issues relevant to the community social service sector, in order to spark discussion and focus attention on some important issues and needs. They can also be used by subsequent researchers as points of comparison for analyses of existing community social services. Ultimately, in combination with the results of the research currently being conducted by Luba Hazeldine, the findings of this research project will enhance the evidence base surrounding community social services in Greater Victoria and hopefully enable more effective service advocacy, design and delivery through improved knowledge of the community's population, issues and needs.

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APPENDIX A: LITERATURE REVIEW DATABASES AND SEARCH TERMS

This appendix provides greater detail on the search terms and methodologies used for the literature review portion of this paper. For the literature review, documents were accessed through databases and search engines including Academic Search Complete, Canadian Council on Learning, Canadian Public Policy Collection, Canadian Research Index, Conference Board of Canada, Google Scholar and the University of Victoria's Summon system. Initial search terms included combinations of community social services, social need assessment and community social need assessment. Subsequently, more specific searches were conducted through Academic Search Complete and Google Scholar to identify academic articles on service need in specific populations and issues. Search terms used in these more specific searches included combinations of need, social need, social service need, social care need, and social support and: children, early childhood, youth, family, seniors, aboriginal, immigrant, refugee, homeless, minority, addictions, mental health, literacy, employment, low income, domestic violence, chronic illness, discrimination and related terms.