A Homelessness Report Card for Victoria, British Columbia: Establishing the Process and Baseline Measures to Enable Annual Homelessness Reporting

by

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B.Sc., University of Victoria, 2008

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Supervisory Committee

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Abstract

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Systems-level homelessness report cards are an intricate part of managing and resolving homelessness within a community. Homelessness report cards can be used to both educate communities around the complexities of homelessness and capture pertinent data required to formulate evidence-based strategies towards ending (rather than managing) homelessness. The process of developing and implementing homelessness report cards can be fraught with challenges relating to: limited resources; fragmented information; and political roadblocks. To help reduce the potential of these roadblocks, a system-level Homelessness Outcome Reporting Normative framework (the "HORN Framework") was developed. The HORN Framework is based on a literature review and synthesis of the best-practice, systems-level homelessness report card development and implementation methods. The framework was then tested in a case study with the *Greater Victoria Coalition to End Homelessness* (*GVCEH*), through the creation of their 2010 Greater Victoria Homelessness Report Card. The framework and case study results are presented in this thesis.

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Dedication

I would like to dedicate this research to the men, women, and children around the world who have to fight to attain the most basic of needs, and to the people who are helping them win this fight.

Chapter 1 : Introduction

1.1 Introduction

Using strategic, evidence-based solutions, homelessness can be conceivably be eradicated (if not minimized) within the next decade. To alleviate homelessness, there needs to be action at all levels of society, from the top-down government policy makers, to the bottom-up support service providers and community members. Forming and maintaining an evidence-based strategy for this collaborative approach requires the use of a broad spectrum of data (involving such sources as: housing, the economy, education, justice, employment, etc.). This data must also be made accessible to all parties involved.

A common tool used for such a task is the homelessness report card. A homelessness report card is a publicly accessible synthesis of regional homelessness indicators that can be used to evaluate (or grade) the current homelessness situation from within a community (including: the causes of homelessness, the current status of homelessness within the region, and what's being done in the community to resolve the homelessness situation). As a result, homelessness report cards can: increase regional, provincial, and national accountability of homelessness efforts; improve the communities' understanding of the complexities of homelessness, and aid in the development of strategies towards permanently breaking the cycle of homelessness.

Prior to this research, no standardized approach for the development and implementation of system-level homelessness report cards existed. The outcome of this research is the Homelessness Outcome Reporting Normative (HORN) Framework for streamlined, system-level, homelessness report card design and implementation. In this research, this framework was tested through a homelessness report card development case study with the *Greater Victoria Coalition to End Homelessness* (*GVCEH*). The

GVCEH is “a community-based partnership of service providers in the non-profit and public sectors, advocates, business representatives and elected municipal officials, formed in February 2008 to lead the regions commitment to end homelessness” (Greater Victoria Coalition to End Homelessness Society, 2009).

1.2 Research Questions

This research aims to answer three primary research questions:

1. What are the current best-practices for homelessness report card development and implementation?
2. Is the HORN Framework a viable means of facilitating the continual annual reporting of homelessness by the *GVCEH* within the greater Victoria region?
3. Has the *Greater Victoria Coalition to End Homelessness* made progress towards meeting its outcome goal of: “ending homelessness in greater Victoria by 2018”?

The questions posed in this research are answered empirically. To determine the current best-practices for homelessness report card development and implementation, a literature review was conducted, whereby a synthesis of the literature review material resulted in the development of the HORN Framework. To confirm that the HORN Framework is a viable means of facilitating annual homelessness reporting, a case study was performed with the *GVCEH*. In this case study, the HORN Framework was used to produce the organization’s fiscal year 2009-2010 homelessness report card. To validate whether or not the *GVCEH* had made any progress towards ending homelessness in greater Victoria, the data from the coalition’s 2009-2010 report card was quantitatively analyzed. The findings from this analysis were then documented and published in the *GVCEH* report card.

1.3 Claim Importance

Through the development and empirical testing of the HORN Framework, this study has produced a standardized, best-practice means of producing system-level homelessness report cards. This work could enable community based homelessness coalitions with the necessary knowledge, skills, and processes to produce continual, high-quality homeless report cards, which can be used for a myriad of beneficial purposes aimed at ending homelessness (listed in Table 3-2: Report Card Uses). Standardizing the report card development and implementation process also increases the comparability of homelessness report cards, both over time and between reporting agencies. Prior to this study, no such standardized framework for the development and implementation of system-level homelessness report cards was found.

The issue of homelessness is not confined to the slums of the third world. In Canada, a first-world, G8 country that is famous for generosity and social programs, homelessness can be found in many of its urban and rural communities alike. In British Columbia, for instance, the breadth of government provided social support programs is consistent with the best practices used in other jurisdictions; however, due to the absence of a clear governmental strategy to end homelessness (involving measurable goals and objectives), homelessness throughout the region continues to rise (Doyle, 2009).

Housing success stories are commonly reported by the front-end support workers, who work tirelessly at helping people regain their housing and life stability. Meanwhile, as these housing successes take place, the same faults in the public system begets new cases of homelessness; thus, perpetuating the never-ending homelessness cycle. The situation can be likened to a sinking boat, where the futile bailing efforts of the passengers are outmatched by the leaks in the hull (for every litre of water bailed from the boat, two litres of water rush in through the holes). Unless the leaks are mended, the boat will sink.

The regions making the most progress towards eliminating homelessness have instituted housing strategies, which emphasize the importance on housing *availability* and affordability for all. Examples of such strategically enabled housing success stories include: the UK's development of a homelessness strategy in 1997 and making "significant progress" by 2003 (Doyle, 2009); Chicago's development of a regional housing strategy and seeing three consecutive years of homelessness reduction (Calgary Homeless Foundation, 2010); and Portland's development of a housing strategy, resulting in transitioning 992 chronically homeless people and 500 families into housing in the first 18 months of their plan (Calgary Homeless Foundation, 2010).

To evaluate progress towards ending homelessness, systems-level data must be collected from a myriad of sources (including the areas of: housing, education, justice, employment, etc.). This collection of local homeless data and its synthesis into community-targeted solutions must be both low-cost and streamlined, as homeless coalitions are most often limited in the amount of resources that they can dedicate to such efforts. It is the aim of this research to develop and test a framework to be used for the collection, synthesis, and use of such system-level homeless data, in the form of an organizational homeless report card.

In this research, the Homelessness Outcome Reporting Norm (HORN) Framework is proposed as a means of streamlining homeless coalitions' efforts for the collection and synthesis of local homeless data into annual homelessness report cards. The HORN Framework is an amalgamation and systematization of the best-practice homelessness report card development and implementation processes and standards based on a review of the literature.

In an initial review, report card processes and standards were scattered about the literature and found in a variety of sources. Previously available material was either too broad in scope, and didn't focus on the unique needs of report card development in the area of homelessness (Gormley & Weimer, 1999),

or focused on homelessness, but lacked the full scope of report card development and implementation best-practices (Beaulac, Goodine, Aubry, Cairns, & Urquhart, 2004). This situation of sporadic and partial report card development and implementation material posed as an accessibility barrier to the resource constrained homelessness coalitions. The HORN Framework gets around this issue by making available a single, comprehensive source of homelessness report card development and implementation best-practices. This increases the practicality of the material's use by homelessness coalitions in actual report card applications, as the coalitions need only go to one place for all of their homelessness report card development and implementation needs.

The HORN Framework is the outcome of a literature review of homelessness report card development and implementation best-practices. These best-practices were then synthesized into a 13 stage framework. The standards and processes outlined in each of the 13 framework stages are based on previously available literature on report card development and implementation. It is the fact that this material has been synthesized into a comprehensive and systematized process that makes the HORN Framework unique.

Upon its completion, the HORN Framework was validated via a case study with the *Greater Victoria Coalition to End Homelessness* (*GVCEH*). In this case study, the framework was used to produce a homelessness report card for the Capital Regional District and answer the question of whether or not the coalition had been making progress towards its outcome goal of: "ending homelessness in greater Victoria by 2018".

1.4 Ethics

To complete this research, ethics approval was attained through the University of Victoria (see Figure I-1) and from the Vancouver Island Health Authority (see Figure I-2). Given the fact that only de-

identified and/or aggregated, secondary data was gathered in this research, a waiver from full ethical review was granted.

1.5 Agenda

The findings of this research are broken into six chapters. The next chapter (Chapter 2) provides an overview to the problems associated with homelessness and homelessness research. The primary area of concern for this research (a lack of a standardized, system-level, homelessness reporting framework in the literature) is then addressed in Chapter 3, through the proposal of the HORN Framework. This solution is described in three phases: first, a brief history of organizational report cards is given; second, an overview of the literature review methodology used to produce the HORN Framework is provided; finally, the thirteen stage HORN Framework is detailed. The use of the HORN Framework in an applied case study (with the *Greater Victoria Coalition to End Homelessness*) is then described in Chapter 4, and the case study's results are given in Chapter 5. Finally, a discussion of the research study findings (both with respect to the use of the HORN Framework to the *GVCEH* report card results), study limitations, use of the research in existing literature, future research considerations, and concluding thoughts are provide in Chapter 6.

Chapter 2 : Problem Definition

2.1 Problem Overview

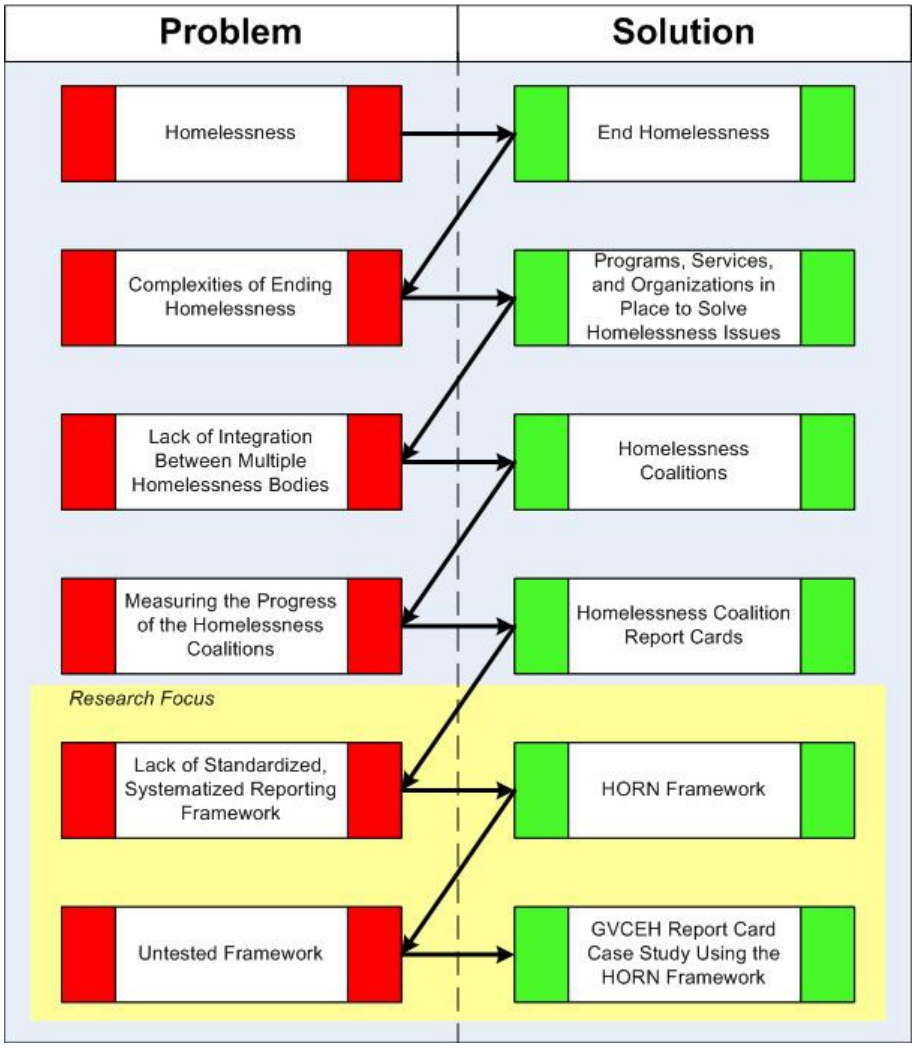


Figure 2-1: Research Problem Breakdown

This research focuses on a sub-section of a chain of problems, graphically depicted in Figure 2-1: Research Problem Breakdown. "Addressing homelessness is a challenge in all regions across Canada" (Human Resources and Social Development Canada, 2008). The consequences of homelessness are severe and far reaching. At its core, homelessness is an issue of survival. Shelter is a foundational component to life, and is described as a basic or physiological need in Abraham Maslow's "Hierarchy of

Needs" (Maslow, 1943). Without shelter, a person is exposed to the elements, which places their very survival at risk.

Solving homelessness does not come without effort. Homelessness is a complex issue that affects all types of people from any gender, age, background, or race (Frankish, Hwang, & Quantz, 2005). Combating homelessness requires combined efforts from the community and the alignment of strategies from housing, health care, social services, education, and justice. Governmental agencies from all levels (federal, provincial, regional), public and private businesses, organizations, programs, services and individuals are all required in the efforts to solve homelessness (National Alliance to End Homelessness, 2000).

The large number of stakeholders involved in combating homelessness introduces challenges in service integration between the multiple stakeholders. Misalignment between stakeholders results in fragmented, ad-hoc services with no over-arching strategy or direction. One strategy towards homelessness service integration that has grown in recent popularity has been the use of coalitions (bodies of partnering groups from the various sectors of homelessness action) to promote a unified direction in homelessness work and the implementation of 10 year plans to end homelessness (Calgary Homeless Foundation, 2010).

Coalitions to end homelessness require information about their community to determine an appropriate, evidence-based strategy towards solving the homelessness issues, and to determine whether or not their activities are producing their desired effects. Due to the complexities of homelessness; however, this can be a challenging feat. The report card methodology is a proposed means of producing a holistic estimation of homelessness levels in an efficient manner.

Due to the cost and time required to institute an organizational report card and the tight resource constraints of the coalitions, instituting homelessness report cards can be a challenge. A standardized

framework for system-level report card planning, development, and implementation would help to increase the efficiency of report card projects through the provision of step-by-step homelessness report card processes, and would also increase the comparability of coalition report cards across regional system barriers by ensuring that different coalitions used the same methods and similar measures to produce their report cards. A literature review of system-level homelessness report card material, however, produced no such framework.

The absence of a standardized, systematic framework for system-level homeless report card planning, development, and implementation served as the grounds for this research. It is the goal of this research to develop and test this framework to better enable homelessness coalitions to develop and manage their strategies to end homelessness and to maintain public accountability through reporting homelessness indicators.

2.2 Homelessness

2.2.1 Definition

A literature review conducted by (Pauly, 2009) outlined and evaluated the various definitions of homelessness used around the world. The review also highlighted the numerous challenges involved in defining homelessness as well as the problems that can arise from un-standardized homelessness definitions in the following excerpt:

"Homelessness is a process or situation and not a universal experience. There is no classification of homelessness that can capture the unique experience of individuals. These are only working definitions that can help us to grasp what kinds of situations we are talking about, provide a framework for data collection, policy development and monitoring[1]. An adequate definition of homelessness should not characterize or label people (e.g. such as hard to house, hard to reach). Such terms locate the problem

[1] FEANTSA, www.feantsa.org

within people without acknowledgement of the broader social conditions at play. Of critical importance, is that homelessness be defined as a process or situation not as a characteristic of people. This is essential as it is fundamentally inaccurate to locate homelessness as an individual problem given the social factors such as income policies, deinstitutionalization, housing affordability and availability (e.g. rising costs and loss of social housing programs) that contribute to and produce homelessness.

In defining homelessness, we must constantly be mindful that how we define homeless has significant implications for how we view the problem of homelessness and people who experience it, how we count homelessness, the decisions we make to address homelessness and assessment of progress of the chosen directions[2]*. In particular, homelessness is not a homogenous category but there are many different people who experience homelessness"* (Pauly, 2009).

The review concluded that the European Typology on Homelessness and Housing Exclusion (ETHOS) is the best-practice classification scheme/definition of homelessness (European Federation of National Associations Working with the Homeless AISBL) for monitoring homelessness. Based on this finding, the *GVCEH* has adopted the ETHOS framework as the standard for homelessness definitions, and as such, the EHTOS framework was also used to classify homelessness for this research.

The ETHOS framework classifies homelessness according to living situations ('Inadequate Housing', 'Insecure Housing', 'Houselessness', and 'Rooflessness'). Table 2-1 defines these terms and lays out the complete ETHOS framework as reported in (European Federation of National Associations Working with the Homeless AISBL):

[2] Tipple, G. and Speak. S. (2005). Definitions of homelessness in developing countries. Habitat International, 337-352.

European Typology on Homelessness and Housing Exclusion						
		Operational Category		Living Situation		Generic Definition
Conceptual Category	ROOFLESS	1	People Living Rough	1.1	Public space or external space	Living in the streets or public spaces, without a shelter that can be defined as living quarters
		2	People in emergency accommodation	2.1	Night shelter	People with no usual place of residence who make use of overnight shelter, low threshold shelter
	HOUSELESS	3	People in accommodation for the homeless	3.1	Homeless hostel	Where the period of stay is intended to be short term
				3.2	Temporary Accommodation	
				3.3	Transitional supported accommodation	
		4	People in Women's Shelter	4.1	Women's shelter accommodation	Women accommodated due to experience of domestic violence and where the period of stay is intended to be short term
		5	People in accommodation for immigrants	5.1	Temporary accommodation / reception centres	Immigrants in reception or short term accommodation due to their immigrant status
				5.2	Migrant workers accommodation	
		6	People due to be released from institutions	6.1	Penal institutions	No housing available prior to release
				6.2	Medical institutions (*)	Stay longer than needed due to lack of housing
				6.3	Children's institutions / homes	No housing identified (e.g. by 18th birthday)
		7	People receiving longer-term support (due to homelessness)	7.1	Residential care for older homeless people	Long stay accommodation with care for formerly homeless people (normally more than one year)
				7.2	Supported accommodation for formerly homeless people	
	INSECURE	8	People living in insecure accommodation	8.1	Temporarily with family/friends	Living in conventional housing but not the usual or place of residence due to lack of housing
				8.2	No legal (sub)tenancy	Occupation of dwelling with no legal tenancy illegal occupation of a dwelling
				8.3	Illegal occupation of land	Occupation of land with no legal rights
		9	People living under threat of eviction	9.1	Legal orders enforced (rented)	Where orders for eviction are operative
				9.2	Re-possession orders (owned)	Where mortgage has legal order to re-possess
		10	People living under threat of violence	10.1	Police recorded incidents	Where police action is taken to ensure place of safety for victims of domestic violence
	INADEQUATE	11	People living in temporary / non-conventional structures	11.1	Mobile homes	Not intended as place of usual residence
				11.2	Non-conventional building	Makeshift shelter, shack or shanty
				11.3	Temporary structure	Semi-permanent structure hut or cabin
		12	People living in unfit housing	12.1	Occupied dwellings unfit for habitation	Defined as unfit for habitation by national legislation or building regulations
		13	People living in extreme overcrowding	13.1	Highest national norm of overcrowding	Defined as exceeding national density standard for floor-space or useable rooms
Note: Short stay is defined as normally less than one year; Long stay is defined as more than one year. This definition is compatible with Census definitions as recommended by the UNECE/EUROSTAT report (2006)						

Data Source: (European Federation of National Associations Working with the Homeless AISBL)

Table 2-1: European Typology on Homelessness and Housing Exclusion

Adding further clarity to the ETHOS classification of inadequate and insecure housing is the *CMHC* classification of '*Core Housing Need*'. *CMHC* defines '*Core Housing Need* as follows:

"***Core Housing Need Status***

A household is said to be in core housing need if its housing falls below at least one of the adequacy, affordability or suitability, standards and it would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards).

- *Adequate housing are reported by their residents as not requiring any major repairs.*
- *Affordable dwellings costs less than 30% of total before-tax household income.*
- *Suitable housing has enough bedrooms for the size and make-up of resident households, according to National Occupancy Standard (NOS) requirements.*

A household is not in core housing need if its housing meets all of the adequacy, suitability and affordability standards

OR,

If its housing does not meet one or more of these standards, but it has sufficient income to obtain alternative local housing that is acceptable (meets all three standards).

NOTE: Regardless of their circumstances, non-family households led by maintainers 15 to 29 years of age attending school full-time are considered to be in a transitional stage of life and therefore not in core housing need" (Canada Mortgage and Housing Corporation, 1996-2006).

2.2.2 Causes

Homelessness stems from complex interactions at both the individual and societal levels (Frankish, Hwang, & Quantz, 2005). There is no single pathway to homelessness, and in almost all cases, homelessness is not a personal choice (Doyle, 2009).

At the individual level, homelessness risk factors include a person's: health status, education/work experience, and personal background. Health contributors to homelessness can include mental health conditions (i.e. schizophrenia, bi-polar disorder, etc.), substance abuse issues (drug or alcohol related), or any number of other debilitating conditions, such as Fetal Alcohol Syndrome or strokes (Frankish, Hwang, & Quantz, 2005) (Doyle, 2009) (Turnbull, Muckle, & Masters, 2007). Education/work experience contributors to homelessness include: low educational attainment (i.e. not earning a high school diploma) and limited job training/skills (Frankish, Hwang, & Quantz, 2005). Personal background traits that serve as homelessness risk factors include: adverse childhood experiences (i.e. family breakdown or child abuse), domestic violence, exploitation, and isolation (Frankish, Hwang, & Quantz, 2005) (Doyle, 2009) (Turnbull, Muckle, & Masters, 2007).

At the societal level, the most common root causes of homelessness stem from issues involving: poverty (rooted in affordable housing shortages and labour market issues), failed governmental policy, urbanization, and discrimination.

People in poverty simply cannot afford the major costs of living (i.e. shelter, food, and clothing). The most expensive of all costs of living is housing. Housing that takes up more than 30% of a household's budget leaves little money for other expenses such as food, clothing, transportation, education, and retirement. When housing costs interfere with a person's ability to attain food or adequate clothing, housing often times becomes expendable. Failed governmental policy towards housing and the de-institutionalization of mental health facilities has only contributed to the homelessness problem. The

availability rates for affordable housing (less than 30% of a household's *income*) are lowest in big cities, but due to growing trends in urbanization, now over 80% of Canadians live in cities with populations of 10,000 or more (Frankish, Hwang, & Quantz, 2005). Discrimination (i.e. racism, sexism, etc.) within a society can also limit an individual's attainment of personal security (i.e. housing (Doyle, 2009) (Frankish, Hwang, & Quantz, 2005).

Attaining affordable housing in today's market is extremely competitive, and can be compared to the children's game of musical chairs (Sclar, 1990). If there's N people, and N-1 chairs, when the music stops, the 'strongest' people take the chairs and the weakest are left standing. In the 'game' of finding affordable housing, it's most often the case that the ones left standing are the disadvantaged (i.e. mentally ill, addicted, abused, discriminated, and impoverished).

2.2.3 Effects

The effects of homelessness are felt at both societal and individual levels. Most who encounter the effects of homelessness do so at the societal level. A walk through most any downtown core will expose the societal effects of disorder that are brought on by homelessness. Local businesses, tourism, and public morale are all ill-affected by homelessness (i.e. dishevelled individuals, public intoxication, pan handling, garbage, unpleasant odours, etc.) (Turnbull, Muckle, & Masters, 2007).

Society is also adversely affected through disproportionate public spending on homeless populations. Hundreds of millions of dollars are spent in BC on public services for homeless people (Doyle, 2009). Homeless people are hospitalized up to five times more often than the general public and the duration of their stays are longer by comparison (Frankish, Hwang, & Quantz, 2005). The costs of housing services for the homeless are high. *BC Housing* spends $130 million annually in providing *emergency shelter*s, outreach services, homeless *rent* supplements, and *subsidized housing* (Turnbull, Muckle, &

Masters, 2007). The justice system is also faced with an exorbitant amount of spending for homeless issues (Turnbull, Muckle, & Masters, 2007).

Although costly, the societal effects of homelessness are secondary to the effects that homelessness has on the individuals who are experiencing it. Shelter is a basic need for human survival. Without shelter, an individual's health suffers. The average lifespan of a homeless person is roughly half that of a typical Canadian (45 years compared to 80, respectively) (Doyle, 2009). A Toronto study showed that the age adjusted mortality rates of the homeless populations were 2-8 times greater than the housed populations (Hwang S. W., 2000). Life expectancy has also been shown to be reduced for those unstably housed in shelters, rooming houses, and hotels (Hwang, Wilkins, Tjepkema, O'Campo, & Dunn, 2009). The overall health of the homeless populations in Canada can be equated to populations living in underdeveloped countries (Turnbull, Muckle, & Masters, 2007). Homelessness has also been shown to be associated with poor health, including: increased incidence of mental illness (Frankish, Hwang, & Quantz, 2005); increased incidence of diseases such as HIV and tuberculosis (Turnbull, Muckle, & Masters, 2007) (Frankish, Hwang, & Quantz, 2005); higher rates of substance abuse issues (the homeless are 6-7 times more likely to develop alcohol addiction) (Fischer & Breakey, 2001); poorer oral and dental health (Frankish, Hwang, & Quantz, 2005); higher rates of survival sex, STDs, and unplanned pregnancy (Frankish, Hwang, & Quantz, 2005); and increased rates of injuries and assaults (in Toronto, 40% of homeless persons have been assaulted, and 21% of homeless women have been raped in the past year) (Crowe & Hardill, 1993) (Frankish, Hwang, & Quantz, 2005).

Homeless people are also plagued with healthcare access barriers. With limited personal identification at their means (i.e. no fixed address, driver's license, etc.), it can be challenging for homeless people to attain health cards (Frankish, Hwang, & Quantz, 2005). Lack of identification, transience, and discrimination can also inhibit the attainment of a primary care provider, which leads the population to

access healthcare in costly emergency departments (Turnbull, Muckle, & Masters, 2007). Accessing medical care is the first challenge faced by the homeless, but even when appropriate care is accessed, barriers to treatment are still present. Treatment difficulties associated with homelessness include: loss of follow-up; non-adherence to therapy; prolonged infectivity; inability to maintain appointments; challenges of obtaining prescriptions due to affordability issues; and problems with adhering to dietary recommendations (Frankish, Hwang, & Quantz, 2005). These problems are a consequence of the living conditions associated with homelessness.

2.2.4 Solutions

Homelessness is a complex issue that requires multi-dimensional solutions. The sectors involved in providing homelessness solutions include: housing, employment, justice, education, child care, and health care (Human Resources and Social Development Canada, 2008). For any homelessness solution to be effective, these sectors must share a common strategy and collaboratively work together towards their goal.

The current best-practice approach to ending homelessness was defined in the year 2000 by the National Alliance to End Homelessness in the report: "A Plan: Not A Dream – How to End Homelessness in Ten Years" (National Alliance to End Homelessness, 2000). This approach involves community partnerships of homelessness agencies and programs working collaboratively with all levels of government towards community-tailored, evidence-based, ten year strategies to end homelessness. The report describes four components to solving homelessness in this way (National Alliance to End Homelessness, 2000):

1. **Plan for Outcomes** – Develop evidence based strategies to end homelessness from the ground up (at the community level)

2. **Close the Front Door** – Prevent new cases of homelessness from developing by ensuring the accountability of the mainstream social programs
3. **Open the Back Door** – immediately house and support those who are currently homeless
4. **Build the Infrastructure** – end homelessness through the continual assurance of sufficient housing and social programs

2.2.4.1 Plan for Outcomes

Ending homelessness requires "both horizontal integration (across various sectors such as health, law, housing, social services) and vertical integration (across federal, provincial, territorial, and local governments and within communities)" (Frankish, Hwang, & Quantz, 2005). To ensure that the unique needs of each community are met, homelessness service and program integration must come from the ground up (at the community level).

Community-level partnerships or coalitions to end homelessness (such as the *GVCEH*) are responsible for developing and managing the integrated, evidence-based strategies towards ending homelessness within their regions and for ensuring that all community and governmental partners share these plans. The coalitions are also responsible for maintaining accountability through the public reporting of their performance. To meet these responsibilities, coalitions require reliable information about the nature and extent of homelessness within their community, which includes:

- the needs of the homeless community
- the causes of homelessness within the community
- whether or not the required supports are being provided to the homeless community

(Doyle, 2009)

Knowledge about these current homelessness trends helps to expose the gaps in homelessness services, allowing the coalitions to customize their service delivery strategy accordingly. Public accountability for coalitions can be maintained through the ongoing reporting of homeless trend-based indicators to the general public. Both of these activities are facilitated through the creation of a systems-level homelessness report card.

Homelessness report cards are designed to utilize a wide variety of homelessness proxy measures to paint a broad, high-level picture of a community's homelessness situation. Alternatives to community homelessness assessments include homeless counts or survey, which tend to be more resource intensive than report cards and do not capture the same breadth of analysis. Like homeless counts, report cards can only provide an estimation of the homelessness numbers (i.e. through shelter utilization rates, outreach service clients, etc.); however, report cards can also help to provide the contextual issues of homelessness within a region (i.e. what issues may be causing homelessness, how are the homelessness services performing, etc.). The results from these homelessness report cards can be used by coalitions to both manage their performance levels and to maintain public accountability through reporting.

2.2.4.2 Close the Front Door

With reliable information about the nature and extent of homelessness, it is believed that strategies to end homelessness can be put into place. The first step in a strategy to end homelessness is to stop new cases of homelessness from developing (by closing the front door to homelessness).

Resolving homelessness is equivocal to saving a sinking boat. If the leak in the boat is not sealed, unlimited time will be spent bailing out the water. In homelessness, unless the 'leaks' in society that cause homelessness are addressed (i.e. poverty, insufficient affordable housing, injustice, etc.), homelessness services will be exposed to a continual stream of work. These community-level

homelessness services (i.e. shelters, transition houses, outreach programs, etc.) cannot, in themselves, address the issues which propagate homelessness. The scope of these issues falls within the mainstream social programs of the province and country (National Alliance to End Homelessness, 2000). Working collaboratively with the community-level agencies through formal partnerships, the federal and provincial governments can adjust their social programs to meet the needs defined by the communities and prevent homelessness from happening.

2.2.4.3 Open the Back Door

When the 'front door' to homelessness has been closed (limiting the propagation of new homeless cases), it then becomes possible to fully address the needs of those who are currently homeless. This involves 'opening the back door' out of homelessness through the provision of affordable housing with appropriate supports.

Stable housing is a "pre-condition to enhancing the successful outcomes of other interventions" (Human Resources and Social Development Canada, 2008). Individuals require dependable housing before they can be expected to successfully complete intense supportive services such as employment training and drug rehabilitation. This approach of immediately supplying housing with supports is known as "housing first", and is widely documented as being a best-practice approach to breaking the chronic cycle of homelessness (Tsemberis, Gulcur, & Nakae, 2004).

Immediately housing the homeless is not only the most supportive means of combating homelessness, it is also the most cost effective. The housing first approach has been shown to be more cost effective than maintaining the "status quo" of homeless care (through the provision of shelters, emergency healthcare, policing, etc.). A BC study showed that due to the homeless population's exorbitant use of public services, it costs 33% less to immediately provide homeless people with affordable housing and the appropriate supports than it does to sustain the homeless people on the streets (British Columbia

Ministry of Social Development and Economic Security, and BC Housing Management Commission, 2001).

2.2.4.4 Build the Infrastructure

Keeping an end to homelessness requires the continual sustainment of appropriate infrastructural components: housing, *income*, and services (National Alliance to End Homelessness, 2000). The levels of affordable housing, population poverty levels, and service supports (i.e. mental health care, *income* supplements, etc.) must continually be monitored for appropriateness. Public reporting of these levels at the regional, provincial, and federal levels will help keep all agencies involved accountable for their actions.

2.2.5 Current Regional Homelessness Issues

Breaking the cycle of homelessness requires the following infrastructural components:

- Explicit short and long-term strategies
- Vertically and horizontally integrated programs aimed at reducing and preventing homelessness
- Comprehensive information about the extent and nature of homelessness by region

Recent evaluations of how well these requirements are being met by the provincial (BC) and federal governments have yielded unflattering reviews (Doyle, 2009) (Paulsen, 2009). Canada is the only G8 country in the world to not have a clearly defined strategy to end homelessness (Paulsen, 2009). This lack of homelessness strategy is shared throughout all of Canada's provinces, as none of which have an elaborate strategy to end homelessness (Doyle, 2009). Although the quantity of BC's programs and services aimed at reducing and preventing homelessness is reported as sufficient, the lack of overarching strategy and leadership has resulted in program and service fragmentation (Doyle, 2009). The review of BC's homelessness efforts further states that the "government does not have any overall

measures for homelessness" and that because of this, the government "lacks adequate information about the homeless and about the services already available to them" (Doyle, 2009).

Current growth in regional homeless populations adds evidence to the poor national and provincial reviews on homelessness efforts. Over the past three years, the number of homeless people in BC has increased (Doyle, 2009) (Paulsen, 2009). In Victoria, BC, according to the city's most recent population survey, in 2007 there were approximately 1,240 homeless people (Victoria Cool Aid Society, 2007). This population is believed to be on the rise by a rate of 20-30% per annum.

A more promising trend with respect to BC's homelessness efforts has been the formation of community-level coalitions to end homelessness. These coalitions vertically and horizontally integrate the community-level homelessness services from the ground up. There is still a need, however, for many of these coalitions to institute the appropriate information and reporting systems for strategic development/management and for the maintenance of public accountability. This need can be filled through the implementation of standardized, system-level homelessness report cards.

Organizational report card studies can be costly endeavours, often times requiring considerable time and resources investments. A standardized framework for system-level homelessness report card planning, development, and implementation could help to reduce these costs through the facilitation of more efficient report card projects; however, a literature review conducted for this research produced no such framework.

Homelessness coalitions are generally non-profit groups that operate under tight budgetary constraints. This restricts the amount of research and development that can take place internally. The aim of this research is to support homelessness coalitions through the development of a standardized framework for system-level homelessness report card planning, development, and implementation, and to test this framework's application in a case study with the *Greater Victoria Coalition to End Homelessness*.

Chapter 3 : HORN Framework

3.1 Methodology

The Homelessness Outcome Reporting Norm (HORN) Framework is the result of a review and synthesis of report card literature from the 1800s to the end of 2009. Articles were selected for this review using three search strategies.

First, a group of experts in the areas of homelessness in the Victoria area and performance management were asked to recommend high quality, relevant articles.

Second, articles pertaining to homelessness report card development were selected from the following online databases: CINAHL; Cochrane Collection; OVID Medline; PubMed; Web of Science; ERIC; Econlit; PsycINFO; and Social Work Abstracts. A review of academic literature found in Google Scholar, as well as academic and grey literature, found using the Web search engine Google, was also performed. The search terms used in this database and Web review included: “report card and methodology”; “report card and homeless*”; “performance management and methodology”; “performance management and homeless*”; “scorecard and homeless*”; “Status Reports and methodology”; “Profile Reports and methodology”; “community indicator reports and methodology”; “balanced scorecard and methodology”. Articles were included in the review if they: discussed the report card methodology (either through providing a framework, evaluation, or review) or if they involved cases of report card implementations in a specific homelessness context. Articles were excluded from the review if they involved the report card’s specific implementation in an irrelevant context (i.e. education).

Finally, a reverse reference search was performed through an examination of the selected articles’ bibliographies to find any relevant articles that were used by the selected papers, and a forward

reference search was performed, using Google Scholar's reference lookup, to select any relevant articles that used the selected articles as a reference.

To synthesize the reviewed articles into the HORN Framework, the articles' contents were extracted and organized into the following categorical groupings: definitions; general Information; history; types; purposes and outcomes; audience; appropriateness; facilitators; barriers; limitations; time to produce; cost to produce; evaluation criteria; process; and indicators. These categorical groupings were then analyzed for: recommendations, commonalities, differences, and best-practices, and then reassembled into an all-inclusive, standardized framework for reporting homelessness (the HORN Framework).

3.2 Organizational Report Cards - Background

The report card methodology has been used for over a century. Records indicate that the first to use reporting standards included Horace Mann, who, in the 1840s, promoted the standardization of testing within the Boston public school system. Another early pioneer in Report Card use was Florence Nightingale, who in the 1860s convinced the London hospitals to report on their mortality rates (Gormley & Weimer, 1999). Since their inception to the late 1900s, organizational report cards were used only sporadically due to a number of limiting factors, including: technical problems; financial problems; industry opposition; public ignorance; fragile organizations; crude measurement; and lack of public understanding (Gormley & Weimer, 1999). By the early 1990s, however, an increasing flow of organizational performance measurement literature began to stream out into publication (Halachmi, 2005). Factors that contributed to the rise in popularity of organizational report cards included: the need for greater accountability of both non-profit and for-profit organizations that deliver services to the government; a higher demand for organizations to get more for their money; saturated markets that promote consumer choice; and the internet's use as a highly accessible reporting medium (Gormley Jr., 2004).

Due to the long historic record of report card use, there is an abundance of both academic and grey literature on the subject. At the time of this publication, a Google Web search of the phrase "report card" produced over one million Web pages and an online academic literature search for the phrase "report card", using Google Scholar, returned over 60,000 articles. Academic database searches for "report card" returned results in the order of hundreds. To narrow the scope of the returned resources in the Web and academic database searches, search terms more specified to the report card methodology and its use in homelessness studies were used.

The refined search was successful in the collection of several valuable articles of three types:

- Homelessness report card studies produced by other organizations, such as: (City of Toronto, 2003) and (Tenant Resource & Advisory Centre (TRAC), 2007);
- Descriptions, evaluations, and reviews of the report card and/or other relevant performance measurement methodologies, such as: (Gormley & Weimer, 1999) and (Coe, 2003);
- A single article, which described report card development and use within a homelessness reporting context (Beaulac, Goodine, Aubry, Cairns, & Urquhart, 2004).

These articles were analyzed and synthesized into the following HORN Framework.

3.3 HORN Framework

The review and synthesis of report card literature resulted in the production of a 13 stage report card development model, the Homelessness Outcome Reporting Norm (HORN) Framework.

Figure 3-1: The HORN Framework Stages

1. **Planning** – acquire an initial understanding of report card: quality, uses/purpose, limitations, and facilitators; secure stakeholder involvement; define the audience that will utilize the report card; assign roles to report card development activities; and perform a literature review of the current report card best-practices;
2. **Report Card Review** – review and evaluate other like report cards and create a corpus of potential homelessness reporting indicators;
3. **Organization Analysis** – define the organizational inputs, outputs, and outcomes to determine the organizational requirements of the report card;
4. **Community Review** – communicate with the community stakeholders to determine their needs and to gain an initial understanding of what indicator data is/isn't readily available for collection;

5. **Indicator Selection** – select the indicators that will be used for the report card based on the organizational analysis and the community informational gap analysis;
6. **Data Collection** – develop the data collection tools/systems and collect the data for each of the chosen report card indicators;
7. **Data Validation** – ensure that all of the collected data is of sufficient quality;
8. **Data Analysis** – statistically analyze the collected indicator data for relevant trends, associations, etc.;
9. **Stakeholder Inspection** – have all of the report card stakeholders review their analyzed data for correctness; make any changes requested by the stakeholders; acquire reporting requirements from the stakeholders;
10. **Report Preparation** – develop a report card that is tailored to the audience and based on the stakeholder reporting requirements;
11. **Report Approval** – gain final stakeholder approval for the release of the report card;
12. **Dissemination and Action** – disseminate the report to the chosen audience and act on the report findings;
13. **Evaluation** – evaluate the report card content and process; make any necessary changes for the next year of reporting;

3.3.1 Planning

For a report card study, at the conclusion of the planning stage in the HORN Framework, the following deliverables (or process outputs) will have been generated:

- the development of an understanding of report card: quality, uses, limitations and facilitators;
- the confirmation of stakeholder commitment to the report card project;
- the allocation of staff to report card project roles;

- the definition of the report card purpose and audience;
- the allocation of a resource budget (time, staff, money) to the report card project;
- the acquisition of knowledge pertaining to the current, best-practice report card systems and techniques that can be applied in the report card study.

A major facilitator to organizational reporting is investing heavily in the upfront planning efforts (Coe, 2003). More up-front planning results in higher quality report cards that meet the needs of their targeted audiences. Emphasis on planning also reduces the need to change the design of future report cards (a costly endeavour that reduces the report cards' comparability over time).

Report card planning is undertaken in five stages: understanding report cards; staffing; defining the report card audience; establishing the resource budget; and conducting a literature review of current report card best-practices.

3.3.1.1 Understanding Report Cards

3.3.1.1.1 Quality Criteria

Before a report card project begins, an understanding of report card quality must first be acquired. Report card quality revolves around the report card's: content (validity, comprehensiveness, reliability, and comparability); audience (comprehensibility and relevance); and organizational response (reasonableness and functionality) (Gormley & Weimer, 1999).

A report card's content must be high in quality "to survive critical scrutiny" (Gormley & Weimer, 1999). A high quality report card in this respect will have content that is: valid (measures what it is supposed to measure); comprehensive (measures the entire scope of the issue under investigation); reliable (the measures are accurate and reproducible); and comparable (the measures can be trended over time with previous measures or they can be benchmarked with like measures from other organizations). Report

cards are regarded as high quality by their audience if they are both comprehensible (easily understood by all targeted audience members) and relevant (measures an issue that is of real concern to the audience). Finally, for a report card to be successful, it must achieve a positive organizational response. To accomplish this, a report card must be both reasonable (it is feasible to produce within a suitable time/cost/staffing budget) and functional (it initiates a positive impact for the target audience). These eight report card quality criteria are summarized in Table 3-1.

Report Card Quality Criteria	
Application	**Criteria**
Content	**Validity** - The report card measures what it claims to measure
	Comprehensiveness - the breadth of report card coverage is appropriate to capture the construct
	Reliability - the report card process and data are reproducible
	Comparability - the report card results can be compared over time or with other, like organization's report card results
Audience	**Comprehensibility** - the report card can be easily understood
	Relevance - the report card focuses on current matters that are of real concern to real people
Organizational Response	**Reasonableness** - the time and money required to comply with data requests from the organization producing the report card are suitable
	Functionality - the report card has positive impact and encourages good organizational behaviour

Data Source: (Gormley & Weimer, 1999)(Fielding, Sutherland, & Halfon, 1999)(Poister, 2004)

Table 3-1: Report Card Quality Criteria

3.3.1.1.2 Uses

There are a number of ways in which report cards can be used (as shown in Table 3-2). Each included use requires its own unique set of report card design considerations, some of which are competing (Halachmi, 2005). For instance, an organizational report card may aim towards both improving organizational accountability and productivity. However, improving organizational accountability likely requires more stringent administrative documentation, which, in turn, increases organizational overhead and decreases productivity. As a result, the uses of the report card need to be carefully defined during the planning phase so that the report card can be tailored towards its specific use and that all competing use factors are accounted for.

Report Card Uses		
• Aid regulation development	• Facilitate social marketing	• Improve the quality of life of the community
• Assist organizational evaluation	• Facilitating public education	• Monitor and track organizational changes
• Assist with employee development	• Help create an available and up-to-date database	• Promote public awareness
• Compare organizational performance (benchmarking)	• Help identify underserved areas and needs	• Promoting organizational action
• Correct information asymmetries between service providers and clients	• Help resource management	• Provide a snapshot of community health status
• Defining community problems	• Help setting priorities	• Providing feedback to service providers
• Enable organizational continuous quality improvement	• Improve budgeting and financial management	• Serve as data for strategic planning and management
• Encourage advocacy efforts by local groups	• Improve contract management	• Support continued or increased funding for a service or system
• Encouraging collaborative problem-solving	• Improve control over administrative overhead	• Track agency performance
• Facilitate informed decision-making	• Improve organizational accountability	
• Facilitate policy formulation	• Improve organizational reputation	

Data Source: (Beaulac, Goodine, Aubry, Cairns, & Urquhart, 2004)(Fielding, Sutherland, & Halfon, 1999)(Gormley Jr., 2004)(Gormley & Weimer, 1999)(Poister, 2004)(Teague, Ganju, Hornik, Johnson, & McKinney, 1997)

Table 3-2: Report Card Uses

3.3.1.1.3 Limitations

A successful report card design team will know the limitations of the report card methodology and will develop plans to address such limitations early in the project's lifecycle.

Firstly, a report card alone will not improve organizational performance. The results of an organizational report card can be used by decision makers in their efforts to improve organizational performance (i.e. by identifying the organizational activities of high and low performance); however, the performance information does not in itself achieve the organizational improvement (Beaulac, Goodine, Aubry, Cairns, & Urquhart, 2004) (Halachmi, 2005) (Poister, 2004).

While it isn't certain that a report card will result in organizational gains, the costs of a report card are guaranteed (Gormley & Weimer, 1999). Report cards require a "significant investment of time, effort, and money" (Poister, 2004). These resource costs are directly associated with administrative overhead (as no product or service is provided to the organizational customer through these activities); thus, report cards will always result in organizational short-term losses. Whether or not long-term gain will result from the report card is dependent on how useful the resulting report card is to the organizational stakeholders.

The report card methodology is based on the assumption that organizational events of the past can be used to predict the future. Factors such as a change in organizational leadership, new competition, innovation, etc. can all play a role in changing the organization's environment. As a result, "yesterday's outcomes are not always the best predictors of tomorrow's outcomes" (Gormley & Weimer, 1999). Organizations must continually re-evaluate their performance measures in an effort to keep them relevant. Failure to do so will result in distorted predications of an organization's future (Halachmi, 2005).

Organizational report cards are a highly politicized tool. The organizations and individuals being reviewed in the report card may feel that their work is being scrutinized, and worry about the consequences of poor performance results (i.e. job termination). As a result, a report card project may face internal resistance (Poister, 2004). In the case of an internal report card, these fears may create biases in the selection of the report card indicators (i.e. the staff will only select indicators to make themselves look better).

During the design of a report card, it is unlikely that all organizational outcome variables of interest will be measurable (Gormley & Weimer, 1999). Often times, report card designers are limited by their project resources to only use indicators that are already available through organizational agency records

(Fuller, Browne, Beaulac, & Aubry, 2006). Feasibility constraints may also require using proxy measures in place of the true target outcome indicators. Proxy indicators to outcome variables (of decreasing quality) include: outputs, processes, and inputs (Gormley & Weimer, 1999). Constrained resources may also limit the number of outcomes that a report card can capture. As a result, the report card developer must rank the importance of outcome measures to decide which outcomes to include and which to ignore.

On top of budgetary constraints, several other competing factors affect the design of report cards, including:

- Persistence vs. Innovation - as time passes, new outcomes may become of interest to an organization, which can create a tension between report card persistence (enabling the comparison of report cards over time) and innovation (including the new outcome measures) for the report card (Gormley & Weimer, 1999);
- Validity vs. Comparability – too much attention paid towards the contextual variables in a report card may limit future benchmark comparisons with other organizations (Halachmi, 2005);
- Validity vs. Comprehensibility – To be understandable by the report card audience, report cards need to use simple measures and collection protocols; however, this may create methodological vulnerabilities in the data (Halachmi, 2005);
- Validity vs. Reasonableness – it may be more valid to measure a particular outcome, but if that outcome measurement requires substantially more time and effort to obtain, it may be better to pick a more reasonable, proxy indicator in its place (Gormley & Weimer, 1999);
- Validity vs. Relevance – trending data over several years can produce meaningful statistics; however, the older the data gets, the less relevant it becomes (Gormley & Weimer, 1999);

- Comprehensiveness vs. Comprehensibility – the more indicators used to measure an outcome, the more difficult it becomes to comprehend (Halachmi, 2005);
- Purpose #1 vs. Purpose #2 – Report cards may be designed for multiple purposes (i.e. to increase organizational performance and accountability); however, such purposes may directly compete with one another (i.e. increasing accountability results in more administrative overhead, which reduces performance) (Halachmi, 2005).

3.3.1.1.4 Facilitators

The facilitators of report card project success are numerous. A summary of the report card project facilitators found in the literature is listed in Table 3-3. The facilitators are arranged by the HORN Framework stage in which they are relevant. The 'General' facilitators are relevant throughout the HORN Framework stages.

Success facilitators of report card projects		
Stage	**Facilitator**	**Source**
General	Utilize community stakeholder groups throughout the report card study	(Fielding, Sutherland, & Halfon, 1999) (Beaulac, Goodine, Aubry, Cairns, & Urquhart, 2004)
	Provide strong leadership throughout the report card project	(Fielding, Sutherland, & Halfon, 1999)
	Conduct the report card study in collaboration with academics	(Coe, A Report Card on Report Cards, 2003)
Planning	Secure managerial commitment to support and use the system early	(Poister, 2004)
	Utilize stakeholder involvement in the planning efforts	(Poister, 2004)
	Provide adequate funding to the report card project	(Fielding, Sutherland, & Halfon, 1999)
	Communicate realistic expectations, benefits, costs, limitations, etc. to the report card stakeholders	(Poister, 2004)
	Invest heavy up front	(Coe, A Report Card on Report Cards, 2003) (Poister, 2004)
	Use validity as the primary dimension of report card quality; however maintain balance with the other criteria	(Coe, A Report Card on Report Cards, 2003)
	Acquire governmental support	(Fielding, Sutherland, & Halfon, 1999)

	Consult with the community to determine the desired reporting format and content	(Fuller, Browne, Beaulac, & Aubry, 2006)
	Make the purpose clear	(Coe, A Report Card on Report Cards, 2003)
Organizational Analysis	Design the measures to create a performance measurement system of organizational relevance	(Poister, 2004)
Indicator Selection	Tailor the indicators to the needs of the audience	(Poister, 2004)
	Weigh the trade-offs of indicator inclusion vs. exclusion and record the justification behind the final indicator decisions	(Poister, 2004) (Coe, A Report Card on Report Cards, 2003)
	Tie the report card measures directly to the organizational mission and goals	(Poister, 2004)
	Use logic models and scorecards as a framework for systematically selecting the report card measures	(Poister, 2004)
	Implement balanced measures to account for possible goal displacement and/or gaming strategies	(Poister, 2004) (Teague, Ganju, Hornik, Johnson, & McKinney, 1997)
	Control for external variables	(Coe, A Report Card on Report Cards, 2003)
	Adjust for changes over time. When changes are made, adjust the previous years' reports	(Coe, A Report Card on Report Cards, 2003)
	Apply and state indicator weights	(Coe, A Report Card on Report Cards, 2003)
Data Collection	When possible, enforce mandatory participation by the data holders in the report card project	(Gormley Jr., 2004)
	Provide incentives (financial or other) to the data holders for their participation	(Gormley Jr., 2004)
	Include (relatively) immature organizations that have more to learn from the report card	(Gormley Jr., 2004)
	Communicate the rational for the measures to the stakeholders	(Poister, 2004)
Data Validation	Check data integrity/validity	(Poister, 2004)
Data Analysis	Ensure the analysis is results driven (not data driven)	(Poister, 2004)
	Avoid over/under interpretation of the report card results	(Poister, 2004)
Report Preparation	Help facilitate comparisons in the report card through categorization of organizational features	(Poister, 2004)
	Include only the necessary measures in the final report	(Poister, 2004)
	Explain the results in the report card	(Poister, 2004)
Report Approval	Provide the report to program managers and other stakeholders before releasing the report to the public (allow them to correct any errors)	(Poister, 2004)
Dissemination and Action	Make the results as accessible as possible	(Gormley Jr., 2004)
	Promote the use of the report card	(Poister, 2004)

	Provide sufficient time to the decision makers to allow them to integrate the report card findings into their decisions	(Gormley Jr., 2004)
	Provide training to the decision makers about how to react to the report card findings	(Poister, 2004)
	Make the report cards consistent over time to facilitating trending	(Poister, 2004)
	Focus efforts on areas where the audience has real choices to make (competition)	(Gormley Jr., 2004)

Table 3-3: Success facilitators of report card projects

3.3.1.2 Staffing

The next step in a report card study is to gain commitment from the project stakeholders (i.e. organizational management, data holding agencies, funding bodies, community groups, the government, service providers, the homeless, biomedical/social science researchers, health professionals, etc.) (Frankish, Hwang, & Quantz, 2005). It is not possible to conduct a report card project without funding or data, so it is essential that commitment is confirmed early.

After securing commitment from the report card stakeholders, the roles and responsibilities of the report card project members are to be assigned. The primary roles for report card project members include: facilitator; technical director; and evaluator (Kopczynski, 2004). The facilitator's role is to coordinate the multi-stakeholder project and to ensure that all parties involved are satisfied. The technical director designs the systems required for the collection and analysis of the data. The evaluator's role is to collect, analyze, and report on the data. Depending on the resources available, these roles and responsibilities can be shared between individuals.

3.3.1.3 Defining the report card audience

The audience to whom the report card is targeted to greatly affects its overall design. There are three categories of report card users: consumers; decision makers; and service providers (Beaulac, Goodine, Aubry, Cairns, & Urquhart, 2004) and numerous types of report card audiences (see Table 3-4).

Categories and types of report card audiences	
Audience Category	**Audience Type**
Consumers (public at large)	Community residents
	Consumer advocates
	Organizational clients
	Media
Decision makers	Management
	Quality improvement staff
	Politicians (legislators, policy makers, etc.)
	Interest groups
	Administrators
	Academia
	The organization itself
Service providers	Health departments
	Professionals
	Business
	Health care organizations

Data Source: (Beaulac, Goodine, Aubry, Cairns, & Urquhart, 2004)(Coe, 2003)(Fielding, Sutherland, & Halfon, 1999)(Gormley & Weimer, 1999)(Gormley Jr., 2004)(Teague, Ganju, Hornik, Johnson, & McKinney, 1997)

Table 3-4: Categories and types of report card audiences

There are four types of report cards: popular; hybrid: nuanced; hybrid: translated; and technical/scientific (Gormley & Weimer, 1999). Each report card type is geared towards a particular audience and complexity level. Popular report cards require little regard for methodological rigor or scientific validity and instead focus on comprehensibility to allow the report card to reach the largest possible audience. Popular reports are normally developed for the consumer and published in highly accessible forms, such as newspapers and magazines. At the other end of the spectrum, technical/scientific reports focus on methodological rigor and scientific validity, and as a consequence, general comprehensibility of the report suffers. Such reports are usually created for an academic audience.

Normally, a report card needs to be both methodologically rigorous and scientifically valid, while maintaining a high degree of comprehensibility to enable wide application and use. Such report cards fit into the hybrid type design, and can either take the form of a highly technical report card that is

translated to be interpreted more easily by the audience (hybrid: translated design) or one that is not as technical in design but can be utilized by an audience with high interpretational capacity (hybrid: nuanced). William Gormley and David Weimer's report card type to audience type matrix (shown in Table 3-5) displays the targeted audience for each report card design (Gormley & Weimer, 1999).

Organizational Report Card Types to Audience		
Complexity of Performance Assessment	**Interpretational Capacity of Audience**	
	Low	*High*
Low	Popular	Hybrid: Nuanced
High	Hybrid: Translated	Technical

Data Source: (Gormley & Weimer, 1999)

Table 3-5: Organizational Report Card Types to Audience

3.3.1.4 Establishing the resource budget

A realistic budget needs to be allocated to the report card project early in the project planning phase. The task of creating a report card requires a "significant investment of time, effort, and money" (Poister, 2004). The allocation of person-hours, funding, and deadlines to a report card project should correspond with its targeted scope. Larger scope equates to higher resource demands. Whether the project is small or large in scale, the resources budgeted at the beginning of the project need to be realistic to avoid budget overruns.

In a review of 85 American report card projects, Fielding et al. found that the duration of the report card development ranged from 1-58 months, with an average of 11.6 person months worked. In those projects surveyed, 38.5% of the projects ranged from 6-12 months; 20% ranged from 12-18 months; and 35.4% required over 18 months to develop the report card (Fielding, Sutherland, & Halfon, 1999). The study also found that the cost to develop a report card study ranged from $0 - $1,000,000 (USD), with an average of $60,934 (USD) and a median cost of $19,000 (USD) (Fielding, Sutherland, & Halfon, 1999).

3.3.1.5 Conducting a literature review of current report card best-practices

The final report card planning activity involves conducting a literature review of report card material to determine the current best-practices of the methodology. Any new best-practice developments in the report card methodology can be factored into the study design to ensure the highest quality of the resulting report card[3].

3.3.2 Report Card Review

The deliverables from the report card review stage of the HORN Framework include: a corpus of sample report cards and a categorized listing of the indicators used in the report card corpus.

3.3.2.1 Collection

Understanding how other regions monitor homelessness is important for creating a homelessness report card that is comparable, so that it can be benchmarked across regions. This can be achieved through scanning previously released report cards (used in similar applications) and extracting their relevant content (indicators, design, benchmarks) to serve as references for later development and analysis efforts. This material is likely to be found on the Web as grey-literature, produced by government and community agencies. For this reason a review using a Web search engine (i.e. Google) is the recommended strategy for finding the report cards. Other strategies can include: corresponding via telephone or mail with known reporting agencies; finding experts who are knowledgeable in the area of reporting under study, who can then be asked for their sources of reporting data; and reviewing newspaper or magazine articles that may include references to the organizational report cards.

[3] The HORN Framework was developed through such a literature review; however, the review includes only literature from 2009 or earlier. Any literature developed after 2009 can be reviewed to ensure that the framework is up-to-date with the latest best-practices.

3.3.2.2 Analysis

The formation of an example report card corpus serves several purposes in the development of a report card:

- The corpus can be used as a set of format references by the report designers during the report preparation stage.
- The corpus can be used to extract a set of sample indicators for the report card under development, which can then be used as potential indicators during the indicator selection stage of report card design.
- The corpus can be used as a set of benchmark comparisons during the analysis stage of report card design.

3.3.3 Organization Analysis

The deliverable from the organization analysis stage of the HORN Framework is a systematically produced logic model and/or balanced scorecard. These tools represent the inputs, processes, outputs, and outcomes of the organization that is developing the report card.

3.3.3.1 Inputs, Processes, Outputs, and Outcomes

Report cards measure organizational performance, which can be measured directly (via organizational outcomes) or indirectly (via inputs, processes, and outputs).

Within the context of homelessness intervention programs, there has been a call in the literature to move from descriptive measures to the outcome measures (Frankish, Hwang, & Quantz, 2005). An outcome can be defined as the extent to which a program or organization is effective in achieving its desired results (Poister, 2004). Outcome measures are the gold standard for reporting, as they directly measure whether or not the organization or program is achieving its goals. A report card that uses outcome measures is of the highest validity (Coe, 2003).

Sometimes, however, due to measure complexity or time and cost limitations, it is not always possible to completely or accurately measure outcomes. In such instances, input, process and output measures can be used to supplement the outcome measures or to serve as proxy measures. Inputs, processes, and outputs are three, two, and one steps removed from measuring organizational outcomes respectively (with respect to indicator quality) (Gormley & Weimer, 1999). This can create the problem of 'Goal Displacement', where "attention to imperfect proxies displaces attention to unmeasured organizational outcomes" (Gormley & Weimer, 1999). It may also be necessary to record output/process/input measures in order to facilitate measures of organizational efficiency (relation of organizational outputs to outcomes) and productivity (relation of inputs to outputs) (Poister, 2004) (Gormley & Weimer, 1999).

Organizational inputs are the resources that an organization adds to the equation to produce their desired outcomes. Examples of inputs include staff, money and infrastructure (i.e. computers, rooms, etc.). Processes are the services and programs that the organization provides to create its outputs, which are the immediate products of the services. For example, the coordinating committee (input) of the *GVCEH* can hold a meeting with several health service providers (process), to generate a services integration agreement between the providers (output), which could contribute to improved patient health (outcome).

3.3.3.2 Process of organizational analysis

The production of organizational inputs, processes, outputs, and outcomes can be constructed systematically through the creation of an organizational logic model or balanced scorecard. Logic models clearly show the linkage between an organizational program and its intended outcomes through graphically depicting the relationships between organizational inputs, processes, outputs, and outcomes (often divided by short-term, medium-term, and long-term outcomes). This process is defined to a great

extent in the following article: (W.K. Kellogg Foundation, 2004). Balanced scorecards, however, incorporate the bigger, strategic picture of organizational activities, and include: financial performance; the customer; and learning and growth, on top of internal process to depict the organization (Poister, 2004) (Kaplan & Norton, 1992). The process of creating a balanced scorecard involves defining the: objectives; measures; targets; and initiatives, for each of the: financial; customer; learning and growth; and internal business process characteristics of the organization. This process is further defined in the following article: (Kaplan & Norton, 2007).

The choice of whether to use a logic model, a balanced scorecard, or both methods is dependent on the scope of the report card project. Logic models depict program performance; whereas, balanced scorecards depict overall organizational performance (Poister, 2004). A report card that looks at both of these aspects can utilize both logic models and balanced scorecards for indicator planning.

3.3.4 Community Review

The deliverables from the community review stage of the HORN Framework include: the establishment of relationships between the organization's community groups and a listing of their data that is readily available for collection (agency records).

3.3.4.1 Primary vs. Secondary Data

Two forms of data can be utilized in a report card study:

1. Primary Data - Data that is generated for the report card study through counts, surveys, interviews, observations, etc.;
2. Secondary Data - Data that is generated for purposes other than the report card (i.e. administrative or agency records) but utilized by the report card.

Although primary data can be tailored directly to the needs of a report card, its collection "entails significantly greater effort and cost than relying on existing agency records" (Poister, 2004). Two forms of primary data collection for the purpose of homelessness studies include homeless counts (which involve creating an estimation of the number of homeless people within a region by summing the number of homeless people sleeping in shelters and on the streets on a given day/night) and homeless surveys (which involve direct questioning of sample populations from the homelessness community and the homelessness service/program staff). Such methodologies require a great deal of staff to conduct, and result in data that is not without limitations. Limitations of homeless counts include: a lack of standardization (which prevents comparability across regions); poor accuracy (typically resulting in undercounts); and a lack of context (homeless counts don't explain such factors as how the homeless individuals become homeless or how well the homelessness services are performing) (Doyle, 2009) (Turnbull, Muckle, & Masters, 2007). Contextual or background information into homelessness can be attained through surveys; however, surveys: can be even more costly and time consuming than homeless counts, their results can be subjective (based opinions rather than facts), and they can also be perceived as invasive by the sample population (especially by vulnerable populations such as the homeless).

Methodology limitations aside, because report card projects are often under tight budgetary constraints, the costly generation of primary data is uncommon. Thankfully, many relevant report card indicators (especially output measures) can be reported on through the secondary analysis of agency records (Poister, 2004). For this reason, secondary analysis of agency records is the recommended HORN Framework approach.

Two challenges that may inhibit the use of agency records in a report card study are privacy considerations and agency biases (Gormley & Weimer, 1999) (Hatry, 2004). To resolve issues where agencies cannot share their data due to concerns of privacy and confidentiality:

- The private data can be removed from the report card (taken out from the records);
- The private data can be reported in an aggregated form (which de-identifies any individuals in the data);
- The data submitting agency can censor the records before submission (i.e. remove names, contact information, card numbers, etc.).

Well balanced indicator sets and post-collection data validation processes should be used to minimize the chances of agency reporting biases (Hatry, 2004).

3.3.4.2 Community Analysis Process

The community analysis/information gap analysis stage of the HORN Framework can either be conducted before or after the indicator selection stage. The decision to conduct the community analysis before or after indicator selection is based on a trade-off in time and effort to whichever process is conducted first. Conducting the community analysis first limits the time needed for indicator selection (time won't be wasted selecting indicators that the agencies don't have), but conducting the indicator selection first limits the time needed for community analysis (agencies won't have to be investigated if it's known beforehand that they don't hold data relevant to the selected indicators).

Community analysis is greatly facilitated through the use of an individual with pre-established connections to the agencies being investigated. The tasks involved in community analysis include:

1. Making contact with the community groups that house the organizational data;
2. Garner the community groups' support for the report card study;

3. Create a list of the reporting data that is currently available from the community groups;
4. Talk with the people who collected the data to generate an early understanding of its quality and completeness (Hatry, 2004);
5. (If conducted after the indicator selection stage) Create a list of the selected indicators that are not currently available from the community groups. This data will have to either be ignored or generated through primary data collection methods.

3.3.5 Indicator Selection

The deliverables from the indicator selection and mapping stage of the HORN Framework include:

- A list of the indicators to be included in the report card
- A list of indicators that are desired in future report card studies, but could not be included in the report card due to feasibility issues

3.3.5.1 Indicator selection considerations

Ideally, report card indicators will accurately measure the performance of the organization towards meeting its goals (as presented in the organizational logic model and/or balanced scorecard). Several indicator selection considerations, however, limit the report card designers from including certain measures in a study. The considerations to take into account during the indicator selection process include the indicators':

- Cost – how much does the data cost to collect?
- Validity - does the data measure organizational outcome/output/process/input performance?
- Accuracy - is the data consistently correct?
- Manipulability - can the data be easily manipulated by the data submitters?
- Availability – will the data be available in a timely fashion?
- Comprehensibility – will the audience understand the reported data?

- Comparability - is the indicator data reported consistently over time?

(Gormley & Weimer, 1999) (Poister, 2004)

3.3.5.2 Indicator selection process

The indicator selection process should be conducted with organizational and community group participation to ensure that the report card meets the priorities of the organization. The report card indicator selection process is conducted via the following five steps:

1. Select the targeted organizational outcome measures and/or any relevant organizational inputs, processes and outputs set to achieve those outcomes;
2. Examine the sample indicators from the report card example corpus to see if and how other report cards have measured the selected outcomes;
3. Determine which measures are available for immediate collection and which measures are not currently available (using the community group agency record availability list);
    - New indicators (not mentioned in the sample corpus) can be used;
    - If available, create an estimate for each indicator's collection considerations (cost, validity, accuracy, manipulability, comprehensibility, and comparability);
4. Select the indicators for inclusion in the report card (if they are currently available and have passed all collection consideration checks);
    - Any indicators that are desired, but cannot be collected due to feasibility issues, can be set aside for the current report card study. If possible, steps can be made to make this data available for future report card studies;
5. Confirm that the selected indicators meet the needs of the report card study and meet with the collection considerations for the project;

3.3.6 Data Collection

The deliverable from the data collection stage is a collection of all the indicator data from all of the reporting groups. A data storage and analysis tool (i.e. a collection of spreadsheets or a database) can also be developed in this stage to enable more efficient collection and analysis.

3.3.6.1 Barriers to data collection

Several barriers can impede the collection of indicator data. Assuming the data is available for collection (the first hurdle to cross), several dysfunctional organizational responses can potentially prevent the collection of that data for a report card (Gormley & Weimer, 1999).

Data collection for a homelessness report card project can be facilitated either through voluntary or regulated reporting of data from those community groups that house the indicator data (agencies). Regulations, created by governmental or other regulatory bodies, can enforce the agencies to submit all data that is defined under the regulation. This creates an ideal data collection environment for a report card project, as it removes an agency's ability to selectively submit their data; however, the possibility still remains that the organizations can intentionally (or unintentionally) manipulate their data in order to make themselves look better (deception).

If participation in the report card is voluntary, the agency can decide for itself which data to submit for the report card. This opens the door to two potential biases: non-performance and cream skimming. Non-performance occurs when the data-housing group decides not to participate in the study in order to prevent the possibility of embarrassment (due to poor performance). Cream skimming occurs when an organization submits only their high performance data in an attempt to skew their performance results for the better.

To minimize reporting biases, agencies can be provided with an explanation of: why the agency records (good and bad) are needed; what the report card will aim to accomplish; and how this will affect the

agency (in a positive light). The agency could also be compensated for any extra time or effort required to submit the data (Hatry, 2004).

3.3.6.2 Data Collection Tool development

A database or a similar tool can be utilized in a report card study to greatly improve the efficiency of the data collection, storage, and analysis processes. This tool can be attained through: in-house development; contracted development with an external body; or through the purchase of a ready-made, commercial product. This choice is dependent on whether or not: an in-house member has the time and expertise to develop a product; the costs of contracting the development of a tool fit within budget; a commercial product meets the needs of the specific report card study.

3.3.6.3 Data collection process

The following steps outline the process of data collection in a report card study:

1. Notify the agency about the needed records as early as possible to allow them the time to prepare for the data submission.
    - This notification should be in writing, and should provide a complete description of which data is needed and in what form (Hatry, 2004).
2. Confirm the quality of the data with the staff who utilize it. Recommended questions to ask include (Hatry, 2004):
    - How was the data created?
    - Is the data reported for the duration of the reporting period or is there missing content?
    - Are there any problems with the data? If so, are there any solutions to get around these problems (i.e. alternative data sources)?
3. Collect the data from the agency sources.

3.3.7 Data Validation

The deliverable from the data validation stage is a collection of all indicator data that has been validated for quality and cleaned for future analysis. Data validation is described in detail in the following sections.

3.3.7.1 Validation rational

"Unless some verification process is instituted, the validity of the data may be suspect" (Gormley & Weimer, 1999). The five primary causes for inaccurately reported data by agencies, as listed by (Gormley & Weimer, 1999) include:

- **Token response** – the agency lacks concern over the quality of their reported data due to its separation from the report card project;
- **Incompetence** - the agency lacks the capacity to deliver accurate data, especially if the data isn't used internally by the agency;
- **Massive resistance** – the agency refuses to comply with all or some of the data submission requests;
- **Deliberate distortion** – the agency tries to look better or avoid the embarrassment or consequences of poor data by altering their data;
- **Reckless disregard** – the agency tries to cut costs through sloppy reporting.

3.3.7.2 Data validation process

The first method of maximizing the accuracy of the data is to prevent its falsification by the data submitting agencies. Many of Gormley and Weimer's potential causes of inaccurate data can be avoided before the data validation stage by creating an environment that promotes open communication between the report card administrators and the data submitting agencies. Report cards with accurate performance results can be beneficial to the data submission agencies, given that the

report card results could be used to help them learn and improve over time. The agencies need to be made aware of this. The agencies can also be assured that poor report card scores will not necessarily result in negative repercussions against their group. A system of legal liability can also be instituted to prevent the falsification of report card data (Gormley & Weimer, 1999).

To validate data after its submission, one can follow Hatry's five step agency record validation process:

1. "Determine for each data element how missing or incomplete data should be handled;
2. Check for illogical, inconsistent data;
3. Send data back to originators for verification;
4. Thank agency sources for their assistance;
5. Document and provide appropriate caveats in the evaluation report" (Hatry, 2004).

3.3.8 Data Analysis

The deliverables from the data analysis stage include:

- Statistical descriptions of all report card measures
- A record of any problems faced during the statistical analysis

3.3.8.1 Comparative results

"Report cards require that data on inputs, processes, outputs, and outcomes be converted into useful information about organizational performance" (Gormley & Weimer, 1999). To judge organizational performance, the performance results need to be placed in a comparative framework (Poister, 2004). This provides perspective on the organization's performance levels, which allows them to be statistically benchmarked:

- Over time (comparisons between organizational performance from the past vs. current performance);

- Against performance targets (comparisons between what the organization said they were going to achieve vs. what they actually achieved);
- Across operating units (comparisons between divisions, groups etc.);
- Over defined areas (comparisons between venues, regions, etc.);
- Against like organizations (comparisons with the competition or other, similar organizations).

(Poister, 2004)

3.3.8.2 Choice of statistical technique

A guide to help statistical technique selection for a performance measurement system study is provided in (Newcomer & Wirtz, 2004). Selection of which statistical tool to use in a report card study is dependent on a number of factors, including: the type of measurement (nominal, ordinal, interval, or ratio); the audience's ability to comprehend the statistic; how the data was collected; the sample size of the measure; and the number of observations made in the measure. Due to the complex nature of this choice, it is also recommended that an experienced statistician is used to help with any complicated statistical decisions.

3.3.8.3 General process description

The process of analyzing the report card data will differ with each respective indicator measure. Generally, both descriptive and inferential statistical techniques will be used in a homelessness report card. Descriptive statistics are used to provide a breakdown of the collected data (i.e. the distribution of the sample, averages, medians, etc.); whereas, inferential statistics are used to extend the conclusions of the analysis beyond the available data with variable confidence and significance levels (i.e. relationships between variables, predicted outcomes, etc.).

For inferential statistics, a statistical hypothesis is tested, whereby the null hypothesis (proposing that the independent variable does not affect the dependent variable) is tested and either accepted

(meaning the independent variable did not have the intended effect on the dependent variable) or rejected (meaning the independent variable had, to some degree statistical significance, the desired effect on the dependent variable). Regardless of the technique used to create the inferential statistic, "both the statistic used to assess statistical significance and the magnitude of an effect or strength of the relationships analyzed should be reported" (Newcomer & Wirtz, 2004).

Although inferential statistics can help to provide meaningful analysis of data, they are open to errors, in the form of:

- Type I error (false positive error) - occurs when the independent variable did not have the desired effect on the dependent variable, but the statistic suggests that it does.
- Type II error (false negative error) – occurs when the independent variable did have the desired effect on the dependent variable but the statistic suggests that it did not.

Steps can be taken by the statistician to minimize such errors; however, because type I and II errors are competing by nature, the reduction of the probability of one error type raises the probability of the other. An analysis of the potential costs incurred for each type of error should be conducted for each indicator to be inferentially analyzed. A statistic's confidence level indicates the likelihood that a type I error will not occur (i.e. a confidence level of 95% indicates that a false positive will occur 5/100 times). Although the standard confidence level for social science studies is 95%, for public program evaluations (such as a homelessness report card) a confidence level of 80-90% is typically sufficient (Newcomer & Wirtz, 2004).

3.3.8.4 Data analysis challenges

During the analysis of the report card indicators, any limitations in the analysis should be recorded and clearly stated in the final report write-up.

There are many factors that can degrade data quality, and thus impede the data's use in a report card. Dysfunctional organizational responses (non-performance, cream skimming and deception), as well as factors such as: subject/observer biases (involving personal opinion in the study data); systematic under/overreporting (one data source reports more/less than the others, creating a non-representative sample); proxy measures that are poorly linked to organizational outcomes (i.e. using a single indicator to represent a complex outcome); and instrument decay (where measures stop or lose quality over time) can all contribute to inaccurately reported data.

The challenges faced in report card analysis can be heightened through the use of agency record data. Although the use of agency record data in a report card study improves the study's feasibility (by reducing costs, time, and effort), (Hatry, 2004) and (Gormley & Weimer, 1999) show that this data can attract a number of analysis challenges. These challenges, along with examples of the methods to overcome them from (Hatry, 2004), include:

- The agency records may not contain what is needed to measure the targeted organizational outcomes or may be incomplete, resulting in reduced report card validity (Hatry, 2004) (Gormley & Weimer, 1999)
    - *Possible Solution* – go back and collect the missing component (primary data collection); exclude the missing component from the study; include the missing data in the denominator alone; assign values to the missing data elements; delete the incomplete cases, but assign compensation weights for the missing elements; perform all of the countermeasures to produce a range of possible results (Hatry, 2004).
- The data may only be available in an aggregated form (Hatry, 2004)
    - *Possible Solution* – go back and collect the individual-level data, exclude the disaggregated data from the study (Hatry, 2004)

- The data element definitions may change over time (Hatry, 2004)
    - *Possible Solution* – determine if it's systematic or random changes; adjust the data to make it more comparable; focus on percentage changes instead of absolute values

3.3.9 Stakeholder Inspection

The deliverables from the stakeholder inspection stage include:

- Analysis results that are verified by the data submission agencies and report card project stakeholders;
- Report card project stakeholder recommendations for presenting the analysis results in the final report.

After the data has been analyzed, the results can be reviewed for accuracy by the data submission agencies and the report card project stakeholders. Any issues found during the analysis review must be resolved before drafting the final report card. This is an iterative step, whereby, if any changes to the analysis are made, the results should be re-reviewed by all relevant parties. Once the analysis results have been verified, the report card designers are to seek recommendations from the report card project stakeholders regarding how to present the findings in the final report write-up.

3.3.10 Report Preparation

The deliverable from the report preparation stage is a draft of the report card, including statistical analysis of the indicator data, and a discussion of the report card findings.

3.3.10.1 Design to the audience

For a report card to be effective, it must be designed to deliver influential and credible messages to the targeted audiences, in a language that they will understand (Weiss & Tschirhart, 1994). For report cards

on homelessness, the audiences are likely to be: policy makers, funding groups, and the community at large. Each of these groups is likely to have a unique set of requirements for the report card to meet.

Designing a report card for policy makers requires use of the theories of information utilization, which are grounded in decision sciences, political sciences, and public administration (Gormley & Weimer, 1999). Due to their limited time to inspect the final report card, policy makers are typically not as concerned with the technical aspects of the report card (i.e. statistical confidence, confidence intervals, etc.) as they are with its driving messages (Newcomer & Wirtz, 2004). Such messages for policy makers can include policy recommendations. To make the best use of busy policy makers' time, the report card should only contain findings that are of practical importance to the policy maker (Newcomer & Wirtz, 2004). Although the policy makers may not initially be concerned with the technicalities of the report, this information must still be accessible (i.e. within the report's appendix or available upon request) to appease any auditors of the report, in the case that any policies based on the report card are brought forward.

Funding groups aim to see organizational accountability and achievement from the report card. To reach funding groups, theories of mass communication and marketing, which are grounded in psychology and economics, can be utilized (Gormley & Weimer, 1999). A report geared towards funding groups will promote the successes of the reporting organization, whilst showing where future work can be done. Accountability (the organization is doing what it said it was going to do) and vision (the organization has clear targets for the future, and knows how to reach them) are key messages to portray in report cards where funding groups are targeted.

Reaching the public at large with a report card requires the combination of the information utilization and mass marketing theoretical approaches. Public opinion is a key driver for both policy decisions and public sector funding. Report cards designed for the community at large must clearly inform the public

about the issues at hand, in a language that can be easily understood, while providing sufficient evidence to back such claims.

3.3.10.2 Design Considerations

The final report card is to concisely summarize the analyzed indicators through textual and graphical representations. The report card should come equipped with several features that allow its unique audience members to efficiently find what they need to know, including:

- An executive summary that summarizes the driving messages of the report card;
- A well defined table of contents (including a list of tables and figures);
- A concise report body;
- An appendix that includes any information that is needed for the validation of the findings, but not for the interpretation of the report;

The foundational components of an organizational report card are its tables and charts (Gormley & Weimer, 1999). Figures are more direct than descriptive text at portraying the report card story. Graphical presentations that represent: trends, comparisons, etc., are the ideal form of concept representation, as they are more easily understood by a wide variety of audiences (i.e. over tables filled with numbers) (Newcomer & Wirtz, 2004).

It is beneficial to provide scores for the report card results, which either rate the quality of the various organizational performance indicators (i.e. with a letter grade) or rank the scores in comparison against each other (i.e. the top ten providers of a certain service). When creating overall performance scores, indicator weighting can be used to add more emphasis to the measures of greater importance. Any weighting used for the report card scores is to be justified to provide clarity to the audience (Coe, 2003).

It has been shown in both decision making theory and empirical research that consumers make poorer choices when presented with excessive information (Gormley & Weimer, 1999). For this reason, report cards must be concisely designed. To minimize the size of a report card, multiple indicators can be collapsed into three or four broader areas of performance measures (Gormley & Weimer, 1999).

3.3.11 Report Approval

The deliverable from the report approval stage is the confirmation from the report card stakeholders to release the final report.

Final review and approval by the report card project stakeholders is to be sought before the drafted report card is released. Any final content or formatting change requests by the stakeholders are made at this time. After the report card stakeholders are satisfied by the final product, they are to provide formal approval for the final report card's release.

3.3.12 Dissemination and Action

The deliverables from the dissemination and action stage include:

- The release of the report card to the targeted audience
- The audiences actions and reactions to the report card's content

3.3.12.1 Dissemination

Assuming the HORN Framework was used to ensure that best-practices were followed during report card development, the content (credibility) and presentation (comprehensibility) of the report card should not be in question. During the report dissemination stage, however, several other barriers can prevent the report from reaching its targeted audience. To help ensure a smooth distribution of the report card, the following considerations should be made:

- Use a single driving message (a slogan or jingle) for the report card to promote its propagation throughout the targeted audiences (Gormley Jr., 2004);
- When releasing the report card, provide sufficient time for the audience to act upon the report;
    - If funding organizations are among the targeted audience groups, release the report card at an opportune moment in the budgetary cycle (i.e. when funding proposals are being accepted)(Gormley & Weimer, 1999);
- Utilize several channels of dissemination to make it easy for the targeted audience to attain copies of the report card. Such dissemination channels include: paper publication; newspapers; magazines; television; the internet; journals, etc.;
    - When submitting to news outlets, provide summaries of the newsworthy stories (Gormley & Weimer, 1999);
    - Release the report card during 'slow news' weekends, when news reporters are scrambling to report a newsworthy article (Gormley & Weimer, 1999);
- Layer the public report card so that it's presented at a high level, but allows the readers to drill down to a finer detail if need be (Beaulac, Goodine, Aubry, Cairns, & Urquhart, 2004);
    - The report card must find the balance between too much and too little information (Beaulac, Goodine, Aubry, Cairns, & Urquhart, 2004);
- Monitor the release of the report card with a dedicated (live) staff member so that they can be available for any questions (Fuller, Browne, Beaulac, & Aubry, 2006);
- Link the release of the report card to an annual conference (to provide the report card with a captive audience) (Gormley & Weimer, 1999);
- Make special provisions to ensure that audiences in lower economic standings can acquire the report card to prevent an increase in the informational divide (Gormley & Weimer, 1999).

3.3.12.2 Action

"Reaching customers is an intermediate goal – not an end in itself" (Gormley & Weimer, 1999). The ultimate goal of a report card is to incite positive, functional responses from the targeted audiences (be they: informed community members, appeased organizational stakeholders, encouraged funders, enlightened management, or advised policy makers). A functional response increases the social value of the organization's outcomes; whereas a dysfunction response decreases the value (Gormley & Weimer, 1999).

Dysfunctional organizational responses to report cards include: teaching to the test (where the organization focuses all of its efforts on improving the report card indicators and ignores other problem areas within their organization, creating the illusion of high performance) and blaming the messenger (where the organization blames others for their own poor report card performance levels, including the report card designer) (Gormley & Weimer, 1999). A well balanced report card that is designed to meet the eight report card quality criteria will protect against such political dysfunctional responses.

Functional responses that should be targeted from report card studies include: the improvement of organizational performance; the reallocation of organizational inputs and processes to areas of higher need; the concentration of managerial focus on key issues; and the enhancement of the organization's mission (Gormley & Weimer, 1999).

Report card results can draw up numerous potential solutions (or areas of action) for the community stakeholders. Each of the potential solutions will carry with it a certain degree of risk and reward. Ideal solutions will have low risk and high reward, and it is these solutions that should be targeted for community action. Careful analysis into the potential risk and reward of each proposed solution should be conducted before taking action.

3.3.13 Evaluation

The deliverable from the evaluation stage is an assessment of the created report card's quality.

3.3.13.1 Evaluation by quality criteria

Learning from past report card development efforts aids with the planning of the next report card iterations. The evaluation stage of a report card project is a time to reflect on the report card creation process and to inspect the quality of the resulting report card. If areas of weakness are found, steps can be taken to ensure that these aspects are improved in the next report card iterations.

A report card is evaluated against the following eight criteria: validity; comprehensiveness; reliability; comparability; comprehensibility; relevance; reasonableness; and functionality (as described in section 3.3.1). The report card evaluation process is as follows:

1. Collaboratively assign weights to the report card quality criteria and each of their criteria characteristics based on their importance to the study. For example, 10 weight points can be allocated throughout the criteria, and another 10 weight points can be assigned throughout each criteria characteristic set, where more weight points are given to criteria and characteristics of higher importance.
2. Using a minimum of two evaluators, individually assign a point score to each of the quality criteria characteristics based on how well it was met by the report card. For example, each criteria characteristic can be given a score from 1-10, where 10 indicates that the characteristic was completely met and 0 means that the characteristic was not met at all.
3. Collaboratively discuss the individual criteria characteristics scores between evaluators to come to a consensus decision about the final, group score. If a consensus cannot be reached, an average of the scores can be assigned.

4. Times each quality criteria characteristic score by its weight to determine its weighted score. For example, if a characteristic was given a score of 8 and a weight of 3, its resulting weighted score would equal 24.
5. Tally the weighted scores for each quality criteria characteristic to generate the overall quality criteria scores. These overall, weighted criteria scores can then be provided letter grades based on normal grading conventions. For example, if quality criteria X has: characteristics #1, #2, and #3 with weights of 1, 5, and 4, and scores of 6, 6, and 10 (respectively), the overall score for criteria X ((1x6)+(5x6)+(4x10)) = 76, which results in the letter grade of B.
6. Assign an overall report card score by multiplying each overall, weighted quality criteria score by its respective criteria weight, and then add together the weighted quality criteria scores. This overall, weighted report card can then be provided a letter grade based on normal grading conventions. For example if quality criteria X, Y, and Z had weights of 8, 1, and 1, and overall, weighted scores of 2, 5, and 3, then the overall, weighted report card score ((8x2)+(1x5)+(1x3)) = 24, which is assigned the letter grade of F.

A template for report card evaluation is shown in Table 3-6: Report card evaluation template:

Report card evaluation template				
Criteria	**Criteria Characteristics**	**Weight**	**Score (out of 10)**	**Weighted Score**
Validity (The report card measures what it claims to measure)	Meets widely accepted scientific standards of practice (Gormley & Weimer, 1999)			
	Focuses on measures that closely approximate or are clearly linked to outcomes (Gormley & Weimer, 1999) (Coe, A Report Card on Report Cards, 2003)			
	Focuses on right units of analysis (Gormley & Weimer, 1999)			
	Adjusts for pertinent differences in clients and resources (Gormley & Weimer, 1999)			
	Allows people to make up their own minds (Gormley & Weimer, 1999)			

	Measures are objective, not subjective (Coe, A Report Card on Report Cards, 2003) (Fielding, Sutherland, & Halfon, 1999)			
	Adjusts for characteristics out of organizational control (risk adjustment) (Teague, Ganju, Hornik, Johnson, & McKinney, 1997)			
	Anticipates and addresses dysfunctional reactions by organizations (i.e. Cream skimming) through the selection of well balanced (not overly simplified) indicators (Poister, 2004)			
	Total:			
Comprehensiveness (The breadth of report card coverage is appropriate to capture the construct)	Covers all important dimensions of org performance (the whole range of indicators) (Gormley & Weimer, 1999) (Coe, A Report Card on Report Cards, 2003)			
	Mentions both assets and needs (Fielding, Sutherland, & Halfon, 1999)			
	Uses program logic models or a framework such as the balanced scorecard to determine the components covered (Coe, A Report Card on Report Cards, 2003) (Poister, 2004)			
	Total:			
Reliability (The report card process and data are reproducible)	Procedures that ensure data quality and integrity are in place (Poister, 2004)			
	Provides audit trails of data (Poister, 2004)			
	Provides the accuracy of reported data (Poister, 2004) (Coe, A Report Card on Report Cards, 2003)			
	Identifies problems in data collection that can be resolved (Poister, 2004)			
	Provides safeguard against deliberate false reporting or other manipulations (Poister, 2004)			
	Total:			
Comparability (the report card results can be compared over time or with other, like organization's report card results)	Consistent measures are used and reported over time (Coe, A Report Card on Report Cards, 2003)			
	When indicators are added or removed, report card updates previous years' data (Coe, A Report Card on Report Cards, 2003)			
	Industry standard measures are used (Coe, A Report Card on Report Cards, 2003)			
	Total:			
Comprehensibility (The report card can be easily understood)	Comprehensive to potential target audience			
	Meaningful and understandable measures (Poister, 2004)			

	Designed with the target audience in mind (Gormley & Weimer, 1999)			
	Measures have clarity in origin (Fielding, Sutherland, & Halfon, 1999) (Poister, 2004)			
	More complicated measures have definitions (Poister, 2004)			
	Use of tables and graphics to support the text (Fielding, Sutherland, & Halfon, 1999)			
	Report is well organized (contains: table of contents, section headings, layout text and graphics are coherent, presentation of data is suitable, well labelled, etc.) (Fielding, Sutherland, & Halfon, 1999)			
	Proper scale for topic (Fielding, Sutherland, & Halfon, 1999)			
	Facilitates readability (Fielding, Sutherland, & Halfon, 1999)			
	Reinforces content or tone (Fielding, Sutherland, & Halfon, 1999)			
	Pictures of people are included in the report (Fielding, Sutherland, & Halfon, 1999)			
	Clear summary of needs and assets (Fielding, Sutherland, & Halfon, 1999)			
	Indicators are contextualized, i.e., narrative is provided on the indicators (i.e. why indicators are important to the community and individual)			
	Total:			
Relevance (The report card focuses on current matters that are of real concern to real people)	Relevant to the needs of the users (Gormley & Weimer, 1999)			
	Indicators are compared with other localities, states, nation (Fielding, Sutherland, & Halfon, 1999)			
	Indicators are reported over time (Fielding, Sutherland, & Halfon, 1999)			
	Focuses on goals, objectives, priorities, and dimensions of performance that are important to the organization (Poister, 2004)			
	Current (not dated) reports are provided to the decision makers on a timely basis (Coe, A Report Card on Report Cards, 2003) (Poister, 2004)			
	Focuses directly on real outcomes as well as outputs wherever possible (Poister, 2004)			

	Total:			
Reasonableness (The time and money required to comply with data requests from the organization producing the report card are suitable)	Reasonable in the demands it makes to targeted industry and organizations (Gormley & Weimer, 1999)			
	Paperwork requirements aren't burdensome on reporting organizations (Gormley & Weimer, 1999) (Poister, 2004)			
	Sufficient data submission time is provided to organizations (Gormley & Weimer, 1999)			
	Cost effective (Poister, 2004)			
	Trade-offs between usefulness of the measures and the quality of the data against issues of feasibility, time, effort, and costs are weighed (Poister, 2004)			
	Total:			
Functionality (The report card has positive impact and encourages good organizational behaviour)	Convinces target audience to engage in appropriate, rather than dysfunctional behaviour (Gormley & Weimer, 1999)			
	Theoretical purpose is compelling (Gormley & Weimer, 1999)			
	Organizations are persuaded not simply to comply with technical requirements, but more importantly, to embrace the report card's implicit vision as their own (Gormley & Weimer, 1999)			
	Reports are actionable in that they focus on results over which decision makers can exert some leverage, and are dimensions that can be affected by program elements or organizational strategies (Poister, 2004)			
	Indicators intended to stimulate improved performance (Poister, 2004)			
	Total:			

Table 3-6: Report card evaluation template

Chapter 4 : *GVCEH* Case Study

The HORN Framework was applied in a case study with the *Greater Victoria Coalition to End Homelessness* to systematically create and implement a best-practice homelessness report card. The following section outlines how the HORN Framework steps were applied in creating the 2010 *GVCEH* Homelessness Report Card.

4.1 Methodology

4.1.1 Planning

The planning stage, as defined by the HORN Framework, is undertaken in five stages:

1. Understanding report cards
2. Staffing
3. Defining the report card audience
4. Establishing the resource budget
5. Conducting a literature review of current report card best-practices

An understanding of report cards (through a literature review) had already been achieved during the development of the HORN Framework; therefore, further action for these steps wasn't required.

To staff the *GVCEH* report card study, commitment was first sought from the University of Victoria. Dr. Denis Protti (Professor of Health Information Science) was added to the research under the role of academic supervisor and Dr. Bernie Pauly (Assistant Professor of Nursing) was added as the committee member for the research. Throughout the study, Dr. Protti utilized his experience to help guide the research and ensure its quality. Dr. Pauly made an ideal candidate for the facilitator role in the report card study, due to her multiple research assignments (University Professor, community based researcher in housing and homelessness, and *GVCEH* Research, Evaluation and Data Working Group co-

chair). Throughout the study, Dr. Pauly led the coordinating efforts involved in the research, primarily through establishing contact with the data holders. The roles of Technical Director and Evaluator were taken on by the Master's student, Tyrone Austen. The research deliverables produced by the Technical Director/Evaluator were used both for the benefit of the *GVCEH* (to be used for their annual reporting efforts) and for the benefit of the student (to fulfill the requirements of his Master's degree in Health Information Science).

The audience for the *GVCEH* report card was selected by the *GVCEH* Research, Evaluation, and Data Working group. It was determined that the report card would target two primary audience groups, the Coalition itself and the community at large.

The internal (*GVCEH*) audience group was chosen to focus the report card efforts towards organizational performance measurement and management. This allowed the report card results to be used by the coalition to determine the location of their strengths and weaknesses, facilitating strategy development for organizational improvement efforts. Because the *GVCEH*'s funding sources are primarily internally based, maintaining internal accountability also helps to sustain funding within the Coalition.

Part of the *GVCEH*'s mandate is to educate the community around the complexities of homelessness. The Coalition used the report card as an opportunity to contribute to this goal, through the inclusion of material that would inform the general public on homelessness issues.

A Hybrid –Translated report card approach to report card design was selected for the study. Hybrid-Translated report cards are of high technical design but are translated to be interpreted more easily by a broad audience (Gormley & Weimer, 1999). This approach to report card design was chosen so that the report card would meet the internal audience's technical needs, while its comprehensibility is maintained for the greater community.

Resources for the *GVCEH* report card study were limited. Stakeholder commitment to the research was established in November of 2009, at which time the report card study was assigned completion deadline of July 2010. Developmental efforts were primarily assigned to one individual, working half time, limiting the scope of what could be accomplished to approximately 800 man hours of work. Funding for 200 of those hours (focused towards the public report card development) was provided by the *GVCEH*.

4.1.2 Report Card Review

A grey-literature review, using the Web search engine Google, was conducted to gather a set of previously released report cards. The search terms used for this review included: "report card and homeless*"; "score card and homeless*"; and "homeless* report card and Canada".

A total of 25 homelessness report cards were found in the search and saved for review. To save time during the review phase, only the most recent report card from a single region was reviewed (eight report cards were excluded from review for this reason). In addition to the report cards, two documents specific to homelessness indicators were also reviewed (making the final number of homelessness indicator sources 19).

For each report card reviewed, all reported indicators were extracted into an Excel spreadsheet. Due to time limitations, the indicator data (to be used as benchmark comparisons) was not extracted. A total of 496 indicators were reported in the 19 reviewed sources. To remove indicator duplication (where two or more sources measured the same indicator in a different way) the indicators were synthesized, in that new, unique indicators were formed through the grouping of those indicators that measured the same variable. For any unique indicator created in this way, a mapping was maintained to the report card indicator from which it was developed. To facilitate the process of indicator synthesis, the indicators were manually sorted and grouped into high level indicator categories. The categories chosen for the indicator grouping included:

- **Community** - describes a profile of the homeless community (i.e. the number of homeless males vs. females, the educational background of the homeless community, etc.)
- **Health** - defines the health status of the homeless (i.e. the number of homeless people that suffer from mental illness)
- **Housing** - depicts the current state of the housing market (i.e. the supply of *permanent housing* vs. the demand for *permanent housing*)
- ***Income*** - depicts the current state of the economic factors of homelessness (i.e. the current minimum wage)
- **Legal** - profiles the legal/justice issues that are relevant to homelessness (i.e. the percentage of homeless people with criminal records)
- **Service Outcomes** - illustrates the performance of the Coalition's services (i.e. the number of homeless people served at the food bank)
- **Shelter** - portrays the region's shelter use rates and demographics (i.e. the number of shelter beds available during extreme weather)

A total of 246 unique indicators were synthesized in this way (39 community; 50 health; 44 housing; 40 *income*; 14 legal; 37 service outcomes; and 22 shelter indicators). A full listing of the unique indicators, with mappings to their originating reports can be found in Appendix B.

4.1.3 Organization Analysis

Organizational analysis can be conducted through the development and use of a Logic Model, a Balanced Scorecard, or through both of these approaches. It was determined that the *GVCEH* report card would focus on program performance measures (captured via organization logic modeling), as opposed to higher-level organizational measures, such as financial and customer performance levels (captured via balanced scorecards).

The approach described in (W.K. Kellogg Foundation, 2004) was followed to generate the *GVCEH* logic model (see Figure 4-1). The logic model can be read from left to right, whereby each column represents a pre-condition for the column to its immediate right. For instance, an organization provides inputs (i.e. staff), and the inputs (or resources) are needed to conduct activities (i.e. meetings); an activity uses the inputs to produce outputs (i.e. partnerships); outputs (produced by activities) generate short-term (0-3 years), medium-term (4-6 years), and long-term (7-10 years) outcome changes (i.e. reduced homelessness).

The *GVCEH*'s strategic plan (Greater Victoria Coalition to End Homelessness, 2008) and most current year-end report (Greater Victoria Coalition to End Homelessness, 2009) were used to extract the Coalition's inputs, activities, outputs, and outcomes. The logic model was then validated by the *GVCEH* Research, Evaluation, and Data Working Group. At the time of defining the *GVCEH* logic model, the Coalition's inputs and medium to long-term outcomes were inadequately defined. As a result, the logic model is correspondingly weak in these areas. Due to this factor, the 2010 *GVCEH* report card was required to focus on the Coalition's: inputs, activities, and short-term (0-3 year) outcomes.

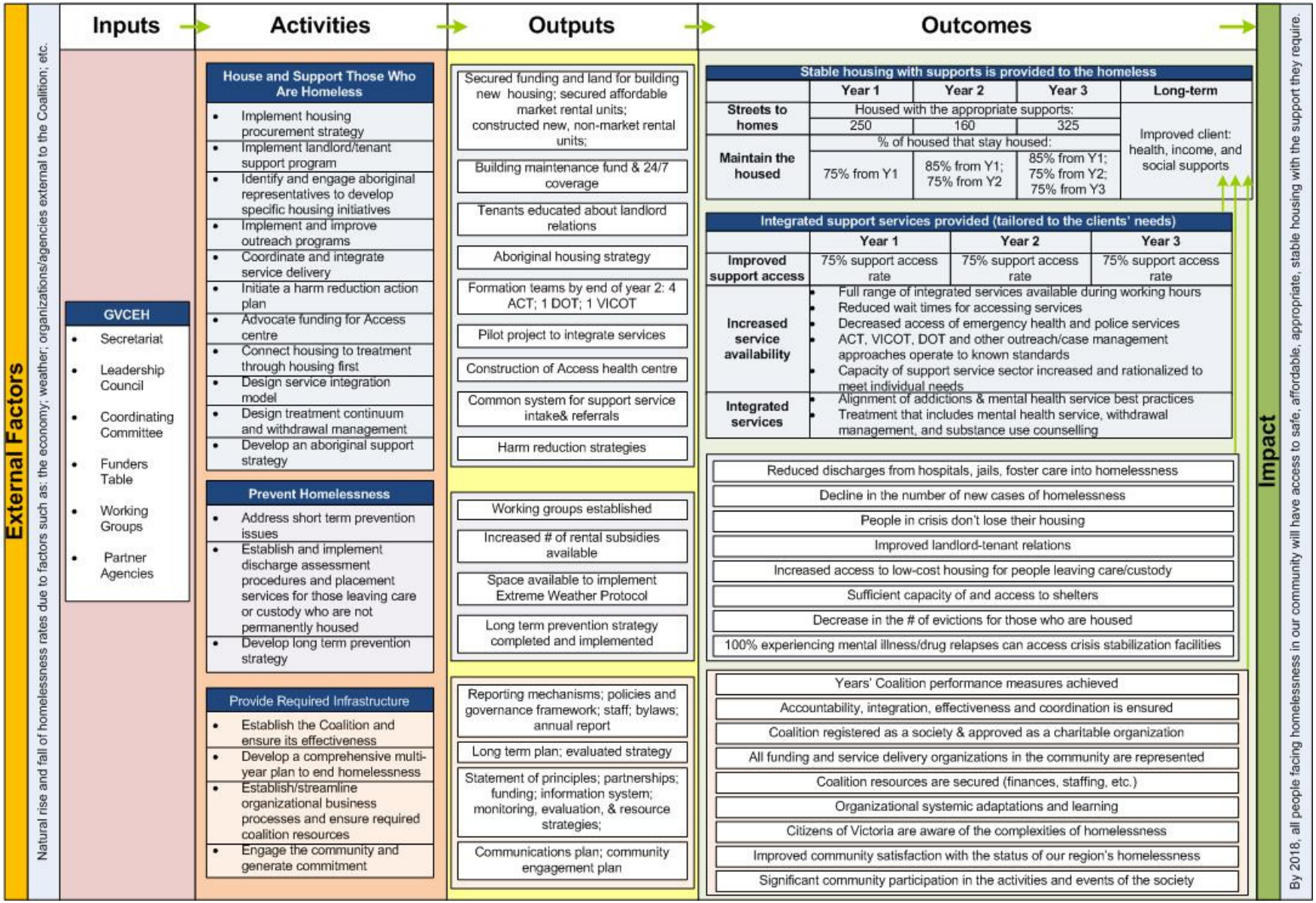


Figure 4-1: *GVCEH* Logic Model

The logic model revealed three primary goals of the Coalition:

- To house and support those who are homeless;
- To prevent homelessness;
- To provide the required infrastructure to achieve the above two goals.

The inputs, activities, outputs, and outcomes shown in Figure 4-1 reflect these Coalition goals.

4.1.4 Community Review

To reduce resource requirements, it was decided to limit the *GVCEH* report card study to exclusively use anonymous/aggregated indicator data from secondary sources. As a result, the research depended on the data holding organizations (known as agencies) to share their homelessness and housing indicator data.

Homelessness and housing data in Victoria is held by several different agencies . Due to the multiple agencies required in the research, community review efforts started early on.

Twenty-five agencies initially agreed to share data for the report card: *BC Housing*; BC Ministry of Housing and Social Development; BC Non-Profit Housing Association; BC Stats; Beacon Community Services; Boys & Girls Club Services of Greater Victoria ; Burnside Gorge; *Canada Mortgage and Housing Corporation*; Community Council; Her Way Home; Kiwanis Emergency Youth Shelter; Our Place; The Cridge Centre For Family; The Mustard Seed; The Homelessness Intervention Project (HIP); The Salvation Army; The Victoria Real Estate Board; Threshold Housing Society; University of Victoria - Centre for Youth & Society; Vancouver Island Health Authority; Victoria Cool Aid Society; Victoria Native Friendship Centre; Victoria Police Department; Victoria Women's Transition House Society; and Women's Transition House (Sooke). Resource limitations of four of the data sharing agencies (BC Ministry of Housing and Social Development; The Cridge Centre for Family; The Mustard Seed; and Women's

Transition House (Sooke)) later prevented them from completing their data requests. This resulted in a final count of twenty-one contributing agencies to the 2010 *GVCEH* report card.

4.1.5 Indicator Selection

An overview of the indicator selection process is depicted in Figure 4-2. Indicator selection requires the utilization of the deliverables from the planning, report card review, organizational analysis, and community review stages of report card design. The planning stage helps to establish the scope of what can be reported, based on the project constraints (time, money, etc.). The indicator corpus from the report card review stage determines what has been reported on in past homelessness report card studies. The organizational logic model from the organizational analysis stage helps to focus the indicator selection efforts by determining what should be reported on based on the organizational requirements. Finally, the community analysis helps to further focus the indicator selection efforts by eliminating the indicators that aren't available for collection within the given community.

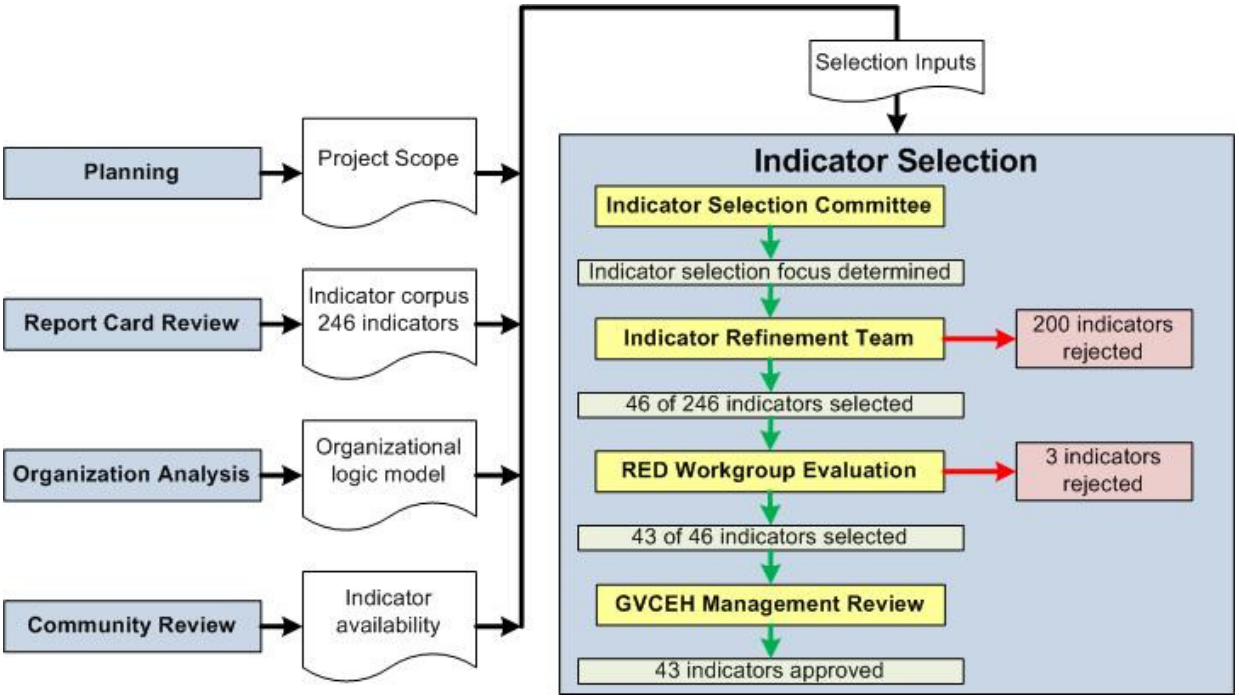


Figure 4-2: Indicator selection process

The first step in the indicator selection process involved matching the report card's scope with the resources of the report card project. Limited time and staffing resources meant that it was unfeasible to create a report card that captured all relevant homelessness indicators. Instead, a subset of the 'most desired' indicators had to be chosen for inclusion in the study. To achieve this, the organizational logic model was analyzed by *GVCEH*'s Research, Evaluation, and Data (RED) working group to determine the areas of organizational focus to concentrate the report card efforts on. The areas determined for inclusion in the 2010 *GVCEH* report card included: housing, outreach programs and support services, performance management/measurement, and community education (see Figure 4-3).

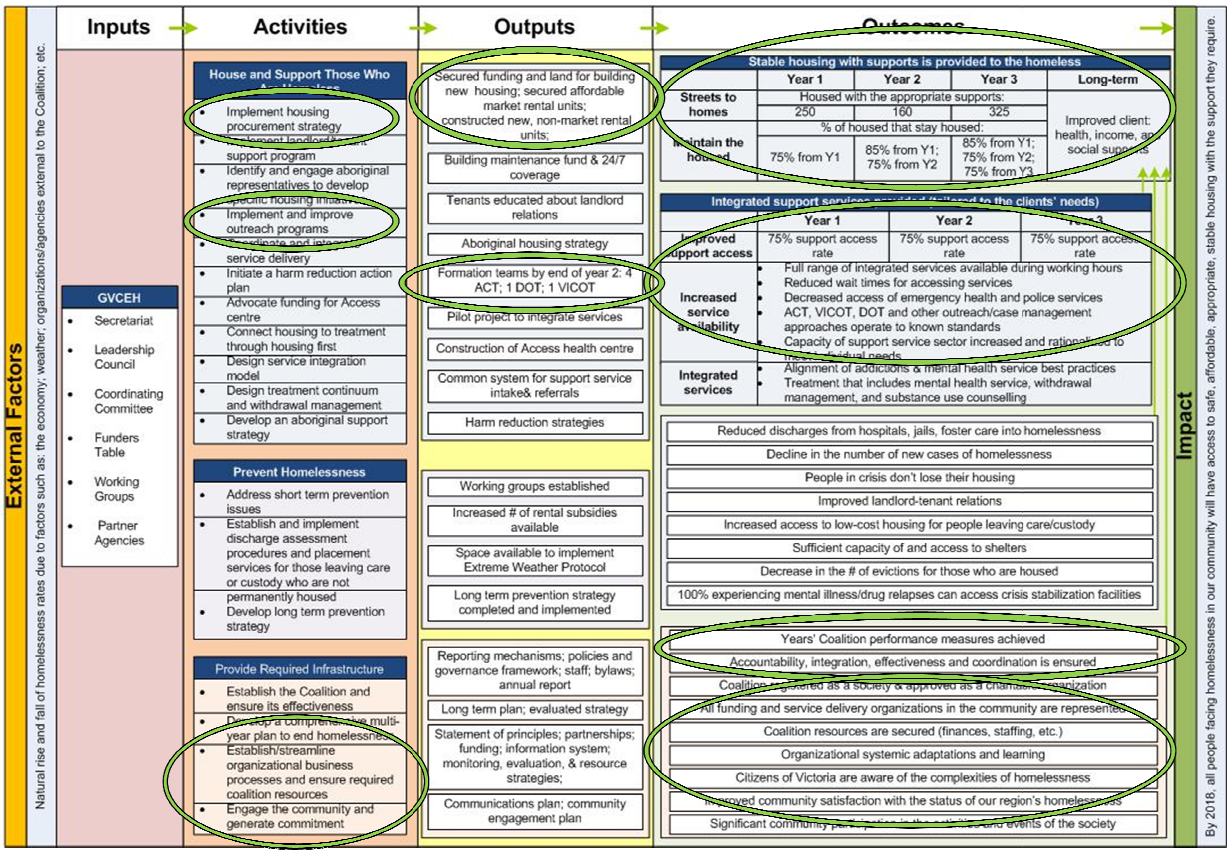


Figure 4-3: Selected areas of focus from *GVCEH* logic model

After the organizational focus of the report card had been established, a four person indicator selection committee met to further refine the indicator set. The indicator selection committee analyzed the

indicator corpus as a reference to determine the high level indicator categories that could be used to frame the homelessness issues targeted in the organizational analysis. The selection committee came to the consensus that the report card was to utilize indicators that reflected:

- The homelessness services of the *GVCEH* (i.e. housing, detoxification, outreach, etc.)
- Environmental variables that influence homelessness within the region (i.e. trends in employment and poverty rates, etc.)

A three-person indicator refinement team (composed of Tyrone Austen, Bernie Pauly, and Bruce Wallace) then stepped through each of the corpus indicators to reject those indicators that didn't fit within the selection committee's focus or didn't meet the report card quality criteria defined in Table 3-1). A total of 200 corpus indicators were rejected during this stage, leaving 46 indicators in the draft indicator set.

The draft indicator set was then organized and synthesized so that it could be presented to and evaluated by the RED working group. The RED working group further rejected 3 indicators from the draft indicator set. After approval from the RED working group, the 43 selected indicators were then presented to and approved by the *GVCEH* management committee. This final set of indicators is presented in Table 4-1:

Selected Report Card Indicators		
ID	**Indicator**	**Description**
1	General Population	General population broken down by demographic
2	Homelessness and Shelters	#/% of homeless by *income*
3	Homelessness and Shelters	#/% of homeless who previously lived within region before being homeless or length of time in the region
4	Homelessness and Shelters	#/% of individuals who stayed in a shelter broken down by demographic (single women, youth, families, gender, age, parental status, current living situation, length of time being street involved, family context, housing history, education, drug/alcohol issues, unemployment, services of previous involvement, women fleeing abuse, location, *income*, etc)
5	Homelessness and Shelters	% of *emergency shelter* returning users broken by (returning within the year, more than one calendar year over the past 5 years), broken down by shelter

6	Homelessness and Shelters	Length of stay in *emergency shelter* [days] broken down by demographic (single women, youth, families, etc), service provider, and average
7	Homelessness and Shelters	# of times shelter and/or hostel beds were used, broken down by demographic, provider, bed type and trended over the season (EWP)
8	Homelessness and Shelters	# and reason of *turn-away*s from shelters broken down by client demographic and shelter
9	Homelessness and Shelters	# of shelter beds broken down by provider, bed type (who can use it - i.e. men, women, women for domestic violence, etc.), and trended over the season
10	Health	# of known deaths in street community broken by demographic
11	Health	% and type - Rates of chronic, acute, and mental illness in homeless, broken by type of illness
12	Health	# of victims and offenders of assault, broken down by type (physical/sexual), and demographic
13	Outreach and Supports	# and type of outreach teams (ACT, VICOT, etc)
14	Outreach and Supports	# of clients in ACT and VICOT broken down by demographic (i.e. client age, gender, and Aboriginal identity)
15	Outreach and Supports	Admission date into ACT and VICOT
16	Outreach and Supports	Calls to police (number and rate) before vs. after VICOT
17	Outreach and Supports	# of emergency room visits by ACT clients trended over time
18	Outreach and Supports	# of detox beds
19	Housing	# and % of population who are renters, and what % can afford to buy instead of *rent* based on *income* needed to purchase
20	Housing	Number of Applicants to B.C. Housing Registry (2008)
21	Housing	# of *permanent housing* units by type (i.e. Affordable, community, supportive, rental vs. owned, protected, social, subsidized (by families, seniors, and cooperative housing), public, condominium (owner occupied vs. rented) etc.), non-profit (from Fredericton 2008), trended over time
22	Housing	# of temporary housing units and/or beds by type (i.e. Shelter, transitional, detox beds, etc.)
23	Housing	#/% *Permanent housing vacancy* by type (i.e. Affordable, community, supportive, supported independent living, rental vs. owned, protected, social, subsidized (by families, seniors, and cooperative housing), public, etc.)
24	Housing	#/% Temporary housing *vacancy* by type (i.e. Shelter, transitional, detox beds, etc.)
25	Housing	# of evictions per month/year broken down by market vs. *social housing* and whether or not the *rent* was raised
26	Housing	# of lost housing units that were housing homeless and/or at risk populations (i.e. # of rental units demolished or turned into condominiums
27	Housing	# of individuals who were housed by a service and remain housed trended over time and where they were housed (social vs. *market housing*)
28	Housing	# of new/upgraded/protected *permanent housing* units and units under construction by type (i.e. Affordable, community, supportive, etc.)
29	Housing	# of new/upgraded/protected temporary housing units or units under construction by type (i.e. Shelter, transitional, psychiatric rehab, etc.)
30	Costs of living	Consumer Price Index trended over time
31	Costs of living	Average *Rent* (bachelor, 1 BR, 2BR, etc.) by year and compared with other regions
32	Costs of living	Proportion of rented units by cost (two thirds rented for less than $800)

33	Costs of living	# and % of households (broken by # of people in household and gender for individuals) under different low *income* measures: Low *Income* Cut-offs (LICOs), the Low *Income* Measures (LIMs) and the Market Basket Measure (MBM); Also *core housing need* (divided by criteria: need of major repair, does not have enough bedrooms for the size and makeup of the household, or costs 30 percent or more of their total *income*); *CMHC*'s INALH rates (in *core housing need* and spending at least half their total *income* on housing);
34	Costs of living	$ wages (individual and/or household) and/or assistance needed for costs of living (food, different types of housing (i.e. Renting bachelor, 1 bedroom, etc and ownership 1 bedroom, etc.) trended over time and compared with households receiving those wages
35	*Income*	$ of Minimum Wage trended over time and compared with other regions
36	*Income*	# individuals on social assistance broken down by type of assistance (welfare, *Income Assistance*, shelter allowance, disability shelter allowance, disability support, *rent* supplements, Ontario works, ODSP, *BC Benefits*) and type of assistance receivers (i.e. Children, singles, couples, families, seniors, GST rebate, Personal Needs Allowance, etc.)
37	*Income*	$ assistance rates (welfare, *Income Assistance*, shelter allowance, disability shelter allowance, disability support, *rent* supplements, diet supplement, Ontario works, ODSP) trended over time by household type (single, couple, family, etc,), and added up to maximum total for living
38	*Income*	% of people receiving assistance who are homeless
39	*Income*	% Unemployment rate
40	Food	# of food banks and soup kitchens shelters that serve food
41	Food	Availability of food banks and soup kitchens (schedule)
42	Food	# of meals and/or pounds of food served broken down by food banks/soup kitchens/shelters
43	Food	# of people/households using the food bank and/or soup kitchens broken down by demographic and food bank, trended over time

Table 4-1: Selected Report Card Indicators

4.1.6 Data Collection

The data collection process of the GVCEH case study was streamlined due to the fact that the research was conducted in partnership between the GVCEH and the University of Victoria. The GVCEH was able to open doors and facilitate communication between the report card developers and the community agencies. At the same time, the agencies were more willing to participate because the research had been given prior ethical approval from the university.

Data was collected for the *GVCEH* report card using two methods:

- Manual retrieved from publicly available documents and reports, such as those provided by: Statistics Canada, BC Stats, and *CMHC* (*Canada Mortgage and Housing Corporation*);
- Voluntary submission, by request from agencies that held selected homelessness indicator data.

- A total of 20 agencies participated in this manner, including:
  - ***BC Housing*** – provided a wide range of data on shelter use, housing outreach, and affordable housing;
  - **BC Non-Profit Housing Association** – provided data on affordable housing;
  - **BC Stats** – provided data on social assistance rates in Victoria and the province;
  - **Beacon Community Services** – provided shelter data;
  - **Boys and Girls Club Services of Greater Victoria** – provided data on various youth housing programs;
  - **Burnside Gorge** – provided data on families forced to couch surf or stay the night in motels due to a lack of housing;
  - **Community Council** – provided data on the affordability index;
  - **Her Way Home** – provided data on the unique housing needs faced by women in the region;
  - **Homelessness Intervention Project (HIP)** – provided data on a subset of Greater Victoria's homeless population;
  - **Kiwanis Emergency Youth Shelter** – provided shelter data;
  - **Our Place** – provided data on homeless deaths and soup kitchen usage;
  - **The Salvation Army** – provided shelter data;
  - **The Victoria Real Estate Board** – provided data on *market housing*;
  - **Threshold Housing Society** – provided transition house data as well as background information on the unique needs of youth (with respect to poverty and housing);

- **University of Victoria** - Centre for Youth & Society – provided background information on the unique needs of youth (with respect to poverty and housing);
- **Vancouver Island Health Authority (VIHA)** - provided a wide range of data with respect to homelessness healthcare utilization, as well as data on the ACT community outreach teams;
- **Victoria Cool Aid Society** – provided data on shelter use and homelessness deaths;
- **Victoria Native Friendship Centre** – provided background information on the unique needs of Victoria's Aboriginal population (with respect to housing and poverty);
- **Victoria Police Department** – provided data on the VICOT outreach team;
- **Victoria Women's Transition House Society** – provided transition house data.

o A total of 4 agencies chose not to participate in the manual data submission, including:

- **BC Ministry of Housing and Social Development** – were requested to provide data on orders of possession as a proxy indicator four evictions;
- **The Cridge Centre For Family** – were requested to provide data on transition house usage;
- **The Mustard Seed** – were requested to provide data on food bank usage;
- **Women's Transition House** (Sooke) – were requested to provide data on transition house usage.

Manual data collection from publicly available sources required no external support and could therefore begin directly after indicator selection. Agency-housed indicator data collection, however, required the

agencies' support throughout the data collection process. To collect agency data, the following process was followed:

1. A formal letter was submitted to the agency to inform them of the data request (see Appendix A for a sample data request letter). This was often times followed up with a phone or face to face meeting.
2. The agency decided whether or not to submit their data (because data submission was voluntary, the agency was given the choice to submit none, some, or all of the requested data).
3. Upon agreeing to submit data, the agency de-identified all data that was identifiable via the removal of all data identifiers (i.e. names, IDs, addresses, etc.) or through the aggregation of their data.
4. The agency submitted the anonymous indicator data for use in the report card. Agencies were given a submission deadline of May 1st; however, in many cases this deadline was extended.
5. The agency data was analyzed and reported in the *GVCEH* report card.

Eleven of the forty-three selected indicators (described in Table 4-1) could not be obtained during the data collection process: three indicators (indicator IDs 5, 6, and 12) were not available from any of the agencies (the data didn't exist); one of the indicators (indicator ID 8) was not provided because the reporting agency thought that it was too low of quality to report on; and seven of the indicators (indicator IDs 17, 18, 25, 40, 41, 42, and 43) could not be obtained because access to the data was not granted by the data holding agency.

For the indicators that were collected, longitudinal data from the term of April 2005 to April 2010 was sought to allow for trending. In most cases, data was not available for all five years, in which cases, the agencies reported on what was available to them.

4.1.7 Data Validation

To help ensure the quality of the submitted data, emphasis was placed on educating the data submitting agencies about the use of their data in the report card and establishing open communication lines between the data submitting agencies and the report card team. To help establish an early footing on data quality estimations, all data submitting agencies were asked about how they perceived the quality of their data.

After an agency's data was submitted for use in the report card, Hatry's five step report card data validation process (as outlined in section 3.3.7.2) was followed to help ensure its quality. The following data checks were used during this validation process:

- **Consistency** – checks for correspondence across all data sets (i.e. if one source indicates program X has 100 clients, then all other sources should state the same)
- **Data type** – checks that the data type is appropriate for its value (i.e. 2009/01/05 should be a date data type)
- **Format** – checks that all the data follows a common formatting template (i.e. all dates are in the format YYYY/MM/DD)
- **Logic** – checks that all data makes logical sense (i.e. a number value cannot be divided by 0)
- **Missing record** – checks that all records are present within the defined range (i.e. a monthly report should have 12 records per year)
- **Range –** checks that the data falls within a logical range (i.e. there cannot be more homeless people than there are people)
- **Referential integrity** – checks that all database references are intact (i.e. a reference to record ID 2 in table X means that record ID 2 in table X exists)

- **Spelling/grammar** – checks that there are no spelling/grammar mistakes in the data (i.e. Victoria vs. Victroia)

All errors found in the data were flagged and corrected (where possible). Any errors that could not be clearly corrected (i.e. missing data) were brought to the attention of the data submitting agencies for correction (if possible) or, if the data could not be corrected, it was omitted from the final analysis.

4.1.8 Data Analysis

Experienced statisticians were used to help select the statistical techniques used in the analysis of the collected indicator data. Techniques were chosen to reflect the report card's Hybrid – Translated (Gormley & Weimer, 1999) design. Both descriptive and inferential statistics were used to meet the high-level needs of the general public (i.e. employment and poverty rates, etc.) and the low-level needs of the internal *GVCEH* audience (i.e. the relationship between the *GVCEH* efforts and the homelessness rates over time). The report card data was compared over time and against other regions and homelessness agencies to provide benchmarks of the current homelessness efforts.

4.1.9 Stakeholder Inspection

Following the analysis of the report card indicators, the results were presented to the data submitting agencies for verification. This stage could not, however, be performed with the agencies that had their data aggregated with other agency data (i.e. individual shelters). For those agencies that required corrections to their data, their requests were immediately fulfilled and then sent for re-verification. This process was repeated until the agencies were satisfied with the accuracy of the results. After agency verification had been confirmed, the analysis results were then presented to a *GVCEH* committee for review and feedback. During this time, the members of the *GVCEH* committee were able to both verify the analysis results and provide their recommendations about the results' use in the final report. After

the analysis was verified by all stakeholders, the analysis could then be handed over to the individual agencies for their own records and use.

4.1.10 Report Preparation

The *GVCEH* 2010 homelessness report card was drafted with the aims of the internal stakeholders and the general public in mind. The report card was designed to: produce public and internal accountability, increase funding, promote public awareness of homelessness issues, and incite positive public action on the homelessness issues. To achieve this, the report card indicator results were woven into a cohesive 'story' about the current issues of homelessness in Victoria and how the *GVCEH* is using its time and resources to face such homelessness issues.

The report card was drafted through a multi-phased approach. First, a formal, academic write-up of the report card results was written for this academic research (see Chapter 5). Second, the academic write-up underwent two abstraction cycles by members of the *GVCEH* (to summarize the primary findings of the academic analysis). Third, a professional writer was used to turn the academic analysis highlights into a public-friendly report card.

4.1.11 Report Approval

After the homelessness report card was drafted, it was presented to the *GVCEH* for final review and approval. At the time of final report card approval, the report card was handed over to the *GVCEH* for dissemination and action.

4.1.12 Dissemination and Action

The *GVCEH* was responsible for all report card dissemination activities. Such activities took place outside the scope of this research, and are thus not discussed.

4.1.13 Evaluation

It was not possible to evaluate the final report card in the scope of this research because the public release of the document occurred after the conclusion of this study.

Chapter 5 : Case Study Results

The following sections describe the findings from the homelessness indicator analysis from the *GVCEH* report card case study:

5.1 Victoria Census Metropolitan Area

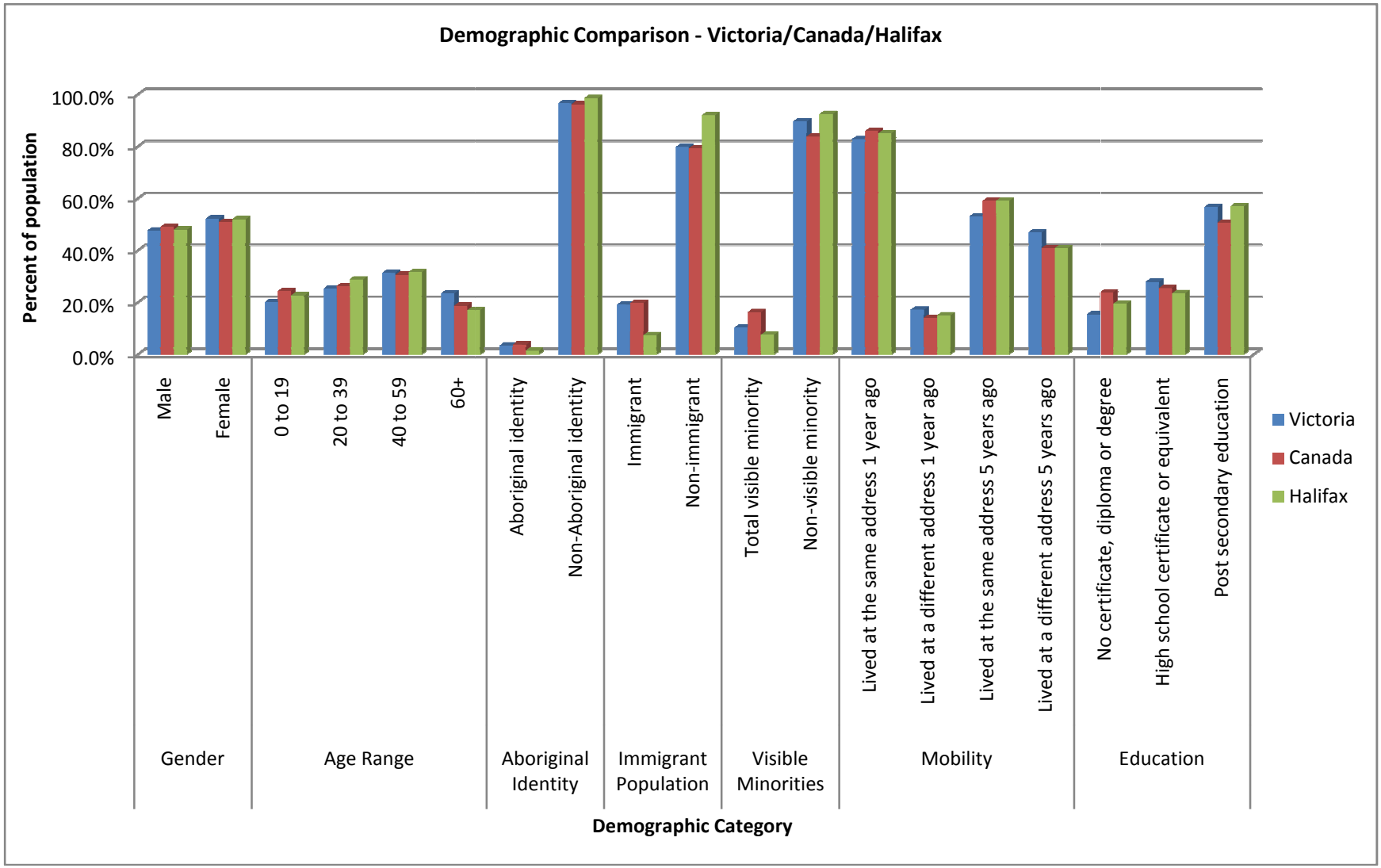
The Victoria census metropolitan area (CMA) is located on furthest southwest point of Vancouver Island in British Columbia, Canada. In the 2006 census, Victoria's population stood at 330,088 (Statistics Canada, 2007), making it the 15th most populous city in Canada. This population is currently projected to be approximately 352,400 (Statistics Canada, 2010). Victoria CMA is made up of 23 regions (see Table C-1: Victoria CMA Region Names and Types for a complete list of the Victoria CMA regions), and occupies 695.35 square kilometres of land area.

The climate of Victoria is relatively mild, with an average monthly low temperature of 6.5C^{o} in January and average monthly high temperature of 21.8 C^{o} in July (Tourism Victoria, 2008). Victoria averages 66.5cm of rainfall annually (Tourism Victoria, 2008).

Figure 5-1 compares the Victoria CMA with the Halifax CMA and the national rates, with respect to the following categories: Gender; Age Ranges; Aboriginal Identity; Immigrant Population; Visible Minorities; *Mobility*; and Education (Statistics Canada, 2007).

The Halifax CMA was chosen as a second regional comparator, due to several factors:

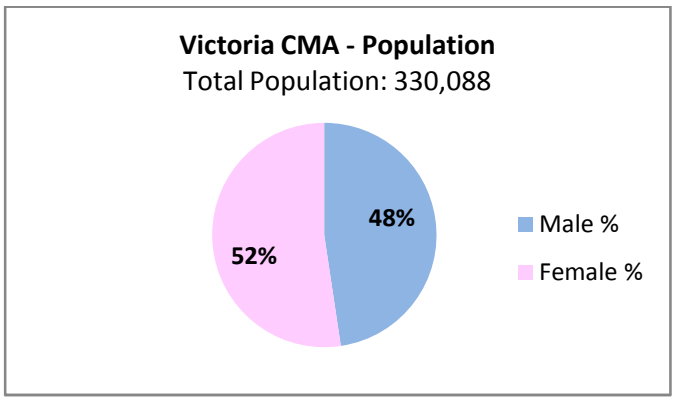
- The Victoria CMA and Halifax CMA have similar population sizes;
- Both are coastal-situated capital regions of Canada;
- Both regions have relatively mild climates;
- The Halifax CMA community also utilizes an annual homelessness report card, which can be used for further comparison of the homelessness indicators.



Data Source: (Statistics Canada, 2007)

Figure 5-1: Demographic Comparison – Victoria/Canada/Halifax

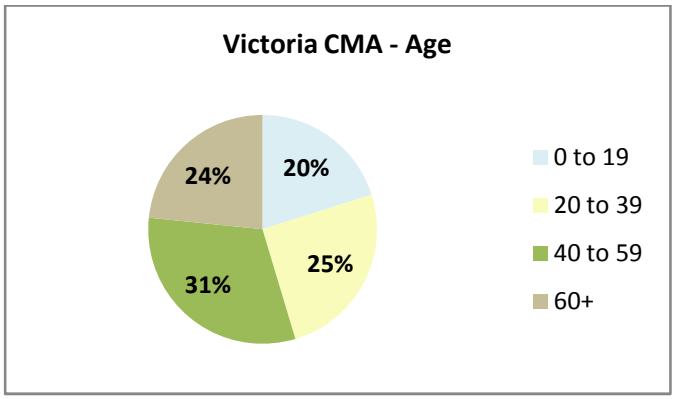
5.1.1 Gender



Data Source: (Statistics Canada, 2007)
Figure 5-2: Victoria CMA Gender

Victoria's gender breakdown is comparable to Halifax's and to the national average. Of the Victoria CMA's 330,088 people, 52% are female and 48% are male, giving Victoria 1% more females than the national average and an equivalent gender breakdown to Halifax.

5.1.2 Age Ranges

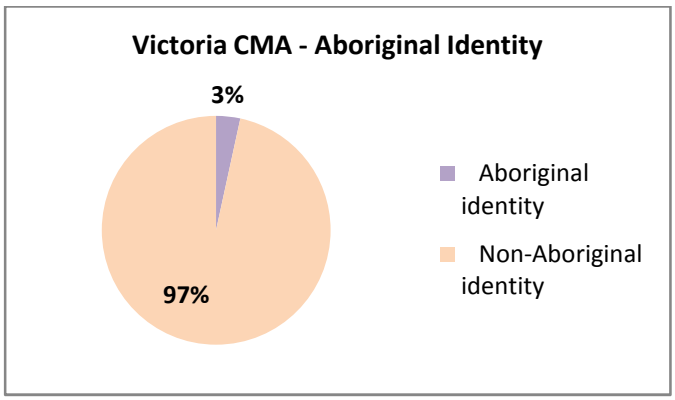


Data Source: (Statistics Canada, 2007)
Figure 5-3: Victoria CMA Age

Victoria's age distribution leans more heavily towards an older population than the Canadian norm. The median age of the Victoria CMA is 43.1 years old (3.6 years older than the national median age and 4.1

years older than the median age of the Halifax CMA). The most prevalent variation between the Victoria age distribution with that of the nation and Halifax occurs at the youngest and oldest demographics. Only 20.1% of Victoria's population falls between 0 and 19 years of age, compared to 24.4% and 22.7% in the nation and Halifax respectively. At the other side of the age spectrum, 23.4% of Victoria's population is over 60 years of age, compared to only 18.7% and 17.0% of the nation and Halifax respectively. These figures support Victoria's status as a retirement community.

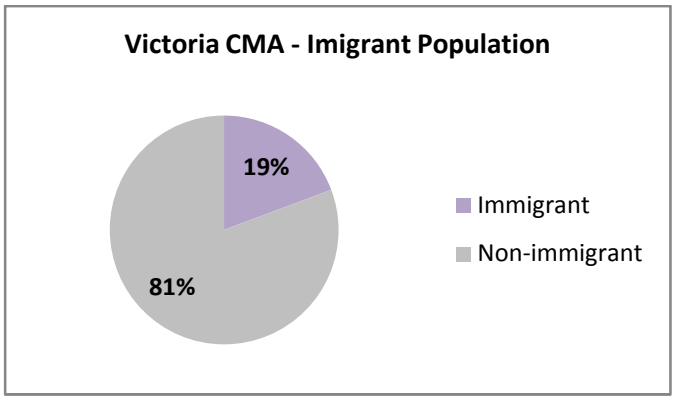
5.1.3 Aboriginal Identity



Data Source: (Statistics Canada, 2007)
Figure 5-4: Victoria CMA Aboriginal Identity

People with Aboriginal identity make up 3.4% of the Victoria CMA's population. This is 0.4% lower than the national average of 3.8%, and 2.0% higher than the rate of people with Aboriginal Identity in the Halifax CMA population (1.4%).

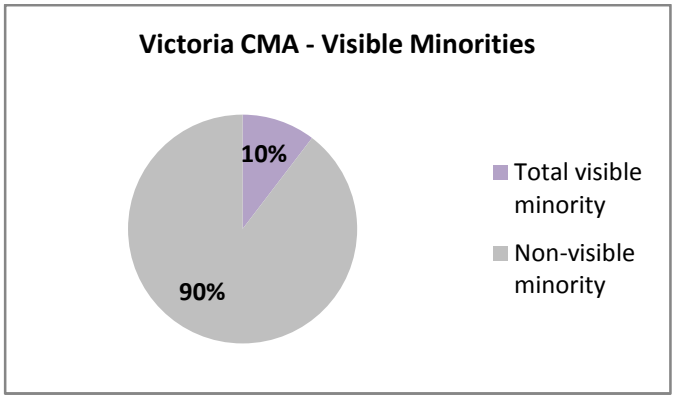
5.1.4 Immigrant Population



Data Source: (Statistics Canada, 2007)
Figure 5-5: Victoria CMA Immigrant Population

As is the case with Victoria's Aboriginal population, Victoria's immigrant population rate is on par with the national average and much higher than the Halifax immigrant population rate. Immigrants make up 19.1% of Victoria`s population, compared to 19.8% of the nation`s population, and just 7.4% of Halifax`s population.

5.1.5 Visible Minorities

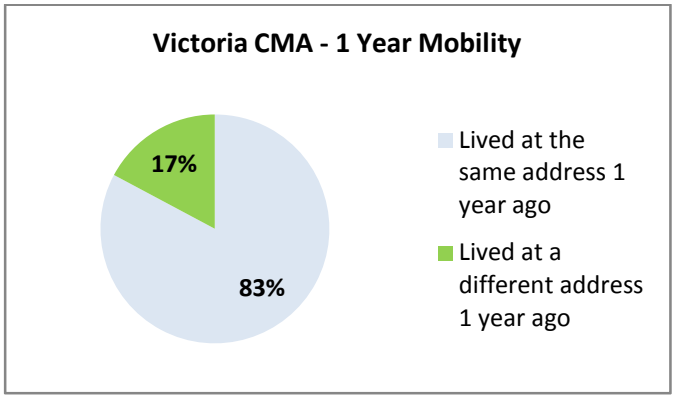


Data Source: (Statistics Canada, 2007)
Figure 5-6: Victoria CMA Visible Minorities

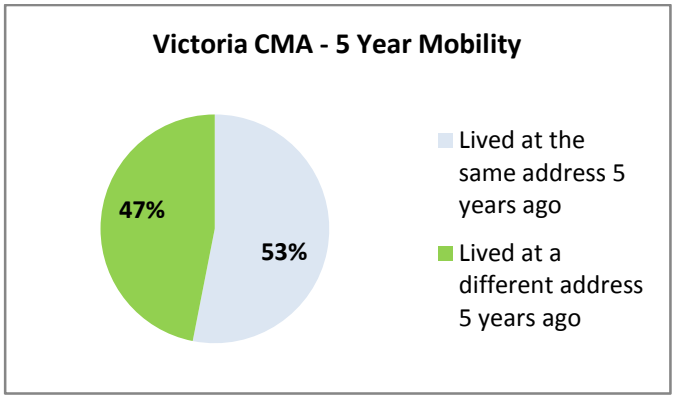
Victoria CMA`s population has a lower occurrence of visible minorities than the national average, but a higher occurrence of visible minorities than the Halifax CMA. A total of 10.4% of Victoria`s population

was considered a visible minority at the time of the 2006 census. This is 5.8% less than the national rate of visible minorities, but 2.9% higher than the occurrence of visible minorities in Halifax.

5.1.6 *Mobility*



Data Source: (Statistics Canada, 2007)
Figure 5-7: Victoria CMA *Mobility* – 1 year

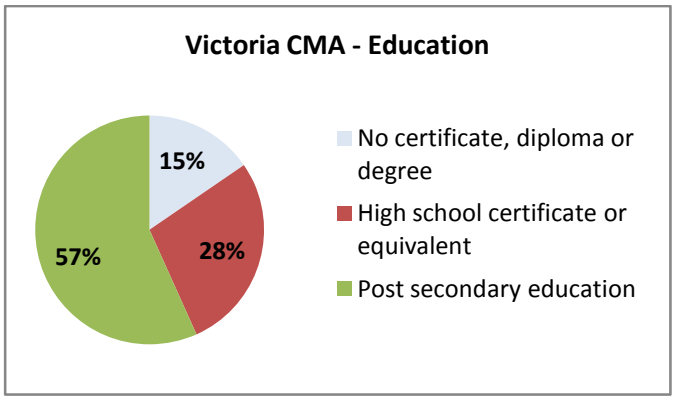


Data Source: (Statistics Canada, 2007)
Figure 5-8: Victoria CMA *Mobility* – 5 years

Community *mobility* is in reference to the rate at which a community's people move from address to address, both within and outside of the community. Victoria's community is particularly mobile, when compared to the *mobility* rates of the nation and Halifax. At the time of the census, of Victoria CMA's population 1 year or older, 17.2% had lived at a different address in the previous year (be it, within the same community or in a different community, province, or country). This *mobility* rate at 1 year is 3.1% higher than the national average *mobility* rate and 2.2% higher than the Halifax CMA's 1 year *mobility*

rate. The variance in *mobility* rates between the Victoria CMA, Canada, and the Halifax CMA are even stronger when looking at a 5 year term. At the time of the census, of Victoria's population 5 years or older, 46.9% had lived at a different address five years ago, which is 6% higher than both the national and Halifax *mobility* rates at 5 years.

5.1.7 Education



Data Source: (Statistics Canada, 2007)
Figure 5-9: Victoria CMA Education

The Victoria CMA community has higher educational attainment levels than the national average and Halifax CMA rates. At the time of the 2006 census, 15.4% of the Victoria community aged 15 years or older did not have an educational certificate, degree, or diploma. This is 8.4% lower than the national average of 23.8%, and 4.1% lower than Halifax`s rate of 19.5%. A total of 27.9% of people (aged 15 years or older) from the Victoria CMA region had attained a high school certificate or equivalent as their highest level of educational achievement, a total that`s 2.4% higher than the national rate of 25.5%, and 4.4% higher than the Halifax CMA rate of 23.5%. Both Victoria and Halifax house major Universities and several colleges, so not surprisingly, their rates of population post-secondary achievement are much higher than the national average. A total of 56.7% of the Victoria CMA population and 57.0% of the Halifax CMA (aged 15 years or older) had attained some form of post secondary educational achievement (i.e. apprenticeship, trade, college or university diploma/certificate/degree, etc.) at the

time of the 2006 census. These rates are approximately 6% higher than the national rate of post-secondary achievement (50.7%).

5.1.8 Victoria CMA Summary

The above Victoria CMA census findings describe Victoria as a typical mid-sized Canadian city. Victoria's population, with respect to: gender; Aboriginal identity; and immigrant status is consistent with national rates. Victoria is slightly older, more mobile, and highly educated than the national average. There are fewer visible minorities in Victoria than there are on average in Canada. These city demographic findings support the comparability of the 2010 *GVCEH* report card with other 'typical' mid-sized cities across Canada.

5.2 Emergency Shelters and *Transitional Housing*

There are several reasons why an individual may require the use of emergency shelters or *transitional housing* (i.e. family dispute, alcohol/substance addiction recovery, returning to society from incarceration, etc.). Under the ETHOS definition of homelessness (European Federation of National Associations Working with the Homeless AISBL), emergency shelter use is classified under the 'houselessness' classification of homelessness and transitional housing use can be classified as homelessness under either the 'houselessness' or 'insecure housing' categories. Given that shelter and transition house use meets this study's best-practice definition of homelessness, to attain a high level picture of Greater Victoria's homeless and/or *at-risk* (of becoming homeless) population, client data was gathered from the community's emergency shelters and transitional houses (wherever available).

It is to be noted that emergency shelter and *transitional housing* data does not present a complete picture of homelessness within a region. Many people who are homeless (or at risk of becoming homeless) chose to avoid the emergency shelter and *transitional housing* system altogether. Alternatives to staying in a shelter for homeless individuals include: 'couch-surfing' (moving from place

to place, typically at family and friends' houses, spending short periods of time sleeping in spare bedrooms and on couches); 'sleeping rough' (sleeping on the streets or in a tent); or spending the night in 24-hour businesses (i.e. coffee shops). Such individuals are missed in an emergency shelter and *transitional housing* analysis; thus, looking at emergency shelter and transitional housing statistics alone results in **underestimations** of homeless and at-risk populations.

Table E-1 presents an inventory of Greater Victoria's emergency shelters and *transitional housing*. The table organizes the housing resources into four primary categories: *Emergency shelter*s (the primary target for report card data), Detoxification Facilities, *Transitional Housing*, and Other.

*Emergency shelter*s are the last resort of housing, normally only used when an individual has nowhere else but the street to spend the night. *Emergency shelter*s are temporary forms of accommodation, which place time limits on the length of a client's stay (generally from 1 to 30 nights). There are three primary forms of *emergency shelter*s: year-round/permanent shelters, where beds are provided throughout the year; seasonal shelters, where beds are provided during specific periods of time during the year (typically during the higher risk, winter months); and emergency weather response shelters, where basic shelter and sleeping mats are provided on a day-to-day basis, depending on the severity of the weather.

There are 20 *emergency shelter*s in Greater Victoria (see Appendix E for a complete listing of emergency shelters and transitional housing in Greater Victoria): 12 year round shelters, 2 seasonal shelters, 5 rotating emergency weather response shelters, and 1 other form of *emergency shelter* provider (that helps place families in motels and family/friend residences in times of need). Of the 20 *emergency shelter* providers, 1 provided report card data for fiscal year 2005-2006, 10 provided data for fiscal year 2006-2007, 13 provided data for fiscal years 2007-2008, 14 provided data for fiscal year 2008-2009, and 15 shelters provided data for fiscal year 2009-2010.

Only limited data could be attained on the use of hospital beds (see section 5.5.1) and no data could be attained on the use of police holding cells by homeless individuals for this report. These possible night time destinations are categorized as 'Other' forms of *emergency stays* in Table E-1.

Detoxification facilities offer short-stay periods for clients to stabilize from drug or alcohol abuse. There are six detoxification facilities in Greater Victoria; however, it was not possible to attain their data for the study.

Transitional housing is defined by *BC Housing* as "housing from thirty days to two or three years that includes the provision of support services, on- or off-site, to help people move towards independence and self-sufficiency. *Transitional housing* is often called second-stage housing, and includes housing for women fleeing abuse" (BC Housing, 2007). There are 17 *transitional housing* facilities in Greater Victoria, one of which provided report card data for 2005-2006, two provided data for 2006-2008, and four provided data for 2008-2010.

To increase the efficiency of collecting emergency shelter and *transitional housing* data, *BC Housing* was used as a focal point of data collection. *BC Housing* provided data on 14 emergency shelters and 2 transition houses. Data from 4 other emergency shelter providers was attained through individual data requests. *BC Housing's* data from the 14 emergency shelters was aggregated before it was shared for this research, making it impossible to identify specific clients from specific shelters from their reported data. The same was done for the 2 reported transition houses. Other than the cross-agency that was provided by *BC Housing*, because the emergency shelter and *transitional housing* data came from multiple providers (*BC Housing*'s aggregated data + the individual requests), it was impossible to integrate and compare data across agencies, as each of the agencies had its own unique data set and reporting style.

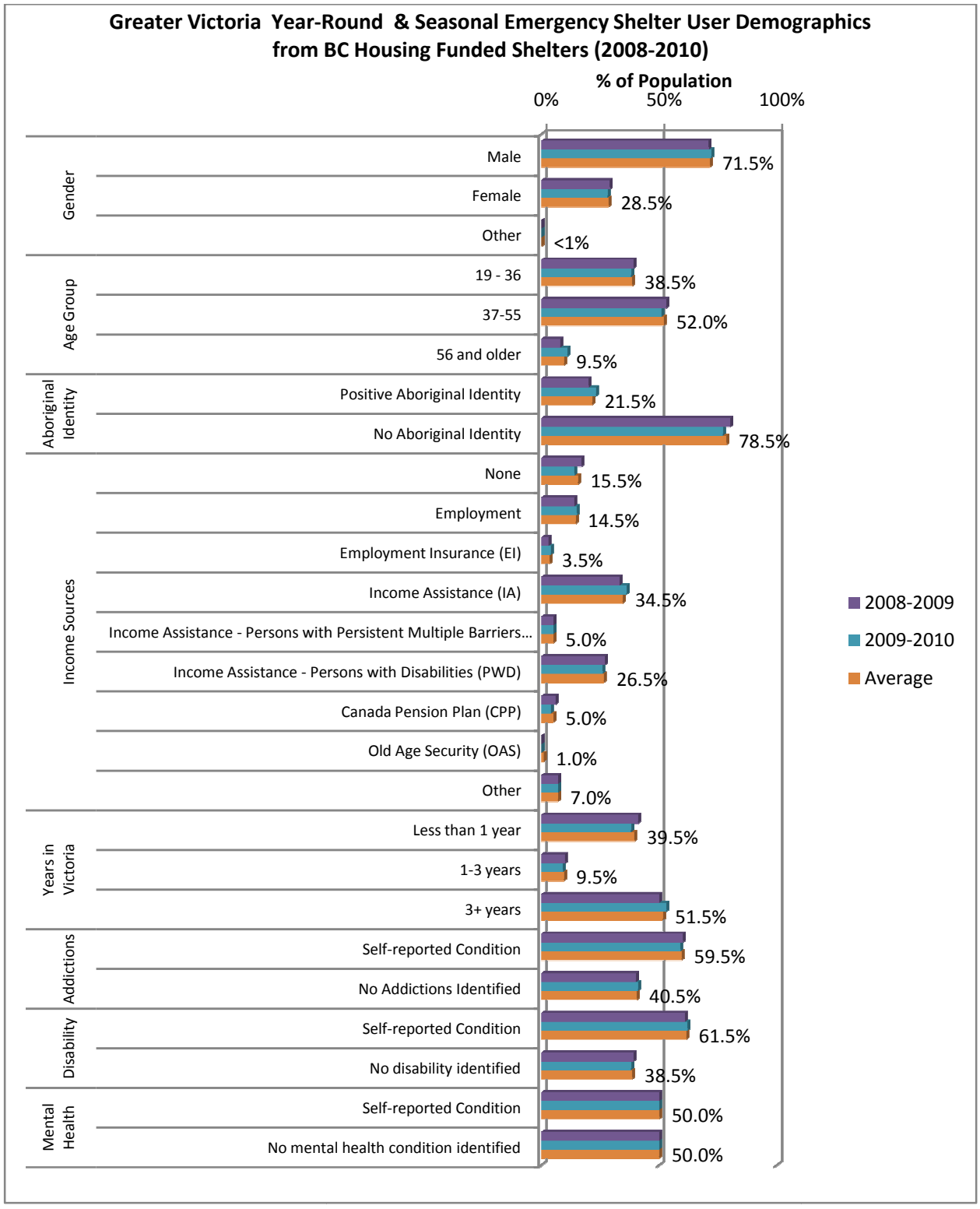
5.2.1 *Emergency Shelter* Client Demographics

Figure 5-10 presents a demographic profile of Greater Victoria's permanent and seasonal shelter clients from 2008-2010[4]. The figure is based on data from the following four permanent and two seasonal *BC Housing*-funded shelters:

- Year-round shelters:
    - The Salvation Army, Addictions and Rehabilitation Centre (ARC);
    - Victoria Cool Aid Society, Sandy Merriman House;
    - Victoria Cool Aid Society, Streetlink Shelter;
    - Victoria Cool Aid Society, Next Steps;
- Seasonal Shelters:
    - Beacon Community Services, Out of the Rain;
    - Victoria Cool Aid Society, St. John the Devine.

These shelters account for 73.0% of all identifiable permanent and seasonal shelter units within the region. The rates shown in Figure 5-10 do not include clients from any of the remaining year-round shelters; nor does it draw data from such sources as: emergency weather response shelters, *transitional housing* projects, hospitals, detox centres, and the streets. All data is based on self-reported client admission survey responses from the year-round/seasonal shelters. If a survey response was not provided on the client's admission form, the field was ignored in the calculation of the rates. The data was acquired from annual cuts from *BC Housing*'s live Homelessness Services System. The live nature of this database means that the data could be updated by the agencies; thus, the data presented in this figure is only as recent as the date it was cut from the database. Based on these limitations, *BC Housing* cannot guarantee the quality of the data.

[4] To improve consistency in Figure 5-10, the years 2006-2008 were not included, as only gender and age data was recorded during this timeframe.



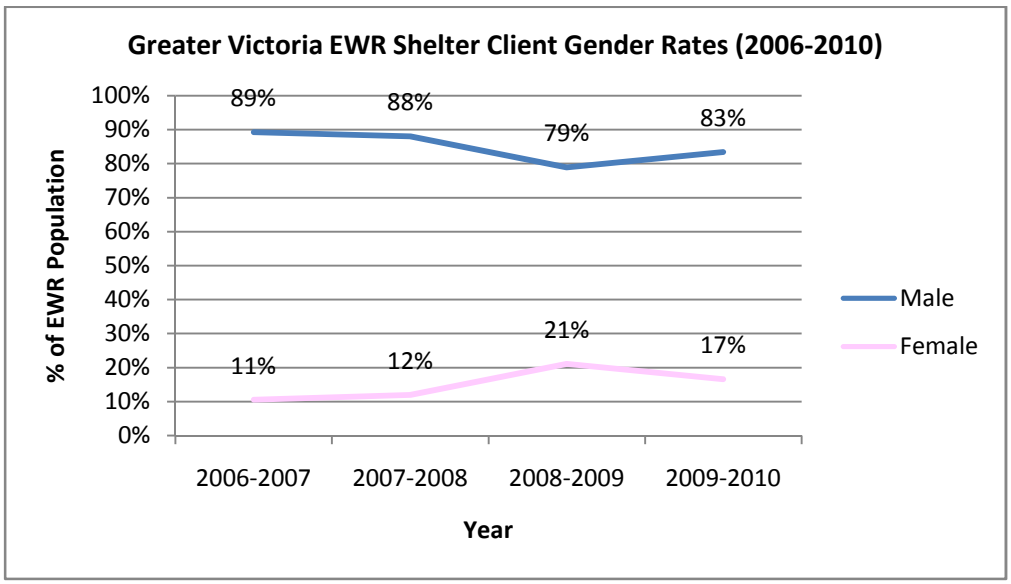
Data Source: (BC Housing, 2008-2010)

Figure 5-10: Greater Victoria *Emergency Shelter* User Demographics from *BC Housing* Funded Shelters (2008-2010)

5.2.1.1 Shelter Users - Gender

Year-round *emergency shelter* users are primarily male (at a rate of 71.5%), with just 28.5% of shelter users reported as being female and less than 1% of shelter users reported as being an 'other' gender type. This gender distribution differs by 23.9% from Greater Victoria's general population, which is listed at 47.6% male and 52.3% female (Statistics Canada, 2007).

It is widely reported in North American studies that significant differences exist between the sexes with respect to comfort in using *emergency shelter*s. Due to concerns about stigmatization and personal safety, "homeless women, whether single or with children, prefer strongly to avoid shelters, including shelters for abused women" (Whitzman, 2006). For this reason, it can be expected that women are under-represented as a homeless population in this figure. As an alternative to using shelters, homeless women tend to use other means of getting through the night, which are not captured in this data (i.e. spending the night in 24/hour restaurants, couch surfing with family/friends, or spending their nights hidden deep in the streets/parks, etc.).



Data Source: (BC Housing, 2006-2010)

Figure 5-11: Greater Victoria EWR Shelter Client Gender Rates (2006-2010)

As shown in Figure 5-11, males were found to be even more disproportionately over-represented in the *BC Housing* reported emergency weather shelters. From fiscal year 2006 to 2010, on average 84.9% of emergency weather response shelter clients were male.

5.2.1.2 Shelter Users - Age

The *BC Housing Emergency Shelter* Provider (ESP) program's mandate is to serve adults aged 19 years or older. Given that the shelter data used in this analysis comes from the *BC Housing* ESP program, there are no youth (aged 18 years or younger) included in this demographic profile. On average, between fiscal years 2008-2009 and 2009-2010, of the age categories that are served in the *BC Housing*'s ESP program, 38.5% are between the ages of 19 and 36 years, 52.0% are between the ages of 37 and 55 years, and just 9.5% are 56 years of age or older. Due to differences in the age grouping categories, these shelter age ranges cannot be directly compared to the most recent Greater Victoria census; however, a rough comparison to the census can be made using the following age grouping categories: of all Victorian's over 19 years of age, 31.6% are between 20 and 39, 39.1% are between 40 and 59, and 29.3% are over 60 years of age (Statistics Canada, 2007). Based on this rough comparison, it seems as if the age breakdown of the *BC Housing* reported shelter population in Greater Victoria leans more heavily towards younger adulthood (aged 19-55) than the regular population. This is likely due to the fact that life expectancy in homeless populations is significantly less than in housed populations (Hwang, Wilkins, Tjepkema, O'Campo, & Dunn, 2009).

5.2.1.3 Shelter Users – Aboriginal Identity

People with Aboriginal identity are over-proportionally represented in the shelter client population of Greater Victoria. People with Aboriginal identity account for just 3.4% of Greater Victoria's population (Statistics Canada, 2007), yet from fiscal year 2008-2009 to 2009-2010, they represented 21.5% of the *BC Housing* reported shelter users on average.

5.2.1.4 Shelter Users – Income Sources

Income sources reported for persons staying in the *BC Housing* reported shelters are varied. On average, between fiscal years 2008-2009 and 2009-2010, 15.5% of the shelter users reported not having any sources of *income*, compared to 84.5% of shelter clients who had at least some form of *income*. Such *income* sources reported by shelter clients included: employment (reported by 14.5% of the responding shelter population); Employment Insurance (EI) (3.5%); *Income Assistance* (IA) (34.5%); *Income Assistance* for *Persons with Persistent and Multiple Barriers* (*PPMB*) (5.0%); *Income Assistance* for *Persons with Disabilities* (*PWD*) (26.5%), Canada Pension Plan (CPP) (at 5%); Old Age Security (OAS) (1.0%); and/or other forms of *income* (7.0%). Because it is possible for a shelter client to claim more than one source of *income*, the sum of all *income* sources from this data adds up to over 100%.

Of particular significance with respect to shelter user *income* sources is the high proportion of shelter clients who receive *Income Assistance* of some kind (IA, *PPMB*, or *PWD*). On average, between fiscal years 2008-2009 and 2009-2010, 66% of *BC Housing* reported shelter clients collected some form of *Income Assistance*, compared to just 1% of Greater Victoria's population (Ministry of Employment & Income Assistance and Human Resources & Social Development Canada administrative files, and BCStats, 2009). This over-proportionate number of *Income Assistance* recipients suggests that the *Income Assistance* rates are likely not enough to cover the costs of living in Greater Victoria.

5.2.1.5 Shelter Users – Time Lived in Victoria

Greater Victoria *emergency shelter* clients are evenly distributed between people who have lived in Victoria for over and under three year's time. A slight majority of the permanent shelter clients reported by *BC Housing* have lived in Greater Victoria for over 3 years (51.5%), followed next by residents of less than one year (39.5%), and finally residents of 1-3 years (9.5%). It is difficult to properly assess these rates without a longer period of data to study; however, based on a two-year analysis, the

percentage of shelter clients who have lived in Greater Victoria for less than one year is largely transitory. This observation is based on the fact that even though a high percentage of shelter users had lived in Greater Victoria for under a year in 2008-2009 (41%), a low percentage of shelter users had lived in Greater Victoria between one and three years in fiscal year 2009-2010 (9%). If the high percentage of shelter clients who had lived in Greater Victoria for less than a year in fiscal year 2008-2009 were not transitory, then there would be major growth in the percentage of shelter clients who had lived in Greater Victoria between one and three years in fiscal year 2009-2010, but since this percentage dropped from 10% to 9% over this period, this is simply not the case. An argument to this hypothesis could be made that the shelter user population had dramatically grown in size over the past year to skew the length of residency rates; however, because the shelter use data suggests rather consistent shelter usage rates between the two fiscal years (see section 5.2.2), this argument can be rejected.

Another interesting point, with respect to the length of Greater Victoria residency in the shelter using population is that the percentage of shelter users who had lived in Greater Victoria for less than one year shrank between fiscal years 2008-2009 and 2009-2010, from 41% to 38%. A popular rumour within the region is that many of the community's homeless population had been recently moved to Victoria from Vancouver due to the 2010 Winter Olympic Games. If this were true, unless the 'Olympic homeless' population had moved in the years prior to the Olympic games, there would be substantial growth in the percentage of people who had lived in Greater Victoria for less than one year in fiscal year 2009-2010, but this was not the case, as the percentage actually shrank by 3%.

5.2.1.6 Shelter Users – Health and Addiction

The health and addiction rates depicted in Figure 5-10 must be taken with caution, as they are based on self-reported answers, not on expert opinions (i.e. diagnosed by physicians, psychiatrists, etc.). Another limitation of the health and addiction data is that it is based on survey questions which deal with

particularly sensitive topics that many of the shelter client survey respondents may not feel comfortable in answering and shelter providers may use caution in asking. Because the percentages are based on the number of answered responses, and not the total number of records, there could be a high degree of reporting bias in the responses, such that certain clients may be more/less inclined to answer these sensitive questions than others, potentially skewing the results. That being said, of those shelter clients who answered the shelter admission survey questions on the presence or absence of addiction or health problems: 59.5% self-reported an addiction condition; 61.5% self-reported a disability condition; and 50.0% self-reported a mental health condition. Further, it is not clear how clients or providers may have interpreted these questions and whether or not they had in mind diagnosed conditions. For example, a mental health conditions could encompass diagnosed conditions, emotional upset or poor mental health due to living conditions (e.g. depression associated with living situations).

5.2.2 Emergency Shelter and *Transitional Housing* Utilization Rates

5.2.2.1 Limitations

Attaining an accurate depiction of emergency shelter and *transitional housing* utilization rates within Greater Victoria is a major challenge. There are currently no data standards or integrated information systems used for the collection and reporting of emergency shelter and *transitional housing* utilization rates across the myriad of independent shelters and shelter organizations operating in Greater Victoria. There is also no single entity that collects data from all of the shelter data sources, which limits the ability to attain a comprehensive picture of shelter use in Greater Victoria.

The closest thing to a comprehensive view of Greater Victoria emergency shelter and *transitional housing* projects comes from *BC Housing*. *BC Housing*, however, is only tasked with collecting data on the emergency shelter and *transitional housing* beds that it provides funding for in each given year, meaning not all shelters are included, and for those shelters that are included, data is only reported on a

selection of their shelter beds (those which receive *BC Housing* funding). This means that only a portion of the beds from a portion of the emergency shelter and *transitional housing* projects from the overall population are captured by the *BC Housing* data.

The number of shelter beds and shelters that *BC Housing* funds (and thus monitors) changes from year to year, meaning the data that they collect and report on is drawn from an annually shifting sample of the shelter population. This limits the ability to compare the shelter data over time.

For the 2010 *GVCEH* report card, data was collected both from *BC Housing* and from a selection of independent emergency shelter and *transitional housing* providers. Resource limitations prevented the collection of data from all of the Greater Victoria shelters. Due to the lack of collection and reporting data standards used by the shelters and *BC Housing*, there were many inconsistencies found in the data, both between the shelters and across the years:

- Several years of shelter utilization data were not captured by or available to the reporting shelters. As a result, numerous gaps were identified in the annual shelter utilization rates.
- In both the independent shelters and *BC Housing*, there were changes over the years in what shelter utilization data was recorded and how it was recorded. From one year to the next, a shelter may change to and from recording:
    - Various types of shelter stays:
        - Bed nights used (1 night = 1 stay)
        - Duration of stay (the date the individual was admitted into the shelter – the date the individual left the shelter = 1 stay)
        - Individuals (1 individual = 1 stay, regardless of the number of times they stayed or the length of their stays)
        - Any combination of the above over each year

- Various periods of recording (i.e. shelter stays in a day/month/quarter/year/fiscal year)
- Using different types of record systems (i.e. paper records, spreadsheets, databases, etc.).

Further complicating the comparison of data between shelters was the fact that there is no universal emergency shelter and *transitional housing* client identifier. Partial identifiers exist (such as *BC Housing* numbers, personal health numbers, etc.); however, these identifiers are not universally used by all regional shelters. Most of the shelters within the region keep track of individuals by name. Names, however, are not unique identifiers of individuals, as two separate individuals can share the same name and one individual can go by multiple names (both intentionally and unintentionally).

For instance, if two shelters (shelter A and shelter B) attempted to create a list of unique individuals who visited either of their shelters, it would be impossible to tell if there were one to ten unique individuals shared between the shelters using the following list of names:

Shelter A	**Shelter B**
John Smith	John Smith
Jon Smith	J. Smith
John Smyth	John Smithe
Smitty	Jon Smithe
J.A. Smith	John Alfred Smith

As a result of the above defined limitations, only limited trending of emergency shelter and *transitional housing* utilization rates across Greater Victoria shelters and over time was possible. Until a data standard for the collection and reporting of shelter utilization is implemented in Greater Victoria, there will be no way to accurately determine complete emergency shelter and *transitional housing* utilization rates between all Greater Victoria shelters, across all years (only partial analysis, as provided in the following sections, can be completed).

5.2.2.2 Emergency Shelter and Transitional Housing Use

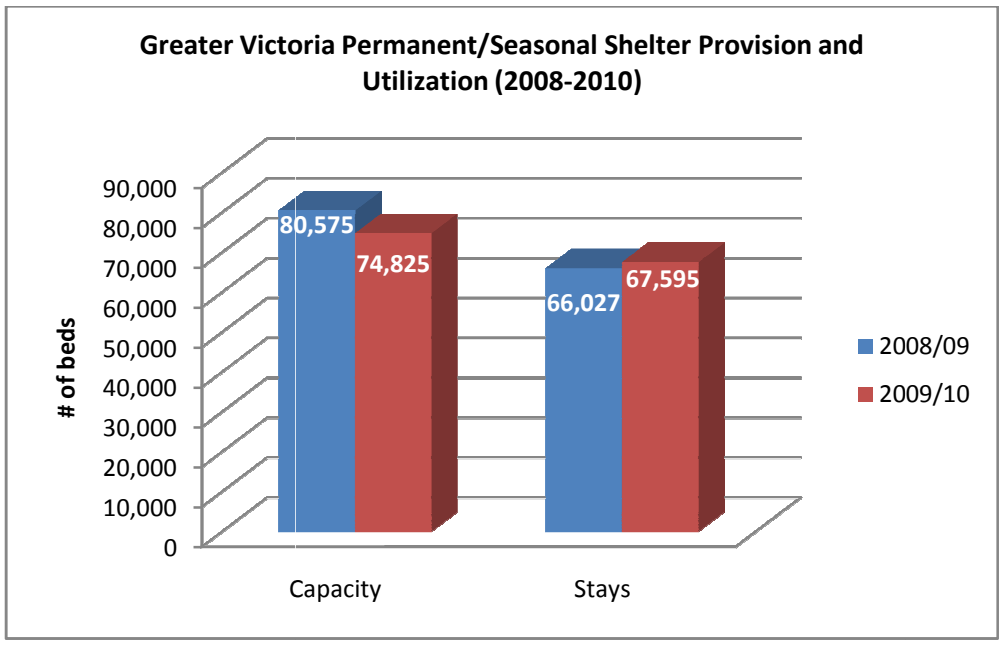
Annual Use of Emergency Shelter and *Transitional Housing* in Greater Victoria						
Shelter	**Category**	**Occupancy in Year**				
		2005/06	2006/07	2007/08	2008/09	2009/10
Year-Round/Seasonal Shelters not Reported by *BC Housing*	Reported Shelters	1	2	1	2	3
	Capacity	3,650	7,820	3,660	10,220	18,380
	Stays	1,526	4,170	1,530	5,255	9,627
	Total Occupancy (stays/capacity) – where both provided	41.8%	53.3%	41.8%	51.4%	52.4%
Year-Round/Seasonal Shelters Reported by *BC Housing*	Reported Shelters	0	0	5	6	5
	Capacity	n/a	n/a	50,829	70,355	56,445
	Stays	n/a	n/a	44,856	60,772	57,968
	Total Occupancy	n/a	n/a	88.2%	86.4%	102.7%
Total Year-Round/Seasonal Shelters	Reported Shelters	1	2	6	**8**	**8**
	Capacity	3650	7820	54489	**80575**	**74825**
	Stays	1526	4170	46386	**66027**	**67595**
	Total Occupancy	41.8%	53.3%	85.1%	**81.9%**	**90.3%**
Other *Emergency* Stays (i.e. emergency motel stays)	Reported Shelters	0	1	1	1	1
	Capacity	n/a	n/a	n/a	n/a	n/a
	Stays	n/a	403	390	363	435
	Total Occupancy	n/a	n/a	n/a	n/a	n/a
Emergency Weather Response Shelters	Reported Shelters	0	4	4	4	5
	Capacity	n/a	n/a	n/a	1,975	2,100
	Stays	n/a	3,724	6,230	1,314	1,196
	Total Occupancy	n/a	n/a	n/a	66.5%	57.0%
All *Emergency Stays* (Includes all: year-round, seasonal, other, EWR shelters. Doesn't include transition houses)	Reported Shelters	1	7	11	13	14
	Total Capacity	3,650	7,820	54,489	82,550	76,925
	Total Stays	1,526	8,297	53,006	67,704	69,226
	Total Occupancy (where capacity given)	41.8%	100.9%	96.6%	81.6%	89.4%
Transition Houses	Reported Shelters	1	1	1	1	2
	Capacity	n/a	2,920	2,928	2,920	10,220
	Stays	n/a	n/a	n/a	n/a	7,076
	Total Occupancy	n/a	n/a	n/a	n/a	69.2%

Data Source: (BC Housing, 2008-2010)

Table 5-1: Annual Use of Emergency Shelter and *Transitional Housing* in Greater Victoria

Table 5-1 presents usage data from the reported Greater Victoria emergency shelters and *transitional Houses* (see Table E-1 for a list of which shelters provided data for which years). Due to differences in

the reported populations and reporting systems (as described in section 5.2.2.1), the majority of shelter utilization rates in this table cannot be accurately compared between shelters or across years. It is possible, however, to determine from this data, an approximation of permanent and seasonal shelter utilization rates (not including EWR shelters, other *emergency shelters* or *transitional housing*) between fiscal years 2008-2009 and 2009-2010, given that data from these years is drawn from consistent populations (the same shelters and reporting systems were used in each of these years). It is also possible to determine, the minimum number of emergency shelter and *transitional housing* beds provided (capacity) and the minimum number of emergency shelter and *transitional housing* beds used (stays) for each given year.



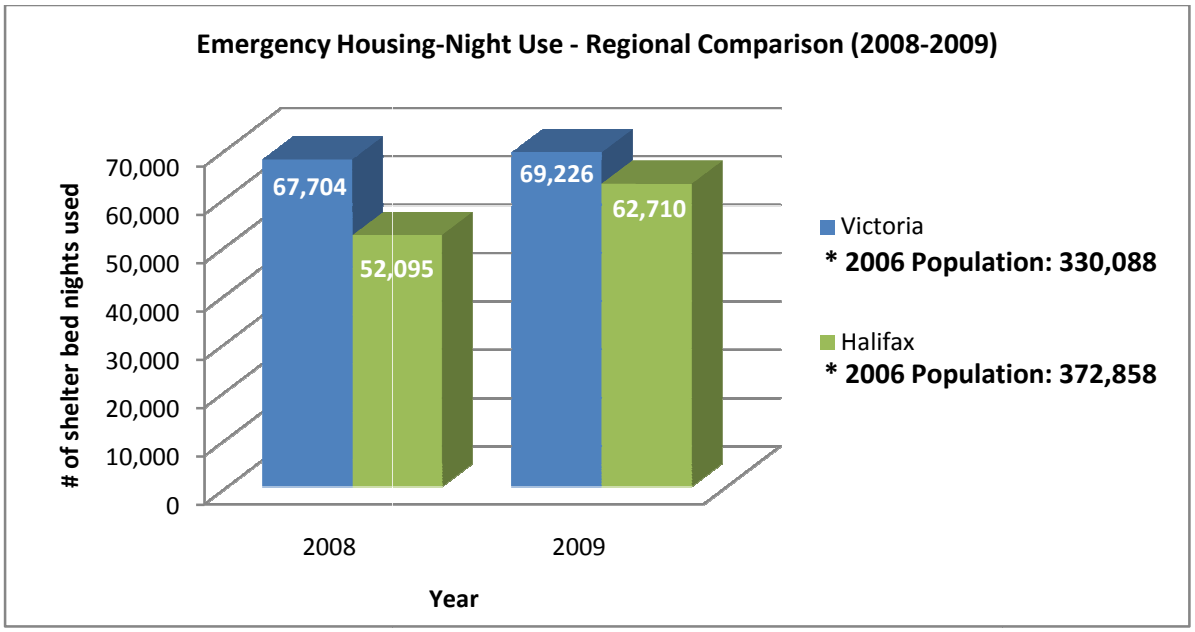
Data Source: (BC Housing, 2008-2010)

Figure 5-12: Greater Victoria Permanent/Seasonal Shelter Provision and Utilization (2008-2010)

For the reported permanent and seasonal shelters between fiscal years 2008-2009 and 2009-2010, there has been both a drop in capacity and a growth in the number of shelter stays. This has caused shelter occupancy rates from this population to spike from 81.9% in 2008-2009 to 90.3% in 2009-2010.

In fiscal year 2008-2009, there was one fewer EWR shelter reported than in fiscal year 2009-2010 (even though the EWR shelter was in operation over both reporting years). Due to this missing data, there is a change in the occupancy and capacity rates of the EWR shelters that cannot be accounted for; thus, the potential for trending between the two years is limited. Regardless, for all *emergency s*helters (including permanent, seasonal, other, and EWR shelters) reported in fiscal years 2008-2009 and 2009-2010, there was a minimum annual capacity of 82,550 and 76,925 beds provided respectively. This averages out to an approximate minimum of 233 and 211 beds per night offered in fiscal years 2008-2009 and 2009-2010 respectively. Part of this drop in the minimum reported capacity can be contributed to a loss of 20 seasonal shelter beds in fiscal year 2009-2010 (as reported by *BC Housing*).

Despite the drop in reported Greater Victoria *emergency shelter* capacity in fiscal year 2009-2010, there was growth in the reported minimum number of bed-night stays (from 67,704 stays in 2008-2009 to 69,226 in 2009-2010). Although changes in the *emergency shelter* population prevent direct comparison between the two years of reported *emergency shelter* stays, given the fact that the number of stays increased even though the reported population decreased, *emergency shelter* use appears to have risen.



Data Source: (BC Housing, 2008-2010)(Community Action on Homelessness, 2010)(Statistics Canada, 2007)

Figure 5-13: Shelter Bed-Night Use - Regional Comparison (2008-2009)

Based on the 8 reporting emergency shelters in 2008 and 2009, Victoria was found to have a greater number of *emergency shelter* night stays than Halifax, regardless of the fact that Halifax has over 40,000 more people than Victoria (Statistics Canada, 2007) (Community Action on Homelessness, 2009) (Community Action on Homelessness, 2010). In 2008, Greater Victoria reported a total of 67,704 *emergency shelter* night stays, 15,609 greater than the number of *emergency shelter* night stays reported by Halifax in the same year. In 2009, Halifax implemented a region-wide HIFIS system, which enabled them to report on 100% of their *emergency shelter* night stays. This raised their total number of reported night stays up to 62,710. Even though Greater Victoria was still only able to report on a portion of their *emergency shelter* units in this year, Greater Victoria reported 2,077 more *emergency shelter* stays than Halifax (totalling 69,226 *emergency shelter* night stays).

Annual transition house night stay data was only available for fiscal year 2009-2010 from just two of Greater Victoria's numerous transition houses. In 2009-2010, there were a total of 7,076 bed night stays reported by the two Greater Victoria transition houses.

5.2.2.3 Emergency Shelter Night Count

To attain a secondary estimation of Greater Victoria shelter utilization rates, a shelter night analysis was attempted. Analysis of a single night in shelter operation can help affirm the annual shelter utilization estimates, and because an individual can only stay in one shelter per night, single night analysis can also help to provide estimates of the number of unique shelter using individuals.

February 4th was selected as the night of analysis for two reasons. Firstly, the cold winter weather that is typical on an early February night is likely to draw the homeless population into the shelters and away from the streets. This gives a better approximation of the homeless numbers, as the people who are homeless are less likely to camp outside. Secondly, February 4th typically falls between social assistance

pay periods. If the night count was selected on a day near to when the social assistance cheques were issued, the *income*-in-hand of the many social assistance receiving homeless individuals could draw the homeless population away from shelters and into hotels instead. Given that the aim of this shelter utilization study was to approximate (roughly) the number of homeless individuals in Victoria, it was best to select a night when the homeless population was more inclined to using shelters.

Unfortunately, due to the following limitations in the quality of the shelter data, the shelter night stay data attained in this research cannot be reported:

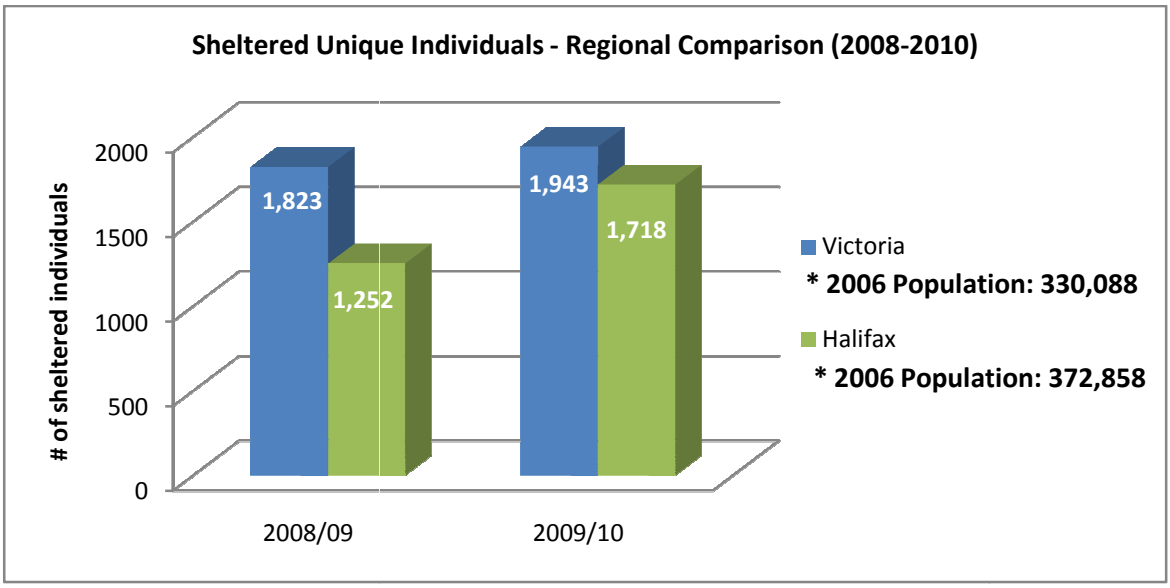
- There were fluctuations in the number of shelters and shelter beds in each reported year;
- Data could only be attained from a limited set of shelters;
- The shelters were (mostly) unable to report their capacity (only their stays were reported);
- Inconsistencies existed in the demographic data kept by the different shelters;

5.2.2.4 Shelter Individual Count

A third perspective of shelter utilization is the number of unique individuals who used Greater Victoria shelters within the year. The lack of shared shelter stay collection and reporting standards in Greater Victoria limits this form of analysis to a minimal set of shelter providers from the Greater Victoria population, as comparison between providers, in most cases, cannot be done.

Five shelters, from two shelter providers were selected for unique shelter client analysis. Four shelters from Victoria Cool Aid Society, the largest supplier of adult shelter beds in Greater Victoria, were included in the individual count (including: Sandy Merriman House, Streetlink, Next Steps, and St. John the Devine). Beacon Community Service's Out of the Rain shelter, one of Greater Victoria's largest supplier of youth shelter beds was also included.

Over the past two years, the number of unique individuals sheltered by these five shelters has grown by 6.58%. Between the five shelters, 1,823 unique individuals were sheltered in fiscal year 2008-2009 (1,792 unique adults sheltered by Cool Aid and 31 unique youth clients, aged 18 and under, sheltered by Beacon) and 1,943 unique individuals were sheltered in fiscal year 2009-2010 (1,878 unique adult clients sheltered by Cool Aid and 65 unique youth clients sheltered by Beacon). These individual counts do not include the unique adult individuals (19 years and older) sheltered by Beacon Out of the Rain, nor do they include any of the unique individuals sheltered by any of the other shelter programs offered in Greater Victoria. When compared with the number of shelter beds available in the Greater Victoria region, the number of unique shelter using individuals suggests that individuals may transition from shelters to other means of night stay throughout the year (i.e. sleeping rough, couch surfing, etc.).



Data Source: (Community Action on Homelessness, 2010)(Statistics Canada, 2007)

Figure 5-14: Sheltered Unique Individuals - Regional Comparison (2008-2010)

For both 2008 and 2009, more individuals were found to use Victoria shelters in the year than Halifax shelters, regardless of the fact that Halifax has a population size over 40,000 greater than Victoria (Statistics Canada, 2007) and Victoria's numbers only include a fraction of its total shelter population, whereas the Halifax numbers include most of their shelters in 2008-2009 and all of their shelters in

2009-2010 (Community Action on Homelessness, 2009) (Community Action on Homelessness, 2010). In 2008-2009, the five Victorian shelters recorded 571 more individuals having stayed in their shelters than the reported *Haligonian* shelters. In 2009-2010, 225 more individuals were reported as having stayed in the five reporting Victoria shelters than all of the individuals staying in all of the shelters in Halifax.

5.2.2.5 Shelter Turn-Aways

A shelter *turn-away* is when a potential shelter client is denied spending the night at a shelter by the shelter provider. There are many reasons why this can happen (i.e. the shelter client doesn't fit the mandate of the shelter provider, the shelter client is unruly or intoxicated, etc.), but most commonly a shelter *turn-away* is due to a shelter reaching its maximum capacity, whereby all of its beds are full (leaving no spaces for further clients). Shelter *turn-away* statistics can be used to indicate whether or not a community's shelter supply can meet the demand of shelter clients during peak operational periods (i.e. harsh winter months). Unfortunately, shelter *turn-away* data was only available for three of Greater Victoria's smaller scale shelter providers (with a total nightly annual capacity of 58 or annual capacity of 20,590).

Annual Shelter Turn-Aways						
	Year				Total	Average
Shelter	2006-2007	2007-2008	2008-2009	2009-2010		
Shelter 1	12	11	0	0	**23**	**5.75**
Shelter 2	209	166	271	291	**937**	**234.3**
Shelter 3	67	0	12	7	**86**	**21.5**
Total	**288**	**177**	**283**	**298**	**1046**	**261.5**

Table 5-2: Annual Shelter *Turn-Aways*

Overall, from fiscal year 2006-2007 and 2009-2010, there have been a total of 1,046 instances where an individual was turned away from the three reporting Greater Victoria shelters. In this timeframe, there has been an increase of 10 *turn-away*s, from 288 in 2006-2007 to 298 in 2009-2010. Two of the shelters from this data reported drops in their *turn-away* rates (totalling a drop of 72 *turn-away*s); however, the shelter with the highest volume of *turn-away*s reported a growth of 82 *turn-away*s. The population of

shelters included in this *turn-away* data is too small to conclude anything significant about the *turn-away* rates in Greater Victoria shelters.

5.2.2.6 Shelter Utilization Summary

Two conclusions can be drawn from the analysis of Greater Victoria shelter data:

- There is and have been a large volume of people using Greater Victoria shelters;
- A lack of community-wide data collection and reporting standards for shelter use statistics prevents decisive conclusions into whether or not progress has been made in reducing homelessness in the community.

It is evident from the analysis of the shelter stay data that Greater Victoria shelters continue to see frequent usage (which appears to be on the rise):

- The number of reported shelter stays between 2008/09 to 2009/10 has increased, while, at the same time, reported shelter capacity is dropping.
- Victoria sees higher numbers of shelter uses and users in just a portion of its shelters than does the more populous city of Halifax in all of its shelters.
- In the past two years, the number of unique individuals using shelters from just five of the emergency shelters in the Capitol region has grown at rate of 6.58% from 1,823 to 1,943.
    - The individual shelter client count in 2009-2010 is equivalent to the number of people it takes for:
        - 1 sold out show at the Royal Theatre (plus an additional 509 individuals);
        - 2 sold out shows at the Royal McPherson Playhouse (plus an additional 399 individuals);
        - 3 sold out shows at the local Silver City movie theatre complex (plus an additional 206 individuals) (Cineplex Entertainment, 2010).

- Although shelter *turn-away* data isn't widely reported, what is reported indicates an upward trend in shelter *turn-away*s.

Although all indications suggest that shelter use in Greater Victoria has increased (albeit slowly), due to the limitations of the reported data, the ability to draw decisive conclusions on this matter is low. There is high need in Greater Victoria for the implementation of a region-wide, standards-based, shared homeless shelter information system, such as the Homeless Individuals and Families Information System (HIFIS), which has been adopted by close to half of shelter providers operating in Canada (Human Resources and Skills Development Canada, 2009). Without such an integrated homelessness information system, monitoring the affects of a community's efforts towards reducing homelessness is as confusing as it is inaccurate.

It is also recommended that a single organization assumes the full responsibility of collecting and comparing data from all of Greater Victoria's shelters. This organization would likely come in the form of the *GVCEH*, the University of Victoria, or *BC Housing* (currently the organization with the largest holding of Greater Victoria shelter data). For *BC Housing* to assume this role, it would have to improve upon the consistency of its collected shelter statistics, such that shelter data from all beds and shelters are included in the data for each year, not just the shelter beds that are funded through their organization.

5.3 Victoria's Economy

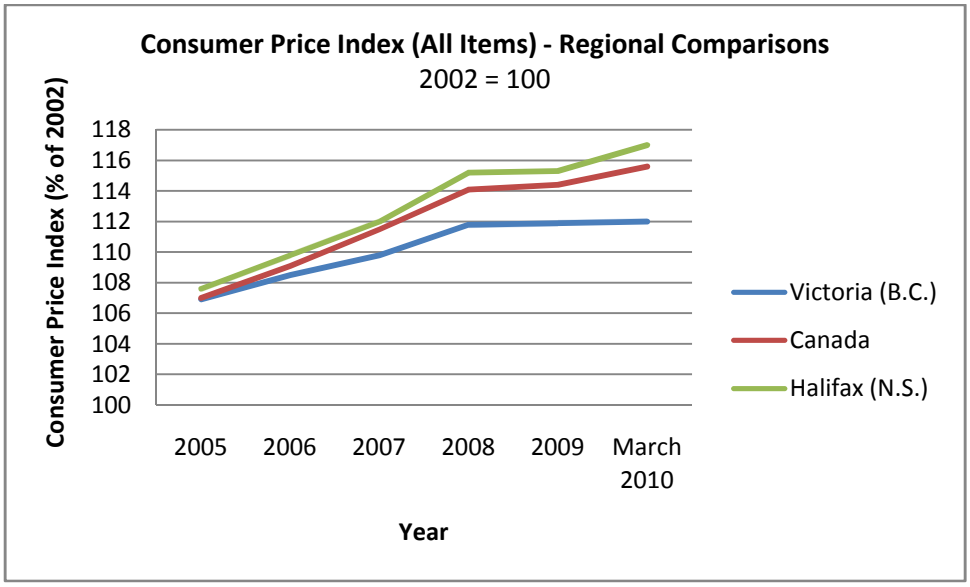
5.3.1 Cost of Living in Victoria

5.3.1.1 Consumer Price Index

The Consumer Price Index (CPI) is a measure used to show the rate of cost changes for a fixed basket of consumer goods over time. Because the quantity and quality of the purchased goods is equivalent in

each year of measure, the rate of cost changes can only be attributed to the price of the purchased products. In all, there are 168 commodity classes in the CPI basket of goods, which are represented by approximately 600 commodities. In order to attain accurate pricing, these commodities are purchased in retail markets of high sales revenue, local to the region of CPI measure. The price of the CPI goods basket from one year can then be compared to the price of the same basket of goods in a reference year. The current CPI reference year is 2002, meaning the CPI is equal to the cost of the basket of goods in the given year, divided by the cost of the basket of goods in the 2002. For instance, if the CPI basket of consumer goods cost $20,000 in 2002 and $30,000 in 2005, the CPI for 2002 would equal 100%, because it is the reference year, and the CPI for 2005 would equal 150%, because the basket of goods in 2005 cost 150% the price of the goods basket in 2002.

Figure 5-15 depicts the average CPI for the years 2005 to 2009 as well as the CPI for March of 2010 for the Victoria CMA, Canada, and the Halifax CMA regions.



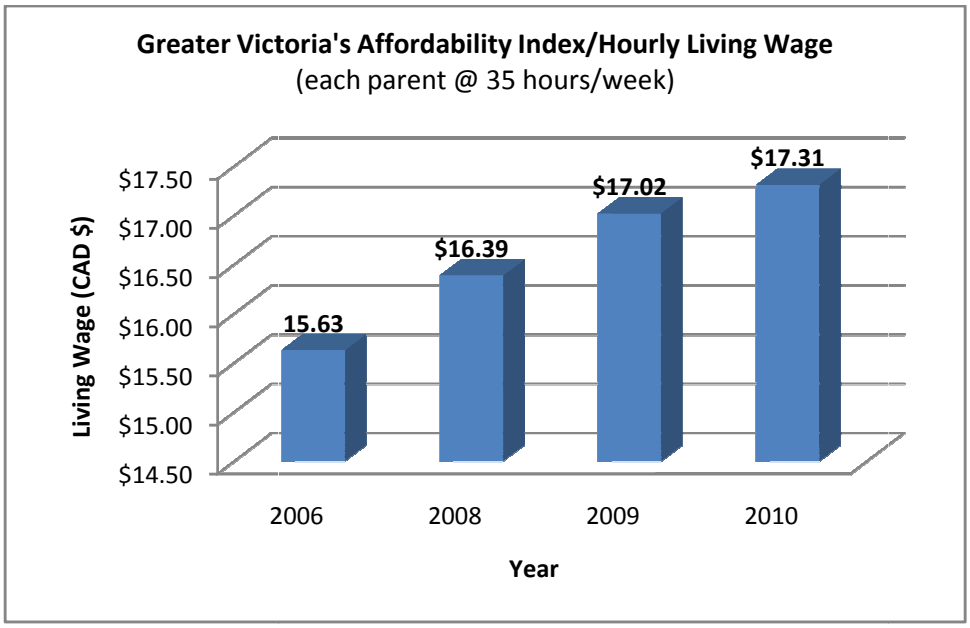
Data Source: (Statistics Canada, 2010) (Statistics Canada, 2010)(BC Stats, 2010)

Figure 5-15: Consumer Price Index (All Items) - Regional Comparisons

Since 2002, Victoria, Canada, and Halifax have all shown relatively the same shape of CPI growth, whereby the steepest CPI growth rate occurred from 2005-2008, followed by a plateau in CPI growth from 2008 to 2009, and the start of further growth in the early months of 2010. The rate of growth from these regions was steepest for the Halifax CMA, followed by the national growth rate, and finally the Victoria CMA. From 2002 to March 2010, the price of the CPI basket of consumer goods grew 12.0% in the Victoria CMA, compared to 15.6% at the national level, and 17.0% for the Halifax CMA.

Because the CPI is relative to each region it measures, this does not necessarily mean that the average price for the CPI basket of consumer goods is more expensive in Halifax than it is in Victoria or the nation on average, just that the price growth rate is higher in Halifax than the other regions. For instance, (hypothetically) if the CPI basket of goods in Victoria cost $20,000 in 2002 and grew to $25,000 in 2009, the Victoria CPI for 2009 would be 125%, and if the CPI basket of goods for Halifax cost $15,000 in 2002 and grew to $20,000 in 2009, the Halifax CPI for 2009 would be 133%. In this case, even though the 2009 Halifax CPI (133%) is 8% higher than the 2009 Victoria CPI (125%), the Victoria CPI basket of goods still costs more than Halifax's goods basket.

5.3.1.2 The Living Wage/Affordability Index



Data Source: (Quality of Life Challenge, 2008)(Quality of Life Challenge, 2009)(Quality of Life Challenge, 2010)

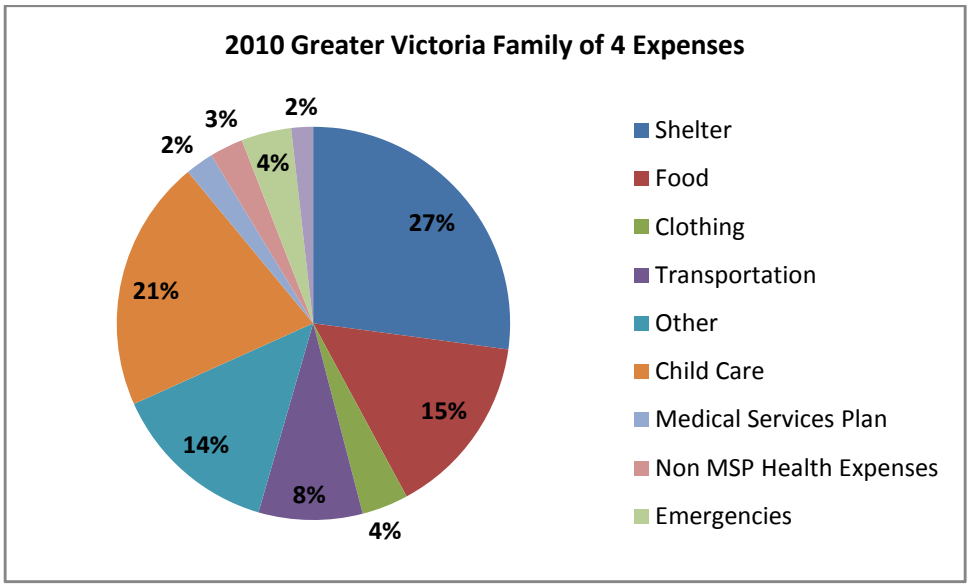
Figure 5-16: Greater Victoria's Affordability Index/Hourly Living Wage

The 'Affordability Index' or 'Living Wage' is an estimation of the wage required to sustain "modest quality of life" (Quality of Life Challenge, 2009) within a given region (in this case Greater Victoria). The wages are calculated via a conservative estimation of the annual expenses (see Table 5-3) for a reference family of four, made up of: two parents (each working 35 hours per week) and two children (one seven years old and one four years old, the youngest of which is in daycare due to both parents working).

Family Expenses - Victoria CMA (2008-2010)						
Item	Monthly Cost			Annual Cost		
	2008	2009	2010	2008	2009	2010
Shelter	$1,299.39	$1,418.93	$1,323.01	$15,592.68	$17,027.16	$15,876.12
Food	618.74	639.16	$732.37	$7,424.88	$7,669.92	$8,788.44
Clothing	191.64	190.11	$186.64	$2,299.68	$2,281.32	$2,239.68
Transportation	496.94	461.36	$416.74	$5,963.28	$5,536.32	$5,000.88
Other	547.01	559.75	$671.80	$6,564.12	$6,717.00	$8,061.60
Child Care	946.83	984	$1,011.17	$11,361.96	$11,808.00	$12,134.04
Medical Services Plan	108	108	$114.00	$1,296.00	$1,296.00	$1,368.00
Non MSP Health Expenses	133	133	$133.00	$1,596.00	$1,596.00	$1,596.00
Emergencies	191.22	198.57	$201.95	$2,294.64	$2,382.84	$2,423.40
Parent Education	83.33	83.33	$87.50	$999.96	$999.96	$1,050.00
Total	**$4,616.10**	**$4,776.21**	**$4,878.18**	**$55,393.20**	**$57,314.52**	**$58,538.16**

Data Source: (Quality of Life Challenge, 2008)(Quality of Life Challenge, 2009)(Quality of Life Challenge, 2010)

Table 5-3: Family Expenses - Victoria CMA (2008-2010)



Data Source: (Quality of Life Challenge, 2010)

Figure 5-17: 2010 Greater Victoria Family of 4 Expenses

Provided a living wage, the reference family of four:

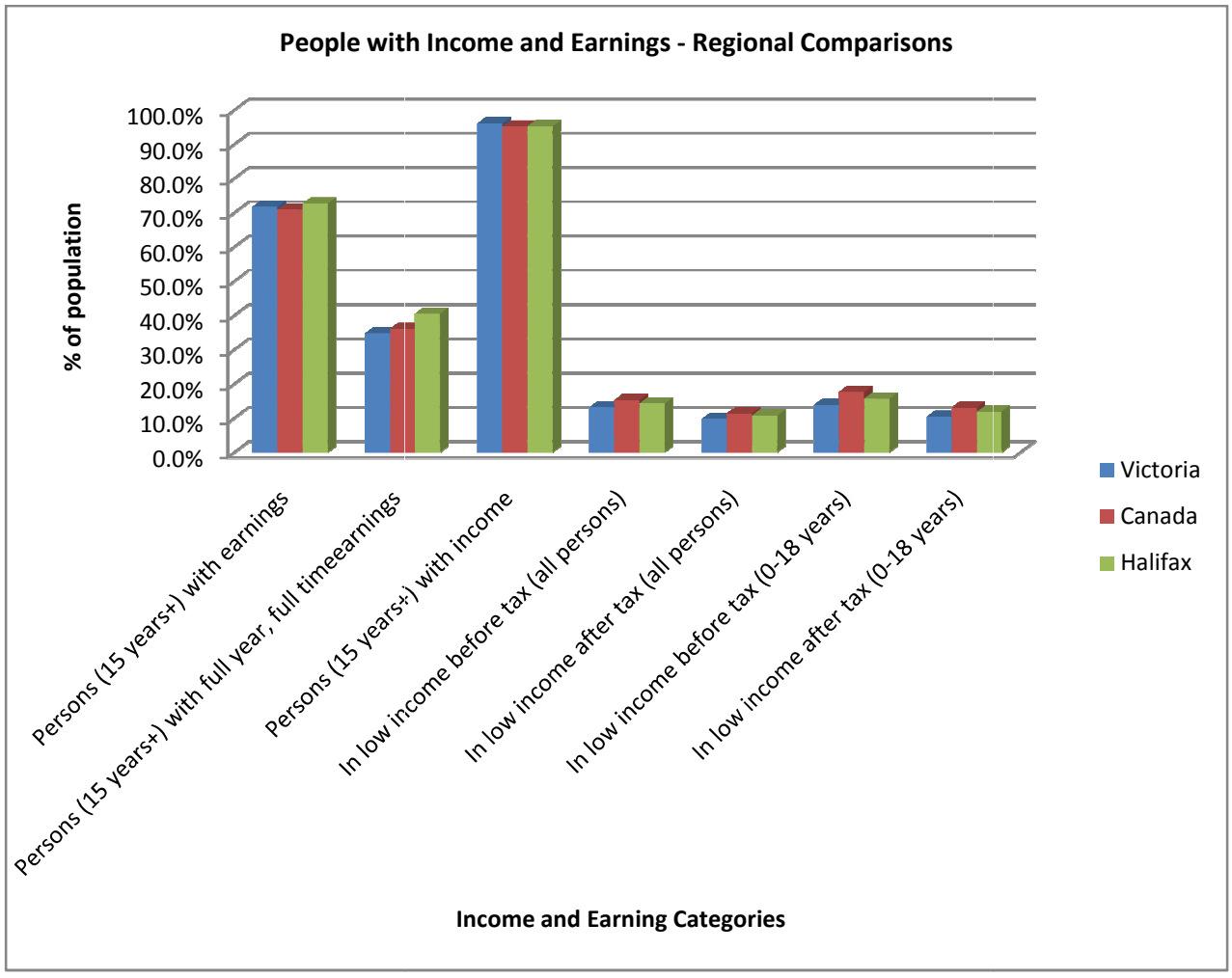
- "Can adequately feed, clothe and shelter their household
- Can maintain the health of family members

- Can participate in activities that are an ordinary part of community life
- Can receive up to two weeks paid time off for illness annually
- Rents rather than owns their home (an average 3 bedroom *apartment*)
- Can own a car and uses public transit
- Cannot save for children's education, home, holidays or retirement
- Cannot service loan debts or credit card bills
- Cannot afford to care for an elderly relative or a disabled family member" (Quality of Life Challenge, 2009).

The Quality of Life Challenge and the Canadian Centre for Policy Alternatives – BC Office have been calculating the living wage for greater Victoria since 2006. In 2006, the hourly Victoria living wage required for each parent in the reference family of 4 was $15.63 ($56,893.20 gross combined annual *income*). Since that time, the hourly living wage has grown $1.68/hour to equal $17.31 (or $63,008.40 gross combined annual *income*). This works out to a growth in living wage of 10.7% in just 4 years.

From 2006 to 2009, the Victoria living wage grew 8.9% (from $15.63 to $17.02). In that time frame, the Consumer Product Index has only grown a total of 3.4% (108.5% for the Victoria CMA in 2006 to 111.9% in 2009), meaning the living wage has outgrown the normal rate of inflation by 5.5% in a 3 year time span.

5.3.2 *Earnings* and *Income*

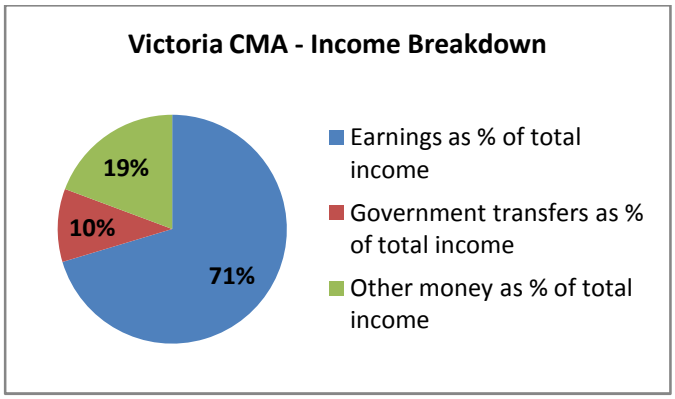


Data Source: (Statistics Canada, 2007)

Figure 5-18: People with *Income* and *Earnings* - Regional Comparisons

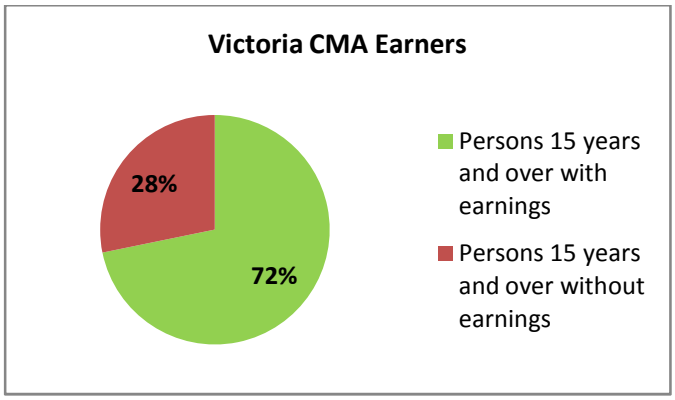
The previous section (section 5.3.1) outlined the costs of living in greater Victoria and the recommended wages to cover them. The current section will now outline the reality of Greater Victoria's *earnings* and *income* power. A summary of the Victoria CMA's population, with respect to *earnings* and *income*, in comparison to the national average, and the Halifax CMA is provided in Figure 5-18.

Within this section, *earnings* is defined as the money brought in by persons 15 years or older through a working wage or salary, and *income* is in reference to the total money brought in by persons 15 years or older from all *income* sources (including *earnings*, government transfers, etc.).



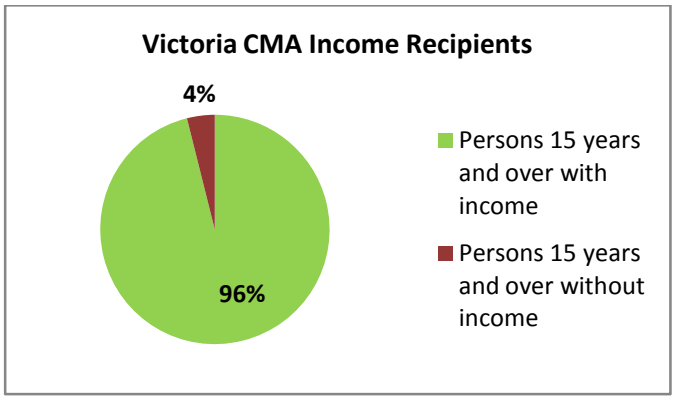
Data Source: (Statistics Canada, 2007)
Figure 5-19: Victoria CMA *Income* Breakdown

In the Victoria CMA, 70.3% of the average *income* is made up of *earnings*, 10.3% from Government transfers, and 19.3% from other sources.



Data Source: (Statistics Canada, 2007)
Figure 5-20: Victoria CMA Earners

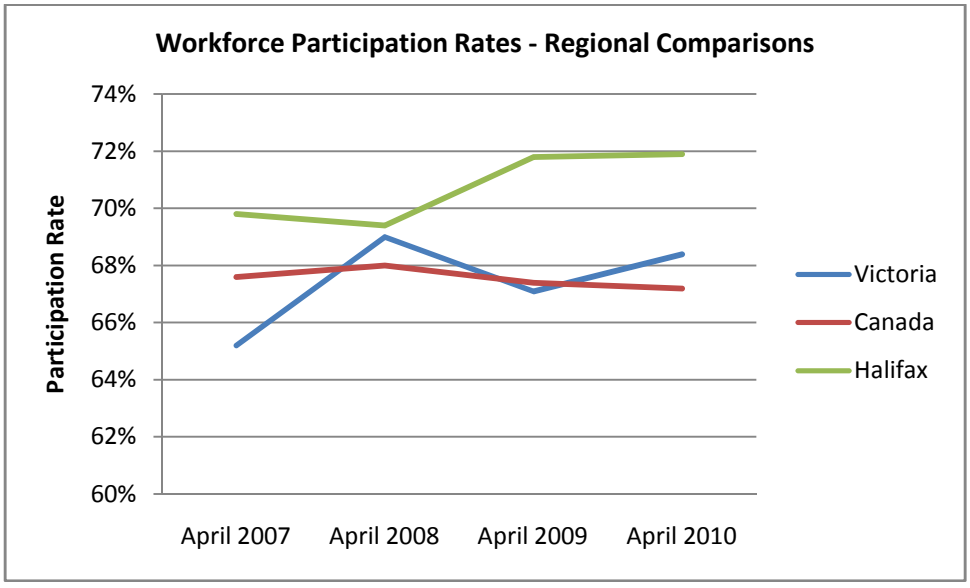
A total of 71.8% of Victoria CMA residents (aged 15 or older) had *earnings* at the time of the 2006 census. This is comparable to both the national average of 70.9% and the *earnings* rate of the Halifax CMA (72.7%).



Data Source: (Statistics Canada, 2007)
Figure 5-21: Victoria CMA *Income* Recipients

The rate of people in the Victoria CMA receiving an *income* is also comparable to the national and Halifax CMA rates. A total of 96.1% of the Victoria CMA population receives some form of *income*, compared to 95.2% of Canada's total population (0.9% lower than Victoria CMA's), and 95.3% of Halifax CMA's population (0.8% lower than Victoria CMA's).

5.3.2.1 Labour-force Rates

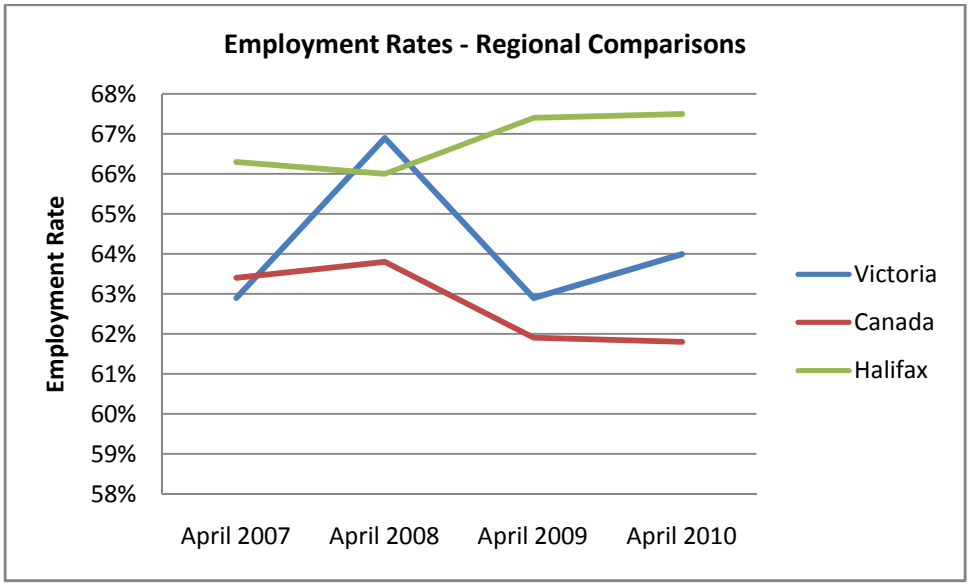


Data Source: (Statistics Canada, 2008)(Statistics Canada, 2010)
Figure 5-22: Victoria CMA Population - Labour Force Distribution

As of April 2010, a total of 68.4% of Victoria's population 15 years or older was in the labour force (either *employed* or *unemployed*). A person is considered *employed* if he/she worked in the reference week of the Stats Canada survey or if he/she had a job, but was not at work during the reference week (Statistics Canada, 2010). "*Unemployed* persons are those who, during the reference week:

a) were without work, had actively looked for work in the past four weeks (ending with reference week), and were available for work;
b) had not actively looked for work in the past four weeks but were on temporary layoff and were available for work;
c) had not actively looked for work in the past four weeks but had a new job to start in four weeks or less from the reference week, and were available for work" (Statistics Canada, 2010).

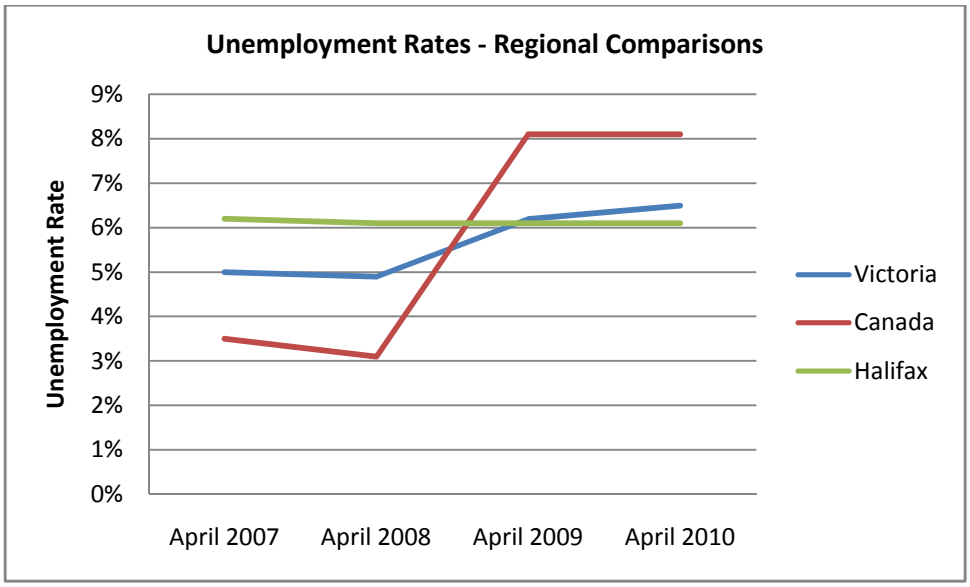
Since 2007, Victorian labour force participation rates have jumped above and below the relatively consistent national rate of 68% (with large-scale growth in Victoria from 65.2% in 2007 to 69.0% in 2008, followed by a drop of 2.9% in 2008 to 2009, and a re-growth of 1.3% in 2009 to 2010). The Halifax CMA labour force participation rates have steadily grown since 2008 (from 69.8% in 2007 to 71.9% in 2010).



Data Source: (Statistics Canada, 2008)(Statistics Canada, 2010)
Figure 5-23: Employment Rates - Regional Comparisons

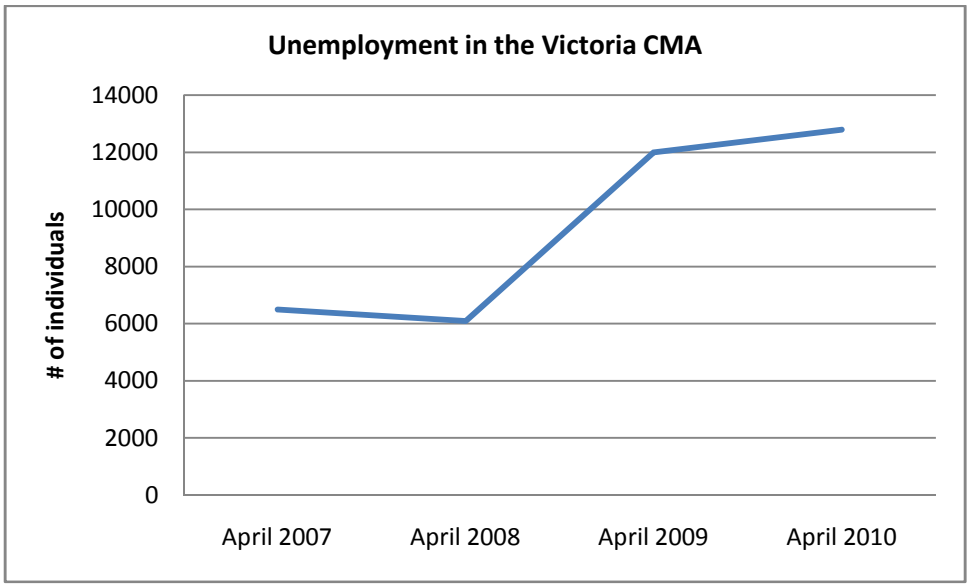
Employment rates in the Victoria CMA spiked in 2007-2008, with rates jumping from 62.9% to 66.9%, and then falling back down to 62.9% in 2008-2009 with a spike in unemployment from 3.1% to 8.1%. In this timeframe, unemployment in the Victoria CMA doubled from 6,100 people in 2008 to 12,000 people in 2009. In the year 2009-2010, employment rates recovered slightly (1.1%) from the previous year's drop; however, unemployment in Victoria continued to rise from 6.2% in 2009 to 6.5% in 2010. Victoria's employment/unemployment rates since 2007 have mirrored the national rates to a lesser degree. During the economy fallout of 2008-2009, unemployment across the nation grew from 3.1% in 2008 to 8.1% in 2009 (3.7% more than Victoria's unemployment rate grew in the same timeframe). Employment rates in the Halifax CMA have more or less stayed consistently high during this period (compared to the Victorian and national rates).

Data Source: (Statistics Canada, 2008)(Statistics Canada, 2010)
Figure 5-24: Employment in the Victoria CMA



Data Source: (Statistics Canada, 2008)(Statistics Canada, 2010)

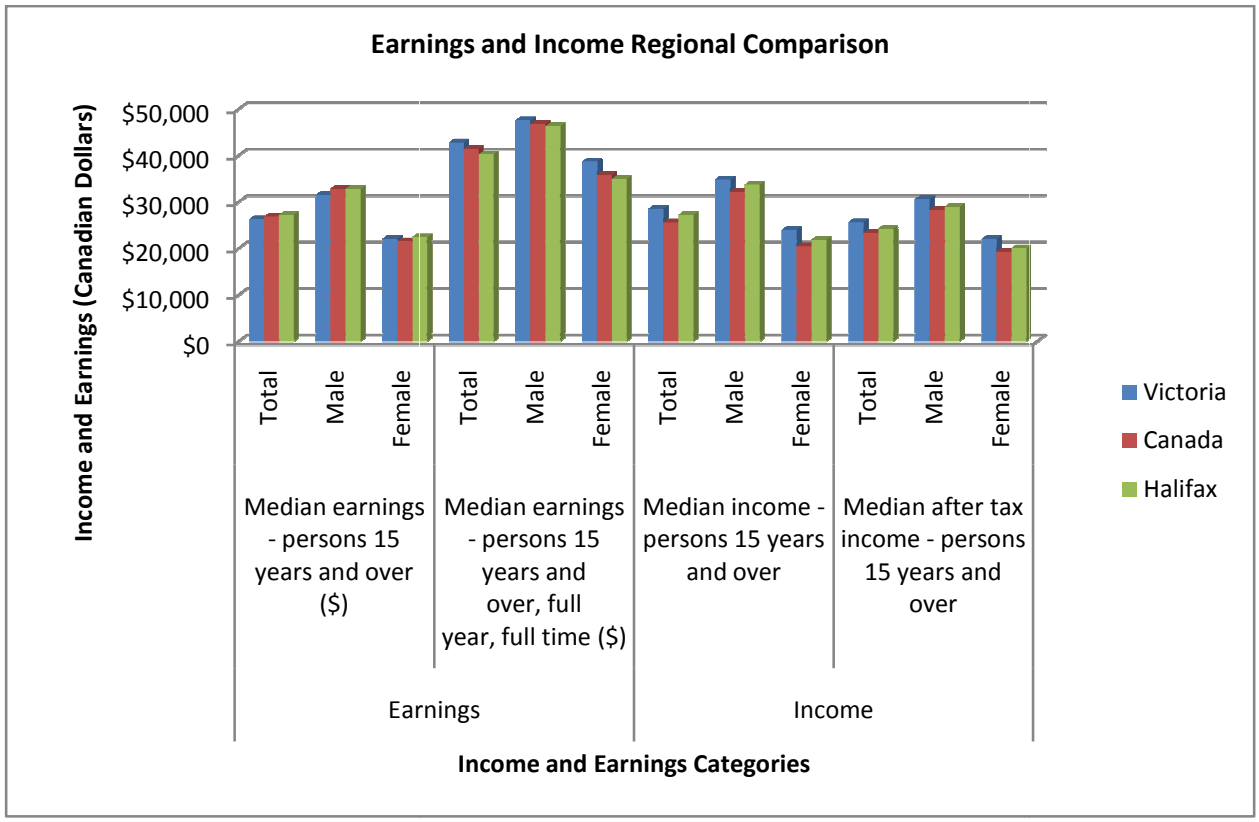
Figure 5-25: Unemployment Rates - Regional Comparisons



Data Source: (Statistics Canada, 2008)(Statistics Canada, 2010)

Figure 5-26: Unemployment in the Victoria CMA

5.3.2.2 Income Rates & Sources



Data Source: (Statistics Canada, 2007)

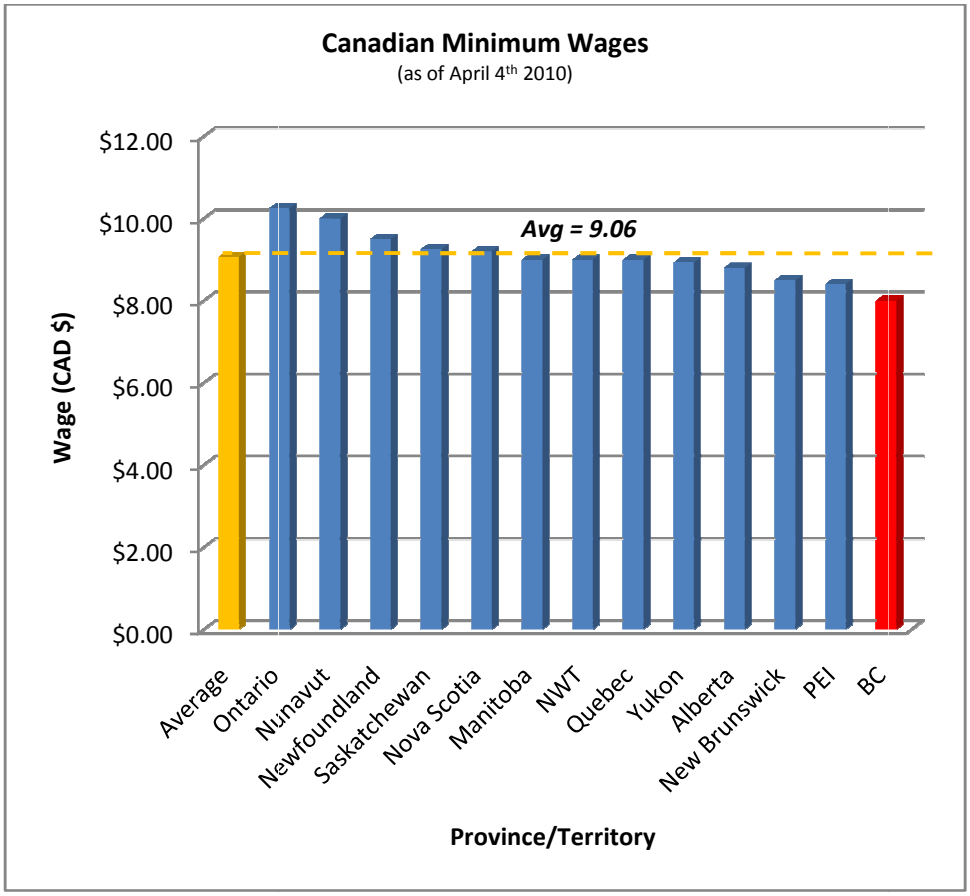
Figure 5-27: *Earnings* and *Income* Regional Comparisons

The Victoria CMA ranks well in comparison to the nation and the Halifax CMA with respect to *income* levels and the *earnings* of full-year/full time employees; however, the city does not fare as well when comparing the *earnings* of part-year/part-time workers.

Figure 5-27: *Earnings* and *Income* Regional Comparisons shows a shift in earning power for Victoria CMA residents when jumping from part-year/part-time to full-year full-time. In the Victoria CMA, the median annual *earnings* of persons 15 years or older (including people working full and part-year and full and part-time) is $521 less than the median annual *earnings* of a national resident and $890 less than the median *earnings* of a Halifax CMA resident. When looking at the full-year, full-time employment figures, however, the Victoria CMA resident's median annual *earnings* are $1,416 and $2,570 greater than the

median annual *earnings* of the full-year, full-time national or *Haligonian* resident. The drop in part-year/part-time earning power can likely be attributed to the nation-low minimum wage set in Victoria's province of BC.

5.3.2.2.1 Minimum Wage



Data Source: (About.com, 2010)

Figure 5-28: Minimum Wages in Canada

British Columbia possesses the nation's lowest minimum wage (as shown in Figure 5-28: Minimum Wages in Canada). The average minimum wage in Canada is $9.06, with a maximum of $10.25 in Ontario, and a minimum of $8.00 in BC. The minimum wage, which has been frozen in BC since the year 2001, primarily affects people taking their first steps into the regional job market (i.e. youth and immigrant populations). Such populations are more likely to start their employment via part-year/part-

time positions (hence contributing to the drop in earning power of part-year/part-time employees in Victoria, compared to the national and *Haligonian* employees).

5.3.2.2.2 Social Assistance

People living off of *Income Assistance* are another population group in Victoria with low levels of *income*. There are three levels of *Income Assistance* in the province of BC (each level providing increasing supports to people with increasing needs):

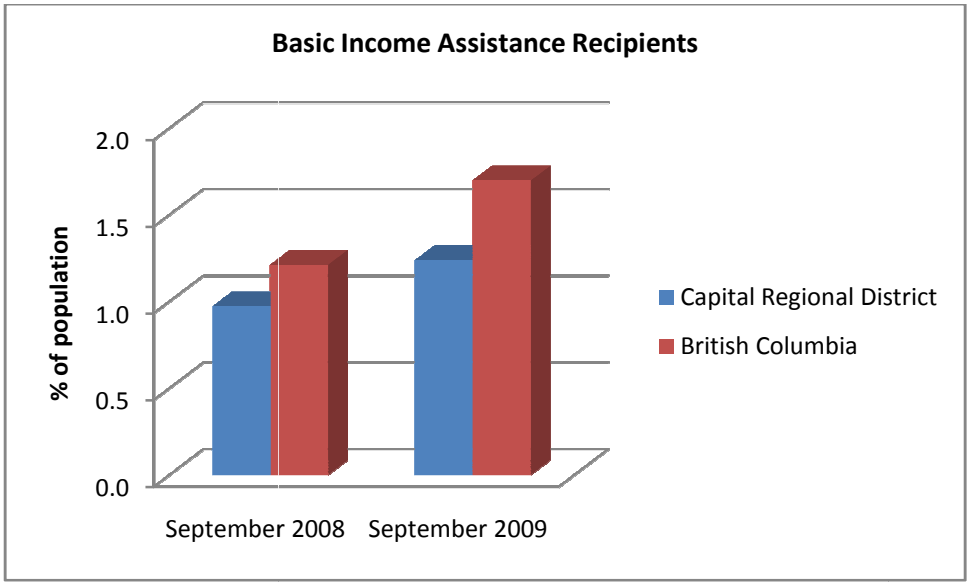
- *Income Assistance* for those expected to work (and are either not working or making vary little *income*);
- *Income Assistance* for *Persons with Persistent Multiple Barriers* or *PPMB* (persons who have searched for employment for at least 12-15 months and have not been able to sustain employment due to a medical condition, not including addictions);
- *Income Assistance* for *Persons with Disabilities* or *PWD* ("a person with a physical or mental impairment who is significantly restricted in his or her ability to perform daily living activities either continuously or periodically for extended periods and, as a result of these restrictions, requires assistance with daily living activities. Assistance could come from another person, an assistance animal or an assistive device" (Ministry of Housing and Social Development, 2008).

The financial support offered for each form of *Income Assistance* depends on the family status of the assistance recipient. More financial support is provided to couples claiming *Income Assistance* than singles, and more support is provided to recipients with children dependants (the more dependants, the higher the provided rate). Table 5-4 provides a breakdown of the BC *Income Assistance* rates, which were most recently updated in April of 2007.

Social Assistance Rates in BC as of April 2007					
Category		**Type**	**Assistance Rate**	**Other Available Assistance[5]**	**Total/Month**
Expected To Work	Single	n/a	$610	$29	$638.92
	Couple	n/a	$877.22	$58	$935.05
	Single Parent	1 Child Age 4	$945.58	$435	$1,381.01
		2 Aged 10& 12	$1,035.58	$610	$1,645.31
	Two Parent Family	1 Child Age 4	$1,061.06	$442	$1,502.74
		2 Aged 10 & 12	$1,101.06	$616	$1,717.04
Persons with Persistent Multiple Barriers	Single	n/a	$657.92	$29	$686.84
	Couple (one *PPMB*)	n/a	$966.22	$58	$1,024.05
	Single Parent	1 Child Age 4	$993.58	$435	$1,429.01
		2 Aged 10 & 12	$1,083.58	$610	$1,693.31
	Two Parent Family (one *PPMB*)	1 Child Age 4	$1,150.06	$442	$1,591.74
		2 Aged 10 & 12	$1,190.06	$616	$1,806.04
Persons with Disabilities	Single	n/a	$906.42	$34	$940.69
	Couple (one *PWD*)	n/a	$1,270.56	$58	$1,328.39
	Single Parent	1 Child Age 4	$1,242.08	$435	$1,677.51
		2 Aged 10 &12	$1,332.08	$610	$1,941.81
	Two Parent Family (one *PWD*)	1 Child Age 4	$1,454.56	$442	$1,896.24
		2 Aged 10 & 12	$1,494.56	$616	$2,110.54

Data Source: (Ministry of Housing and Social Development, 2008)

Table 5-4: *Income Assistance* Rates in BC as of April 2007



[5] Includes: Christmas supplement, School Start-Up Supplement, Federal GST Credit, BC Sales Tax Credit, Federal Child Tax Benefit, BC Family Bonus, and Federal Child Care Benefit.

Data Source: (Ministry of Employment & Income Assistance and Human Resources & Social Development Canada administrative files, and BCStats, 2009)

Figure 5-29: Basic *Income Assistance* Recipients

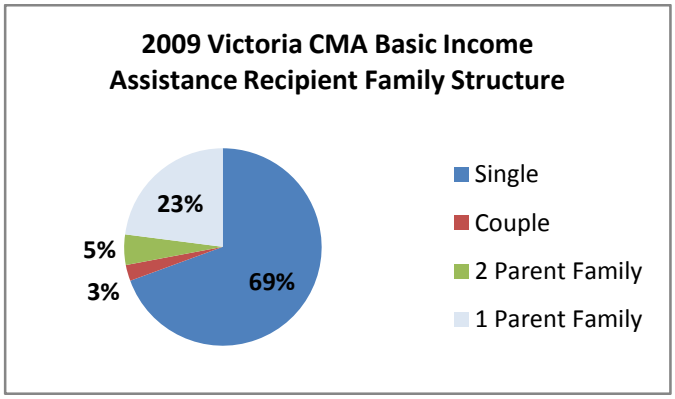
From 2008 to 2009, there was only slight growth in the percentage of Greater Victoria's population that claimed basic *Income Assistance* (from 1.0% in 2008 to 1.2% in 2009, 0.2% and 0.5% below the provincial *Income Assistance* rates in those years respectively.

As Table 5-5 suggests, the bulk of the Greater Victoria's *Income Assistance* recipients are located in the Downtown Victoria and Esquimalt regions of the census metropolitan area.

Victoria CMA *Income* Recipients		
Region	IA Recipients as % of population	
	September 2008	September 2009
North Saanich	0.2	0.3
Sidney	0.6	1.0
Central Saanich	0.4	0.6
Saanich	0.6	0.8
Oak Bay	0.3	0.3
Victoria	2.2	2.6
Esquimalt	1.4	2.1
Colwood	0.4	0.7
Langford/Metchosin/Highlands	0.6	1.0
View Royal	0.7	0.8
Sooke	n/a	n/a
Capital Regional District	**1.0**	**1.2**

Data Source: (Ministry of Employment & Income Assistance and Human Resources & Social Development Canada administrative files, and BCStats, 2009)

Table 5-5: Victoria CMA *Income* Recipients

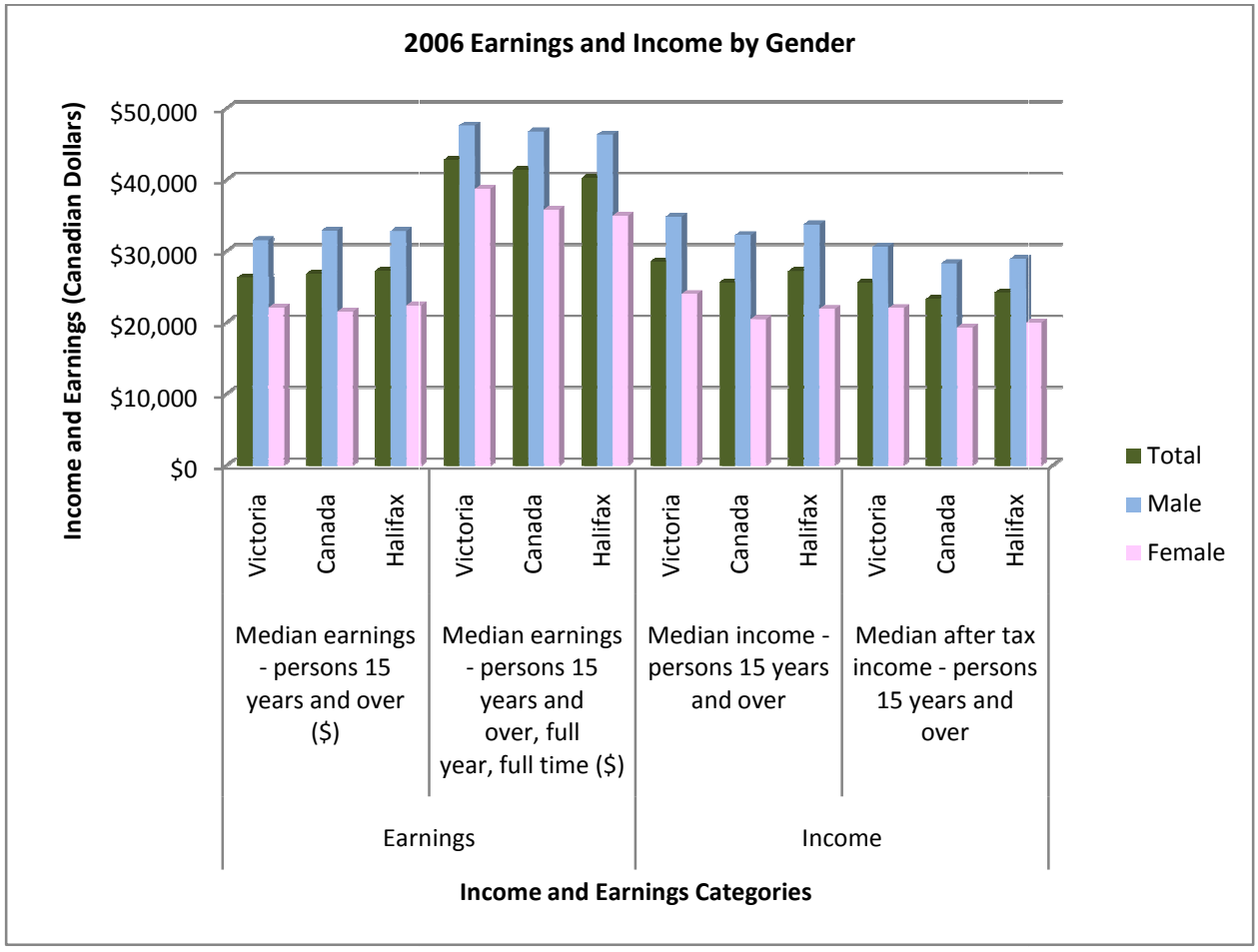


Data Source: (Ministry of Employment & Income Assistance and Human Resources & Social Development Canada administrative files, and BCStats, 2009)

Figure 5-30: Victoria CMA Basic *Income Assistance* Recipient Family Structure

In 2009, 92% of Victoria's basic *Income Assistance* recipients were either single or belonged to one parent families. Without the security net of a spouse as a second bred-winning adult, it is far more likely for individuals to require governmental supports in times of need. Just 8% of Victoria's basic *Income Assistance* recipients belonged in coupled relationships (3% with no children and 5% with children).

5.3.2.2.3 Gender *Income* Disparity



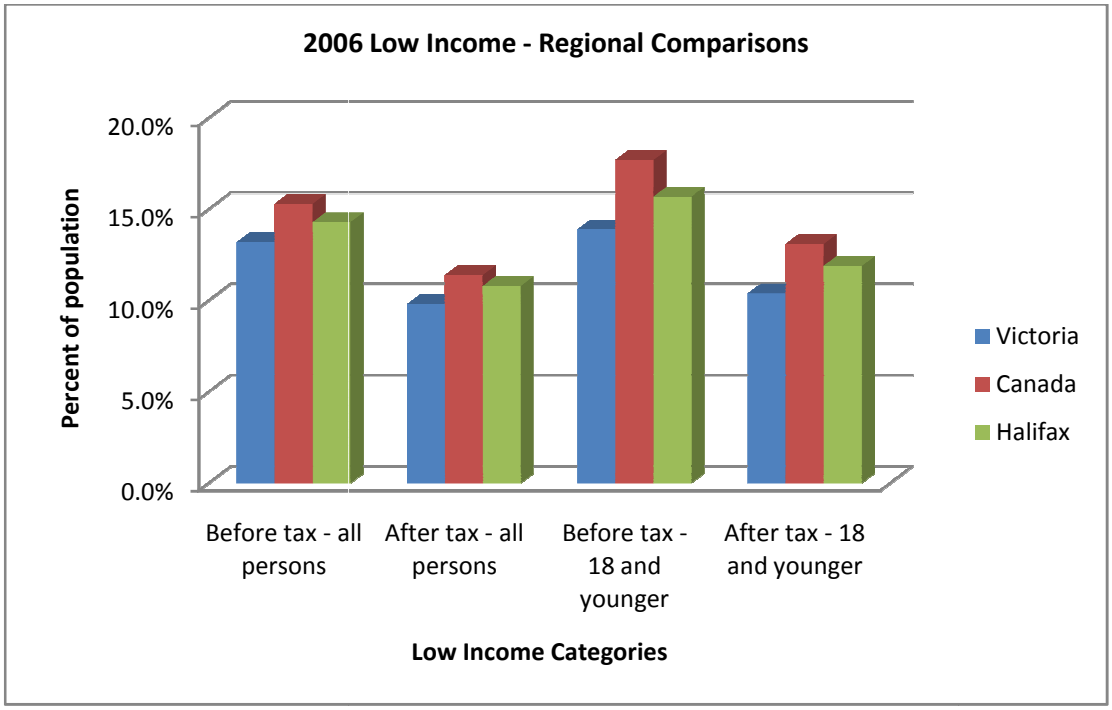
Data Source: (Statistics Canada, 2007)

Figure 5-31 *Income* and *Earnings* by Gender

An *earnings* and *income* issue seen nation-wide in Canada is gender inequality. Figure 5-31 depicts a consistent picture of gender payment inequality across the board, when comparing the median Victoria

CMA, Canadian and the Halifax CMA *earnings* and *income* levels. Approximately $10,000 separates the median male *earnings* and *income* from the median female *earnings* and *income* in all of Victoria, Canada, and Halifax, despite relatively comparable educational attainment levels in these regions.

5.3.2.3 Low Income



Data Source: (Statistics Canada, 2007)

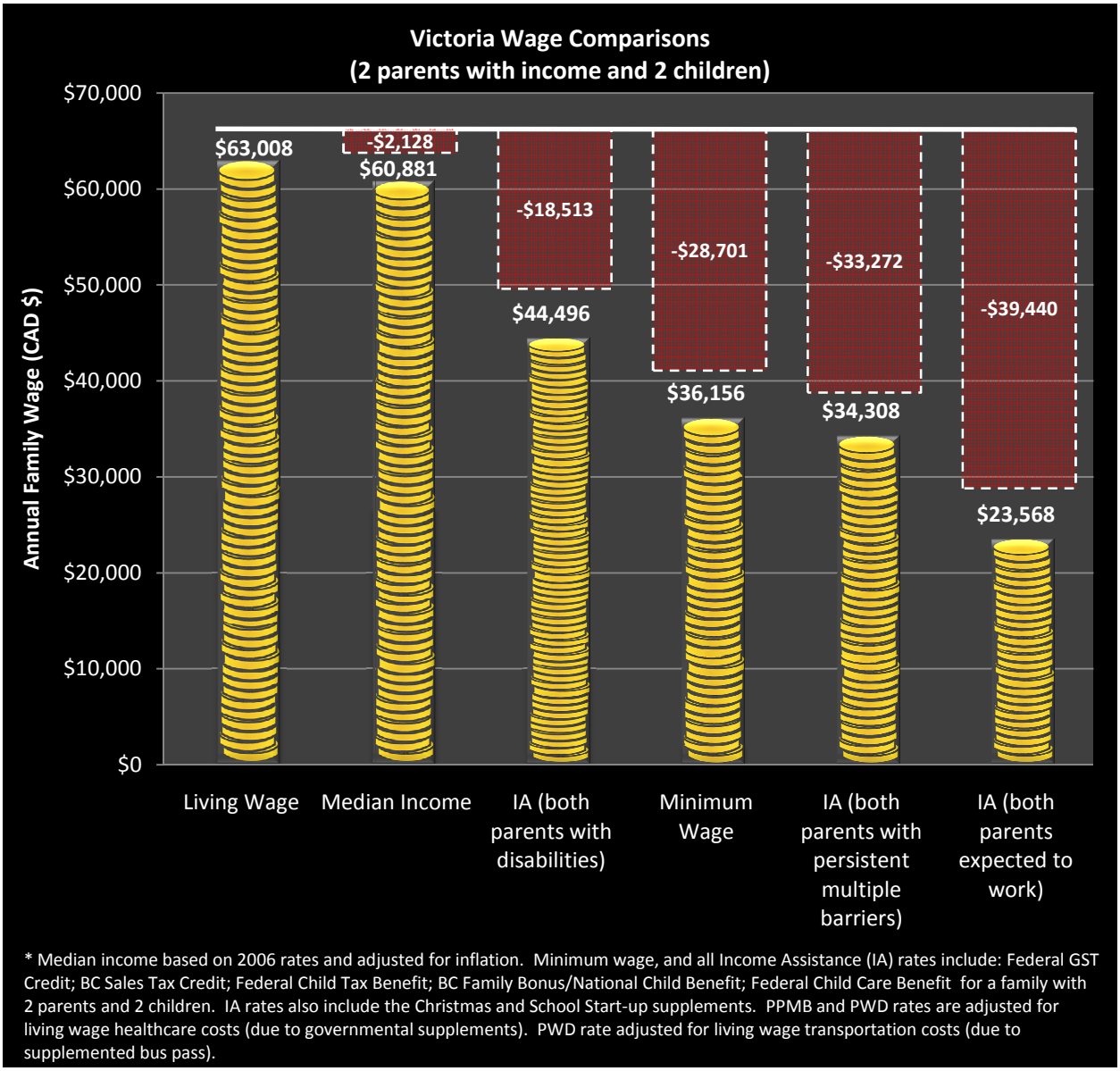
Figure 5-32: Low *income* Regional Comparisons

According to the 2006 census, the Victoria CMA region's low *income* rates are below the national average and the rates of the Halifax CMA. The population rate of people falling below the low *income* after-tax cut-offs (LICO-AT), as defined by (Statistics Canada, 2008) for the Victoria CMA region in 2006 stood at 9.8% (1.6% lower than the national average of 11.4% and 1% lower than the Halifax CMA rate of 10.8%). The Victoria CMA LICO-AT rate for youth (18 and younger) is 10.4% (2.7% lower than the national average of 13.1% and 1.5% lower than the Halifax CMA rate of 11.9%).

5.3.3 Economy Summary

Greater Victoria has a strong labour force, with high and positively trending participation and employment rates. Although unemployment rates in Victoria have been increasing over the past few years, the capital region of BC is still comparatively better than the unemployment levels seen throughout the rest of the province and the nation. The *earnings* and *income* levels of Victoria's population have shown to be reasonable at mid-to-high levels; however, due to the high expenses of living in Victoria, the low-to-mid *income* levels in Victoria have proven to be insufficient.

Overall, the expenses of living in Victoria are greater than the low-to-mid *income* of the community's residents. Figure 5-33: Victoria Wage Comparisons, contrasts the costs of living for the Victoria living wage reference family of 4 (Canadian Centre for Policy Alternatives, 2010) (Quality of Life Challenge, 2009) with low-to-mid *income* levels within the greater Victoria region.



Data Source: (Canadian Centre for Policy Alternatives, 2010)(About.com, 2010)(Statistics Canada, 2010)(Statistics Canada, 2007)

Figure 5-33: Victoria Wage Comparisons

In all, none of the Victorian low-to-mid *income* reference points for the year 2010 were substantial enough to meet the living wage. The living wage indicates the necessary *income* level required to sustain a modest form of living in Greater Victoria for a typical family of four. In the above figure, the living wage was taken directly from the conservative, Victoria-based wage requirement calculations made by (Canadian Centre for Policy Alternatives, 2010).

2010 Victorian Family of 4 Median *Income* Calculation	
2006 Median male *income* - Victoria CMA	$34,836
2006 median female *income* - Victoria CMA	$23,986
Combined median *income* (2 parents)	$58,822
CPI from 2006 to March 2010	103.5%
Total (combined annual *income* * inflation)	**$60,880.77**
Living Wage	$63,008
Living Wage difference	-$2,128

Data Source: (Statistics Canada, 2007)(Statistics Canada, 2010)(BC Stats, 2010)

Table 5-6: 2010 Victorian Family of 4 Median *Income* Calculation

The median wage for the two parent family was calculated from the combined 2006 census pre-tax *income*s of a male ($34,836) and female ($23,986) (Statistics Canada, 2007), times the rate of inflation from 2006 to March of 2010 (103.5%) (Statistics Canada, 2010)(BC Stats, 2010). Based on this calculation, the 2010 annual median *income* for a Victorian two-parent family came to $60,880.77, $2,128 short of meeting Victoria's 2010 living wage.

2010 Victorian Family of 4 Minimum Wage Calculation	
Minimum Wage	$8.00
Minimum Wage @ 35 hours per week * 2 (both parents)	$560.00
Annual combined minimum wage (52 weeks)	$29,120.00
Monthly government family supports (all minus Christmas and school start-up - only available to IA recipients)	$586.31
Annual Governmental family supports	$7,035.72
Total (annual wage + annual governmental supports)	**$36,155.72**
Living Wage	$63,008
Living Wage difference	-$26,853

Data Source: (About.com, 2010)(Ministry of Housing and Social Development, 2008)

Table 5-7: 2010 Victorian Family of 4 Minimum Wage Based *Income* Calculation

The *income* estimates for a family of four with two parents making minimum wage was calculated taking the sum of two 35 hour/week minimum wage jobs (8x35x2), for a 52 work week year (x52), and adding the following government family *income* supplements/supports: Federal GST Credit; BC Sales Tax Credit; Federal Child Tax Benefit; BC Family Bonus/National Child Benefit; Federal Child Care Benefit (+$7,035.72). The annual *income* for two parents making minimum wage (with government supports) came to $36,155.72 ($26,853 dollars short of the annual living wage for a family of four).

The *Income Assistance* rates (including: *Persons with Disabilities* (*PWD*), persons with multiple persistent barriers (*PPMB*), and persons who are expected to work) for families with two parents and two children were based on the wages listed on the Ministry of Housing and Social Development's (MHSD) Web site (Ministry of Housing and Social Development, 2008) and adjusted for comparability with the living wage. Because BC recipients of *Income Assistance* receive supplemented health care (via MSP and Pharmacare coverage), the living wage costs of MSP and non-MSP health care ($2,964/year) were added to the *Income Assistance* rates. All *Income Assistance* rates also include the following government family supports/supplements: Christmas Supplement; School Start-up Supplement; Federal GST Credit; BC Sales Tax Credit; Federal Child Tax Benefit; BC Family Bonus/National Child Benefit; and the Federal Child Care Benefit (+$615.98/month or +$7,391.76 annually).

***Income Assistance* - 2 Parents (both *PWD*s) with 2 Children**	
2 parents, 2 children both *PWD* - monthly	$1,743.00
Maximum monthly *earnings* Exemption	$750.00
Additional supplements	$615.98
Monthly total	$3,108.98
Annual Total	$37,307.76
Living Wage health care adjustment (free MSP and Pharmacare)	$2,964.00
Living Wage transportation adjustment deduction	$5,304.00
2x annual supplemented bus pass	-$1,080.00
Total	**$44,495.76**
Living Wage	$63,008
Living Wage difference	-$18,513

Data Source: (Ministry of Housing and Social Development, 2008)

Table 5-8: *Income Assistance* - 2 Parents (both *PWD*s) with 2 Children

To calculate the annual *Income Assistance* rate for a family of four, where both parents are *PWD*, first, the monthly assistance rate was supplemented with a monthly *earnings* of $750/month, the maximum allowable monthly *earnings* of a family with both parents as *PWD*s who are collecting *Income Assistance*. The total maximum allowable monthly rate for the reference family of four with both parents as *PWD*s was $3,108.98. This figure was then multiplied by twelve to produce the maximum annual rate

($37,307.76). The *PWD Income Assistance* rate was then adjusted for the health care costs associated with the living wage ($37,307.76+$2964.00 = $40,271.76), and further adjusted for the transportation cost of the living wage, due to the fact that *PWD Income Assistance* recipients are entitled to a supplemented bus fare program, meaning they only have to pay $1,080.00 of the living wage's $5,304.00 transportation costs ($40,271.76 + $5,304.00 -$1,080.00 = $44,495.76). After the living wage adjustments were made, the total 2010 *income* of a two parent (both *PWD*s) family with two children came to $44,495.76. This *income* falls $18,513 dollars short of the 2010 Victorian living wage.

***Income Assistance* - 2 Parents (both *PPMB*s) with 2 Children**	
2 parents, 2 children both with *PPMB* - monthly	$1,246.00
Maximum monthly *earnings* Exemption	$750.00
Additional supplements	$615.98
Monthly total	$2,611.98
Annual Total	$31,343.76
Living Wage health care adjustment (free MSP and Pharmacare)	$2,964.00
Total	**$34,307.76**
Living Wage	$63,008
Living Wage difference	-$28,701

Data Source: (Ministry of Housing and Social Development, 2008)

Table 5-9: *Income Assistance* - 2 Parents (both *PPMB*s) with 2 Children

The annual, *Income Assistance* wage for a two parent (both *PPMB*s) family with two children was calculated in the same manner as the *PWD Income Assistance* calculation, except for the fact that *PPMB Income Assistance* recipients are not entitled to the supplemented bus pass program; thus, the calculation was not adjusted for the living wage transportation costs. The total 2010 *income* of a two parent (both *PPMB*s) family with two children came to $34,307.76. This *income* falls $28,701 dollars short of the 2010 Victorian living wage.

Income Assistance - 2 Parents (both expected to work) with 2 Children	
2 parents, 2 children both expected to work - monthly	$1,101.06
Governmental family supports	$615.98
Monthly total	$1,717.04
Annual Total	$20,604.48
Living Wage health care adjustment (free MSP and Pharmacare)	$2,964.00
Total	**$23,568.48**
Living Wage	$63,008
Living Wage difference	-$39,440

Data Source: (Ministry of Housing and Social Development, 2008)

Table 5-10: *Income Assistance* - 2 Parents (both expected to work) with 2 Children

Finally, the two parent, two child, annual *Income Assistance* wage for persons expected to work was calculated in the same manner as the *PPMB Income Assistance* rate, except that the exempted *earnings* of $750/month was not included, as a monthly *earnings* is not permitted for *Income Assistance* recipients who are expected to work. The total 2010 *income* of a two parent (both expected to work) family with two children came to $23,568.48. This *income* falls $39,440 dollars short of the 2010 Victorian living wage.

The primary issue of concern with the low-to-mid *income* levels of Victoria not meeting the living wage is that the living wage is a "bare bones family budget", which only includes basic living essentials, such as: food, clothing and footwear, shelter, transportation, child care, health care, education, emergency savings, and other basic living requirements (i.e. furniture, school supplies, personal care, etc.) (Canadian Centre for Policy Alternatives, 2010). For every dollar in the median, minimum, and *Income Assistance* wages that falls below the living wage, a basic living requirement cannot be met. 'Luxuries', such as owned accommodation, post-secondary education savings for the children, or anything above minimal entertainment are not even included in the living wage.

For example, where both parents in a family of four are receiving *Income Assistance* for persons expected to work, a mere 1/3rd of the living wage expenses can be covered by the family. This means that close to $40,000 has to be taken out of the family's expenses for such items as food, shelter, and clothing. The total family *income* in this case is not even sufficient enough to cover just the estimated costs of food and shelter alone. As a result, such families and individuals that fall below the living wage must either endure sub-standard living (i.e. over-crowded/unsafe shelter, insufficient diet, inadequate clothing, etc.) or make choices as to which basic living requirement they want, and which they cannot have (i.e. shelter or food, clothing or education, etc.).

5.4 Housing in Victoria

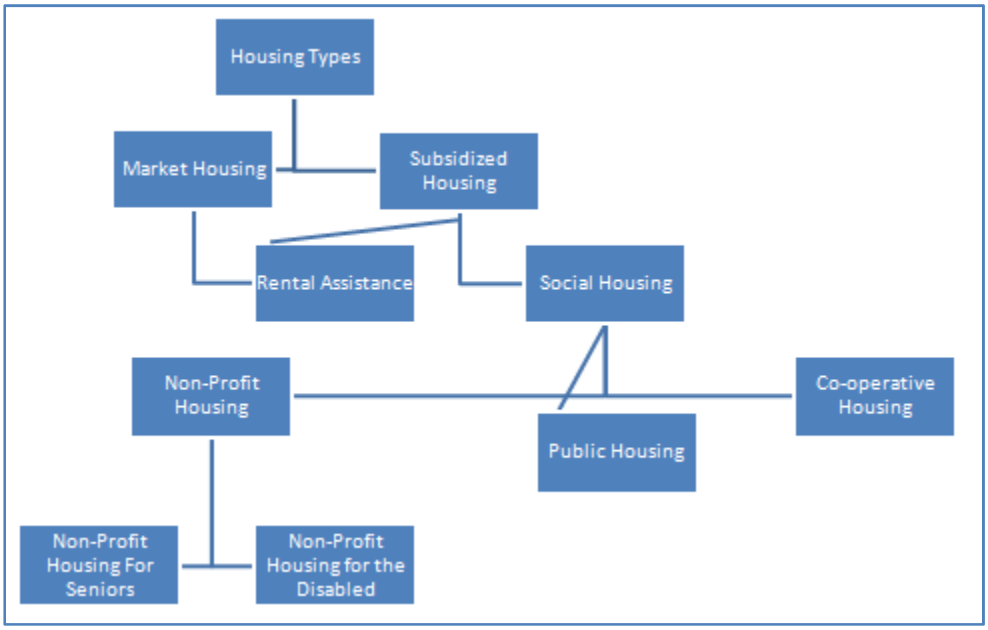


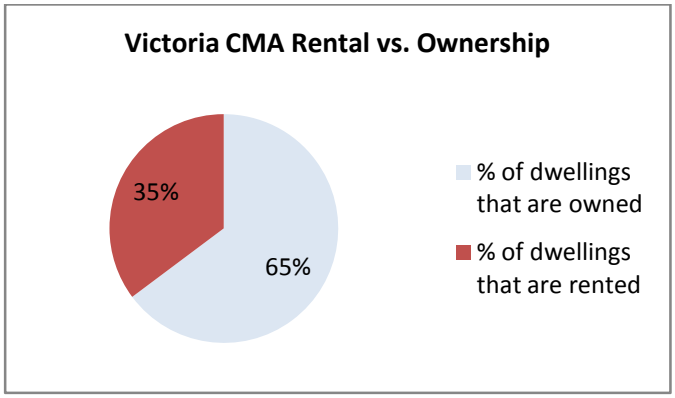
Figure 5-34: Housing Types

There are two primary types of housing (as depicted in Figure 5-34): '*Market Housing*' (housing under private rental or ownership) and '*Subsidized Housing*' (housing that the provincial government supplies some form of *subsidy* or *rental assistance* for). There is some overlap between *market* and *subsidized housing*, in that one form of *subsidized housing* involves the provision of *rental assistance* to be used

towards a *market housing* unit. A second form of *subsidized housing* falls under the umbrella of '*Social Housing*', which includes: '*Public Housing*' (housing that is jointly funded by provincial and federal governments, which is primarily managed by *BC Housing*); '*Non-Profit Housing*' ("rental housing that is owned and operated by community-based non-profit societies"(BC Housing, 2007)); and '*Co-operative Housing*' (housing where the individual residents own a share in the co-operative, which grants them "equal access to common areas, voting rights, occupancy of an *apartment* or *townhouse* as if they were owners, and the right to vote for board members to manage the co-operative" (BC Housing, 2007).

5.4.1 *Market Housing*

In the 2006 census, it was reported that there were 145,430 private dwellings that were occupied by their usual residents in the Victoria CMA region (Statistics Canada, 2007). As shown in Figure 5-35, of the occupied private dwellings in Victoria, 65% were owned and 35% were rented.

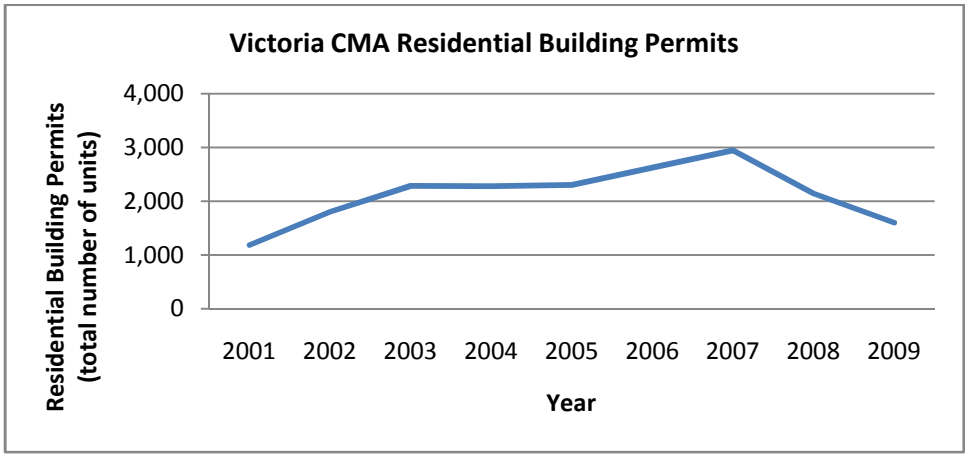


Data Source: (Statistics Canada, 2007)
Figure 5-35: Victoria CMA Rental vs. Ownership

The rate of renters within the Victoria CMA population is consistent with that of the Halifax CMA (which has a rental population rate of 36%); however, both the Victoria and Halifax CMA rental population rates are higher than the national average of 31%.

5.4.1.1 Housing Development

Housing development rates are down both in Victoria and across the nation. A *residential building permit* is defined as "permits issued for new dwellings and alterations and improvements to existing dwellings" (BC Stats, 2010). In 2009, there were 1,599 *residential building permit*s in the Capital Regional District, 25.3% fewer from the year before and 27.2% fewer than the average number of *residential building permit*s within the region from 2001-2008 (BC Stats, 2010).

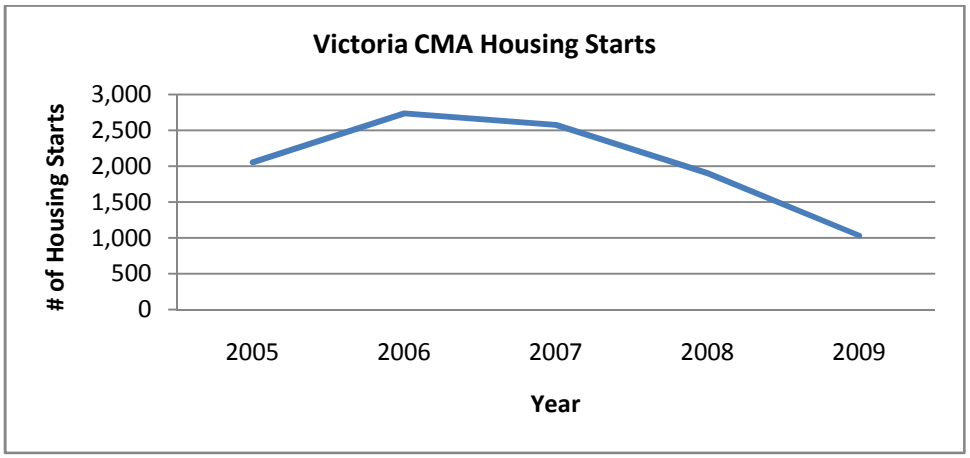


Data Source: (BC Stats, 2010)

Figure 5-36: Victoria CMA *Residential Building Permits*

The national rates of *residential building permit*s have also dropped by a rate of 19.5% (from 205,245 in 2008 to 165,257 in 2009).

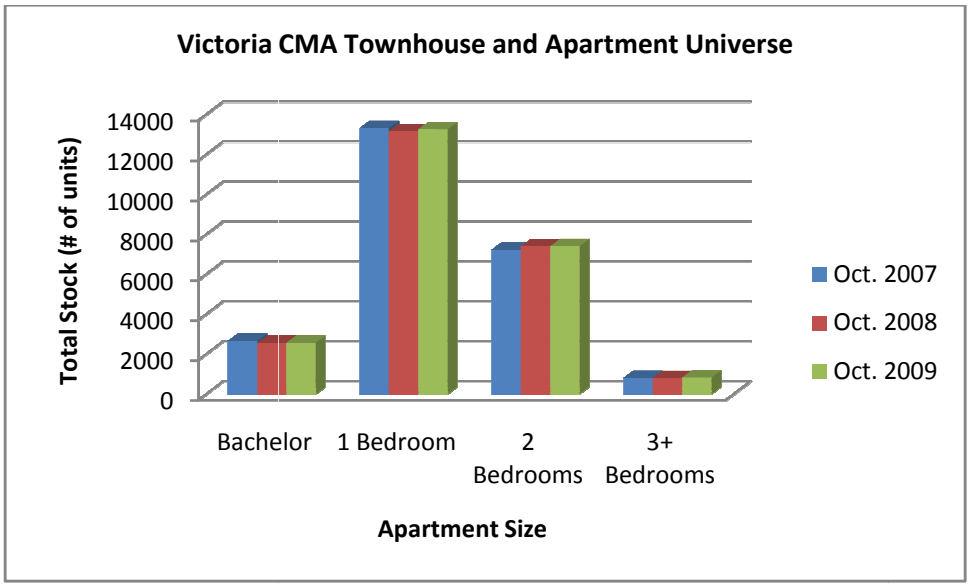
Along with *residential building permit*s, *housing start*s are also down in the Victoria region. A *housing start* is defined as: "the beginning of construction work on a building, usually when the concrete has been poured for the whole of the footing around the structure, or an equivalent stage where a basement will not be part of the structure" (Canada Mortgage and Housing Corporation, 2010). In 2009, the Victoria CMA had a total of 1,034 *housing start*s, 45.7% fewer than the previous year's total of 1,905 *housing start*s, and 55.4% fewer than the average number of *housing start*s from 2005-2008 (BC Stats, 2010).



Data Source: (BC Stats, 2010)

Figure 5-37: Victoria CMA *Housing Starts*

Growth in the total stock of *apartment*s and row units/*townhouse*s has also stalled in the Victoria CMA (Canada Mortgage and Housing Corporation, 2007) (Canada Mortgage and Housing Corporation, 2009). Since 2007, the only significant growth in *townhouse* and *apartment* stock in the Victoria CMA is in 2 bedroom suites (which gained 171 units from 2007 to 2009). There was also minor growth in the total number of 3+ bedroom suites (gaining 24 units from 2007 to 2009). Both bachelor's and 1 bedroom suites, however, had losses in the total *apartment*/*townhouse* stock (bachelor's suites lost 91 units from 2007 to 2009 and 1 bedroom suites lost 64 units in that timeframe).



Data Source: (Canada Mortgage and Housing Corporation, 2007)(Canada Mortgage and Housing Corporation, 2009)

Figure 5-38: Victoria CMA *Townhouse* and *Apartment* Universe

5.4.1.2 Rental Housing

By Canadian national standards, the Victoria CMA currently possesses a hostile rental market. On average, when compared to the Halifax CMA and to national rates, the Victoria CMA has:

- higher average rental *apartment* prices;
- higher growth rates of average rental *apartment* prices;
- lower rental *apartment vacancy* rates;
- lower rental *apartment availability* rates;

Of the 36 CMAs listed in *CMHC*'s 2009 Rental Market Report – Canada Highlights, the Victoria CMA ranked last with respect to rental market friendliness. To attain this rental market friendliness ranking for this study, a point score was given to each of the reported CMA regions based on their ranking in the categories of:

- ***Rent*** – "the actual amount tenants pay for their unit. No adjustments are made for the inclusion or exclusion of amenities and services such as heat, hydro, parking, and hot water. For available

and vacant units, the *rent* is the amount the owner is asking for the unit" (Canada Mortgage and Housing Corporation, 2009) – a lower *rent* means that it is more affordable for a tenant to *rent* an *apartment*

- ***Rent Growth Rate*** – the percent change in rental payment from the current year to the previous year (Canada Mortgage and Housing Corporation, 2009) – a lower (or negative) *rent* increase means that housing affordability is maintained over time for the tenants
- ***Vacancy*** – "A unit is considered vacant if, at the time of the survey, it is physically unoccupied and available for immediate rental"(Canada Mortgage and Housing Corporation, 2009) – a higher rental *vacancy* rate means that it would be easier for a tenant to find an *apartment*
- ***Availability*** – "A rental unit is considered available if the existing tenant has given, or has received, notice to move, and a new tenant has not signed a lease; or the unit is vacant" (Canada Mortgage and Housing Corporation, 2009) – a higher rental *availability* rate means that it would be easier for a tenant to find an *apartment*

For each of these categories, the CMAs were ordered from worst to best and scored 1 point for ranking in the lowest (worst) position (highest rental prices and rental increase rates & lowest *vacancy* and *availability* rates), 2 points for ranking in the second lowest position, up to 36 points for the highest (best) ranking CMA. Based on this ranking scheme, a CMA could potentially score a low of 4 (ranking the lowest in each of the four rental categories) and a high of 144 (ranking the highest in each of the four rental categories).

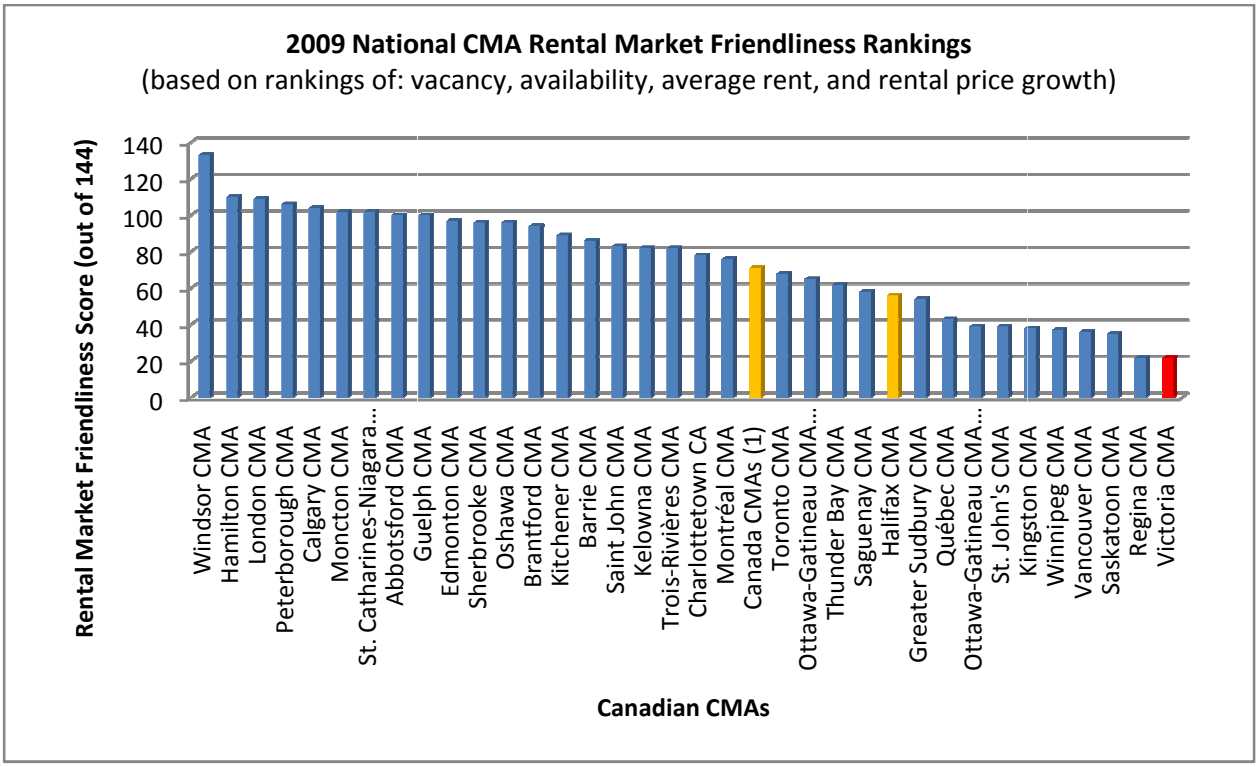
Using the above defined ranking criteria, the Victoria CMA scored a Canadian CMA worst of 22 in the year 2009. A summary of Victoria's rankings can be found in Table 5-11: Victoria CMA Rental Market Rankings.

Victoria CMA – Rental Market Rankings from *CMHC*'s Rental Market Report - from worst to best (out of 36 CMAs)			
Category		**Rank (out of 36) in Year**	
		2008	**2009**
Rank 1 (worst) – 36 (best)	**Rent**	7	6
	***Rent* % Change**	5	3
	Vacancy	3	6
	Availability	7	7

Data Source: (Canada Mortgage and Housing Corporation, 2007)(Canada Mortgage and Housing Corporation, 2009)

Table 5-11: Victoria CMA Rental Market Rankings

A complete list of all the CMA rankings can be found in Figure 5-39: 2009 National CMA Rental Market Friendliness Rankings.



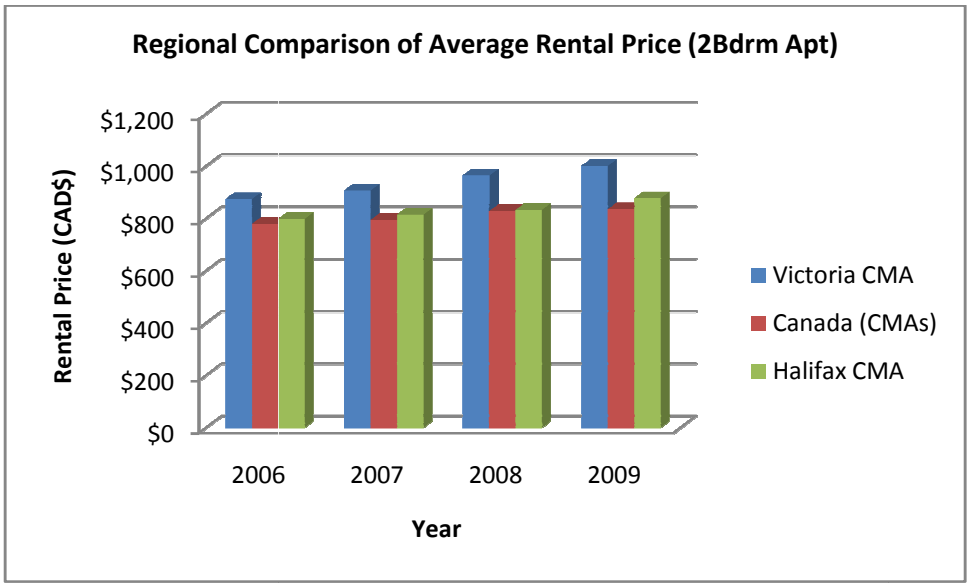
Data Source: (Canada Mortgage and Housing Corporation, 2007)(Canada Mortgage and Housing Corporation, 2009)

Figure 5-39: 2009 National CMA Rental Market Friendliness Rankings

5.4.1.2.1 Rental Costs

In 2009, the Victoria CMA ranked as the 6th most expensive CMA in Canada to *rent* (based on the rental price of a two bedroom suite in a privately initiated *apartment* structure of 3+ units) (Canada Mortgage

and Housing Corporation, 2009). With an average monthly cost of $1,001, renting a 2 bedroom *apartment/townhouse* in the Victoria CMA costs $165/month more than the national average, and $124/month more to *rent* than the average rental price of the same suite type in the Halifax CMA.



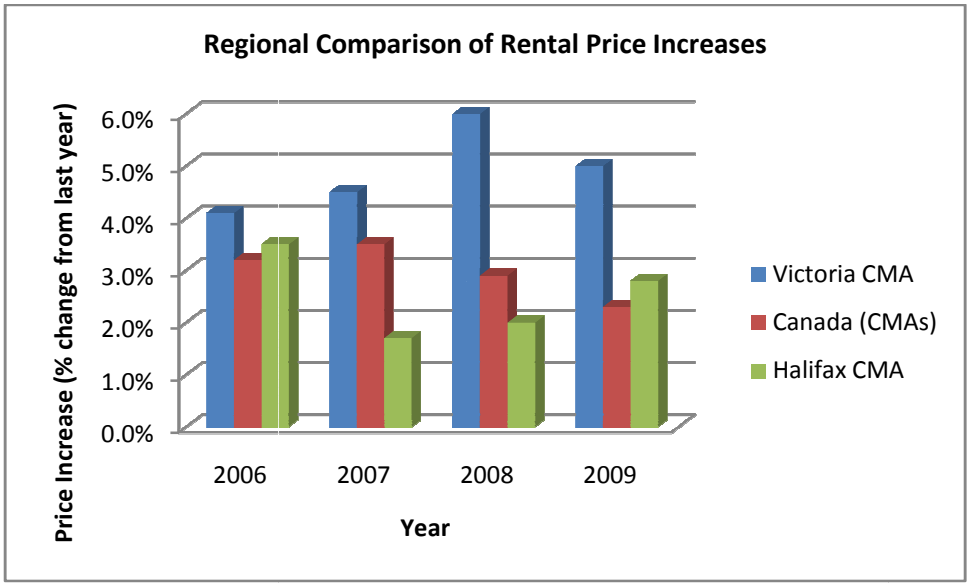
Data Source: (Canada Mortgage and Housing Corporation, 2007)(Canada Mortgage and Housing Corporation, 2009)
Figure 5-40: Regional Comparison of Average Rental Prices (2 Bedroom *Apartments*)

The rental prices in the Victoria CMA ranged (on average) from $646 for a bachelor's suite to $1,357 for a 3+ bedroom *apartment/townhouse*. Table 5-12 outlines the cost to *rent* in the Victoria CMA by bedroom type over the past 4 years.

Victoria CMA Average *Rent* of an *Apartment/Townhouse* by Bedroom Type						
***Apartment* Size**	Year				Trend	
	Oct. 2006	Oct. 2007	Oct. 2008	Oct. 2009	% Change (1 year)	% Change (4 years)
Bachelor	$561	$589	$625	$646	3.4%	15.2%
1 Bedroom	$680	$715	$764	$789	3.3%	16.0%
2 Bedrooms	$875	$908	$964	$1,000	3.7%	14.3%
3+ Bedrooms	$1,168	$1,210	$1,303	$1,357	4.1%	16.2%
Average	$742	$775	$828	$858	3.6%	15.6%

Data Source: (Canada Mortgage and Housing Corporation, 2007)(Canada Mortgage and Housing Corporation, 2009)
Table 5-12: Victoria CMA Average Rent

Not only are the rental prices in the Victoria CMA significantly higher than the national average, but the rental price growth rate is also among the highest in the nation. Although the rental price growth rate fell from 6.0% in 2008 to 5.0% in 2009, the Victoria CMA still ranked 3rd worst for rental price growth rates among the 36 CMAs listed in (Canada Mortgage and Housing Corporation, 2009). The only CMAs with higher rental price growth rates in 2009 were Saskatoon and Regina.

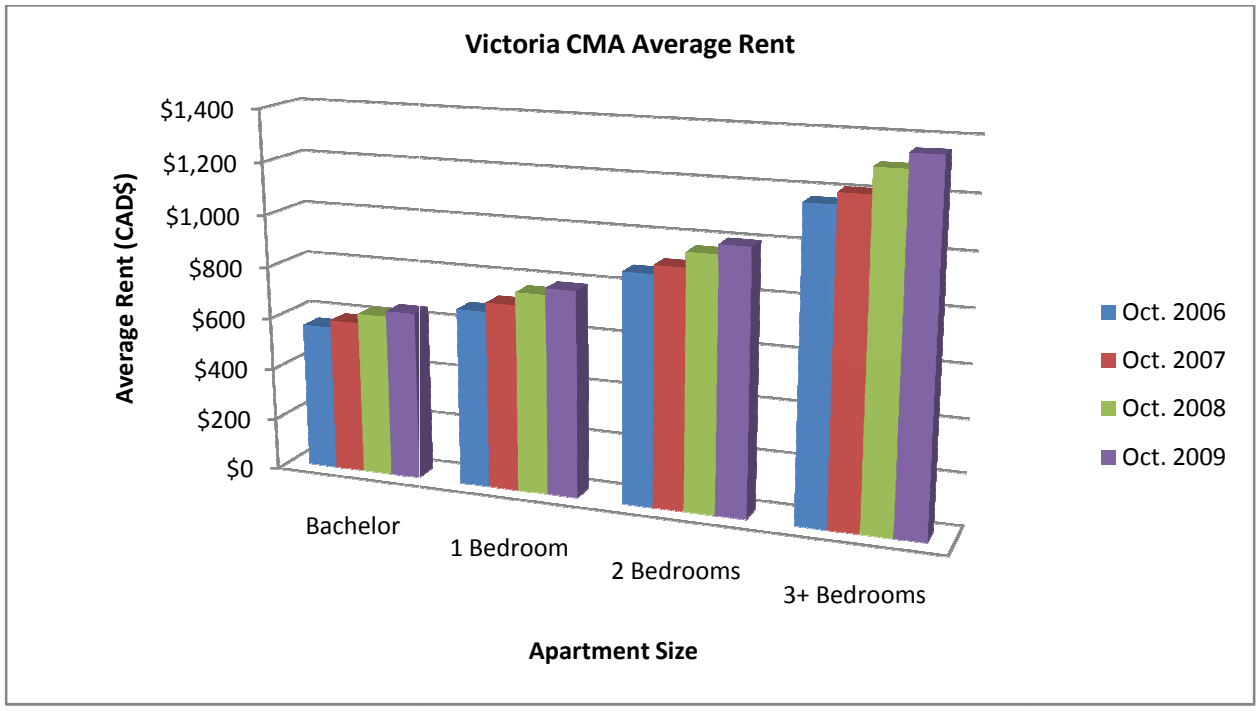


Data Source: (Canada Mortgage and Housing Corporation, 2007)(Canada Mortgage and Housing Corporation, 2009)

Figure 5-41: Regional Comparison of Rental Price Increases

The 2009 Victoria CMA rental price growth rate was 2.7% higher than the national rental price growth rate and 2.2% higher than the rental price growth rate of the Halifax CMA for suites of the same type.

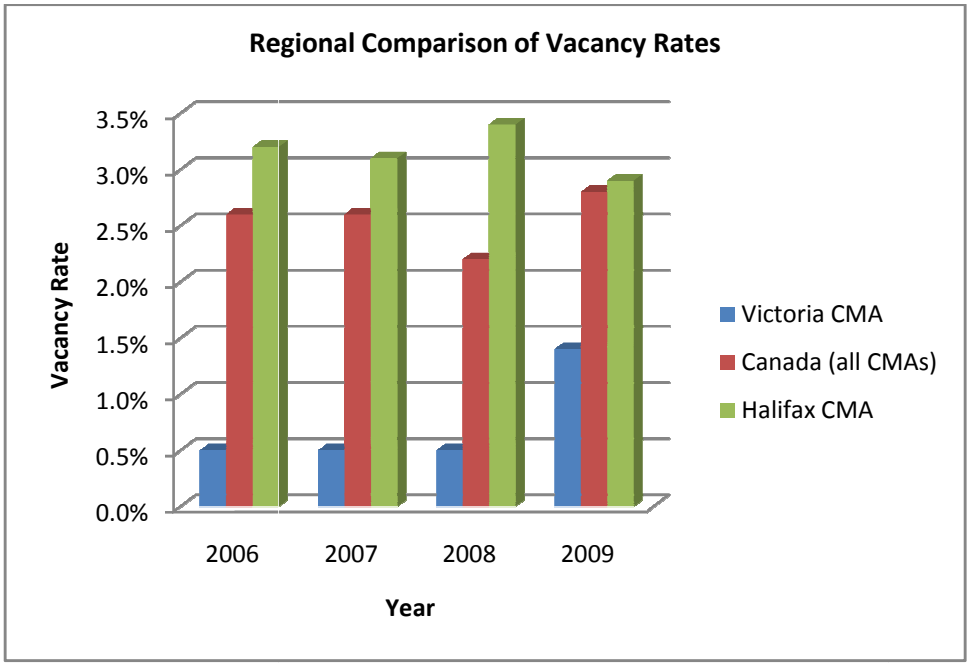
Rental prices have been steadily increasing in the Victoria CMA for all *apartment* types. From October 2006 to October 2009, *apartment/townhouse rent* for Victoria has increased: 15.2% for bachelor's suites, 16.0% for 1 bedroom suites, 14.3% for 2 bedroom suites, and 16.2% for 3+ bedroom suites (averaging out to a 4-year average *rent growth rate* of 15.2% for all bedroom types).



Data Source: (Canada Mortgage and Housing Corporation, 2007)(Canada Mortgage and Housing Corporation, 2009)

Figure 5-42: Victoria CMA Average Rent

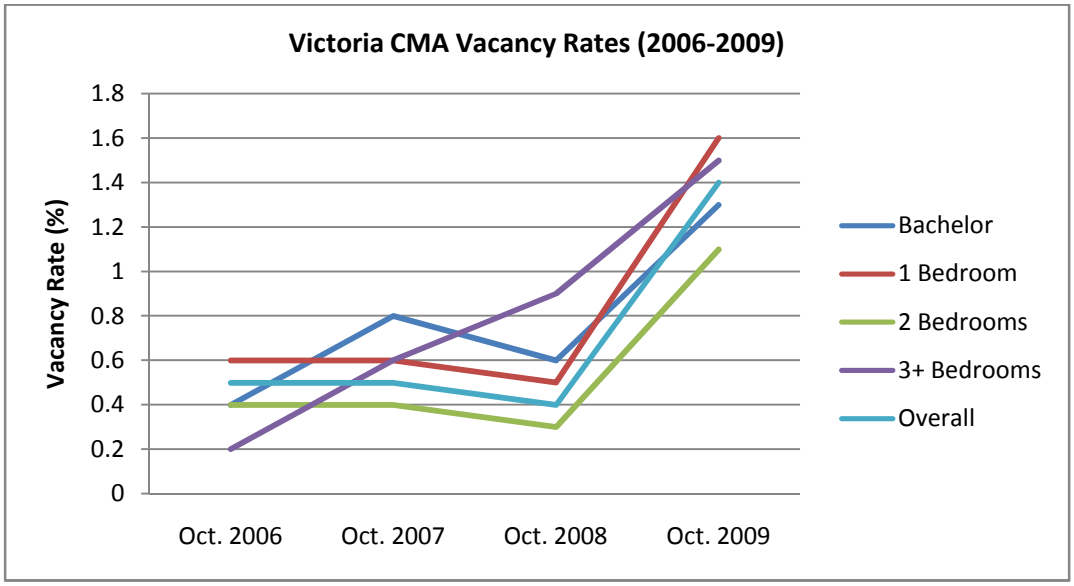
5.4.1.2.2 *Vacancy & Availability*



Data Source: (Canada Mortgage and Housing Corporation, 2007)(Canada Mortgage and Housing Corporation, 2009)

Figure 5-43: Regional Comparison of *Vacancy* Rates

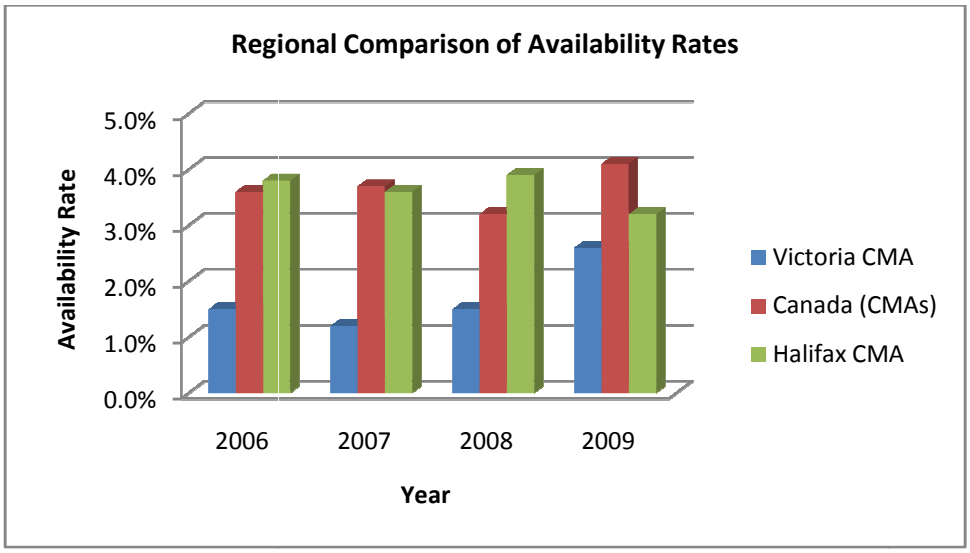
Although the Victoria CMA has shown improvement in its *vacancy* and *availability* rates, it's still among the worst CMAs in the nation for *townhouse/apartment vacancy/availability* (Canada Mortgage and Housing Corporation, 2009). From 2008 to 2009, rental *apartment/townhouse vacancy* rates have almost tripled from 0.5% in 2008 to 1.4% in 2009; however, a *vacancy* rate of 1.4% still places the Victoria CMA as the 6th worst CMA in the nation (1.4% lower than the national average of 2.8% and 1.5% lower than the 2.5% average *vacancy* rate of the Halifax CMA).



Data Source: (Canada Mortgage and Housing Corporation, 2007)(Canada Mortgage and Housing Corporation, 2009)

Figure 5-44: Victoria CMA *Vacancy* Rates (2006-2009)

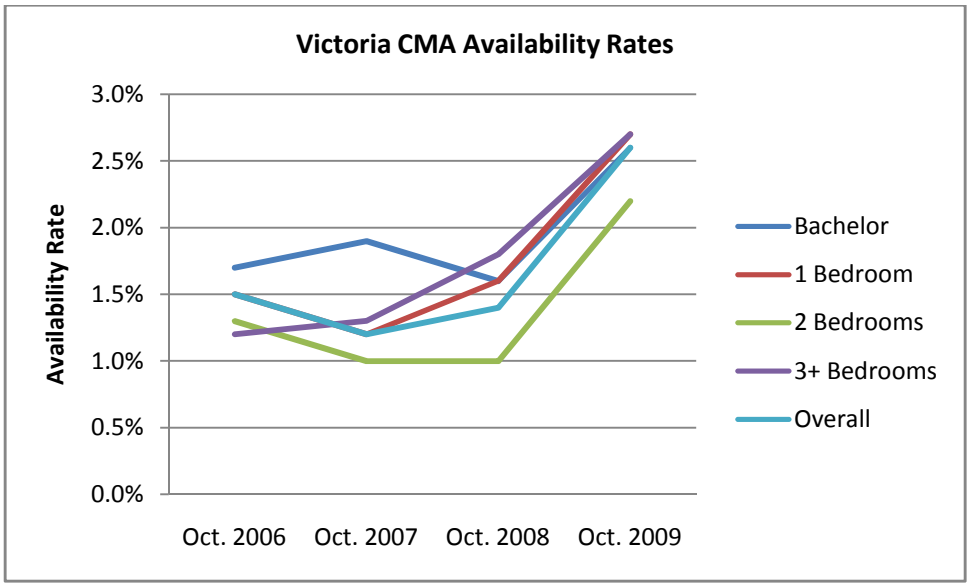
Vacancy rates have risen for all bedroom types within the Victoria CMA region, with the sharpest rate of growth in the *vacancy* rate of 1 bedroom suites (from 0.5% in 2008 to 1.6% in 2009). *Vacancy* rates have also risen, on average, for all 13 Victoria CMA regions (excluding North Saanich, to which data was not available).



Data Source: (Canada Mortgage and Housing Corporation, 2007)(Canada Mortgage and Housing Corporation, 2009)

Figure 5-45: Regional Comparison of *Availability* Rates

Due to the similarity in meaning between *vacancy* and *availability* rates (with the exception of counting a unit available if "the existing tenant has given, or has received, notice to move, and a new tenant has not signed a lease" (Canada Mortgage and Housing Corporation, 2009), *availability* rates in the Victoria CMA (as well as the nation and Halifax) closely resemble the *vacancy* rates. Rental *availability* rates in Victoria grew 1.1% from 2008 to 2009 to equal 2.6%. Similar growth was seen in the national *availability* rate, which grew 0.9% from 2008 to 2009 to equal 4.1%; however, the *availability* rate in the Halifax CMA fell 0.5% from 2008 to 2009 to equal 2.9%. In 2009, the Victoria CMA's *availability* rate placed 7th worst of the 36 CMAs listed in (Canada Mortgage and Housing Corporation, 2009).



Data Source: (Canada Mortgage and Housing Corporation, 2007)(Canada Mortgage and Housing Corporation, 2009)

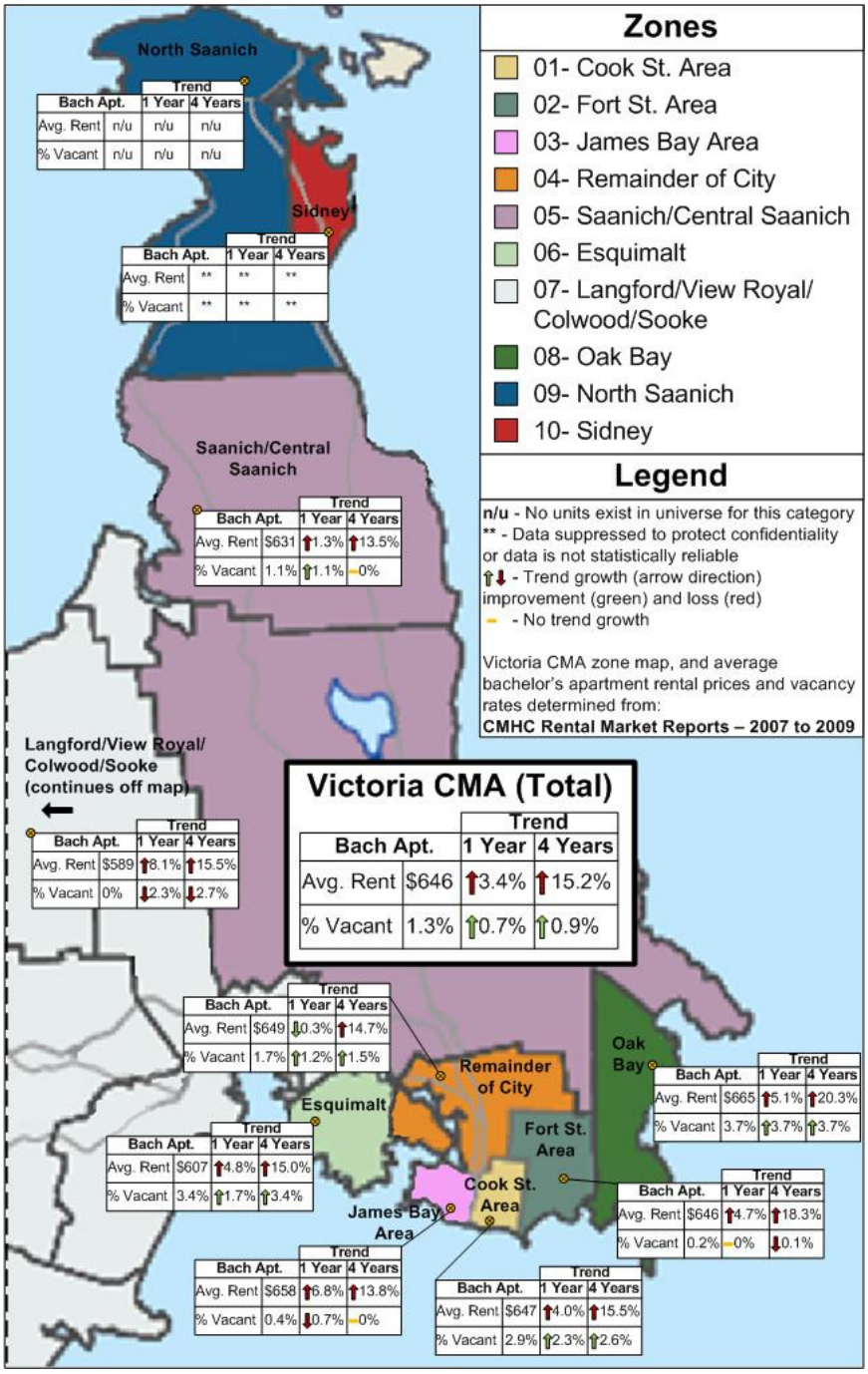
Figure 5-46: Victoria CMA *Availability* Rates

On average, the *availability* rates in the Victoria CMA went up for all *apartment/townhouse* bedroom types, and for all regions within the CMA (with the exception of Sidney, which had a drop in average *availability* rate in this past year from 3.6% in 2008 to 3.1% in 2009).

5.4.1.2.3 Victoria CMA Rental Housing Summary

The current rental prices, rental price growth rates, *vacancy* and *availability* rates paint a bleak picture of affordable market rental housing within the Victoria CMA, especially for those people at the highest risk of becoming homeless (people faced with poverty). As depicted in Figure 5-47, the cheapest *market housing* solution (on average) available in the Victoria CMA is a $589 bachelor's suite in the Langford/View Royal/Colwood/Sooke region of greater Victoria. With the current minimum wage set to $8.00/hour, a minimum wage employee would have to work a 56 hour work week (not including tax deductions) to stay above the *core housing need* threshold of 30% of their total *income* spent on housing. This 'most affordable' *market housing* option in the Victoria CMA also has a *vacancy* rate of 0%, and a 1-year rental price growth rate of 8.1% (the highest growth rate of bachelor's suites within the Victoria CMA). This means there aren't even any openings for people to find this lowest cost rental

housing, and that the Victoria CMA-low pricing is quickly catching up with the rest of the region. It also has to be noted that a majority of Victoria's support services are located closer to the city centre. Anyone who lived in the lesser expensive regions would also be placing themselves furthest away from support services, which would increase the costs and inconvenience of accessing such services.

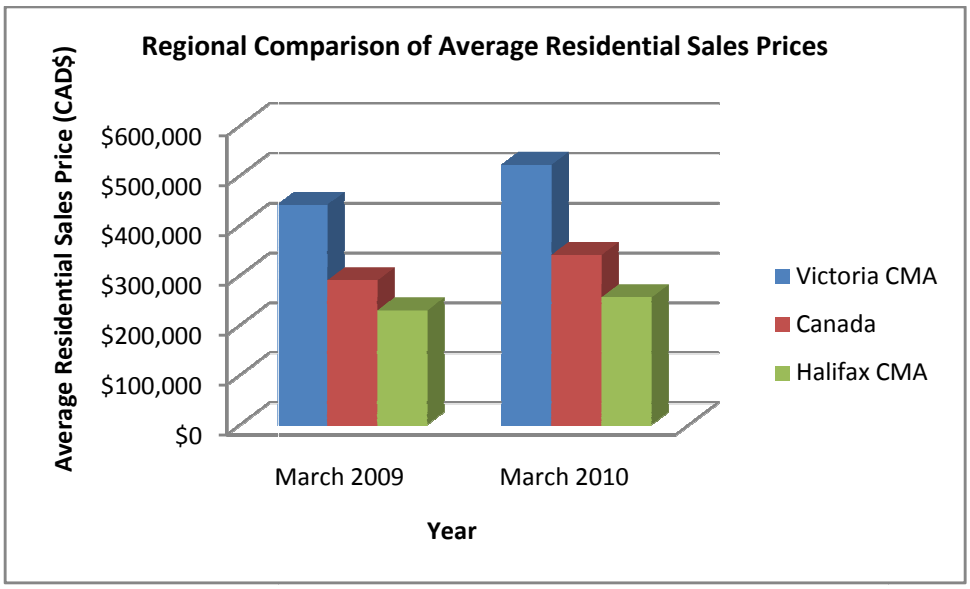


Data Source: (Canada Mortgage and Housing Corporation, 2007)(Canada Mortgage and Housing Corporation, 2009)*; Base map used with written permission from CMHC Appendix D*

Figure 5-47: Bachelor *Apartment* Rental in the Victoria CMA Regions

5.4.1.3 Ownership

5.4.1.3.1 Cost



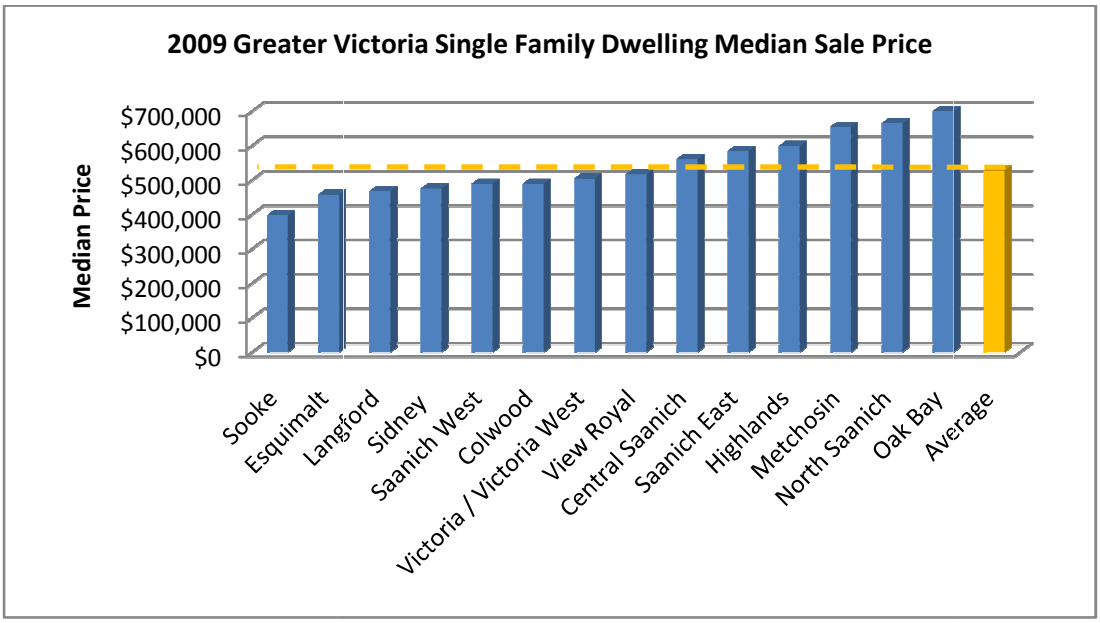
Data Source: (Canadian Real Estate Association, 2010)

Figure 5-48: Regional Comparison of Average Residential Sale Price

As of March 2010, at a cost of $521,917 (Canadian Real Estate Association, 2010), the average cost of purchasing a home in the Victoria CMA cost 1.5 times (or $180,997) greater than the national average of $340,920, and 2.0 times (or $266,099) greater than the average cost to purchase a home in the Halifax CMA (equalling $255,818). The national average home purchasing price recorded in May ($340,920) is the second highest price on record (second only to the average reached in October of 2009) (Canadian Real Estate Association, 2010).

To put this into perspective, to be able to afford the average home in the Victoria CMA, a person making minimum wage would have to work tax-free, 24/7 for 7.5 years without eating or sleeping or paying any additional expenses. This works out to approximately 31.4 years of tax-free minimum wage labour on a 40 hour work week (without any additional expenses).

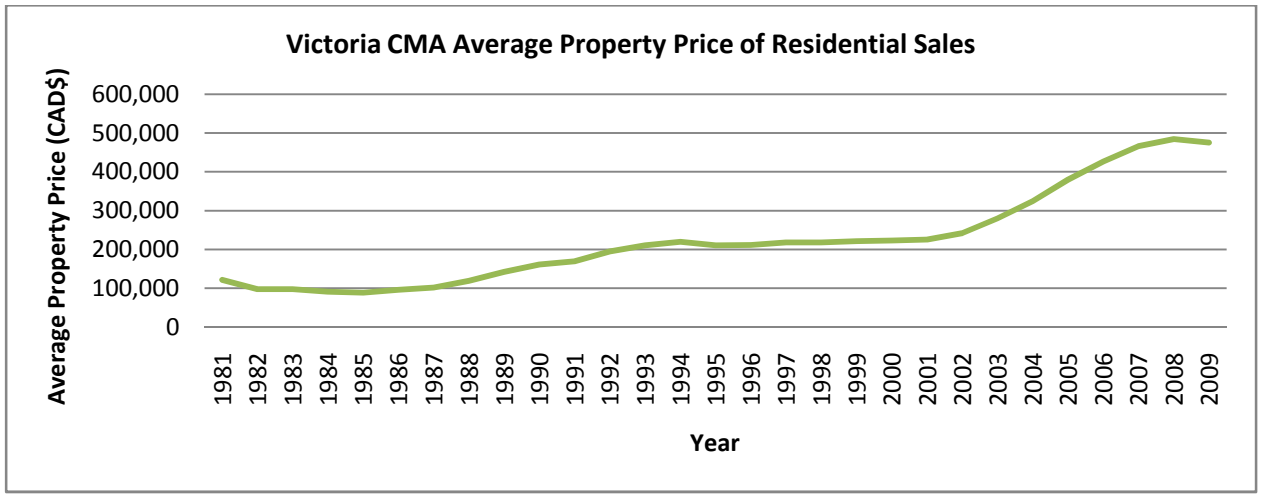
Within Greater Victoria, the median price for a single family dwelling ranges from $398,000 in Sooke to $700,000 in Oak bay. The median price of a single family dwelling for all of Greater Victoria is $527,750 (Victoria Real Estate Board Multiple Listing Service, 2010).



Data Source: (Victoria Real Estate Board Multiple Listing Service, 2010)

Figure 5-49: 2009 Greater Victoria Single Family Dwelling Median Sales Price

From 1981 to 2009 the average property sale price in the Victoria CMA has grown at an average rate of 5.36% per year (BC Stats, 2010). Between 2000 and 2009, however, the average property sale price growth rate has increased to 8.97% per year. This abnormally high growth rate in average house sale price peaked in 2005 at 17.0%, and has since been falling until 2009, when there was the first average house sale price drop in 11 years (dropping 1.8% between 2008 and 2009).

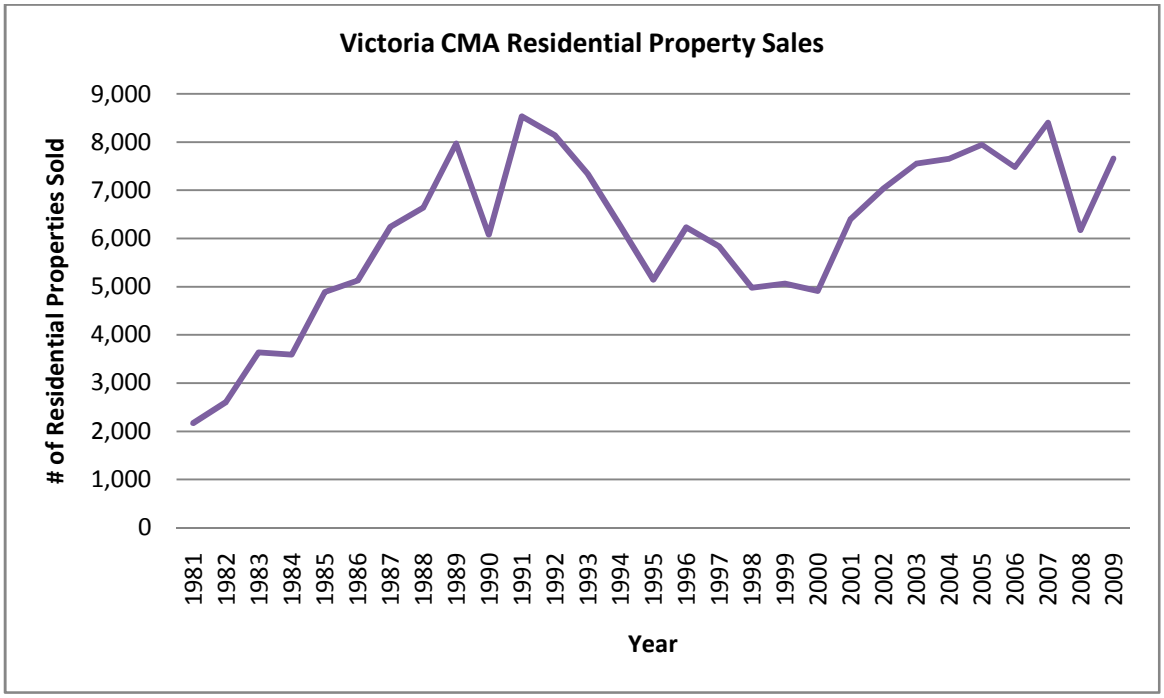


Data Source: (BC Stats, 2010)

Figure 5-50: Victoria CMA Average Property Price of Residential Sales

5.4.1.3.2 Sales

Likely in-part due to low interest mortgage rates and a slight drop in average property pricing from 2008 to 2009, residential sales were on the rise from 2008 to 2009 within the Victoria CMA.



Data Source: (BC Stats, 2010)

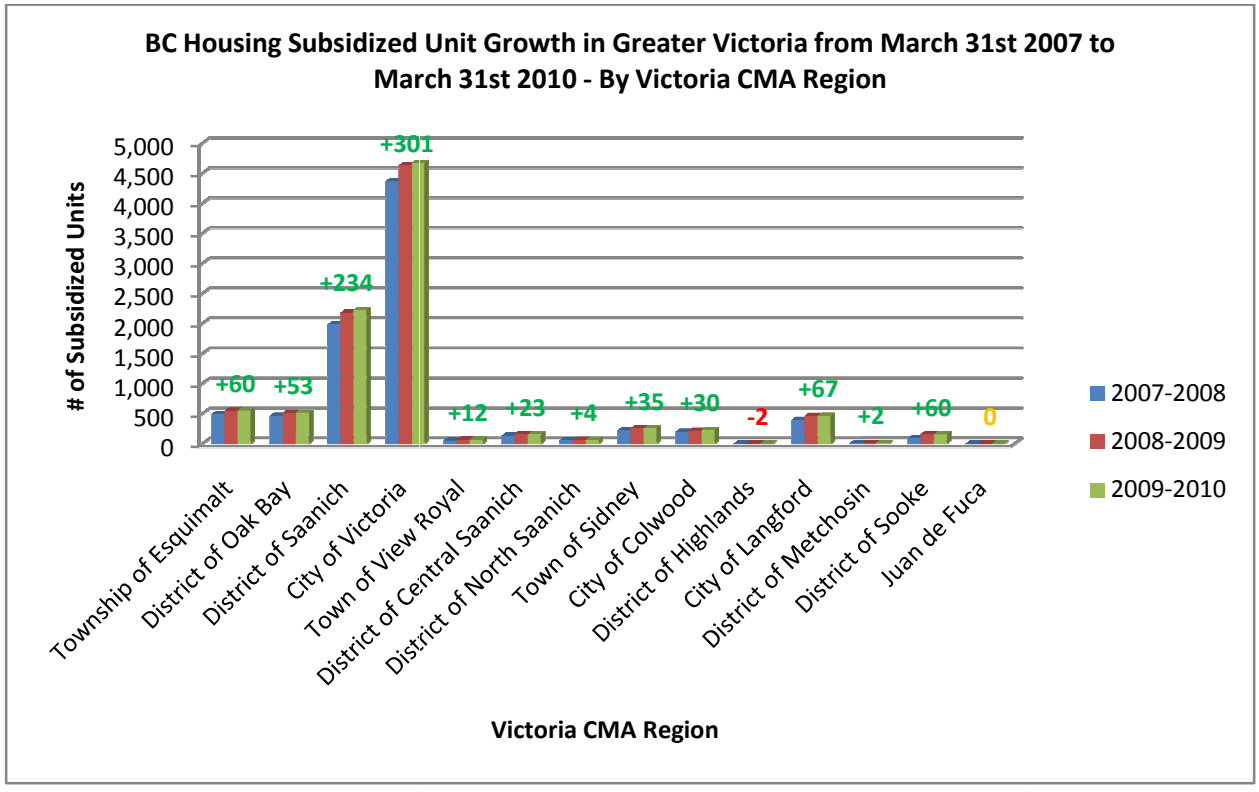
Figure 5-51: Victoria CMA Residential Property Sales

5.4.1.4 Market Housing Summary

From a governmental resource standpoint, the end-goal of breaking the cycle of homelessness involves achieving *permanent housing* through the *market housing*. Non-supplemented *market housing* gives full independence to the tenants and requires no or minimal government provided costs or external supports. Due to the current hostile state of Victoria's housing market, however, it is far more difficult to achieve this housing end-goal than in other regions around Canada, which offer more affordable and available homes and *apartment*s. Unfortunately, an end to this situation in Victoria does not appear to be coming in the near future, as housing production has slowed in recent years, and housing prices continue to rise to record levels.

5.4.2 *Subsidized Housing*

5.4.2.1 Subsidized Housing Inventory



Data Source: (BC Housing, 2010)

Figure 5-52: *BC Housing* Subsidized Unit Growth in Greater Victoria from March 31st 2007 to March 31st 2010 - By Victoria CMA Region

From March 31st 2008 to March 31st 2010, the number of *BC Housing subsidized housing* units in Greater Victoria has grown by 879 units (up 777 units from March 31st 2008 to March 31st 2009 and 102 additional units from March 31st 2009 to 2010). The regions in Greater Victoria showing the most growth include: the City of Victoria (up 301 units), the District of Saanich (up 234 units), and the City of Langford (up 67 units). The regions showing the highest growth rate of subsidized units since March 31st, 2008 include: the District of Sooke (up 39.0%), the District of Metchosin (up 22.2%), and the Town of View Royal (up 19.1%).

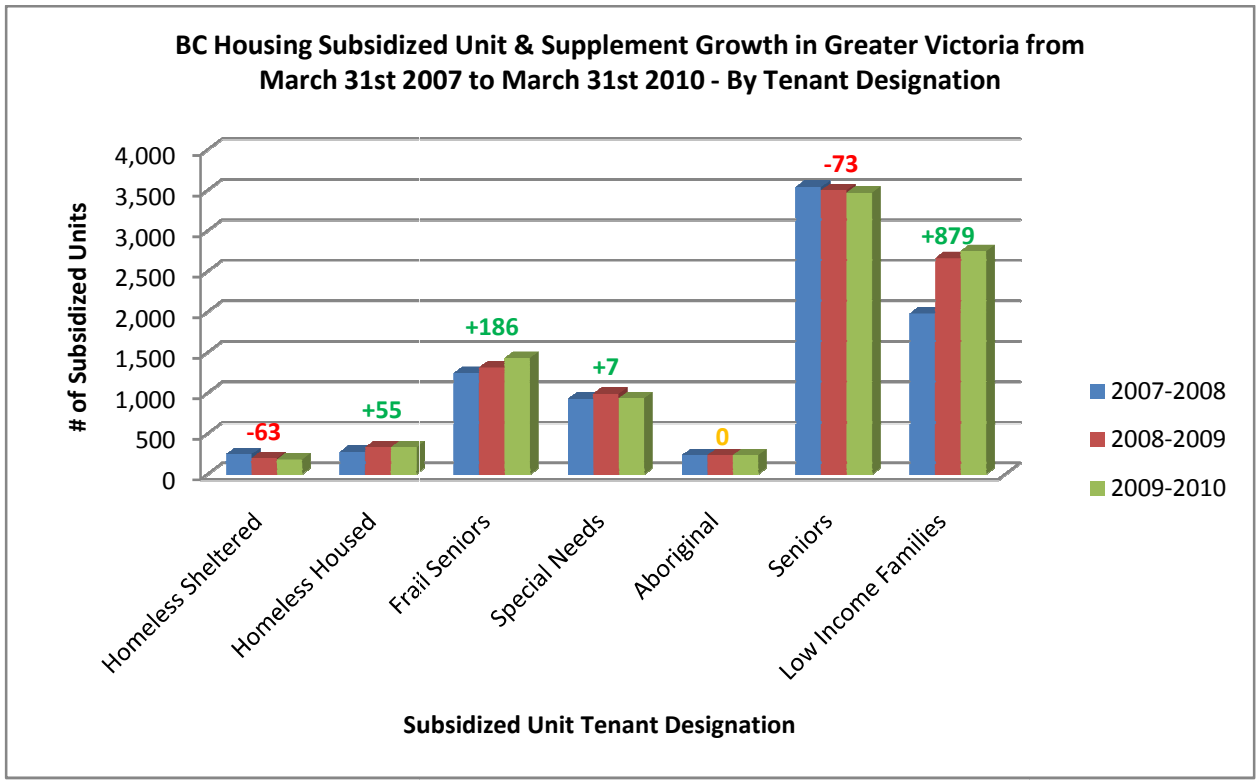
Greater Victoria *Subsidized Housing* Units by Region - Reported by *BC Housing* and BC Non-Profit Housing Association – March 31st 2010		
Community	**# of Units**	**% of Units**
Township of Esquimalt	551	5.7%
District of Oak Bay	514	5.3%
District of Saanich	2,401	24.7%
City of Victoria	4,869	50.0%
Town of View Royal	63	0.6%
District of Central Saanich	174	1.8%
District of North Saanich	60	0.6%
Town of Sidney	253	2.6%
City of Colwood	225	2.3%
District of Highlands	0	0.0%
City of Langford	461	4.7%
District of Metchosin	9	0.1%
District of Sooke	154	1.6%
Juan de Fuca	0	0.0%
Total (Victoria CMA)	**9,734**	**100.0%**

Data Source: (BC Housing, 2010)(BC Non-Profit Housing Association, 2010)

Table 5-13: Greater Victoria *Subsidized Housing* Units Reported by *BC Housing* and BC Non-Profit Housing Association – March 31st 2010

After combining the stock of *subsidized housing* units reported in *BC Housing*'s unit count model with the stock of subsidized units listed in BC Non-Profit Housing Association's (*BCNPHA*) Asset Analysis Database (using just the units not subsidized by *BC Housing*), the total stock of Greater Victoria *subsidized housing* units, as of March 31st 2010 is 9,734 (this is a close approximation of Greater

Victoria's total subsidized housing stock and rental subsidies; however, it doesn't include units not listed by *BC Housing* or *BCNPHA*).



Data Source: (BC Housing, 2010)

Figure 5-53: *BC Housing* Subsidized Unit & Supplement Growth in Greater Victoria from March 31st 2007 to March 31st 2010 - By Tenant Designation

Housing providers target the use of their subsidized units for certain demographics of clients. *BC Housing* uses seven classifications of tenant types for their subsidized unit, including:

- Homeless sheltered – "short-stay housing of 30 days or less. The shelters provide single or shared bedrooms or dorm-like sleeping arrangements, with varying levels of support services provided for the clients" (BC Housing, 2010)
- Homeless Housed – "housing for clients that is provided for a minimum of 30 days and up to two or three years. The housing includes the provision of on- or off-site support services to help the

clients more towards independence and self-sufficiency. This housing is targeted to individuals who are at the risk of homelessness, or formerly homeless" (BC Housing, 2010).

- Frail Seniors – "housing with on-going supports and services. Frail seniors are those who cannot live independently" (BC Housing, 2010).
- Special Needs – "housing with support services. These clients include for example adults with mental and/or physical disabilities or youth" (BC Housing, 2010).
- Aboriginal – housing provided for people with Aboriginal identity.
- Seniors – "housing for seniors where minimal or no additional services are provided. Seniors are usually defined as individuals who are 65 years of age and older" (BC Housing, 2010).
- Low *Income* Families – "low to moderate *income* households with a minimum of two people including at least one dependent child" (BC Housing, 2010).

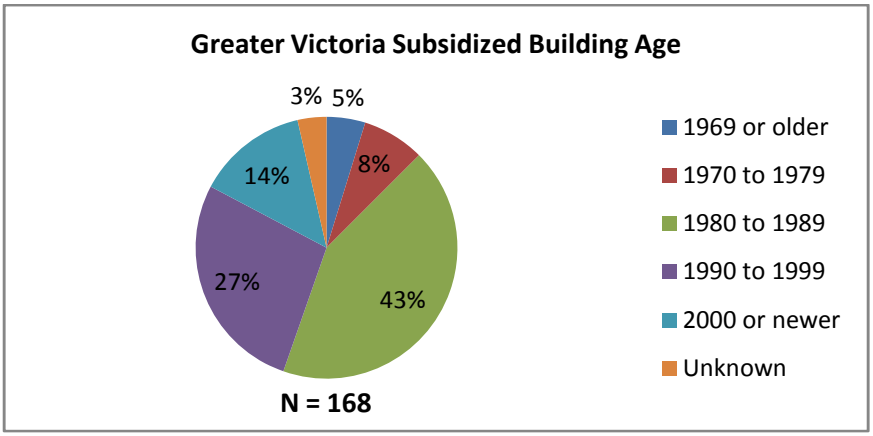
From March 31st 2008 to March 31st 2010, low *income* family units have seen the highest growth (up 879 units), followed by: units for frail seniors (up 186 units), units for homeless housed (up 55 units), and units for people with special needs (up 7 units). In the same timeframe, there has been no growth in the number of units designated for Aboriginal people. Although a reported loss is shown in the number of units designated for homeless sheltered (down 63 units) and seniors (down 73 units), the actual number of subsidized units in these categories has stayed consistent over the years (as reported by *BC Housing*). The change in these categories is actually due to a restructuring in one of the senior homes (where many tenants transitioned from senior designation to frail senior categories, within the same units), and miscalculation of the homeless shelter units in prior reporting years (15 units were double counted and 46 units were previously incorrectly coded as homeless sheltered units, when in reality they were units for low income families).

Table 5-14 presents a complete count of Greater Victoria's *subsidized housing* units by tenant designation for all units monitored by *BC Housing* and *BCNPHA*.

Greater Victoria *Subsidized Housing* Units & Supplements by Tenant Designation - Reported by *BC Housing* and BC Non-Profit Housing Association – March 31st 2010		
Tenant Designation	**# of Units/Supps.**	**% of Units/Supps.**
Homeless Sheltered	199	2.0%
Homeless Housed	332	3.4%
Frail Seniors	1,433	14.7%
Special Needs	955	9.8%
Aboriginal	234	2.4%
Seniors	3,830	39.3%
Low *Income* Families	2,750	28.3%
Unknown	1	<0.0%
Total (Victoria CMA)	9,734	**100.0%**

Data Source: (BC Housing, 2010)(BC Non-Profit Housing Association, 2010)

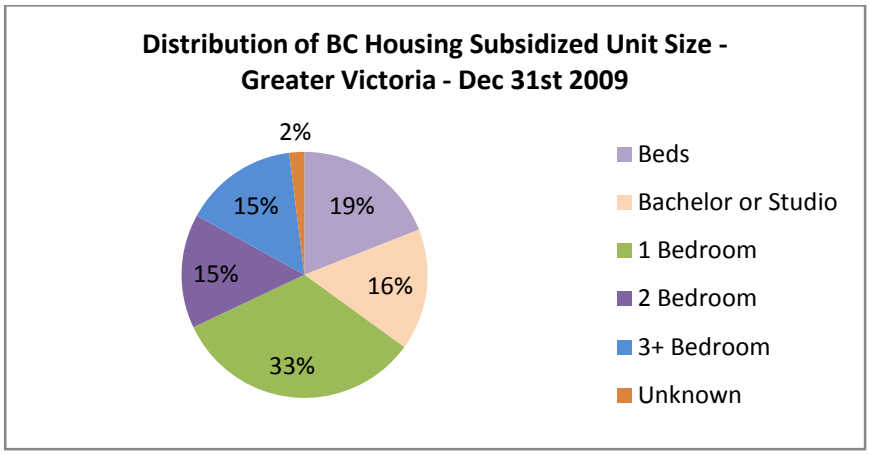
Table 5-14: Greater Victoria *Subsidized Housing* Units & Supplements by Tenant Designation Reported by *BC Housing* and BC Non-Profit Housing Association – March 31st 2010



Data Source: (BC Non-Profit Housing Association, 2010)

Figure 5-54: Greater Victoria Subsidized Building Age

Of the 168 subsidized buildings listed in *BCNPHA*'s Asset Analysis Database, the majority of these buildings (70%) are between ten and thirty years of age, with 14% aged less than 10 years and 13% older than 30 years.



Data Source: (BC Housing, 2009)

Figure 5-55: Distribution of *BC Housing* Subsidized Unit Size - Greater Victoria 2010

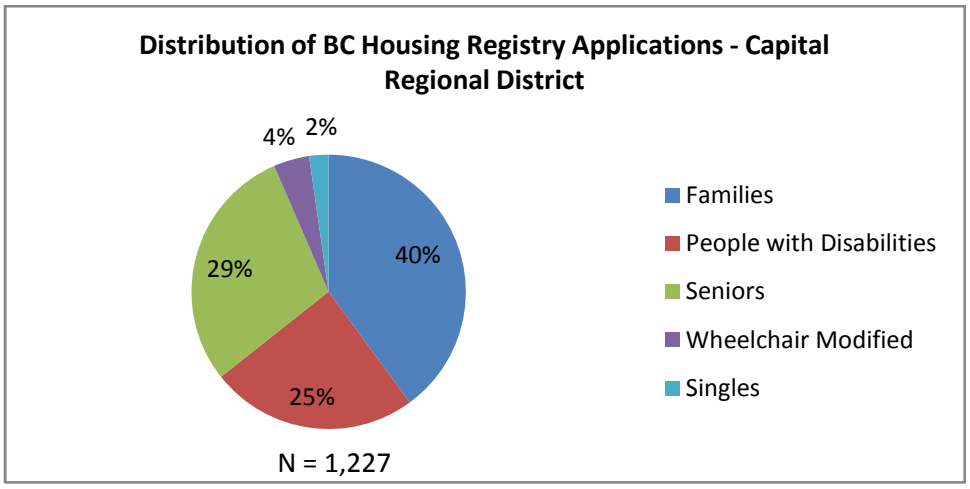
As of December 31st 2009, *BC Housing* provided subsidized units[6] in Greater Victoria have a relatively even distribution between sizes (as depicted in Figure 5-55). Single bed units, which are not self-contained (meaning the tenants share the kitchen and or bathroom utilities) account for 19% of all *BC Housing*'s subsidized units. Units which are self contained (meaning a private bathroom and kitchen are provided), include: bachelor/studio units (which account for 16% of all unit stock), one bedroom units (which account for 33% of all unit stock), two bedroom units (which account for 15% of all unit stock), and three or more bedroom units (which account for 15% of all unit stock).

5.4.2.2 Housing Registry

The *BC Housing* Registry is a single point of access for anyone who is seeking to apply for *subsidized housing* (of any type) in the province. It is provided through a partnership between *BC Housing*, BC Non-Profit Housing Association, the *Co-operative Housing* Federation of BC, *non-profit housing* providers,

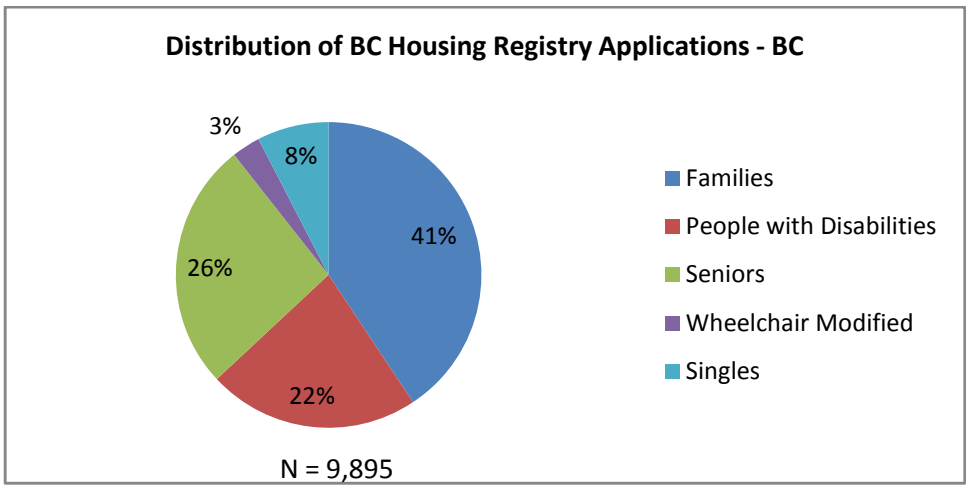
[6] *BC Housing* subsidized units, with which *BC Housing* has an agreement, provides a *subsidy* or other funding for, include: group homes; special facilities; rent supplements; housing operated by non-profit societies; shelters; etc. Not included in this count are households receiving rent supplements through SAFER or RAP programs

housing co-operatives, municipalities, information and referral service groups, and other community based organizations (BC Housing, 2007).



Data Source: (BC Housing, 2006-2010)

Figure 5-56: Distribution of *BC Housing* Registry Applications - Capital Regional District

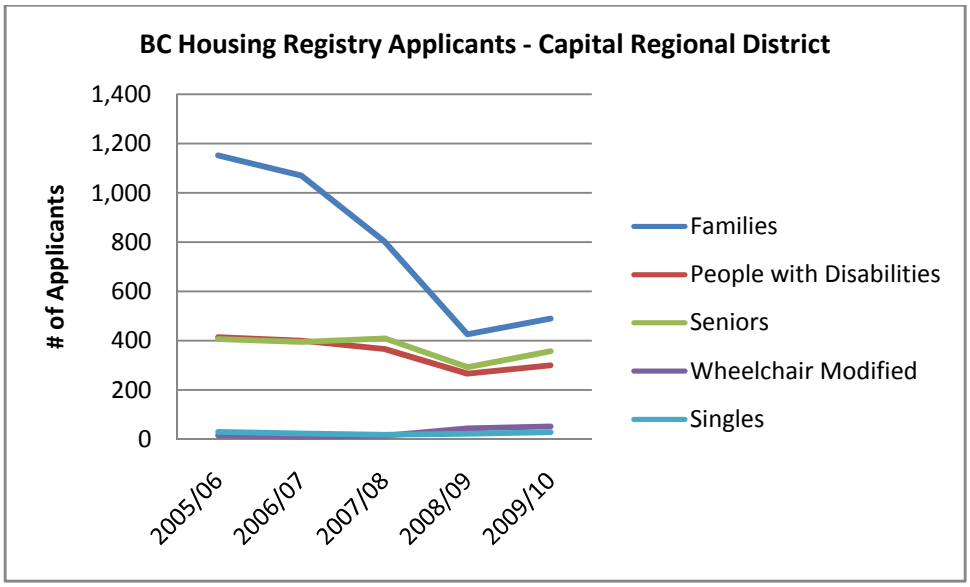


Data Source: (BC Housing, 2006-2010)

Figure 5-57: Distribution of *BC Housing* Registry Applications – BC

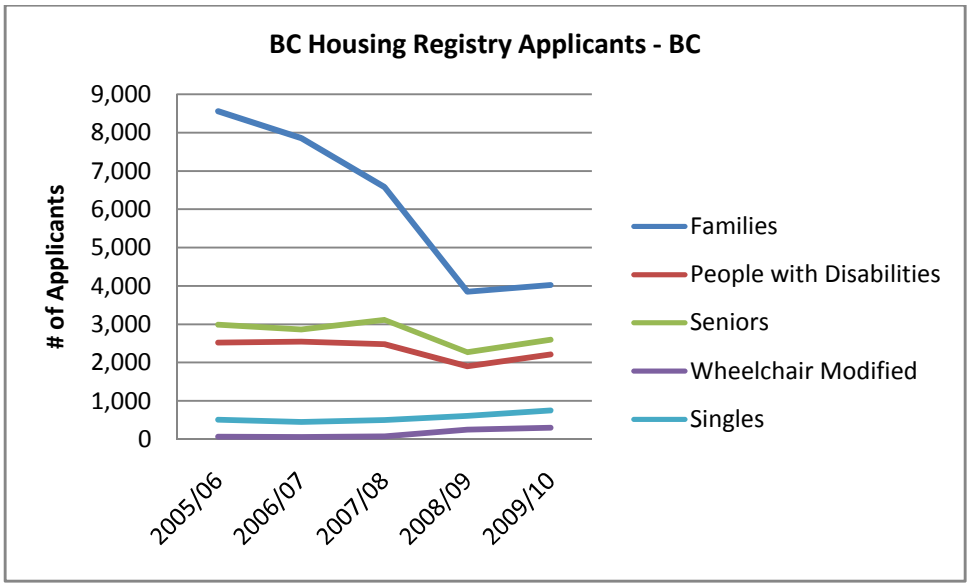
In fiscal year 2009-2010, Greater Victoria accounted for 12.4% of the provincial housing registry applications (1,227 of 9,895 applications). The distribution of application types, for both the Greater Victoria and provincial regions, are nearly identical (with the minor exception of singles applications). Families ("a minimum of two people, one of whom is dependent on the other" (BC Housing, 2006-2010))

were the predominant housing registry applicant type at 40% in Greater Victoria and 41% provincially, followed by seniors (aged 55 years or older) at 29% in Greater Victoria and 26% provincially, people with disabilities ("people who can live independently and qualify for a disability pension, or can't work because of a disability" (BC Housing, 2006-2010)) at 25% in Greater Victoria and 22% provincially, singles ("people with low income living in cities who are at risk of homelessness" (BC Housing, 2006-2010)) at 2% in Greater Victoria and 8% in BC; and applicants for wheelchair modified units at 4% in Greater Victoria and 3% in BC.



Data Source: (BC Housing, 2006-2010)

Figure 5-58: *BC Housing* Registry Applications - Capital Regional District

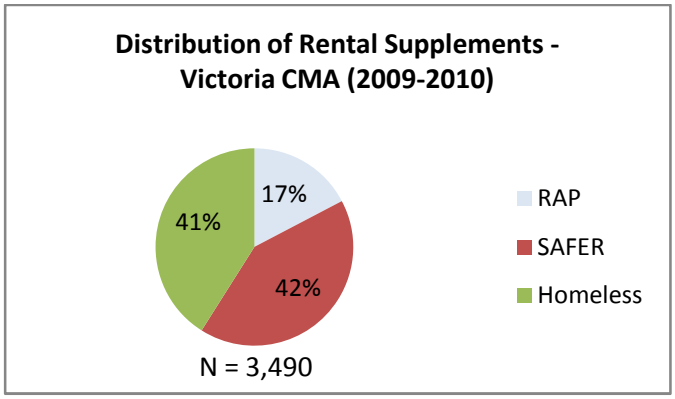


Data Source: (BC Housing, 2006-2010)

Figure 5-59: *BC Housing* Registry Applications – BC

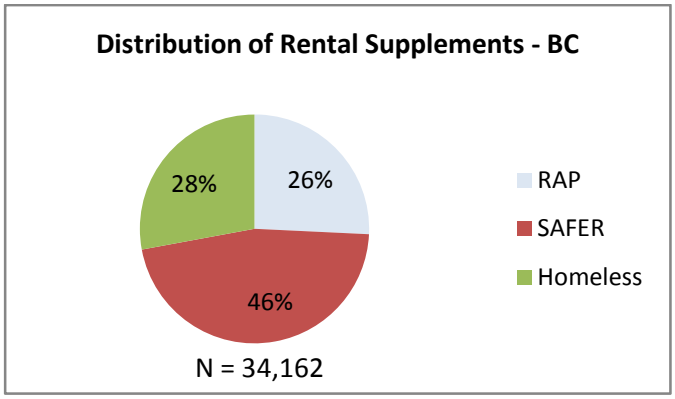
Since 2005, the total number of applications to the *BC Housing* registry has dropped significantly, both within Greater Victoria and provincially (from 2,020 applications for *subsidized housing* in Greater Victoria in 2005 to 1,227 applications in 2010, and 14,642 provincial *subsidized housing* applications in 2005 to 9,895 applications in 2010) (BC Housing, 2006-2010). Between fiscal years 2008-2009 and 2009-2010), however, there was growth in number of applications, both in Greater Victoria and provincially for all application types.

5.4.2.3 Rental Supplements



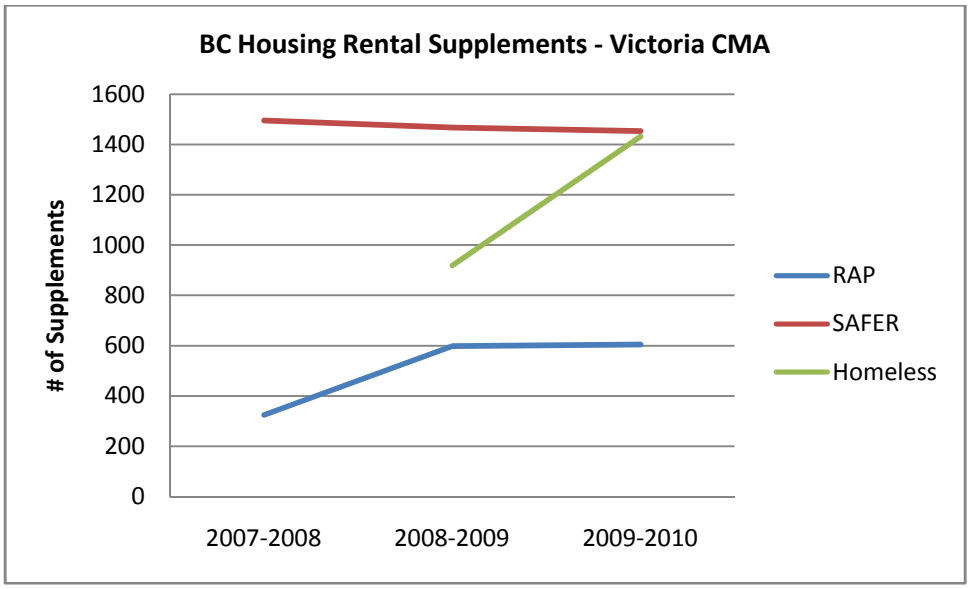
Data Source: (BC Housing, 2010)
Figure 5-60: Distribution of Rental Supplements - Victoria CMA (2009-2010)

Rental supplements are used to assist people in the at risk categories of poverty (low *income* families, seniors, and individuals who are at risk of homelessness) with *market housing* rental payments. In fiscal year 2009-2010, Greater Victoria accounted for 10.2% of all provincial rental supplements (3,490 of 34,162 supplements). Of those rental supplements provided in Greater Victoria, 42% were used to support seniors with moderate to low *income* via *BC Housing*'s SAFER program, 41% were used to support people at risk of becoming homeless through *BC Housing*'s Homeless Outreach Program (HOP) and Aboriginal Homeless Outreach Program (AHOP), and 17% were used towards supporting low *income* families through *BC Housing*'s *Rental Assistance* Program (RAP).



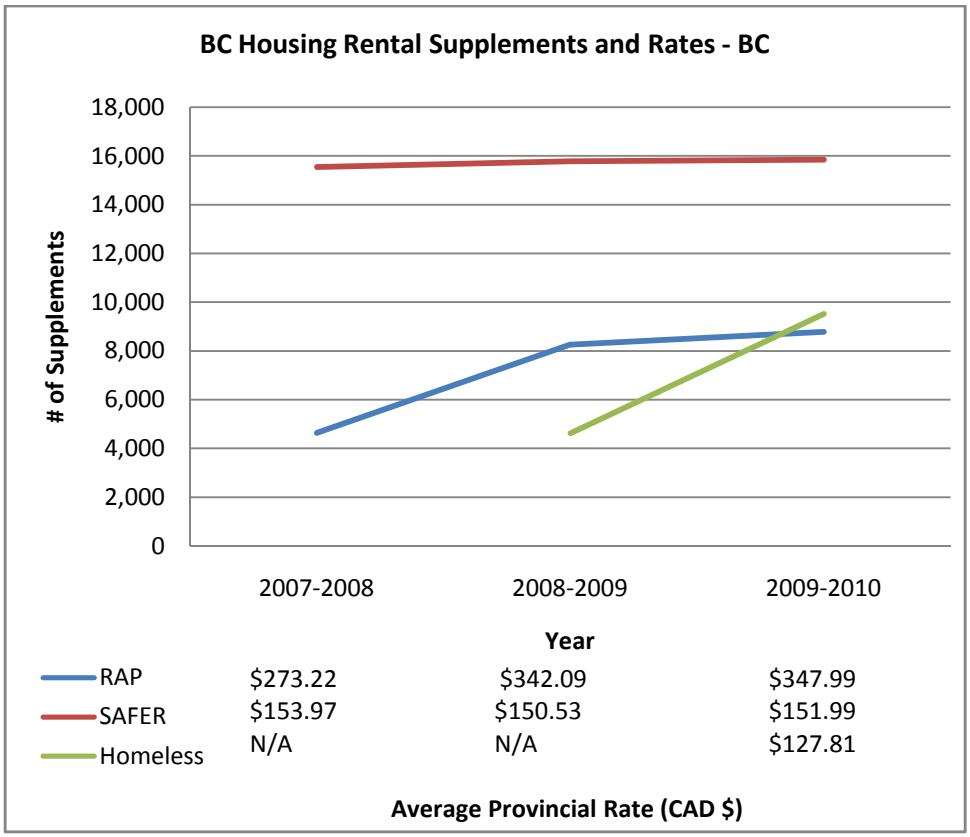
Data Source: (BC Housing, 2010)
Figure 5-61: Distribution of Rental Supplements - BC (2009-2010)

The distribution of Greater Victoria's rental supplements leaned more heavily towards supporting the homeless than the provincial norm. The provincial rental supplements were distributed as: 46% SAFER, 26% RAP, and just 28% for HOP and AHOP (13% fewer than the rate provided towards Greater Victoria's homeless).



Data Source: (BC Housing, 2010)

Figure 5-62: *BC Housing* Rental Supplements - Victoria CMA



Data Source: (BC Housing, 2010)

Figure 5-63: *BC Housing* Rental Supplements and Rates – BC

With sharp growth from fiscal year 2007-2008 to 2008-2009 and levelled growth from fiscal year 2008-2009-2010, the number of RAP supplements provided in both Greater Victoria and BC has risen in each year (from 324 in Greater Victoria in 2007-2008 to 604 in 2009-2010 and from 4,639 to 8,786 in BC). The average dollar amount provided for the RAP supplement in the province has also risen in each year of this timeframe (from $273.22 in 2007-2008 to $347.99 in 2009-2010).

The number of SAFER rental supplements provided in Greater Victoria and the province has been relatively stable since fiscal year 2007-2008 to 2009-2010, with only slight decline in the Greater Victoria region (down 42 from 1,496 in 2007-2008 to 1,454 in 2009-2010) and slight growth in the provincial numbers (up 307 from 15,541 in 2007-2008 to 15,848 in 2009-2010). The provincial average dollar amount provided for the SAFER rental supplement has also been relatively stable, dropping $1.98 from the monthly rate in that time frame (from $153.97 in 2007-2008 to $151.99).

The largest growth in rental supplement provision for both Greater Victoria and BC are for the HOP and AHOP homeless rental supplement programs. For Greater Victoria, between fiscal years 2008-2009 and 2009-2010, the number of homeless supplements provided grew from 919 to 1,432 (up 156%). During the same timeframe, the number of provincial homeless supplements provided grew from 4,622 to 9,528 (up 206%). The 2009-2010 average provincial rate of homeless supplement provided was $127.81[7].

5.5 Health and Homelessness

5.5.1 Hospital Utilization

5.5.1.1 Hospital Utilization Data – Discharge Abstract Database (DAD)

To produce an understanding of the hospital utilization of Greater Victoria's homeless community, the Canadian Institute for Health Information's (CIHI) Discharge Abstract Database (DAD) was utilized. The DAD holds demographic, administrative and clinical data for Canadian hospital discharges and day-surgeries. If a patient is identified as homeless during chart review at the time of discharge, and their

[7] At the time of analysis, data for the number of provided HOP and AHOP homeless supplements was only available back to fiscal year 2008-2009, and average rate data was only available for the past fiscal year (2009-2010).

homelessness status is recorded in their chart, the DAD database is updated with an "XX" in the postal code field to signify that the patient was homeless at the time of discharge.

For this research, the DAD homelessness indicator enabled the separation of patient discharges, from homeless to housed, so that the utilization rates of each group could be compared. This sample of homeless hospital clients was selected based on the convenience of their identification through the DAD homelessness indicator. It by no means represents the entire hospital using homeless population of Greater Victoria (only those patients who had been identified as homeless in their discharge summary). The actual number of homeless hospital inpatients is believed to be significantly greater than the population outlined in this data. For instance, the sum total of hospital inpatient days by the DAD identified homeless individuals in fiscal year 2009-2010 is 2,872 days; whereas, the Homelessness Intervention Project (HIP), reported that their Greater Victoria homeless clients alone had spent a total of 4,511 days in acute care beds in the same year (63% more than the total homeless population identified from the discharge summaries) (Achampong, 2010).

Access to the DAD discharge data was provided through CIHI by way of the Vancouver Island Health Authority. The CIHI DAD data was downloaded by Michelle Bamford, Manager, Clinical Information Support, and analyzed by Corinne Dulberg, PhD, MPH, Clinical Research Associate, Performance Standards and Monitoring of VIHA. After initial analysis, the data was handed over for this research.

5.5.1.2 Greater Victoria Hospital Discharges

In all, there were 193,080 discharge records for Greater Victoria hospitals from the fiscal year April 1st 2005 - March 31st 2006 to the fiscal year April 1st 2009 – March 31st 2010. Of the 193,080 discharge records, 1,481 (0.8%) were for patients identified as homeless at the time of discharge.

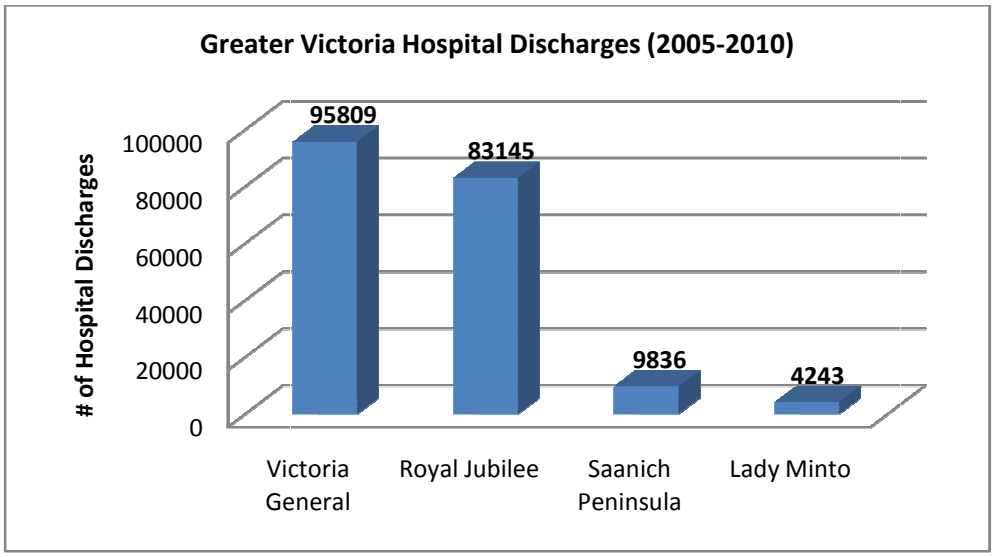


Figure 5-64: Greater Victoria Hospital Discharges

Four hospitals were included in the DAD output, including three hospitals from the Greater Victoria region: Victoria General Hospital (accounting for 95,809 discharges); Royal Jubilee Hospital (accounting for 83,145 discharges); and Saanich Peninsula (accounting for 9,836 discharges), as well as one hospital from the Gulf Islands (Saltspring), Lady Minto Hospital (accounting for 4,243 discharges)[8].

5.5.1.3 Individual-Level Analysis (Invalid PHN Exclusion)

To produce demographic and hospital use data at an individual patient level, the VIHA analyst separated the records by the Personal Health Numbers (PHNs) of the discharged individuals. If a discharge record contained an invalid PHN (i.e. the PHN was missing digits) or did not have a PHN, it was excluded from further analysis.

A total of 2,836 of the discharge records either did not contain a PHN or had an invalid PHN. Of these records, 2,789 came from housed individuals and 47 came from homeless individuals.

[8] For this analysis, Lady Minto data will be included in the data for Greater Victoria.

Greater Victoria Hospital Utilization Across-Year Summary for Discharges with a Valid PHN (2005-2010)				
Category	**Housed**	**Homeless**	**Homeless & Housed**	**Total**
Total # of discharges with valid PHN	188,810	1,434	n/a	190,244
Total # of unique individuals with a valid PHN	118,076	430	396	118,902
Sum length of all hospital stays by individuals with a valid PHN	1,515,237	13,389	n/a	1,528,626

Table 5-15: Greater Victoria Hospital Utilization Across-Year Summary for Discharges with a Valid PHN (2005-2010)

After the removal of the discharge records with missing or invalid PHNs, a total of 190,244 discharge records remained for individual-level analysis (188,810 discharges from housed individuals and 1,434 discharge records from homeless individuals). The 190,244 discharges came from a total of 118,902 unique individuals (118,076 individuals who were always housed at the time of discharge, 430 individuals who were always homeless at the time of discharge, and 396 individuals who were discharged during both times when they were housed and times when they were homeless over the five year period). Of all Greater Victoria hospital stays from April 1st 2005 to March 31st 2010 by people with valid PHNs, there was a sum total of 1,528,626 days spent in the hospital (1,515,237 days spent in the hospital by housed individuals and 13,389 days spent in the hospital by homeless individuals).

5.5.1.4 Analysis of per-year Individuals

Analysis in the upcoming sections was completed with the aim of examining trends in hospital discharges, with respect to housing status (homeless vs. housed) by fiscal year (from fiscal year April 1st 2005 – March 31st 2006 to fiscal year April 1st 2009 – March 31st 2010). To complete the analysis in this way (individuals per year) a single individual could be counted under both homeless and housed categories within a given fiscal year if he/she was discharged multiple times in one year under both housing categories (homeless and housed). Unique individuals could also be counted multiple times across fiscal years if they were discharged in multiple fiscal years of analysis (i.e. if a unique individual was discharged in both 2006-2007 and in 2009-20010, they were counted twice as per-year individuals,

once in both years). To produce summary statistics across fiscal years, averages of the yearly figures were taken (sum of all years' data, divided by the number of years).

Table 5-16 presents a summary of the per-year-level analysis data to be further investigated in the coming sections of this report:

Greater Victoria Hospital Utilization Per-Year Summary (2005-2010)								
Category	**Housing Status**	2005/06	2006/07	2007/08	2008/09	2009/10	**Total** (across-years)	**Average** (per-year)
Per Year individuals	Homeless	227	213	175	215	183	1,013	**202.6**
	Housed	30,921	30,310	30,230	29,871	29,469	150,801	**30,160.2**
Discharges	Homeless	367	275	253	291	248	1,434	**286.8**
	Housed	38,977	38,312	37,929	37,256	36,336	188,810	**37,762.0**
Average Discharges by per-year Individuals	Homeless	1.6	1.3	1.5	1.4	1.4	n/a	**1.4**
	Housed	1.3	1.3	1.3	1.2	1.3	n/a	**1.3**
Total length of all stays	Homeless	3,395	2,370	1,743	3,009	2,872	13,389	**2,677.8**
	Housed	313,713	293,549	303,480	303,074	301,421	1,515,237	**303,047.4**
Average Total length of all hospital stays in the year by per-year Individuals	Homeless	15.0	11.1	10.0	14.0	15.7	n/a	**13.1**
	Housed	10.2	9.7	10.0	10.2	10.2	n/a	**10.1**

Table 5-16: Greater Victoria Hospital Utilization Per-Year Summary (2005-2010)

The following are descriptions of how the results of Table 5-16 were tabulated:

- Per-year individuals - counts the total number of unique individuals who were discharged in a given fiscal year under the housing status from which they were discharged from. If a unique individual had multiple discharges under both of housing categories in a single fiscal year, they were counted once under both housing categories. If a unique individual had multiple discharges across multiple fiscal years, they were counted once under each fiscal year where they were discharged.
- Discharges - counts the total number of discharges by housing status.
- Average discharges in a year by per-year individuals = (average # of discharges in the year by individual #1 + average # of discharges in the year by individual #2 +... + average # of discharges

in the year by individual #N)/N) by housing status. Again, if a unique individual had multiple discharges under both of the housing categories, they were counted under both housing categories.

- Total length of all stays – counts the total number of days spent in the hospital within the year by housing status.
- Average Total length of all hospital stays in the year by per-year Individuals = (total length of all hospital stays in the year by individual #1 + total length of all hospital stays in the year by individual #2 +... + total length of all hospital stays in the year by individual #N)/N) by housing status. Again, if a unique individual had multiple discharges under both of the housing categories, they were counted under both housing categories.

The following is a **fictitious example** to help understand how this data was analyzed:

Fictitious patients, John and Jane Doe, were discharged a total of 10 times across the five fiscal years of analysis:

- John Doe:
    - Stayed 2 times in fiscal year 2005-2006
        - For 3 days and was identified as **homeless** at the time of discharge
        - For 8 days and was identified as **homeless** at the time of discharge
    - Stayed 2 times in fiscal year 2006-2007
        - For 5 days and was identified as **homeless** at the time of discharge
        - For 7 days and was identified as **housed** at the time of discharge
    - Stayed 1 time in fiscal year 2009-2010
        - For 6 days and was identified as **housed** at the time of discharge
- Jane Doe:

- Stayed 3 times in fiscal year 2005-2006
  - For 5 days and was identified as **homeless** at the time of discharge
  - For 4 days and was identified as **housed** at the time of discharge
  - For 6 days and was identified as **housed** at the time of discharge
- Stayed 2 times in fiscal year 2009-2010
  - For 4 days and was identified as **housed** at the time of discharge
  - For 4 days and was identified as **housed** at the time of discharge

In this case, the following summary table would apply:

Example Statistics - Hospital Utilization Per-Year Summary (2005-2010)								
Category	**Housing Status**	**2005/06**	**2006/07**	**2007/08**	**2008/09**	**2009/10**	**Total** (across-years)	**Average** (per-year)
Per Year individuals	Homeless	2	1	0	0	0	3	**0.6**
	Housed	1	1	0	0	2	4	**0.8**
Discharges	Homeless	3	1	0	0	0	4	**0.8**
	Housed	2	1	0	0	3	6	**1.2**
Average Discharges by per-year Individuals	Homeless	1.5	1.0	0.0	0.0	0.0	n/a	**0.5**
	Housed	2.0	1.0	0.0	0.0	1.5	n/a	**0.9**
Total length of all stays	Homeless	16	5	0	0	0	21	**4.2**
	Housed	10	7	0	0	14	31	**6.2**
Average Total length of all hospital stays in the year by per-year Individuals	Homeless	8.0	5.0	0.0	0.0	0.0	n/a	**2.6**
	Housed	10.0	7.0	0.0	0.0	7.0	n/a	**4.8**

Table 5-17: Example Statistics - Hospital Utilization Per-Year Summary (2005-2010)

5.5.1.5 Single vs. Multiple Hospital Discharges

On average, across the reported fiscal years (2005-2010), of the per-year homeless individuals identified from the DAD records, 75% were discharged a maximum of one time and 25% were discharged more than once.

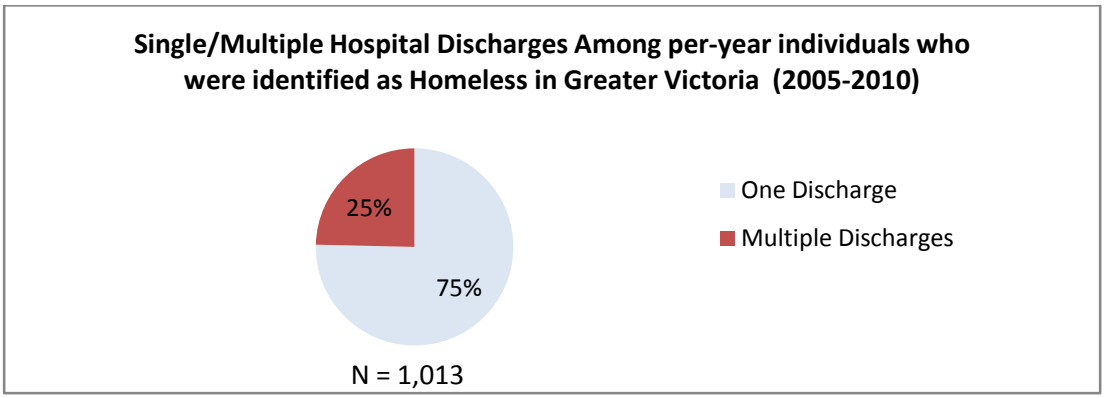


Figure 5-65: Single/Multiple Hospital Discharges Among People who are Homeless in Greater Victoria

The average rate across all fiscal years of per-year housed individuals with a single discharge was 82%, compared to 18% with more than once discharge.

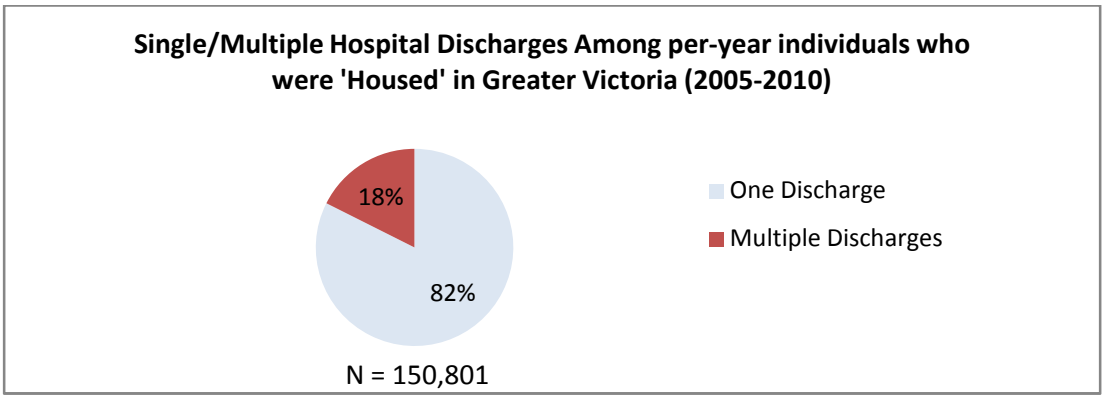


Figure 5-66: Single/Multiple Hospital Discharges Among People who are 'Housed' in Greater Victoria

Chi-square Homeless vs. Housed Greater Victoria Hospital Discharged per-year Individuals by Gender – Mean from 2005-2010			
	One Discharge	Multiple Discharges	Total
Homeless	762	251	**1013**
Not Homeless	124220	26581	**150801**
Total	**124982**	**26832**	**151814**
Chi Square	35.367		
Degrees of Freedom	1		
P-Value	<0.0001		
Yates' chi-square	34.877		
Yates' p-value	<0.0001		

Calculation Tool: (Preacher, 2001)

Table 5-18: Chi-square Homeless vs. Housed Greater Victoria Hospital Discharged per-year Individuals by Gender

A chi-square analysis of the single vs. multiple discharges by homeless vs. housed per-year individuals across fiscal years showed extreme statistical significance in the higher count (per-capita) of multiple discharges by the homeless population, when compared with the housed population. Due to data un*availability*, this analysis could not be controlled for age or gender; however, it is highly likely that the poor living environment and the high risk lifestyle of the homeless individuals contributed to a higher rate of chronic hospital admissions in the homeless population, when compared to the housed population.

5.5.1.6 Discharged Homeless Individuals by Gender and Age

Highly significant statistical differences were found in the gender and age distributions of the homeless population discharged from Greater Victoria hospitals, when compared to the housed population. These findings, however, can only paint a true picture of the number of individuals who were identified as homeless by clinicians during their hospital stays, and cannot represent the true distribution of the hospitalized homeless population.

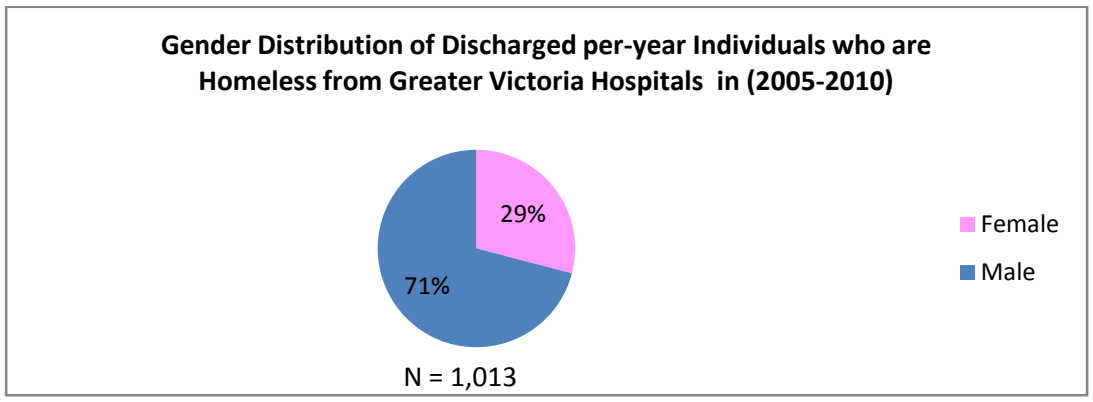


Figure 5-67: Gender Distribution of Discharged, Homeless per-year Individuals from Greater Victoria Hospitals

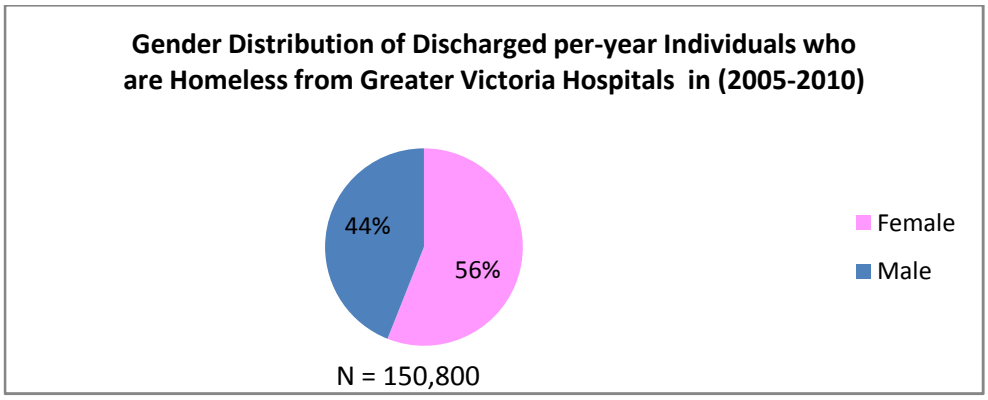


Figure 5-68: Gender Distribution of Discharged, Housed per-year Individuals from Greater Victoria Hospitals

The per-year individuals identified as homeless in the discharge summaries were prominently male (71% male vs. 29% female). This finding is in direct contrast to the prominently female population of housed per-year individuals who were discharged from Greater Victoria hospitals (at just 44% male and 56% female). A chi-square test revealed extreme significance in these gender difference findings (see Table 5-19).

Chi-square Homeless vs. Housed Discharged per-year Individuals by Gender – Mean from 2005-2010			
	Not Homeless	Homeless	Total
Female	84502	297	**84799**
Male	66298	716	**67014**
Total	**150800**	**1013**	**151813**
Chi Square	291.298		
Degrees of Freedom	1		
P-Value	<0.0001		
Yates' chi-square	290.215		
Yates' p-value	<0.0001		

Calculation Tool: (Preacher, 2001)

Table 5-19: Chi-square Homeless vs. Housed Discharged per-year Individuals by Gender

A potential source for this gender discrepancy comes from the vulnerability of the female homeless population, when compared with the male homeless population. It has been widely reported that that women are less comfortable to disclose their homeless status than men (Whitzman, 2006). This stems from a fear that homeless identification could potentially lead to abuse and, for those homeless women

with children, family breakup (i.e. loss of children to social services). As a consequence, women are more likely to hide their homeless status, making them less likely to be identified as homeless while seeking health care services, when compared to their male counterparts.

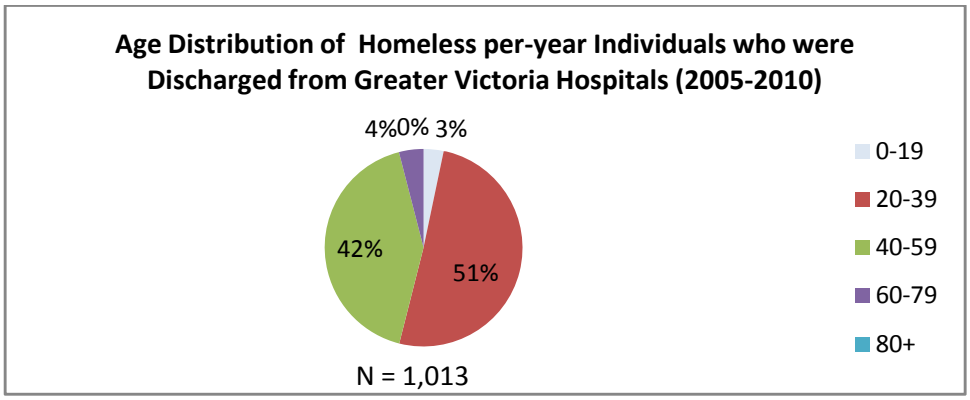


Figure 5-69: Age Distribution of Homeless per-year Individuals who were Discharged from Greater Victoria Hospitals

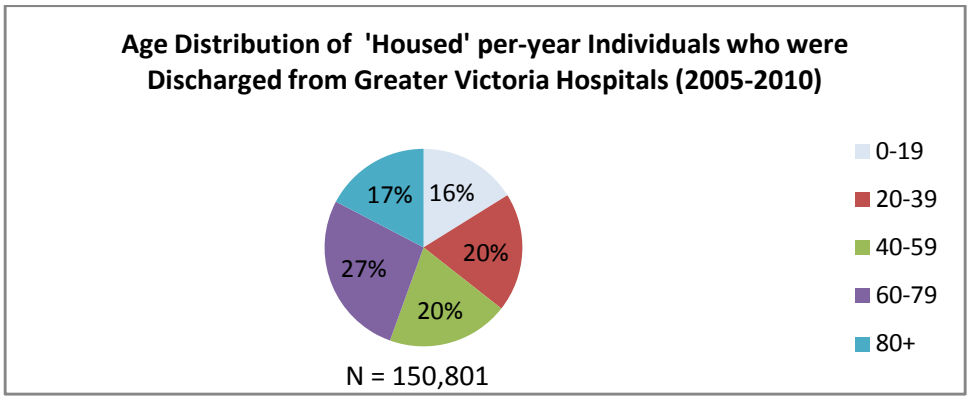


Figure 5-70: Age Distribution of 'Housed' per-year Individuals who were Discharged from Greater Victoria Hospitals

A chi-square test also found extreme statistical significance in the difference in age distribution between the homeless and housed populations (see Table 5-20); however, this again can only paint a picture of the homeless individuals that were identified as homeless during their hospital stay, not the true population of homeless hospital inpatients.

Chi-square Homeless vs. Housed Discharged per-year Individuals by Age – Mean from 2005-2010			
Age	Not Homeless	Homeless	Total
0-19	24314	33	**24347**
20-39	29337	517	**29854**
40-59	30092	423	**30515**
60-79	40953	40	**40993**
80+	26105	0	**26105**
Total	**150801**	**1013**	**151814**
Chi Square	1228.286		
Degrees of Freedom	4		
P-Value	<0.0001		
Yates' chi-square	1222.934		
Yates' p-value	<0.0001		

Calculation Tool: (Preacher, 2001)

Table 5-20: Chi-square Homeless vs. Housed Discharged per-year Individuals by Age

Almost all of the identified homeless per-year individuals fell between the ages of 20 and 59 (93%), with just 3% falling below the age of 19, and 4% above the age of 60 (with none of the per-year individuals over 80 years of age). The age distribution of the housed population follows a more even distribution, with 16% falling between the ages of 0-19 years, 20% between 20-39 years, 20% between 40-59 years, 27% between 60-79 years, and 17% above 80 years of age.

There can be many interpretations to the full meaning of this finding; however, the only conclusion that can be accurately made from this data is, again, that the majority of the population identified as homeless during a hospital stay in Greater Victoria falls into the age category of young-to-middle-aged adult (20-59 years of age).

With respect to the underrepresentation of youth in the homeless population (when compared to the housed population), the heightened vulnerability of youth homeless may cause the same 'hidden-homeless' effect as the female homeless population. Youth may also be more likely to provide their parents' addresses, when asked about their housing situations in care, even if they are actually living on

the streets, couch surfing, or staying in a shelter. As a result, such youth would not be represented in the homeless population in this statistical analysis.

Underrepresentation of senior homeless is likely due to two possible reasons. Firstly, it is widely reported that the mortality rates of homeless populations are much higher than the mortality rates of the housed population (i.e. (Hwang S. W., 2000) and (Hwang, Wilkins, Tjepkema, O'Campo, & Dunn, 2009)). The drop in homeless seniors could be due to the fact that the homeless do not live long enough to make it into the senior ages. A second possible reason for the underrepresentation of hospital using homeless seniors (compared to housed seniors) is due to the fact that the longer a person stays homeless, the more chances they are given to become housed. The drop in hospital using senior homeless could be a consequence of the increased probability of the single successful housing attempt required to permanently end homelessness for an individual.

5.5.1.7 Rate of Discharges (Homeless vs. Housed)

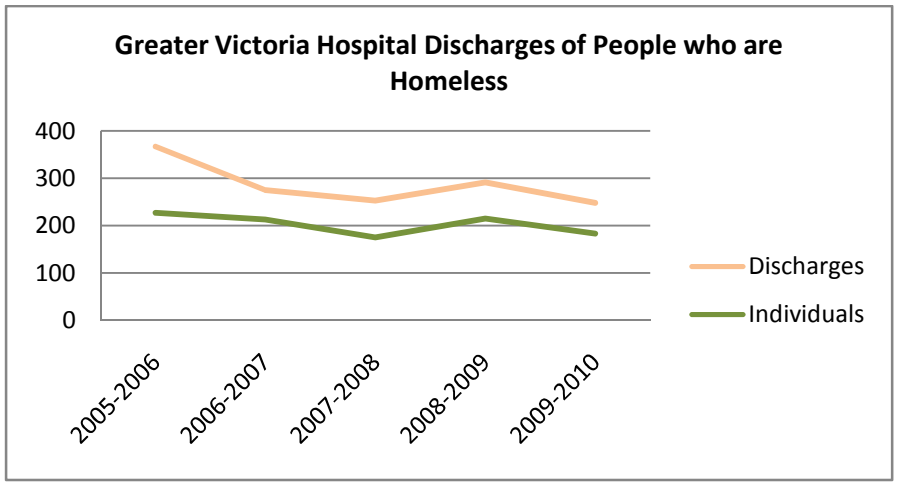


Figure 5-71: Greater Victoria Hospital Discharges of People who are Homeless

Over the past five years (since April 1st 2005 – March 31st 2010), the number of homeless Greater Victoria hospital discharges has decreased from 367 in 2005-2006 to 248 in 2009-2010. The number of homeless per-year individuals who were discharged from greater Victoria hospitals has also decreased

from 227 in 2005-2006 to 183 in 2009-2010. Due to the growth from 253 homeless discharges in 2007-2008 to 291 discharges in 2008-2009 and from 175 identified homeless per-year individuals discharged in 2007-2008 to 215 discharged in 2008-2009, neither the drop in the number of discharges nor the drop in the number of per-year individuals discharged can be seen as a stable trend.

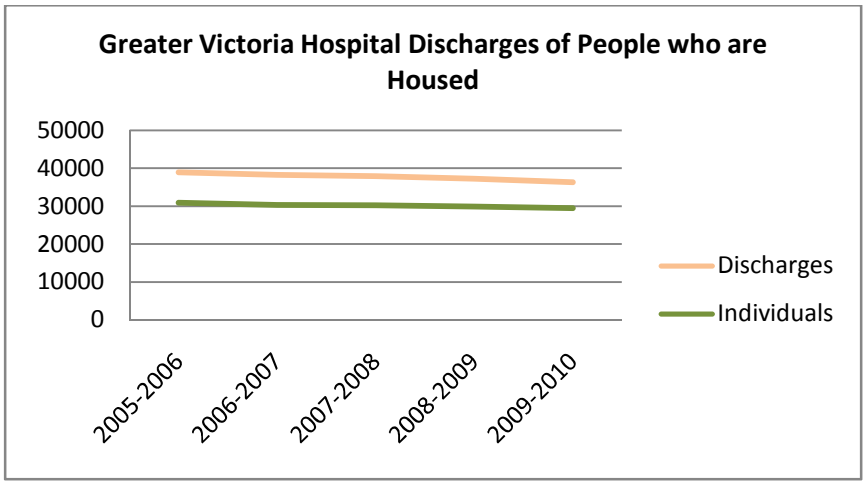


Figure 5-72: Greater Victoria Hospital Discharges of People who are Housed

The number of discharges of housed individuals from Greater Victoria hospitals and the number of housed per-year individuals who were discharged from Greater Victoria hospitals over the past five years has shown a more stable trend, with slightly lowered numbers in each of the categories over each of the fiscal years.

The number of yearly hospital discharges was tested using a 2 (housing status: homeless vs. housed) x 2 (gender: male vs. female) x 2 (age: 20-39 vs. 40-59) factorial ANOVA analysis for the years of 2005-2010. For this analysis, age could only be tested for the sub-groups 20-39 and 40-59 due to too few subjects in higher and lower age categories in the homeless population subgroup. The ANOVA assumption of independent groups was violated in this analysis, as an individual could be counted more than once if he/she had multiple discharges across multiple fiscal years or under multiple housing categories. The analysis was conducted in this manor to produce more relevant statistics that are based on annual data

(per-year as opposed to summed across all five years). This ANOVA statistic was, however, later confirmed (without violations) through a second ANOVA test, whereby the independent group assumption was not violated, because the total discharges over 5 years were summed for each unique individual, as opposed to looking at individuals at a per-year level.

In this ANOVA analysis of hospital discharges, there was one statistically significant main effect found with no interactions (see Table 5-21). The main effect found was with respect to housing status, such that the number of annual Greater Victoria hospital discharges was significantly greater for per-year individuals identified as homeless than it was for housed per-year individuals ($F = 61.449$, $df = 1$, $p < 0.001$).

Annual Number of Greater Victoria Hospital Discharges by per-year Individuals Aged 20 – 59 Years (2005-2010) - 2x2x2 Factorial ANOVA						
Effects	**Factors**	**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Main Effects	Age	0.519	1	0.519	1.177	0.278
	Sex	0.309	1	0.309	0.702	0.402
	Homeless	27.075	1	27.075	61.449	0.000
2-Way Interactions	age * sex	0.034	1	0.034	0.076	0.782
	age * Homeless	0.069	1	0.069	0.156	0.693
	sex * Homeless	0.3	1	0.3	0.68	0.409
3-Way Interactions	age * sex * Homeless	0.746	1	0.746	1.692	0.193

Table 5-21: Annual Number of Greater Victoria Hospital Discharges by per-year Individuals Aged 20-59 Years (2005-2010) - 2x2x2 Factorial ANOVA

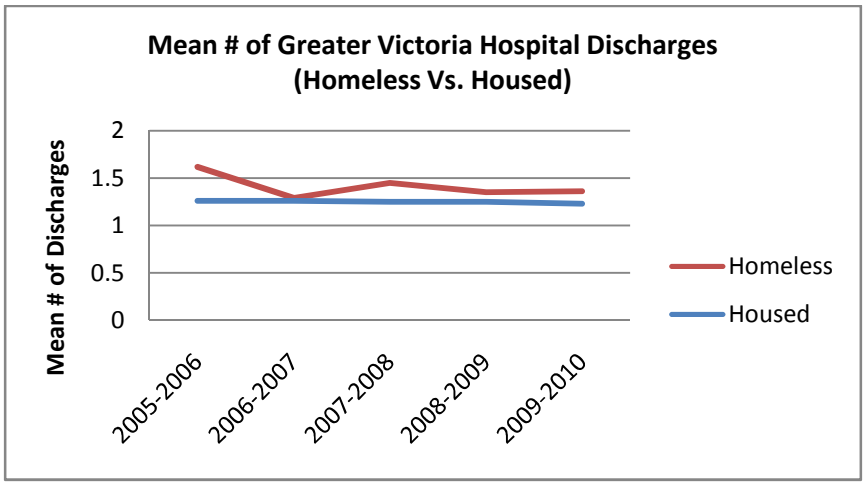


Figure 5-73: Mean # of Greater Victoria Hospital Discharges (Homeless Vs. Housed)

From April 1st 2005 to March 31st 2010, there had been 1,434 Greater Victoria hospital discharges from 1,013 per-year individuals identified as homeless (giving an average rate of 1.42 hospital stays by per-year individual who had been discharged at least once from a Greater Victoria hospital and who were identified as homeless). During the same time span, there had been 188,810 hospital discharges from 150,801 housed per-year individuals (giving an average rate of 1.25 hospital stays per-year by per-year housed individuals who had been discharged at least once from a Greater Victoria hospital).

5.5.1.8 Length of Hospital Stay (Homeless vs. Housed)

Figure 5-74: Mean Length of Greater Victoria Hospital Stays (Homeless vs. Housed)

From the fiscal year April 1st 2005 – March 31st 2006 to the fiscal year April 1st 2009 – March 31st 2010, the average yearly length of stay in a Greater Victoria Hospital by identified homeless per-year individuals (of all ages and genders) has been larger than the average yearly length of stay by housed individuals, with the exception of fiscal year 2007-2008 (as shown in Figure 5-74).

Although, in fiscal year 2007-2008 the mean total length of stay in a year for the housed population was slightly greater than the homeless population for all ages and genders combined, the mean length of stay for the majority of the homeless population (those aged 20-59, accounting for 93% of the homeless

admissions in that year) was still greater than that of the same demographic from the housed population. In fiscal year 2007-2008, the identified homeless population, aged 20-59 had a mean length of hospital stay of 10.10 days, which was 2.55 days longer than the mean length of stay of housed individuals in that year aged 20-59 (7.55 days). The difference in this year likely came from the more abundant senior population (60 years or older) in the housed population compared to the homeless population. Just 4.6% of the discharged, identified homeless population in 2007-2008 was over 60, whereas 44.3% of the housed population was over 60 years of age. Another cause for the overall length of stay difference in 2007-2008 was that the housed population's maximum stay during all fiscal years (897 days) was during fiscal year 2007-2008, which would significantly raise the yearly average, compared to the identified homeless maximum length of stay in the same time period of 90 days.

A more accurate depiction of the difference between identified homeless populations with housed populations, with respect to the average length of hospital stay in Greater Victoria from 2005-2010, is shown in Figure 5-75.

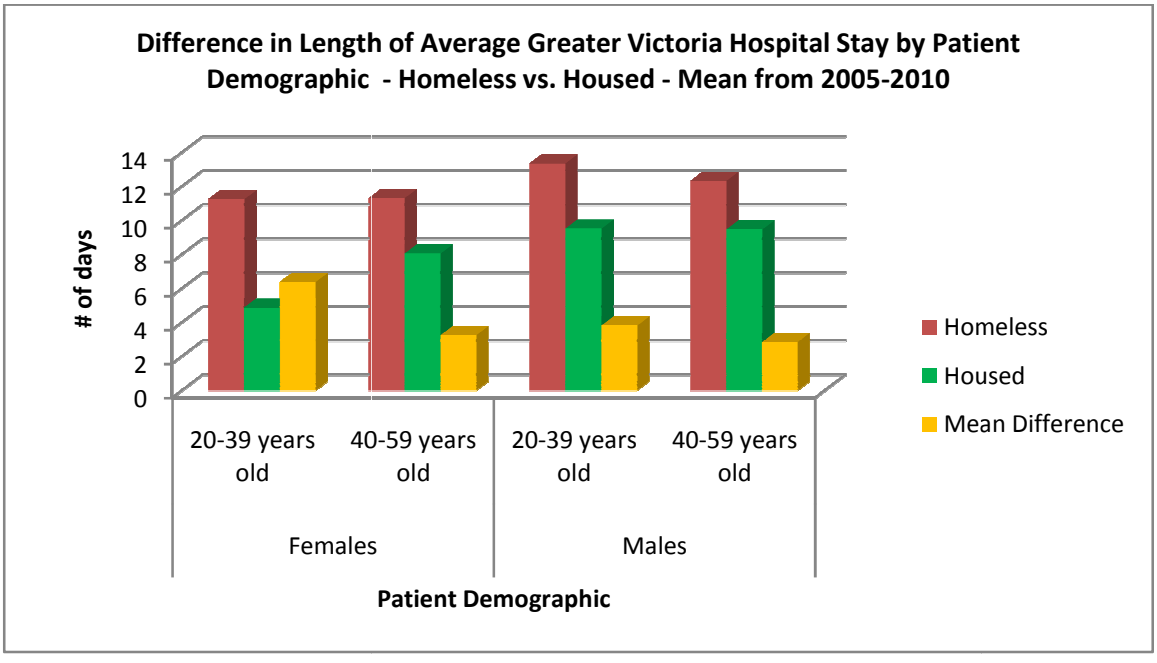


Figure 5-75: Difference in Average Length of Greater Victoria Hospital Stay by Patient Demographic

The sum length of days spent in Greater Victoria hospitals, by both the identified homeless and housed individuals dropped from fiscal year 2005-2006 to 2007-2008, then grew from fiscal year 2007-2008 to 2008-2009, and has since fallen (at a slower rate) from 2008-2009 to present.

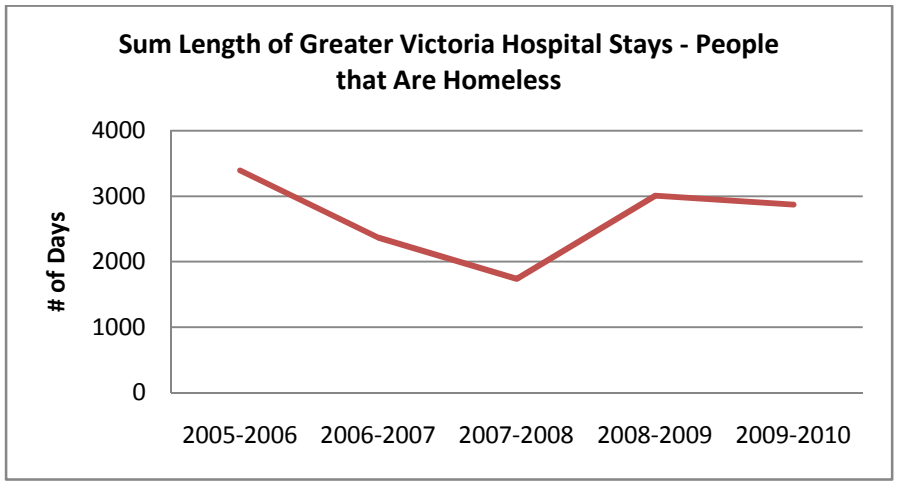


Figure 5-76: Sum Length of Greater Victoria Hospital Stays - People that Are Homeless

Figure 5-77: Sum Length of Greater Victoria Hospital Stays - People that Are Housed

The total length of hospital stays in a year (total length of stay) was also tested using a 2 (housing status: homeless vs. housed) x 2 (gender: male vs. female) x 2 (age: 20-39 vs. 40-59) factorial ANOVA analysis for the years of 2005-2010. Again, for the ANOVA testing, age could only be controlled for the two largest demographics (20-39 and 40-59) and although the ANOVA assumption of independent groups

was violated during the ANOVA test (which broke results down by fiscal year), a second ANOVA test confirmed the results, whereby the independent group assumption was not violated due to the summation of the discharges by single individuals over the 5 year analysis period.

In this analysis, there were two statistically significant main effects found with no interactions (see Table 5-22). There was a statistically significant main effect of gender on the total length of hospital stays in a year, such that the total length of hospital stays in a year by males (with a mean total length of hospital stay in a year = 9.60 days) was significantly greater (by an average margin of 3.35 days per year) than the total length of stays in a year by females (with a mean = 6.25 days) ($F = 10.422$, $df = 1$, $p = 0.001$).

There was also a statistically significant main effect of housing status on the total length of hospital stays in a year, such that the total length of hospital stays in a year by identified homeless individuals (with a mean = 12.41 days) was significantly greater (by an average margin of 5.05 days per year) than the total length of stays in a year by housed individuals (with a mean = 7.36 days) ($F = 32.973$, $df = 1$, $p < 0.001$).

Total Length of Hospital Stays in a Year by Individuals Aged 20-59 Years (2005-2010) - 2x2x2 Factorial ANOVA						
Effects	**Factors**	**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Main Effects	Age	215.344	1	215.344	0.574	0.449
	Sex	3912.625	1	3912.625	10.422	0.001
	Homeless	12378.037	1	12378.037	32.973	0.000
2-Way Interactions	age * sex	872.671	1	872.671	2.325	0.127
	age * Homeless	782	1	782	2.083	0.149
	sex * Homeless	405.901	1	405.901	1.081	0.298
3-Way Interactions	age * sex * Homeless	214.249	1	214.249	0.571	0.450

Table 5-22: Total Length of Hospital Stays in a Year by Individuals Aged 20-59 (2005-2010) - 2x2x2 Factorial ANOVA

5.5.1.9 Hospital Utilization Summary

From the CIHI DAD data analysis, individuals identified as homeless were found to use Greater Victoria hospitals more frequently and for longer periods of time than housed individuals. Based on these findings, a strategy can be developed that has the potential to both cut back healthcare spending and

improve the quality of life for Greater Victoria residents. This strategy is based on the movement of the identified homeless individuals from costly inpatient beds into stable housing.

Table 5-23 calculates a conservative estimate of the potential in-patient cost savings incurred from eliminating homelessness in Greater Victoria. From April 1st 2005 to March 31st 2010 the average yearly length of Greater Victoria hospital stay by an identified homeless person (who had been admitted at least once during this time span) was 3.17 days longer than the average yearly length of stay by a housed individual. This figure is based on the mean difference in annual hospital stays between homeless and housed populations, across all age and gender groups. This mean difference was found to be even greater when controlling for age and gender differences between the groups; however, the lesser of the two estimates was used in this analysis to make a more conservative estimate of the potential savings.

The average cost of an acute inpatient stay at a Greater Victoria hospital was estimated by VIHA in 2007 to be approximately $650 per night (Vancouver Island Health Authority, 2007). This means that the 3.17 extra days-per-year spent in the hospital by identified homeless individuals (compared to the housed individuals) costs an extra $2,061 per year. When factoring in that, on average, 202.6 homeless individuals are admitted into Greater Victoria hospitals each year, a total annual savings of $417,457.30 could be made by eliminating the difference between homeless vs. housed individual hospital utilization rates (eliminating homelessness).

Potential Hospital Cost Savings of Reducing Homelessness			
Category	**Formula**	**Homeless**	**Housed**
Number of Individuals	= **N**	1013	150801
Average number of homeless individuals discharged in a year	**AvgN** = N/5	202.6	30160.2
Mean yearly Length of stay (hospital bed days used per year)	= **LOS**	13.22	10.05
Difference between days spent in hospital by homeless vs. housed individuals in a year	**= Dif** = LOS (homeless) - LOS (housed)	3.17	
Acute bed daily cost	= **C** = (Vancouver Island Health Authority, 2007)	$650	
Extra costs per homeless individual, per year	= **XC** = Dif * C	$2,061	
Extra inpatient days spent, on average, in a year by homeless individuals	= **XD** = Dif * AvgN	642.24	
Total extra costs incurred per year of homeless vs. housed	= **TEC** = XD * C	$417,457.30	

Table 5-23: Potential Hospital Cost Savings of Reducing Homelessness

As an alternative to using the $417,457.30 (and healthcare practitioners' time) on the extra healthcare expenses required by homeless individuals, these resources could instead be used to place the homeless individuals into stable housing. For example, the $417,457.30 that would normally be spent towards treatment could instead be gradually shifted towards 174 full-year rental supplements of $200/month (reducing the healthcare costs of those individuals at an equivalent rate to the rental supplement expenses).

This, by no means, is proposing that the identified homeless individuals should not be treated for their conditions, rather that over time, the prevention of homelessness (i.e. through housing supplements) can reduce the frequency and severity of health conditions faced by the population, which translates directly into reduced rates of hospital utilization and healthcare spending.

5.6 Outreach and Supports

5.6.1 Assertive Community Treatment (ACT) Teams

5.6.1.1 ACT Overview

ACT Teams in Greater Victoria					
Criteria	**Year (April 1st - March 31st)**				
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
# of ACT teams in the CRD[9]	1	1	3	3	4
# of ACT team members in the CRD	4	4	36	44	53

Table 5-24: ACT Teams in Greater Victoria

In July of 2007, three Assertive Community Treatment (ACT) outreach teams (Pandora ACT or PACT, Downtown ACT or DACT, and Victoria Integrated Community Outreach Team or VICOT) were formed with the mandate to provide comprehensive and collaborative support services to the most challenging cases of Victoria's population. In fiscal year 2009-2010, a fourth Victorian ACT team (the Seven Oaks team) was also added to the community's resource set.

ACT clients are typically adults, who:

- Have a high degree of disability;
- Have difficulties maintaining contact with support services;
- Have a history of violence and/or persistent offenses;
- Are a significant risk to self-harm or neglect;
- Have had poor responses to previous forms of treatment;
- Have dual diagnoses of substance misuse and serious mental illness
- Are unstably housed, evicted or homeless.

[9] Prior to 2007, there was an outreach team in Victoria that served a similar population to ACT; however, it did not fully operate under the ACT mandate. This outreach team transformed into the Downtown ACT team in 2007; therefore, some of the DACT client data comes from before the team was officially operating under ACT.

(VICTORIA INTEGRATED COMMUNITY OUTREACH TEAM, 2009)

The ACT teams are composed of a broad range of staff with different qualifications from multiple organizations. For instance, VICOT includes: a team leader; 2 police officers; a probation officer; a housing worker from the Ministry of Housing and Social Development; 3 nurses; 2 social workers; and 4 outreach workers. Due to the breadth in specialty covered by the ACT teams, they are able to provide the full range of support services to their clients, as opposed to the traditional method of brokering the services to other groups (forcing the client to navigate through the complex web of services - a major barrier for such compromised clients). ACT teams provide 24/7 care that's tailored to each of their individual clients' needs. Collaborative client review/monitoring/service planning occurs daily to ensure that the team can respond efficiently to their clients' needs, as they occur.

5.6.1.2 ACT Client Summary

The following section presents data on all 205 clients from three of the four ACT teams: DACT, PACT, and VICOT. Data on the fourth team (Seven Oaks ACT) was not available at the time of data collection. This data comes from agency records reported directly by the individual ACT team leaders.

5.6.1.2.1 ACT Client Demographics

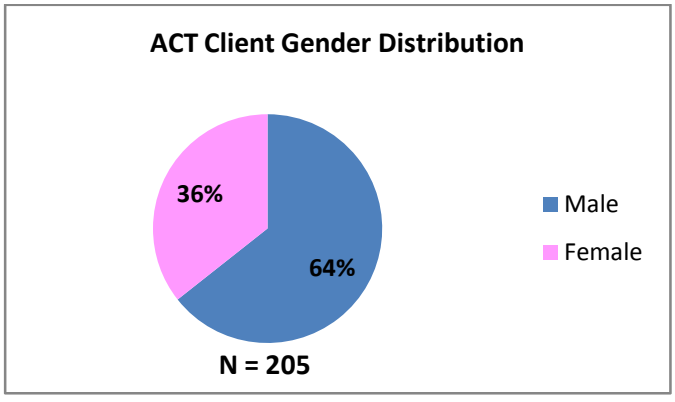


Figure 5-78: ACT Client Gender Distribution

There have been a total of 205 clients in the three reported ACT teams, 132 of the clients (64%) are male and 73 of the clients (36%) are female.

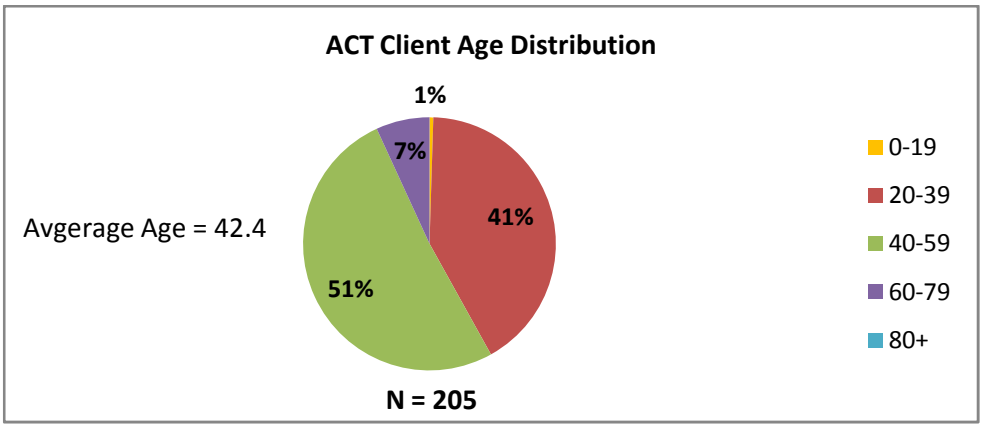


Figure 5-79: ACT Client Age Distribution

The majority of ACT clients fall between the ages of 20-59 years of age (92%), with just 1% of the clients being younger than 20, and 7% of the clients being above the age of 60 years. The average age of an ACT client in Victoria is 42.4 years old.

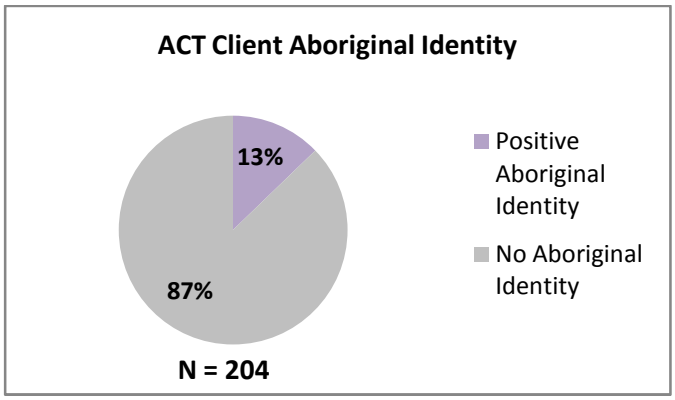


Figure 5-80: ACT Client Aboriginal Identity

A total of 13% of the ACT clients are of Aboriginal identity.

The client demographics seen in the ACT population are consistent with the client demographics seen in Greater Victoria's shelter using population (reported in section 5.2.1 of this report).

5.6.1.2.2 ACT Client Response to Services

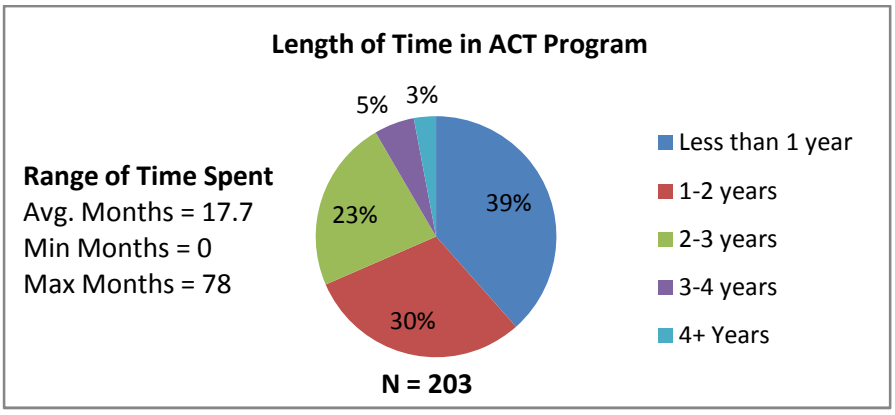


Figure 5-81: Length of Time in ACT Program

The ACT clients (with valid admission dates in the reported data) had spent an average of 17.7 months in the program, per client, with a range of 0 to 78 months[10]. The majority of ACT clients had been in the program for less than two years (with 39% having spent less than one year in the program, and 30% of the clients spending between one and two years in the program). A total of 23% of ACT clients have been in the program for 2-3 years, and 8% of the clients have spent over 3 years in the program.

During a client's time in the ACT programs, data is collected on a number of indicators regarding their current living conditions in the community. This includes data on: *income* status, employment status, housing status, and their rates of drug usage. Such indicators can be used to track whether or not the client's current ACT treatment regimen is improving or worsening their living conditions. The following figures present the status of the ACT clients' living conditions over the course of their time spent in the programs, starting at the time of admission into the ACT programs and continually re-measuring their living condition status at six month increments. The rates shown in the figures include only the clients who have been in the program long enough to report during in the given measuring period (i.e. if a client had been in the ACT program for 15 months, they would be included in the data from the following measures: admission, 6 months post admission, and 12 months post admission, and they

[10] This includes the clients from the outreach group the pre-dated the DACT team.

would not be included in any of the reporting periods from 18 months post admission onwards). In accordance with the Central Limit Theorem, so not to skew the client reporting rates, reporting periods with fewer than 30 clients were excluded from the figures.

ACT Client Income

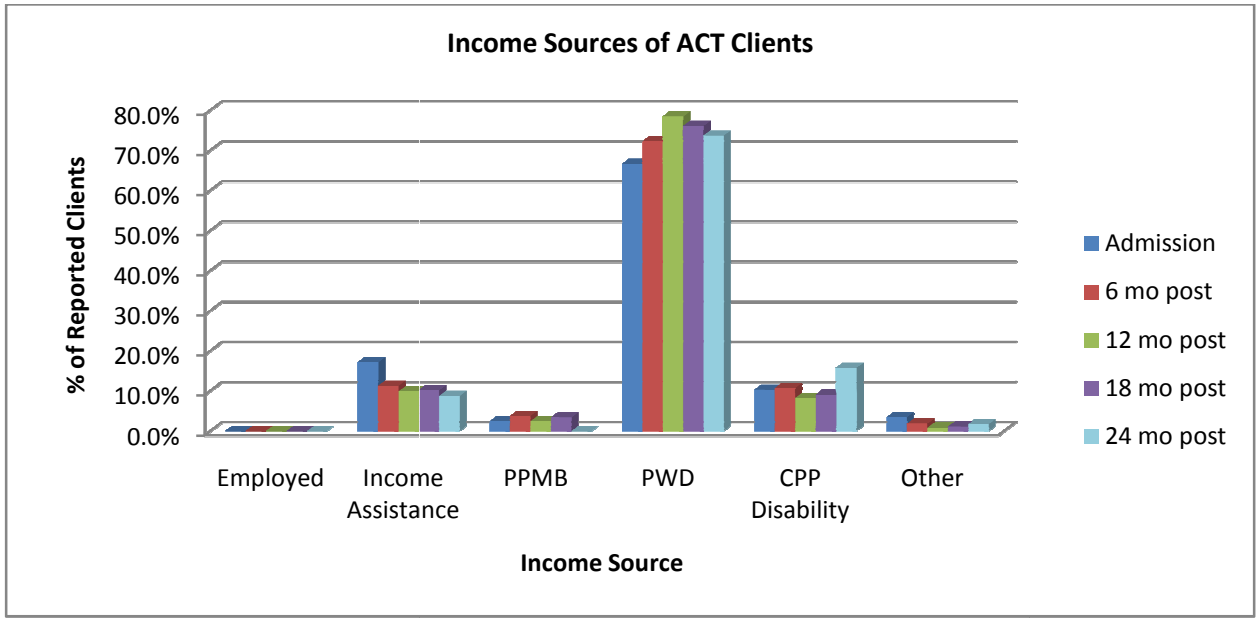


Figure 5-82: *Income* Sources of ACT Clients

A criterion for ACT client admission is severe disability that inhibits or prevents the ability to work. Without the ability to work, these individuals require other means of *income* to help cover their living expenses. *Income Assistance*, the primary form of assistance provided to BC residents who are not working or unable to work, is offered in three forms: *Income Assistance* for persons expected to work, *Income Assistance* for *Persons with Persistent and Multiple Barriers* (*PPMB*), and *Income Assistance* for *Persons with Disabilities* (*PWD*). The payment provided to the *Income Assistance* recipients increases with the degree of support required by the client, such that *PWD* provides the highest rate of assistance, followed by *PPMB*, and finally *Income Assistance* for persons expected to work (see section 5.3.2.2.2 for more details on social assistance and rates). Figure 5-82 shows the movement of ACT clients from claiming *Income Assistance* for persons expected to work at the time of admission, towards claiming

Income Assistance for *PWD* as the clients stay in the ACT programs. This trend represents the identification of the clients' disabling conditions at the time of admission into the ACT program, which allows the ACT clients to receive their ability-appropriate assistance rates; thus, improving their quality of life.

ACT Client Employment

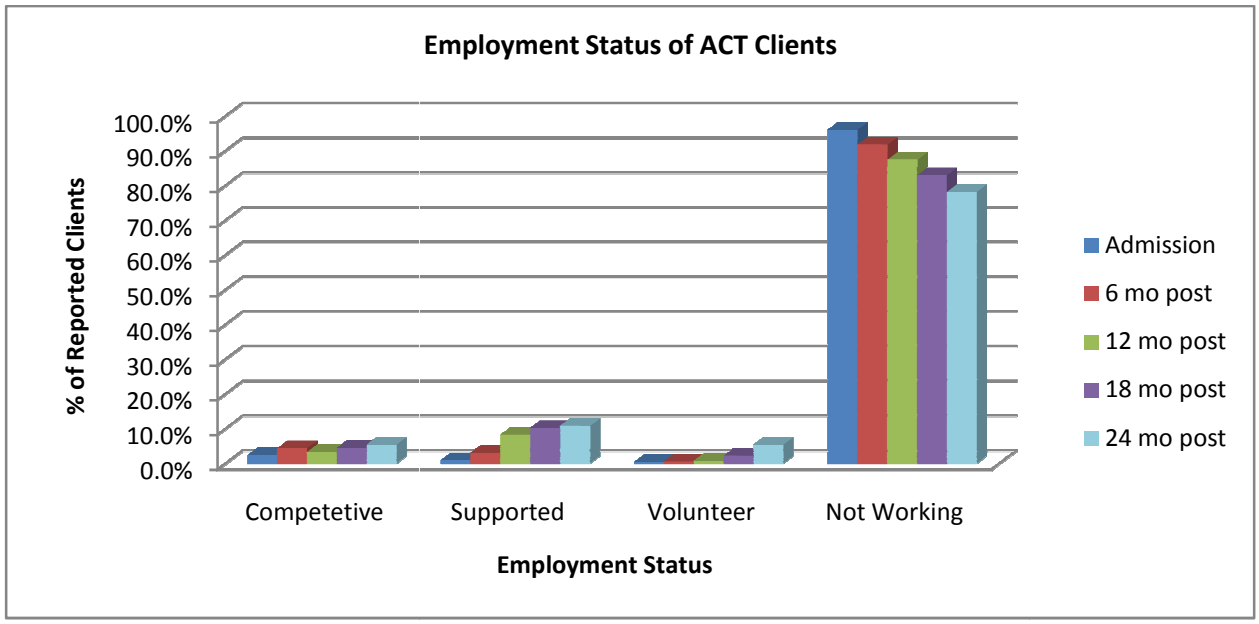


Figure 5-83: Employment Status of ACT Clients

Although it is usually not reasonable for the ACT clients to work in a competitive market due to their debilitating conditions, with the appropriate supports, it is still possible for many of the ACT clients to participate in the labour force through some means (be it in the competitive workforce, supported labour, or volunteering). Workforce participation can enrich the lives of the ACT clients by enabling them to better contribute to their community. Figure 5-83 depicts a trend away from no labour force contribution by the ACT clients at the time of ACT admission, towards higher rates of competitive, supported, and volunteer labour as time progresses in the program.

ACT Client Housing

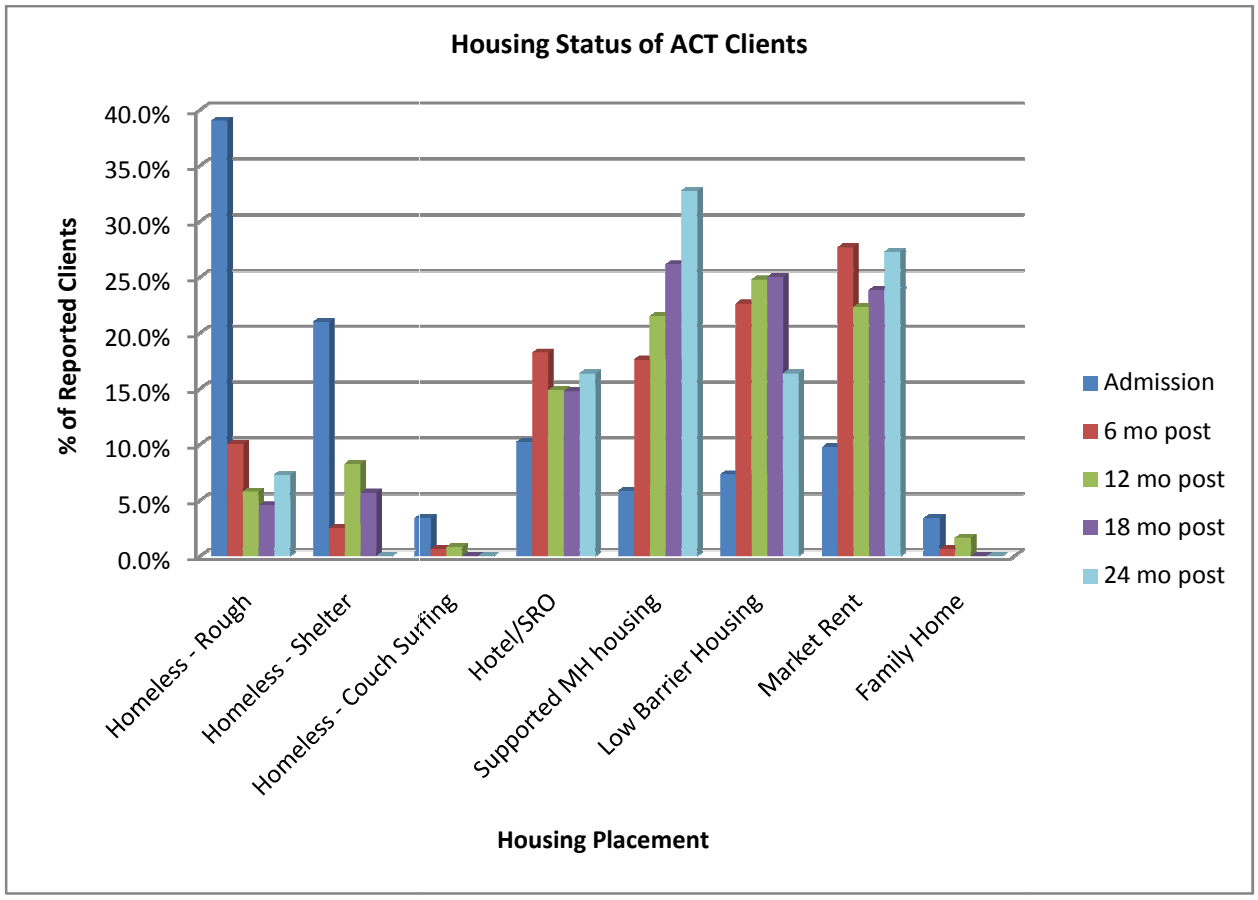


Figure 5-84: Housing Status of ACT Clients

The most significant improvement in the lives of the ACT clients found in the reported data is the dramatic and immediate shift in housing situation at the time the clients are admitted into the program. Figure 5-84 shows that 63.4% of the ACT clients were homeless at the time of admission, but this rate immediately dropped down to 13.2% by the six month post admission reporting period. The housing types that the ACT clients move into from homelessness is varied, mostly between *supported housing* (provided by the Ministry of Housing), rental *market housing*, *low barrier housing* (housing that uses a 'harm-reduction' strategy for its tenants, where minimum expectations with respect to drug and alcohol use are placed on the residents), and hotel/motels/*Single Room Occupancy* units.

Due to the debilitating conditions faced by the majority of the ACT clients, in many cases, *supported housing* is a requirement for the ACT clients. For those clients who do not require continual, extra supports, or for the clients who are able to overcome their disabilities, market rental housing becomes the ideal form of housing, as it increases living independence, and it requires reduced governmental costs. To make *market housing* placements feasible for ACT clients, rental subsidies are required to offset the unbalance between the high costs of living with the low *earnings* of *Income Assistance*. Unfortunately, there are not enough market rental subsidies available to the ACT teams, limiting the ability of the ACT teams to place their clients into independent living situations.

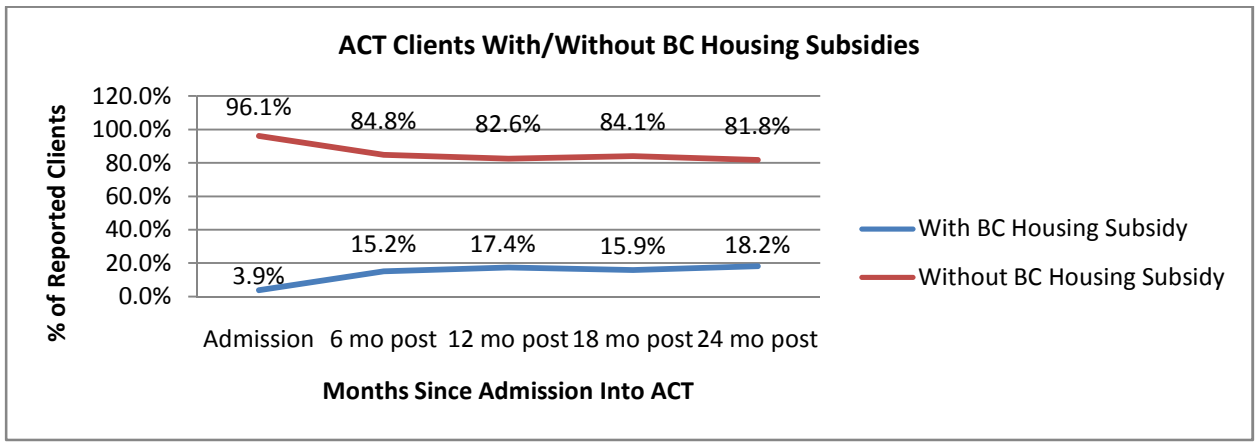


Figure 5-85: ACT Clients With/Without *BC Housing* Subsidies

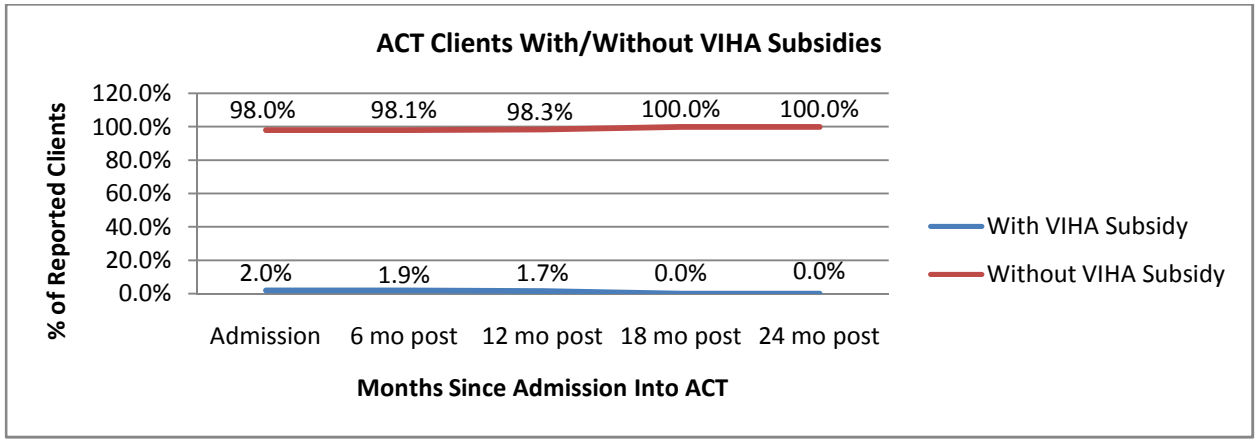


Figure 5-86: ACT Clients With/Without VIHA Subsidies

Figure 5-86 and Figure 5-85 show the percentage of ACT clients that receive VIHA and *BC Housing* rental subsidies. Very few (approximately 16% on average) ACT clients have *BC Housing* rental subsidies, and even fewer have rental subsidies provided by VIHA. Not only does this lack of rental subsidies result in individuals being left on the streets and in motels (as opposed to homes), but it also means that some individuals who are ready to live independently (without supports) may be left in higher costing supported care, just because they cannot attain the rental *subsidy* necessary to move to the private housing market.

ACT Client Drug Use

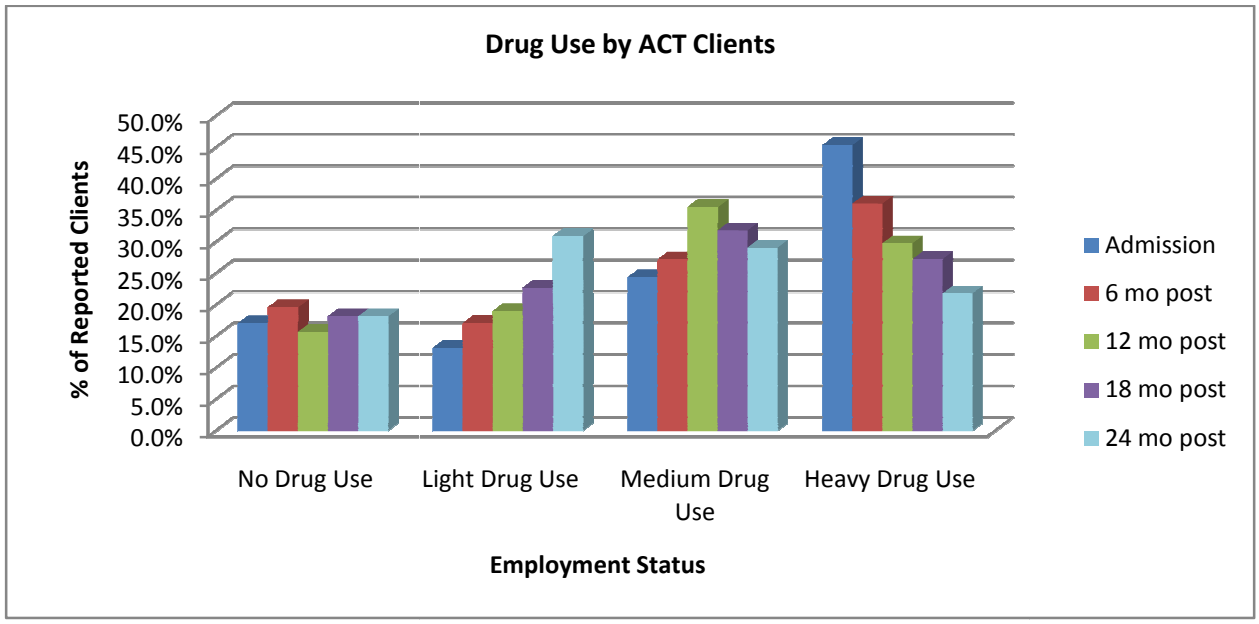


Figure 5-87: Drug Use by ACT Clients

Figure 5-87 depicts the downward trend of drug use by the ACT clients over the course of their stay in the ACT programs. At the time of admission into the ACT programs, heavy drug use (reported by 45.4% of the clients) was the most prominent level among clients, followed by medium level use (24.4%), no drug use (17.1%), and light drug use (13.2%). By twelve months into the ACT program, however, the most prominent level of drug use among ACT clients shifted towards medium level use (reported by 35.5% of the clients), followed by heavy drug use (29.8%), light drug use (19.0%), and no drug use

(15.7%). By twenty-four months post-admission into the ACT programs, the downward trend of drug use continued, such that light drug use became the most prominent level (at 30.9% of reported clients), followed by medium drug use (29.1%), heavy drug use (21.8%), and no drug use (18.2%). Overall, the ACT clients shifted away from heavy drug use by 23.5% and transitioned into light (up 17.7%), medium (up 4.7%), and no drug use (up 1.1%) during this 24 month period of ACT program utilization.

5.6.1.3 Victoria Integrated Community Outreach Team (VICOT)

The VICOT ACT team has the special mandate to work with clients who are particularly high users of the justice system. An in-depth analysis will now be presented on the VICOT team, with focus on the team's ability to reduce the rate of police calls made for/about their clients. The data in this section was provided by the Victoria Police Department.

5.6.1.3.1 VICOT Client Demographics

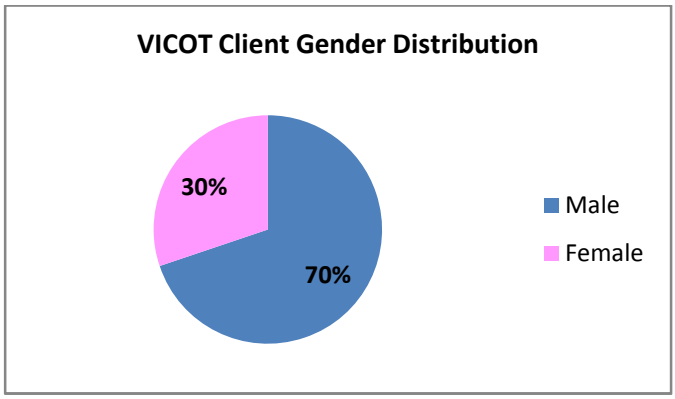


Figure 5-88: VICOT Client Gender Distribution

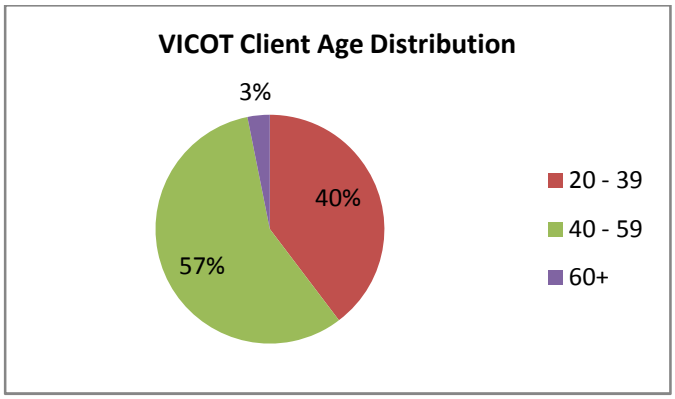


Figure 5-89: VICOT Client Age Distribution

There are currently 63 VICOT clients. Of those clients: 70% are male and 30% are female; 40% are aged between 20 and 39, 57% are between 40 and 59, and 3% are above 60.

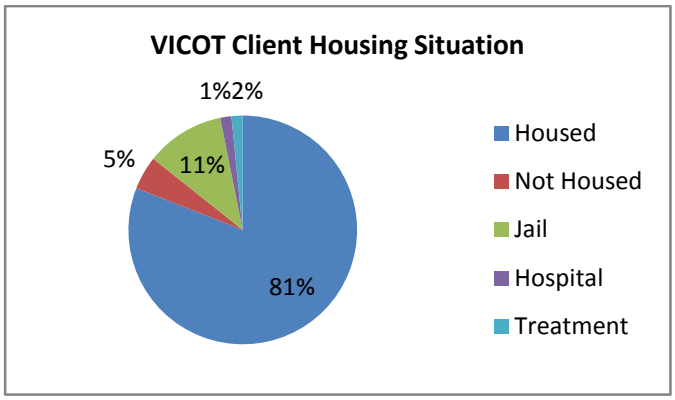


Figure 5-90: VICOT Client Housing Situation

Upon entering the VICOT program, most of the clients were considered either homeless or unstably housed. As of May 5th, 2010, however, 81% of the VICOT clients were considered housed, with the remaining client base in jail (11%), not housed (5%), receiving residential drug and/or alcohol treatment (2%), or in the hospital (1%).

5.6.1.3.2 VICOT Client Response to Services

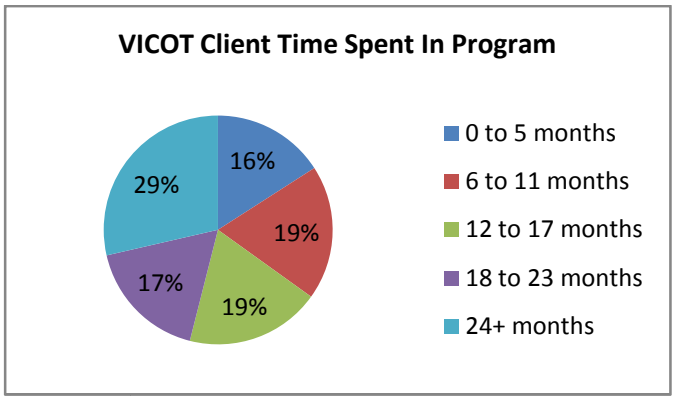


Figure 5-91: VICOT Clients Time Spent in Program

The length of time clients have spent in the VICOT program ranges from 0 to 28 months (with relatively even distribution). As of May 5, 2010, of the 63 VICOT clients: 16% have been in the program from 0 to 5 months; 19% have been in the program for 6 to 11 months; 19% have been in the program for 12 to 17 months; 17% have been in the program for 18 to 23 months; and 29% have been in the program for 24-28 months.

Police Call Rates

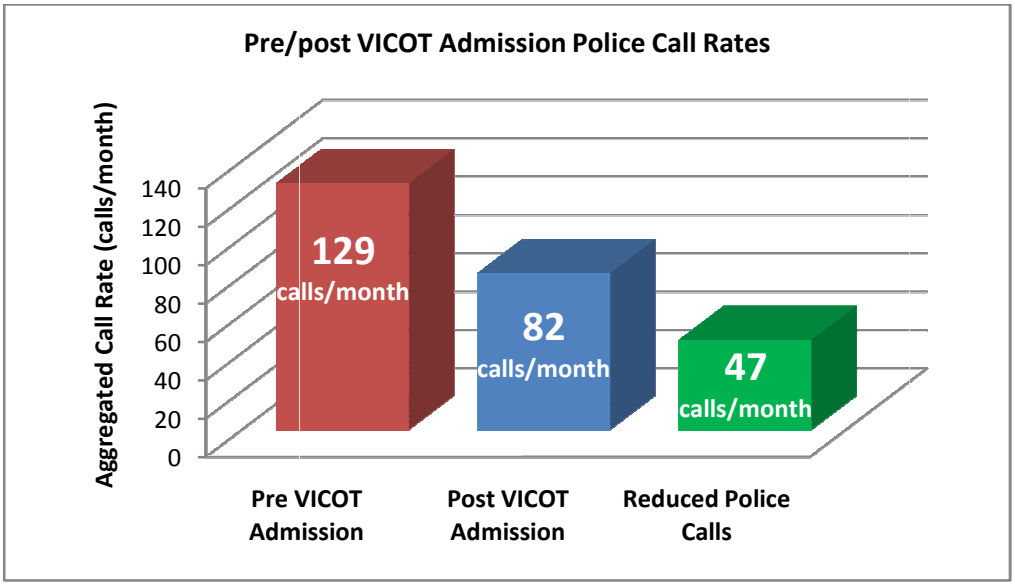


Figure 5-92: Pre/post VICOT Admission Police Call Rates

Analysis of the reported VICOT client data (using SPSS) has shown that the mean rate of police calls (made regarding the VICOT clients) was significantly lower after the clients entered into the VICOT program (paired t-test=3.384, df=62, p= 0.001). Prior to the admission of the 63 clients, the average rate of police calls made in the 12 months prior to admission, per client, per month was 2.04 (totalling 128.52 calls per month for all 63 clients). For the same clients, after their admission into the VICOT program (ranging from 0 to 28 months), the average monthly police call rate dropped down to 1.3 calls per client, per month (totalling 81.9 calls per month for all 63 clients). For these clients, the VICOT intervention resulted in a reduction of 0.74 police calls per month, or an overall reduction of 47 police calls per month for all clients.

	VICOT Program Police Call Reduction – Paired Two-tailed t-test							
Pair	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Police Call Rate Pre VICOT admission – Police call rate post VICOT admission	.74273	1.74207	.21948	.30399	1.18146	3.384	62	.001

Table 5-25: VICOT Program Police Call Reduction - One-tailed t-test

The distribution of the number of police calls per client also shifted after the VICOT intervention. Prior to VICOT admission: 36% of the VICOT clients had a police call rate of 0 to 1 calls/month; 22% had a police call rate of 0 to 2 calls/month; 16% had a police call rate of 2 to 3 calls/month; 8% had a police call rate of 3 to 4 calls/month; 10% had a police call rate of 4 to 5 calls/month; and 8% had a police call rate over 5 calls/month. After the VICOT intervention, over half of the clients (55%) had a call rate fewer than 1 call/month, with 21% at a rate of 1 to 2 calls/month; 16% at a rate of 2 to 3 calls/month; 1% at a rate of 3 to 4 calls/month; 2% at a rate of 4 to 5 calls/month; and 5% at a rate of over 5 calls/month.

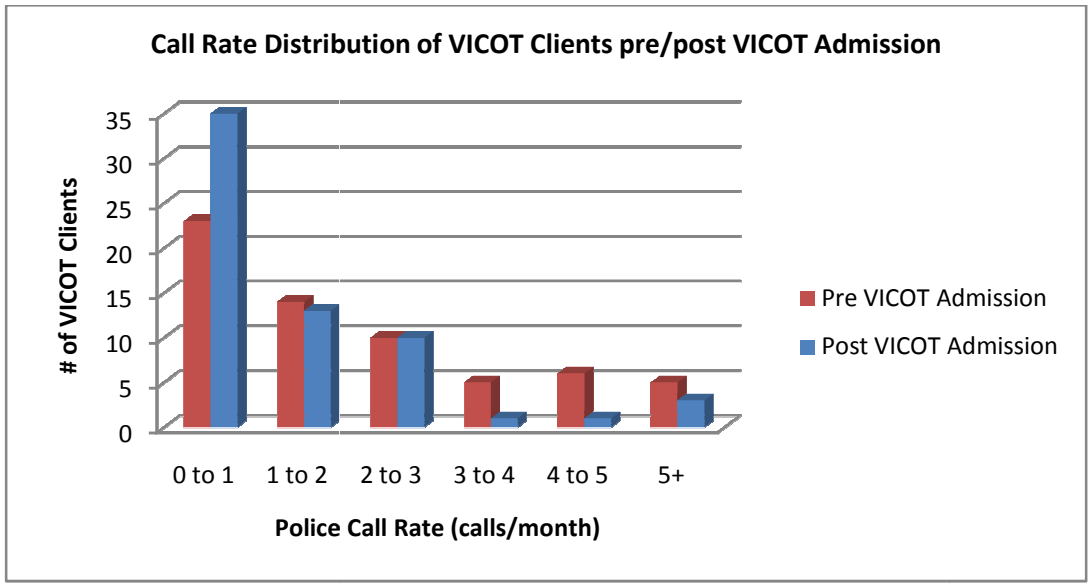


Figure 5-93: Call Rate Distribution of VICOT Clients pre/post VICOT Admission

From the analysis of the reported VICOT client data, no significant correlation was found between the change in pre-post admission police call rates and the: client gender; age; or amount of time the clients had spent in the VICOT program.

5.6.2 Youth Outreach

A key means of addressing the issues of tomorrow is through supporting the youth of today. Challenges regarding: extreme poverty/homelessness; the justice system; substance abuse; sexual exploitation; mental health conditions; early parenthood; etc. require the highest level of supports to overcome, regardless of age. Youth, in particular, require a support network to overcome such immense life-barriers. A local organization that helps to provide supports to *at-risk* youth is the Boys and Girls Club Services of Greater Victoria (BGCSGV).

The Boys and Girls Club Services of Greater Victoria is a supplier of supports to youth facing life challenges. The Boys and Girls Club Care Home Program helps place *at-risk* youth into short-to-medium term supported care homes to help them overcome such acute life challenges. In total, there are eight care home programs offered by the Boys and Girls club, with each program dealing with a particular

type of life challenge. The aim of these programs is to rehabilitate the youth so that they can be ready to take on more independent living situations when they reach adulthood. A complete description of the care home programs can be found in Appendix G.

Data was collected from four of the Boys and Girls Club Services of Greater Victoria Care Home programs: the TURNABOUT care home (which serves youth on probation), the CONNECTIONS care home (which serves youth awaiting judicial processing), the TURNING POINT care home (serving youth who are dealing with sexual exploitation issues), and VIHA'S SUPPORTIVE RECOVERY\MENTAL HEALTH care home (which provides residential care for youth attending a drug/alcohol rehabilitation program). For the homelessness report card, the analysis of the Boys and Girls club care home programs was used as a means of assessing one of the community's homelessness prevention efforts.

5.6.2.1 Boys and Girls Club Services of Victoria Care Home Program

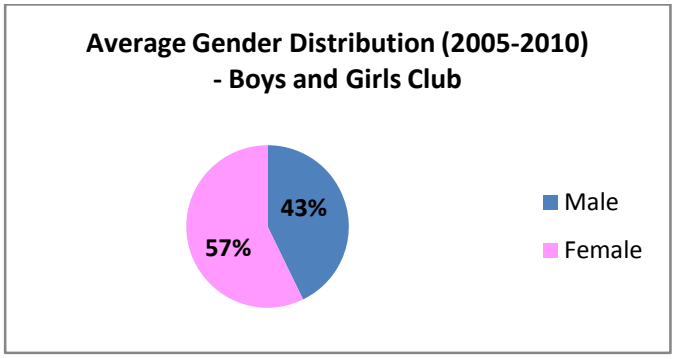


Figure 5-94: Average Gender Distribution (2005-2010) - Boys and Girls Club

The clients placed into the Boys and Girls Club Care Homes are primarily females (at 57% of the clientele, on average, over the five years of reporting). This differs from the prominently male, adult shelter using population discussed in section 5.2.1.

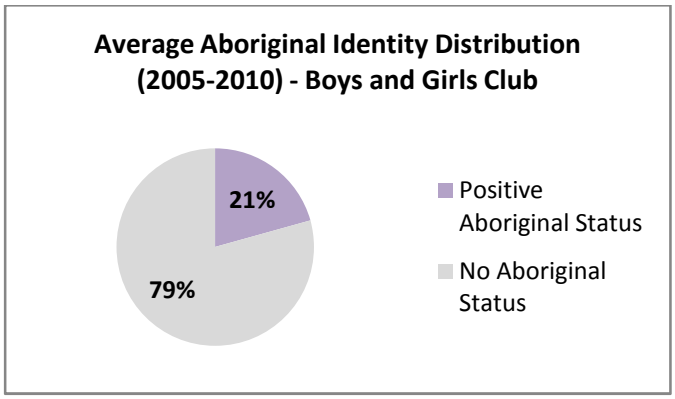


Figure 5-95: Average Aboriginal Identity Distribution (2005-2010) - Boys and Girls Club

On average, 21% of the clients placed in the Boys and Girls Care Homes reported Aboriginal identity. This number is consistent with the adult shelter using population discussed in section 5.2.1.

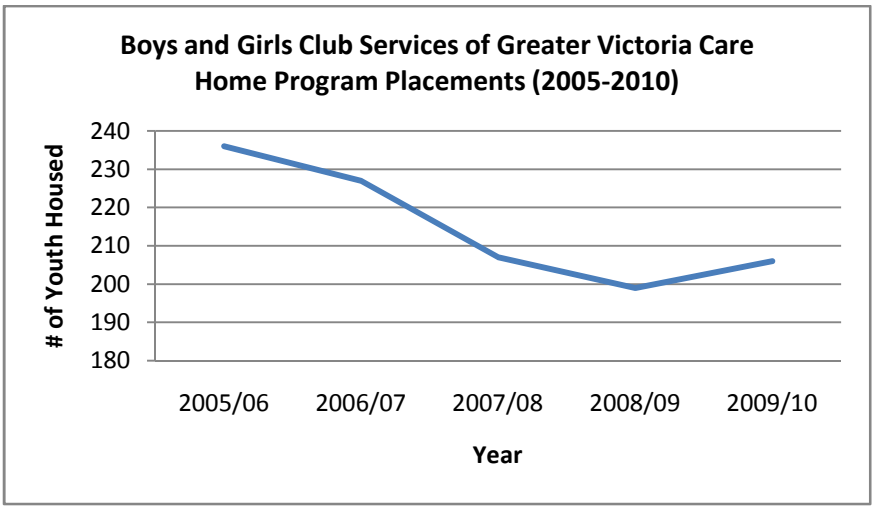


Figure 5-96: Boys and Girls Club Services of Greater Victoria Care Home Program Placements (2005-2010)

Over the past five years, the Boys and Girls Club Care home program has seen a decline in the number of youth care home placements made from 236 in fiscal year 2005-2006 to 206 in fiscal year 2009-2010. The drop in care home placements halted in fiscal year 2009-2010, when a slight increase of seven placements occurred.

Without further supporting information, there can be no way to determine the reason behind why the number of care home placements fell over the past five years. The drop in care home placements can

be viewed in either a positive or negative light: either there are fewer *at-risk* youth requiring these services (reduced need) or the need has remained the same over the years and the production of the care homes has dropped (reduced productivity). Regardless, a drop in 30 placements over a five year period is not a noteworthy trend, especially given that there was growth in the number of placements in the past fiscal year.

5.6.3 Housing Outreach

There are many reasons why an individual would require support finding housing. Victoria's hostile rental housing market (described in section 5.4.1.2) can make finding safe, adequate, and affordable housing in Greater Victoria a challenge for most any individual involved. For those individuals faced with additional challenges in life (such as: poverty/homelessness, mental health disease, disability, addiction, domestic violence, recent parole, etc.), finding reasonable rental housing in Greater Victoria without the aid of additional supports can be a near impossible feat.

There are many organizations in the Greater Victoria region that support homeless or *at-risk* individuals with finding housing. Housing outreach workers, based out of such organizations as local shelters and outreach programs, help both to prevent and end homelessness by assisting *at-risk* and homeless individuals find safe, adequate, and affordable housing.

To attain an estimate of the number of individuals helped to find housing by housing outreach workers in Greater Victoria, data was collected from *BC Housing*, which is the primary funder of housing outreach workers in the region. The housing programs included in the *BC Housing* data request included four shelters: Salvation Army's Addictions and Rehabilitation Centre and Victoria Cool Aid Society's Sandy Merriman House, Next Steps, and Streetlink shelters. Three outreach programs were also included in the *BC Housing* data, including: Pacifica Housing Services, Victoria Native Friendship Centre, and Burnside Gorge Community Association.

5.6.3.1 Limitations of the Housing Outreach Data

It was most reasonable at the time of producing the report card to attain the Greater Victoria housing outreach data from *BC Housing*, as *BC Housing* is a single source of a majority of Greater Victoria's housing outreach providers. There are, however, several limitations and considerations that need to be described before further analyzing the data:

- The *BC Housing*-funded housing outreach providers account for the majority of housing outreach providers in Greater Victoria, but there are other housing outreach providers that are not included in this data.
- *BC Housing* funded housing outreach workers mandate is to serve adult clients (19 years and older); therefore, there are no youth represented in these figures.
- The number of housed clients and the descriptive client rates (shown in Table 5-26 and Figure 5-97) came from two separate sources of data. Both data sources contained data from the same population, from the same timeframes; however, due to differences in the two data sources, there may not be direct 1:1 correlation between the overall numbers and rates.
- The housing outreach descriptive client rates are based on records, not individuals. Two records may come from the same individual (i.e. if the individual was housed, lost his/her housing, and was housed again). *BC Housing* data is taken from several different providers, each with their own records system, so there is currently no way to distinguish between clients from different providers.
- The *BC Housing* data is entered by the providers, so *BC Housing* cannot guarantee the accuracy of the data.
- The *BC Housing* data was cut from a live database, which can be updated at any time by the housing outreach providers. As such, the data can only reflect a particular cut in time (meaning the data may have since been updated by the providers).

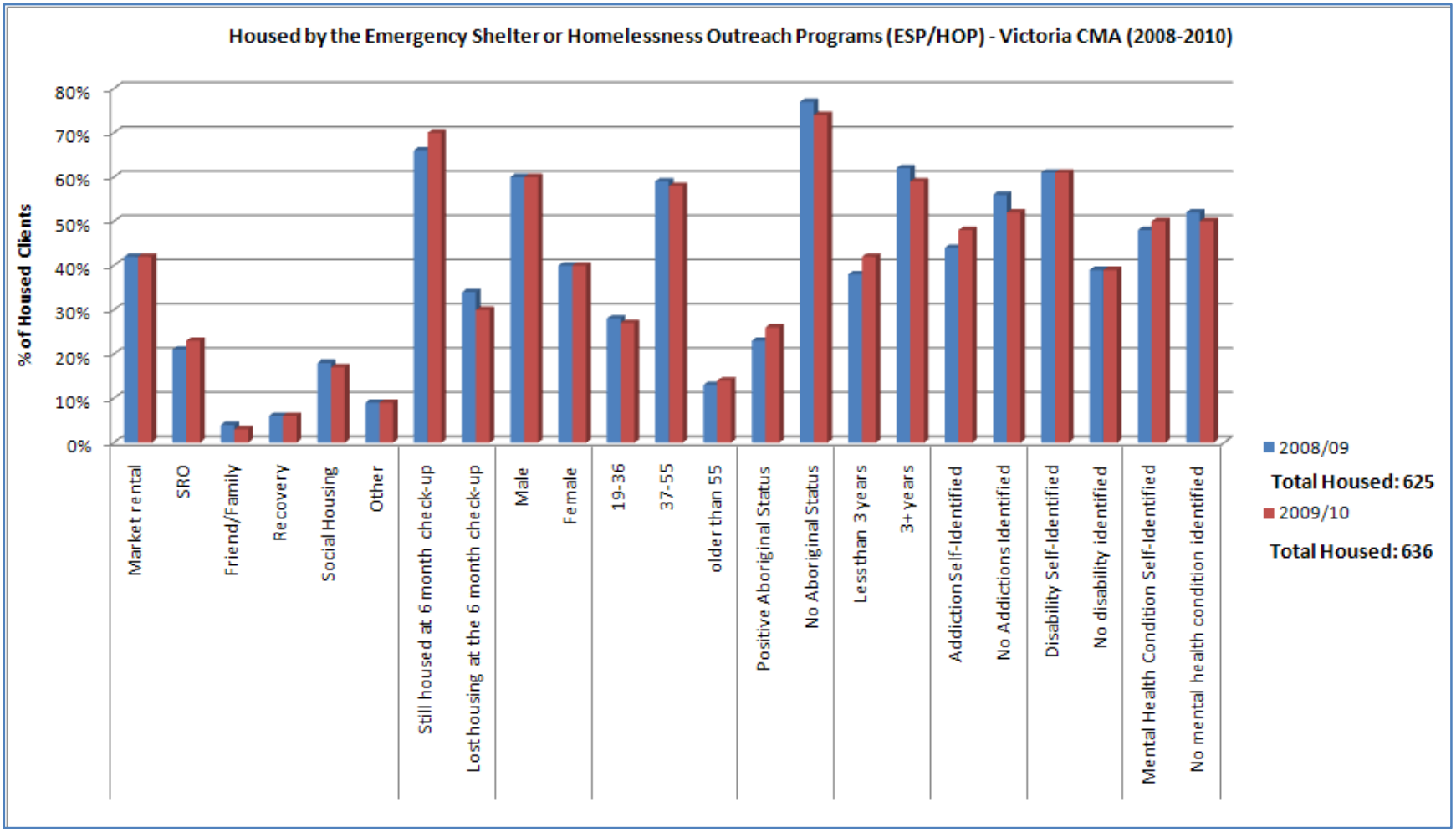
- All percentages are based on the total number of records where there is a response provided to the question being examined (not based on the total number of records). Records that are missing category data are not included in the percentage for that category (i.e. if the client gender wasn't given, the record would not be included in the overall client gender percentage).
- Housing information is based on the most recent incidence of housing for a particular record. Some records may show that the client was housed more than once. In such cases, only the last housing placement is considered in this analysis; hence, the percentage of clients still housed may not match other *BC Housing* published data sources.
- The follow up information is based on the 6 month follow up or, if there are multiple follows ups, the most recent follow up date.
- Health conditions are self-reported by clients. Health conditions are not validated by a medical professional. Suspected health conditions are treated as not self-identified.
- Rental *market housing* includes: a flat in *market housing*; a flat in *market housing* with *rent subsidy*; a room in house/flat; and secondary suite.
- The percentages provided for the housing checkups are based on only those individuals that were housed and could be contacted at 6 months. Still Housed includes those are not still housed in their original placement, but are known to be housed elsewhere. Lost Housing includes those where service providers were unable to follow up with their clients (contact was attempted but not made with the clients). This means that some of the clients listed as no longer housed may actually still be housed (but just unreachable by their housing outreach provider).
    - ESP providers are not funded to follow up with the clients they house (limiting the potential of robust housing checkups).

5.6.3.2 Housing Outreach Data

Emergency Shelter Program (ESP) & Housing Outreach Program (HOP) Client Housing - Victoria CMA							
Indicators	***Criteria***	**2008/09**			**2009/10**		
		ESP	**HOP**	**Total**	**ESP**	**HOP**	**Total**
Total # of clients housed		270	355	**625**	277	359	**636**
Housing Type	Market rental	30%	51%	**42%**	34%	49%	**42%**
	SRO	22%	21%	**21%**	22%	24%	**23%**
	Friend/Family	10%	0%	**4%**	7%	0%	**3%**
	Recovery	14%	0%	**6%**	13%	0%	**6%**
	Social Housing	15%	20%	**18%**	13%	20%	**17%**
	Other	10%	8%	**9%**	11%	7%	**9%**
Housing Checkups (6m)	Still housed at 6 month check-up	53%	76%	**66%**	58%	80%	**70%**
	Lost housing at the 6 month check-up	47%	24%	**34%**	42%	20%	**30%**
Gender	Male	73%	51%	**60%**	67%	54%	**60%**
	Female	27%	49%	**40%**	33%	46%	**40%**
Age Group	19-36	24%	31%	**28%**	22%	31%	**27%**
	37-55	62%	56%	**59%**	63%	54%	**58%**
	older than 55	14%	13%	**13%**	15%	14%	**14%**
Aboriginal Identity	Positive Aboriginal Identity	17%	28%	**23%**	20%	30%	**26%**
	No Aboriginal Identity	83%	72%	**77%**	80%	70%	**74%**
Time in Region	Less than 3 years	51%	28%	**38%**	53%	33%	**42%**
	3+ years	49%	72%	**62%**	48%	67%	**59%**
Addictions	Addiction Self-Identified	55%	36%	**44%**	54%	44%	**48%**
	No Addictions Identified	45%	64%	**56%**	46%	56%	**52%**
Disability	Disability Self-Identified	65%	58%	**61%**	63%	59%	**61%**
	No disability identified	35%	42%	**39%**	37%	41%	**39%**
Mental Health	Mental Health Condition Self-Identified	50%	46%	**48%**	53%	48%	**50%**
	No mental health condition identified	50%	54%	**52%**	47%	52%	**50%**

Data Source: (BC Housing, 2008-2010)

Table 5-26: Emergency Shelter Program (ESP) & Housing Outreach Program (HOP) Client Housing - Victoria CMA



Data Source: (BC Housing, 2008-2010)

Figure 5-97: Housed Clients in Greater Victoria

Overall, in Greater Victoria, the total number of clients housed by *BC Housing's Emergency Shelter Program (ESP) and Homelessness Outreach Program (HOP)* has gone up from 625 in fiscal year 2008-2009 to 636 in fiscal year 2009-2010. This 2009-2010 *BC Housing* figure is supported by comparable number of housing placements reported for a subset of Greater Victoria's homeless population by the Homelessness Intervention Project (HIP), who reported the placement of 584 of their clients (people identified as chronically homeless and face mental health and or addiction problems) into housing in 2009-20010 (Achampong, 2010).

Both ESP and HOP programs housed more clients in fiscal year 2009-2010 than in 2008-2009. There is almost an even split between the number of clients placed in housing by ESP workers (accounting for 43.5%) and HOP workers (accounting for 56.5% of clients housed).

For both *BC Housing*-based housing programs, clients are most frequently placed in market rental housing (accounting for 42% of all housing placements in each year). The next most popular housing type used in housing placements are *Single Room Occupancy* units (accounting for 21% and 23% of housing placements in fiscal years 2008-2009 and 2009-2010 respectively); followed by *Social Housing* units (accounting for 18% and 17% of placements respectively); other housing placements (accounting for 9% of placements in both years); Recovery Housing (accounting for 6% of placements in both years); and placements in family/friend homes (accounting for 4% and 3% of placements respectively).

The overall rate of clients still housed after six months has also increased over the past year from 66% in fiscal year 2008-2009 to 70% in fiscal year 2009-2010. The percentage of clients still housed after 6 months is noticeably higher for the clients that were housed through the HOP than through the ESP. In 2008-2009, 53% of ESP clients were still housed after 6 months vs. 76% of HOP clients. In 2009-2010, 58% of ESP clients were still housed after 6 months vs. 80% of HOP clients.

This difference between the ESP and HOP 6 month housing check-up rates is likely an artefact that is caused by the fact that the *ESP* housing workers are not funded to check up on their clients' housing status after six months; whereas the HOP housing workers are. This severely limits the time and resources that the ESP housing workers can spend on checking up on their clients after six months of housing to determine if they are still housed. This lack of check-up time may result in clients being incorrectly recorded as no longer housed, simply because the provider does not have the allocated time to contact their clients to see if they are still housed.

Neither the ESP nor the HOP housing workers keep track of the reasons why their clients kept/lost their housing.

Data collection for housing checkups needs to be improved in future years of housing outreach reporting, as monitoring the success rates of the housing placements as well as the reasons why housing was kept/lost are essential for evaluating the progress of housing programs.

The demographic distribution of the clients from both housing programs is similar to the demographics of shelter using clients (described in section 5.2.1), with the exception that the HOP program has: higher rates of female and self-identified Aboriginal clients, and lower rates of clients who have lived in Greater Victoria for less than a year.

The self-identified: addiction, disability, and mental health condition rates of the housing outreach clients were consistent with the shelter using population.

Chapter 6 : Discussion and Conclusion

6.1 HORN Framework Review

Through the case study with the *Greater Victoria Coalition to End Homelessness*, it has been shown that the HORN Framework can be used to successfully develop a practical, high-quality homelessness report card, using only a minimal set of resources. The HORN Framework's use in disseminating and evaluating a report card, however, must be researched at a later time, as the public release of the 2010 *GVCEH* report card (created in the case study) is set to occur after the conclusion of this research. As a result, within this paper, the HORN Framework can only be discussed with respect to its use in the creation of a homelessness report card and not with respect to its release or use.

6.1.1 Strengths and Limitations of the HORN Framework

6.1.1.1 Strengths of the HORN Framework

The HORN Framework was found to have two primary strengths: its accessibility and its systematic design.

Given the fact that most homelessness report cards are produced by not-for-profit organizations with limited resources, homelessness report card studies cannot over-require the use the organizations' time and money. The HORN Framework's synthesis of best-practice homelessness report card development and implementation literature saves homelessness organizations from having to conduct this literature review themselves. This saves organizational resources that could be better served on other pressing needs, such as new housing projects and outreach teams.

The systematic and simple design of the HORN Framework makes it a usable approach. Most any individual or organization has the potential to use the HORN Framework's simplistic, step-by-step instructions to produce their own homelessness report card. Although the framework was produced for

academic research purposes, it was developed with a wide variety of potential end-users in mind, including: academics, governmental groups, activist groups, and philanthropic individuals.

6.1.1.2 Limitations of the HORN Framework

During the development of the HORN Framework and in the *GVCEH* case study, several limitations of the framework were identified, including:

- Data collection under the HORN Framework is reliant on external agencies;
- The HORN Framework does not standardize homelessness indicator sets across different homelessness report card studies, it only standardizes the process of creating the report cards and suggests how to find the homelessness indicators;
- Because the HORN Framework is built upon report card development and implementation best-practices, the resulting process may be more resource intensive than ad-hoc homelessness report card projects.

6.1.1.2.1 External Agency Reliance

The HORN Framework's single biggest limitation is its reliance on other agencies' time and resources. Given the tight resource limitations that are typical in a homelessness report card study, it is difficult to create a report card without the aid of data submitting agencies. This reliance places the external data-holding agencies in a power relationship over the report card developer, as the developer needs the agencies to voluntarily submit their data for the successful completion of the project. This power relationship opens the door to potential reporting bias, as the report card producer has little say in what data the data-holding agencies decide to submit and what data they decide withhold. This can also place report card project timelines outside the control of the report card developers.

A report card's quality is also limited by the quality of the agency submitted data. If the data-holding agencies submit poor quality data, the potential of the resulting report card is severely handicapped. If

only low-quality agency data is provided, it may be difficult to conclude anything outside the fact that region's data is of poor quality (this may still be a significant finding, but it is ultimately not the aim of why a report card is produced).

External agency data reliance proved to be the single most stressing and time consuming of all the barriers encountered during *GVCEH* case study. Once a data request was submitted, the return date of the data (be it early, on time, late, or never), and the quality of the returned data was out of the report card developers' control. For many of the data-holding agencies, fulfillment of the data request was not a high priority. As such, many of the agencies required multiple reminders to return their data. There were also some cases where agencies agreed to submit data for the report card, and later withdrew from participating in the report card study. To avoid uncontrolled losses of time and energy in such cases, it is imperative for the report card producers to set firm agency data submission deadlines.

It can be difficult to gauge the quality of an external agency's data until it is in the hands of the report card producers. If not enough time is allocated between data collection and report card dissemination, the entire report card project may be jeopardized by late submissions of unusable data. To counteract this issue, sufficient time must be allocated to the data validation stage of the HORN Framework.

As a means of minimizing the potential threat of receiving low quality data from the reporting agencies, the HORN Framework calls for the use of detailed data request templates, which define the exact indicator needs of the report card study to the reporting agencies. A well defined data request leaves little ambiguity around the data to be returned; however, the more detail that goes into a data request, the larger it will be, and the larger a data request is, the less likely it is that an agency will volunteer its time to complete the request. To prevent overwhelming the agencies with overly large data requests, it is important to ensure that only essential data is requested. Another way to prevent overwhelming agencies with large data requests is to involve the agencies in the creation of the requests. This will help

the agencies understand their request requirements earlier on and enable them to ensure that the requests are in a format that fits their working practices.

6.1.1.2.2 Standardization of Homelessness Indicators

While the HORN Framework systematically standardizes how a homelessness report card can be created, it does not standardize the set of indicators to be used in a report card study. Although many of the indicators needed to report on homelessness are likely to be shared from region to region, each region would also have specific reporting needs and abilities, with respect to which homelessness indicators they would like to use, and which they could use. The HORN Framework allows for flexibility in the selection of homelessness indicators, which gives each region the ability to select homelessness indicators that are both feasible to collect and are of particular regional significance.

A detrimental aspect to permitting flexibility in indicator selection is the fact that two report card studies, both using the HORN Framework, could potentially produce two different sets of indicators, which would limit the comparability between the studies. Ideally, over time, a common, standardized indicator set would be created that could be used to monitor homelessness across regions. Until that time, however, the report card indicator set (produced in section 4.1.2) can be further expanded and refined to be re-used as a reference indicator set in future report card studies.

6.1.1.2.3 Resource Consumption

Generally speaking, the more rigorous a study, the more resource intensive the study is to conduct. Given that the HORN Framework is based on report card development and implementation best-practices, it likely takes more effort to produce a report card in this fashion than it would to produce an 'ad-hoc' report card (whereby regional homelessness data is put together in a sporadic, piecemeal manner). Given the fact that the HORN Framework was used to produce a best-practice homelessness report card with minimal resources for the *GVCEH* case study, the budget required for a HORN

Framework designed report card is still entirely reasonable for resource-tight organizations or individuals.

6.2 Greater Victoria Homelessness Report Card Findings

In the context of the *GVCEH* case study, several key findings were made about the homelessness situation in Greater Victoria. The following sections outline the found barriers that are limiting Greater Victoria's progress towards breaking the cycle of homelessness, as well as recommends solutions to overcoming these barriers.

6.2.1 Information Gap

6.2.1.1 Barrier Description

During the indicator selection stage of the *GVCEH* case study, a total of forty-three indicators relating to regional homelessness were selected for inclusion in the study. Of those indicators, eleven could not be collected: three indicators were omitted because the data did not exist; one indicator was omitted because the data existed but wasn't of high enough quality for reporting; and seven indicators were omitted because the data existed, but couldn't be accessed. Table 6-1 outlines the indicators that were targeted for the *GVCEH* report card but could not be collected:

Homelessness Indicators that Couldn't be Collected		
ID	**Measure**	**Reason Not Retrieved**
5	% of *emergency shelter* returning users broken by (returning within the year, more than one calendar year over the past 5 years), broken down by shelter	Not Available
6	Length of stay in *emergency shelter* [days] broken down by demographic (single women, youth, families, etc), service provider, and average	Not Available
8	# and reason of *turn-aways* from shelters broken down by client demographic and shelter	Poor Quality
12	# of victims and offenders of assault, broken down by type (physical/sexual), and demographic	Not Available
17	# of emergency room visits by ACT clients trended over time	No Access
18	# of detox beds	No Access

25	# of evictions per month/year broken down by market vs. *social housing* and whether or not the *rent* was raised	No Access
40	# of food banks and soup kitchens shelters that serve food	No Access
41	Availability of food banks and soup kitchens (schedule)	No Access
42	# of meals and/or pounds of food served broken down by food banks/soup kitchens/shelters	No Access
43	# of people/households using the food bank and/or soup kitchens broken down by demographic and food bank, trended over time	No Access

Table 6-1: Homelessness Indicators that couldn't be collected

During the indicator selection phase of the *GVCEH* report card, indicators were chosen not only for their relevance to the study, but for the likelihood of their *availability* as well. This enabled the collection of most of the indicators; however, three of the selected indicators (see Table 6-1) could not be collected because no indicator source was found.

The data quality of the collected indicators for the *GVCEH* report card raged widely. Agencies took two different approaches to reporting low quality data. Some agencies reported their low quality data and provided notes about how the data could/couldn't be used/interpreted, while other agencies (such as *BC Housing* with indicator ID 8 from Table 4-1) chose to withhold their low quality data.

The most common reason for the omission of selected indicators was that the indicator data could not be accessed. A total of seven indicators from three separate data sources (VIHA, the Ministry of Housing and Social Development, and the Mustard Seed Food Bank) could not be attained for reasons of inaccessibility. In these cases, the reason why the data could not be accessed was not always made clear; however, it is believed that the reasons of inaccessibility fit into three categories:

- the data holding agency's inability to access the data;
- the data holding agency's unwillingness to provide access to the data (i.e. the agency wants to maintain sole possession of the data);
- the data holding agency's lack of time to provide access to the data.

Of the thirty-two indicators that were collected, eleven could only be partially collected: five indicators were only partially collected because of missing indicator components (where only some aspects of the described indicator were available for collection); two indicators were only partially collected because of missing indicator sources (where indicator data was not available for the entire population); and four indicators were only partially collected because of low data quality (where only part of the indicator's data was of high enough quality to be usable). The partially collected indicators are highlighted in Table 6-2:

Partially Collected Homelessness Indicators			
ID	**Measure**	**Reason Partially Retrieved**	**Description**
4	#/% of individuals who stayed in a shelter broken down by demographic (single women, youth, families, gender, age, parental status, current living situation, length of time being street involved, family context, housing history, education, drug/alcohol issues, unemployment, services of previous involvement, women fleeing abuse, location, *income*, etc)	Missing indicator components	Missing: family status; parental status; current living situation; length of time being street involved; housing history; education; services of previous involvement; history of domestic abuse; home town
7	# of times shelter and/or hostel beds were used, broken down by demographic, provider, bed type and trended over the season (EWP)	Missing indicator sources	Missing some of the regional shelters
9	# of shelter beds broken down by provider, bed type (who can use it - i.e. men, women, women for domestic violence, etc.), and trended over the season	Missing indicator sources	Missing some of the regional shelters
10	# of known deaths in street community broken by demographic	Low Quality	Only deaths recorded are those identified by two regional shelters
11	% and type - Rates of chronic, acute, and mental illness in homeless, broken by type of illness	Low Quality	Self-reported rates only
19	# and % of population who are renters, and what % can afford to buy instead of *rent* based on *income* needed to purchase	Missing indicator components	Missing % that can afford to buy instead of rent
22	# of temporary housing units and/or beds by type (i.e. Shelter, transitional, detox beds, etc.)	Missing indicator sources	Missing some of the regional shelters
24	#/% Temporary housing *vacancy* by type (i.e. Shelter, transitional, detox beds, etc.)	Missing indicator sources	Missing some of the regional shelters
27	# of individuals who were housed by a service and remain housed trended over time and where they were housed (social vs. *market housing*)	Missing indicator components	Missing some of check-ups and also all lost/kept housing reasons

28	# of new/upgraded/protected *permanent housing* units and units under construction by type (i.e. Affordable, community, supportive, etc.)	Missing indicator components	Missing: new/upgraded/protected distinction
29	# of new/upgraded/protected temporary housing units or units under construction by type (i.e. Shelter, transitional, psychiatric rehab, etc.)	Missing indicator components	Missing: new/upgraded/protected distinction

Table 6-2: Partially Collected Homelessness Indicators

6.2.1.2 Recommendation – Evaluation of Collected and Reported Indicators

For homelessness monitoring to improve in the Capital region, the homelessness indicator gaps have to be addressed. For this to be achieved, the organizations that are responsible for collecting homelessness indicator data in the community must evaluate and standardize their data collection and reporting efforts. This will both reduce the duplication of their workload and improve the quality and comparability of their collected indicator data.

It is pointless to collect data that is isn't high enough quality to use in analysis or reporting. Too many agencies in Greater Victoria were found to house such low quality data. These agencies need to continually test the quality of their data to ensure that it can be both used and used well. If the quality of the agency data is found to be low, then either the data quality needs to be immediately improved or the collection of that data needs to stop to avoid further wasted time.

Standardizing regional homelessness data enables agency data reconciliation. During the *GVCEH* case study, many Greater Victoria agencies were found to have both partial and duplicated data sets. As a result, a major challenge in collecting the region's homelessness data was determining which agency had which data, as well as the scope of data overlap (duplicated data) between the reporting agencies. In the cases where data overlap was found, the source of truth between the two agencies (which agency held the correct data) also had to be determined.

For example, to collect data on all the housing projects (affordable/supplemented/*supported housing*) in Victoria, two data requests were made: one to *BC Housing* and another to BC Non-profit Housing Association. The scope of the agencies' housing project data was determined as the following:

- Both of the agencies held data on housing projects under a current operating agreement with *BC Housing*;
- *BC Housing* held data on *co-op* housing, provincial government direct-managed stock, short-term housing, scattered addresses, and *rent* supplements either under a current operating agreement with *BC Housing* or having received a grant from *BC Housing* (but BC Non-profit Housing Association did not);
- BC Non-profit Housing Association held data on housing projects that are not currently under operating agreements with *BC Housing* and/or have never received grants from *BC Housing* (but *BC Housing* did not);

To reconcile these data sources, the following decisions were made: *BC Housing* was selected as the 'source of truth' for data on *subsidized housing* projects under an operating agreement with *BC Housing* (the records were duplicated by both agencies, but *BC Housing*'s data was found to be more complete); *BC Housing* was used to capture data on *co-op* housing, provincial government direct-managed stock, short-term housing, scattered addresses, and *rent* supplements that are under an operating agreement with *BC Housing* or have received a grant from *BC Housing* (as this was not captured by BC Non-profit Housing Association); and BC Non-profit Housing Association was used to capture data on housing projects that are not currently under operating agreements through *BC Housing* or have never received grants from *BC Housing* (as this was not captured by *BC Housing*).

After the two data sources were reconciled, one still had to be conscious of what was and wasn't captured by the combined data set (i.e. *co-op* housing, provincial government direct-managed stock, short-term housing, scattered addresses, and *rent* supplements that are not currently under operating agreements through *BC Housing* or have never received grants from *BC Housing* were still not captured by the new data set).

Implementation of data standards removes time-wasting duplicative data collection efforts and enables the aggregation of region-wide, cross-agency data. Such homelessness indicator data standards currently do not exist in Greater Victoria, which prevents such regional analysis from being completed. Until analysis can be completed at a regional, systems level, there will be no way of accurately measuring if homelessness is improving or worsening in Greater Victoria, and thus, there can be no way of determining the ultimate effectiveness of the region's multiple homelessness services.

Regional access to indicator data must also be improved. This recommendation will be discussed further in section 6.2.2.2.

6.2.2 Poorly Integrated Shelter Data

6.2.2.1 Barrier Description

Currently, Greater Victoria emergency shelter and *transitional housing* data is captured by a multitude of different agencies, and stored on numerous, distinct record systems of different types (from paper records, to individual excel worksheets, to databases). Collecting, maintaining, and analyzing data in this way can be time consuming and largely ineffective, both for the agencies and for external researchers and evaluators.

To gather Greater Victoria emergency shelter and *transition house* data, nine separate data requests had to be made (and this still did not capture data on all the shelters in the region). *BC Housing* was used for the primary source of shelter data (as *BC Housing* collects data on a number of Greater Victoria's shelters). This saved considerable time, in that separate requests did not have to be made to the shelters contained in the *BC Housing* data; however, there were also shelters in Victoria that *BC Housing* didn't collect data on, which meant that separate requests had to be made to supplement *BC Housing*'s shelter data. To further complicate matters, some of the shelters that *BC Housing* collected data on were only partially represented (i.e. only some of the shelter's beds or only some of the

shelter's operational years were captured), making it necessary to generate separate data requests for the portions of data not collected by *BC Housing*.

As a researcher, navigating through this complex web of different data holdings was a very confusing and error prone process. This fragmented system of shelter data is also inconvenient for the many regional shelters, as they often have to fulfill multiple manual data requests in each reporting year. This complicated and confusing process of data collection and reporting could be greatly improved through the implementation of an integrated emergency shelter and *transition house* information management system that is based on the data collection and reporting standards proposed in section 6.2.1.2.

6.2.2.2 Recommendation –Information Management Systems

It requires much time and energy to piece together fragmented data, and often times, the data fragments are irreconcilable. An integrated information management system would prevent fragmented emergency shelter and transition house data by systematically linking all the data sources together as a single entity. With an integrated information management system, instead of having to gather regional shelter data from multiple different data sources, all data could potentially be available from a single location. By basing the information management system on the data collection and reporting standards proposed in section 6.2.1.2, all the shelters' data would be comparable, which would allow for aggregation across the entire region; thus enabling system-level analysis to be performed.

Emergency shelter and transition house integrated information management systems are not only of benefit to researchers and evaluators, but they could also be used to the benefit of the shelter staff. Information management systems can potentially increase the operational capacity of the shelters. Such a system would allow for the precise management of shelter clients and beds (like a hotel information management system).

The recently published Halifax report card on homelessness (Community Action on Homelessness, 2010) boasts the use of the Homeless Individuals and Families Information System (HIFIS) as the sole source of data from 100% of the shelters within the region. Within the report card, the reporting group describes their HIFIS system as "a fundamental step towards better understanding the situation and needs of the homeless population in [their] community" (Community Action on Homelessness, 2010). For Greater Victoria to make the same steps towards understanding homelessness in their region, a similar information management system needs to be implemented. Because an integrated information management system can only be attained through the full cooperation of all regional groups, to attain this system implementation end-goal, the various emergency shelter and transition house providers must work together towards generating a shared plan of action.

6.2.3 Lack of Standardized Homelessness Definitions

6.2.3.1 Barrier Description

If the organizations dealing with homelessness within a region cannot agree upon the definition of homelessness, the prospect of achieving any level of coordination between the groups is very low. Without a regionally accepted definition of homelessness (as well as other terms relevant to homelessness issues) cross-monologues are common. A cross monologue occurs when two or more individuals argue over a single subject with different meanings held by the individuals.

For example, a cross-monologue could occur between two individuals discussing the shape of a 'football'. The first person may think of a football in terms of the British sport, and describe it as a spherical shape made up of octagonal patches; whereas the second person may think of a football in terms of the American sport, and describe it as an ellipsoid shape. In both cases, the individuals are correct under their own assumptions of what a football is, but because the two individuals don't share the same conceptual understanding of the term, this argument could go on indefinitely without resolve.

Cross-monologues are frequently occurring around homelessness issues in Greater Victoria. An example of a cross-monologue that is occurring in Greater Victoria is around individual's understanding of homeless individuals. Some groups think of homelessness in the region in terms of the ETHOS definition described in Table 2-1, while other individuals or groups, think of homelessness under different terms (i.e. chronic, shelter using homeless individuals, who have diagnosed mental health and addiction conditions). In such cases, when the two groups discuss the issues of homelessness relevant to their understanding of the term, they are in fact discussing two different populations, which results in cross-monologue arguments, and wasted time. Such homelessness cross-monologues also take place around issues such as housing types (i.e. shelter vs. home vs. *transitional housing* vs. *supported housing*, etc.) and health status (i.e. substance user vs. substance abuser vs. substance addiction, etc.).

Homelessness definition inconsistencies also currently affect the quality of the community's homelessness data. When organizations collect data with different definitions of homelessness in mind, incompatibilities between groups with different understandings of homelessness are created in the data. Different definitions of homelessness can also cause regional homeless data to become skewed in favour of the prevailing agency definitions (regardless of the correctness of the prevailing definitions). For example, if the majority of the agencies think of homelessness only in terms of chronic shelter users who have diagnosed mental health and addiction conditions, then mental health and addiction conditions will be over- represented in the region's homelessness data. Such issues had to be continually taken into consideration during the development and analysis of the report card data.

6.2.3.2 Recommendation – Standardized Homeless Definitions

The definitions of terms relating to homelessness need to be standardized throughout Greater Victoria (at a minimum), and preferably standardized at the provincial and national levels. The importance of

shared definitions needs to be stressed to the various organizations that work in the areas of homelessness, otherwise cross-monologues will continue to occur, and time will continue to be wasted.

6.2.4 Missing Homelessness Strategy

6.2.4.1 Barrier Description

Neither the nation of Canada nor the province of BC has a clearly defined strategy to end homelessness. As a result, the current placement of resources towards breaking the cycle of homelessness is flawed.

The National Alliance to End Homelessness describes the best-practice strategy towards ending homelessness as a four stage process, involving: planning for outcomes, closing the front door to homelessness, opening the back door to homelessness, and building the Infrastructure (further described in section 2.2.4) (National Alliance to End Homelessness, 2000). Regionally, the *GVCEH* is contributing to developing evidence based strategies to ending homelessness (planning for outcomes); however, the regional strategies are not backed by provincial or national strategies. This prevents 'closing the front door' to homelessness in the region, as the mainstream social support programs that are created at the provincial and national levels aren't aligned with regional strategic needs (such as increasing the minimum and *Income Assistance* wages). Those who are homeless are being housed and supported (opening the back door); however, with the 'front door' still open, the cycle of homelessness remains. The infrastructure required to break the cycle of homelessness in Greater Victoria was found to be particularly weak, as there are currently not enough affordable housing units to support the region, and there is a downward trend in new units being created.

The lack of a best-practice strategy towards breaking the cycle of homelessness is resulting in the misalignment of funding for homelessness support services. Current spending on homeless supports in Canada is mostly reactionary (aimed towards opening the back door to homelessness) and not enough is

preventative or rehabilitative (aimed towards closing the front door to homelessness and building the infrastructure to keep the door closed).

6.2.4.2 Recommendation – Implementation of a National Strategy to End Homelessness

Canada is in desperate need of a well defined strategy to end homelessness. Implementation of a homelessness strategy at the national, provincial, and regional levels will result in much needed increases to services and spending aimed towards homelessness prevention.

It may be a hard sell in a tough economy, but in the long run, increases in spending for preventative homelessness services and improved housing infrastructure will likely result in overall savings, as it is more expensive for a region to keep people homeless than it is to house them. The analysis of: hospital bed utilization by homeless populations (see section 5.5.1.9); VICOT police call reduction (see section 5.6.1.3.2); and ACT team housing performance (see section 5.6.1.2.2) produced in this research all support this notion.

In the context of the *GVCEH* case study findings, the homelessness strategy in Greater Victoria should be aimed towards: balancing the regional wages with the costs of living; continued funding of homelessness outreach programs; the creation of new affordable *market housing* units; the creation of new *subsidized housing* units; and improved funding for more rental housing supplements.

6.2.5 Unliveable Wage

6.2.5.1 Barrier Description

The current cost of living in Victoria is not met by the low-to-mid earning power in the region. Section 5.3 outlines the current economic environment for Victorians, where the most basic of needs for a family living in the region (such as shelter, food, education, clothing, etc.) cannot be financially attained

by anything less than the region's median *income*. This means that approximately half of the region's population cannot fully afford to live within it.

Poverty breeds homelessness. When individuals can't earn a living wage, they have to choose between which of their basic needs will be met (i.e. housing or food, clothing or education, etc.). In Greater Victoria, housing is one of the most expensive and hardest to attain of such basic needs, and unlike food, it is (most of the time) not required for immediate survival. As a result, housing is too often sacrificed by Victorians who are looking for any means to cover their living expenses.

6.2.5.2 Recommendation – A Living Wage

The wages in Greater Victoria need to balance out with the high costs of living. This can be attained through a combination of increased wages and decreased living expenses.

At the very least, the provincial minimum wage needs to be increased. It is inexcusable for the province with two of the highest national living costs (Victoria and Vancouver) to offer the lowest national wages. As discussed in section 5.3.3, a family of four, with both parents earning a minimum wage and receiving all possible supplementary benefits, would fall $28,701 short of earning a living wage in Victoria. This is $28,701 that will be taken directly out of the family's budget for: shelter, child care, food, transportation, clothing, medical expenses, emergencies, and education (not exactly spending that falls into the category of disposable *income*).

The same problem of insufficient funding is found with the provincially offered *Income Assistance* wages. Over 60% of shelter users in Greater Victoria are on *Income Assistance*. This, combined with the fact that all forms of *Income Assistance* were found to fall well below the living wage (see section 5.3.3) strongly suggests that the inadequate *Income Assistance* rates are resulting in people having to sacrifice their housing to cover the rest of their living expenses. It is true, however, that not all *Income Assistance* recipients are homeless. Indeed some *Income Assistance* recipients are able to afford housing, and as

such, more research needs to be conducted to determine how some individuals can cover the expenses of housing using *Income Assistance*, whereas others cannot (be it due to the sacrifice of other necessary expenses, such as food, clothing, or education, or through other means).

Overall, the province and provincial communities need to aggressively look into adopting a living wage to support the province's families. Recently, the New Westminster City Council did just this, when they passed a by-law that requires City employees and contract employees to be paid at or above the living wage (Canadian Centre for Policy Alternatives & Living Wage for Families Campaign, 2010). Further to this, new and innovative means of reducing the high costs of living in the region (i.e. improved public transit, reduced child care costs) need to be investigated.

6.2.6 Housing Shortage

6.2.6.1 Barrier Description

Greater Victoria severely lacks affordable housing. Housing prices in Greater Victoria are among the highest in the nation, and as a result, rental prices follow suit. Without a sufficient supply of affordable housing, there is no hope to end homelessness. As it currently stands, there are next to no available subsidized and/or affordable housing units in Greater Victoria, and there is a minimum of 1,943 shelter using individuals that are in need of housing. For these people, homelessness is not a choice, but a forced reality, as there are no adequate, affordable, and safe housing units for them to move into.

Insufficient housing stock not only causes new instances of homelessness (due to the un*availability* of affordable housing) but it also severely handicaps the positive homeless outreach and rehabilitative work that goes on within a region. Provided homelessness contributes to the causation of ill-health, substance abuse and criminal behaviours, when an individual is treated for any of these conditions or behaviours and is released back into homelessness, a relapse is near inevitable. Individuals need safe, affordable, and adequate housing for recovery to take place.

6.2.6.2 Recommendation – Increase Affordable Housing

The solution to the affordable housing shortage in Greater Victoria is both simple and complex. To address the problem of too few affordable and/or *subsidized housing* units, it is obvious that Greater Victoria needs more housing units to be created; however, this is easier said than done, as the city of Victoria is situated on the tip of an island, whereby real-estate is a shrinking commodity. As time goes by, the amount of available real-estate space gets smaller and smaller, which causes the real-estate prices to grow larger and larger. Despite this need for more housing, this research has shown that building production in the capital region has actually slowed in pace (the exact opposite of what is truly needed).

To overcome this real-estate space constraint, Greater Victoria needs to make the most out of the limited space it has through the implementation of low-cost, low-size housing units. One such solution for Greater Victoria, being proposed by local housing expert Gene Miller, is for the creation of 'Affordable Sustainable Housing' (ASH) projects. ASH housing projects are 'small but liveable' housing units that cost less than $100,000 to produce. An influx of such low cost housing units could drastically improve regional rental *availability* (rental market demand/rental market units) and costs. The creation of these units would both enable lower *income* families and individuals with the ability to purchase homes and move away from the rental market (lowering rental market demand) and it would also allow investors to purchase the low-cost homes to be used as low cost rental unit investments (adding units to the rental stock).

6.2.7 Underserved Populations

6.2.7.1 Barrier Description

There are several demographics of people in Victoria that have been identified in this research as being both underserved in supportive services and over-represented in the impoverished populations:

- People with Aboriginal Identity are consistently over-represented in the shelter population by a margin of approximately 17% (3% in the general population vs. 20% in the shelters). This strongly suggests that people with Aboriginal Identity are far more likely to become homeless than members of the general population.
- Female populations are consistently under-represented as receiving supportive services by a margin of approximately 20% (roughly 50% in the general population vs. 30% in the shelter and identified homeless hospital population). This strongly correlates with the popular belief that women tend to avoid the use of support services as a means of protecting their identity. Payment inequity among the sexes is also still rampant across Canada, as females have been shown to earn 30% less than males, on average, despite similar levels of educational attainment.
- *At-risk* youth require better supports for their transition into adulthood (a period where most of these youth instantly lose all of their supports and are expected to integrate into adult society). This has been confirmed through discussions with regional youth support workers.

It is likely inequities are present in more than the above three identified populations; however, due to the limited scope of this study, only minor analysis into the demographics of Victoria's *at-risk* and homeless population could be made (whereby the above groups were identified).

6.2.7.2 Recommendation - Equality

All inequities (including those due to race, gender, age, etc.) need to be eliminated from the fabric of Canadian society:

- There is a need to identify and eliminate the prevailing causes of homelessness that are unique to people with Aboriginal Identity.
- Homelessness services that are tailored to the needs of female populations must be ensured in all communities. Payment inequity between the sexes is unjust and needs to be stopped.

- Youth supports need to be increased, especially for youth transitioning into adulthood. Ensuring that youth are properly supported is an investment towards the well being of the next generation of adults. Preventing a youth's transition into homelessness can mean the prevention of a lifetime of homelessness and incurred expenses due to homelessness.

6.3 Study Limitations

This study is not without limitations.

Through the *GVCEH* report card case study, the HORN Framework was used to create a high-quality homelessness report card, using only limited resources. Given that Greater Victoria was found to be comparable to other mid-sized, Canadian cities, this finding suggests that the HORN Framework is a valid tool to be used for the creation of homelessness report cards in other mid-sized Canadian regions as well; however, a single case study does not emphatically prove this claim. For this claim to be verified, the HORN Framework must be tested through other case studies, in other regions, with different: populations, data infrastructures, and homelessness issues.

The case study findings are potentially biased due to the fact that the HORN Framework's developer was also the creator of the report card and the assessor of the framework. In future evaluations of the HORN Framework, separating the HORN Framework developer from the report card development and evaluation processes would increase the study validity.

The planned release date for the *GVCEH* report card was set for after the conclusion of this research, and as a result, there could be no analysis into the effectiveness of the 'Dissemination and Action' and 'Evaluation' stages of the HORN Framework.

The homelessness report card methodology is limited to what it can conclude. Systems-level homelessness report cards only describe, at a high level, the current state of homelessness within a

region. The findings from the *GVCEH* report card case study can be used to identify areas of homelessness efforts in the Greater Victoria region that are performing well, areas that need improvement, and areas that require further investigation. If further action is not taken on the report card findings, there will be no resulting improvement in the state of the community's homelessness problem.

The quality of the *GVCEH* report card findings is limited to the quality of the data reported by the external agencies utilized in the research. Validation of the reported agency data was conducted wherever possible; however, given the short timeframe of the case study and the limitations of the reported data, the data's accuracy in some cases could not be verified.

This research proposes the implementation of an integrated homeless shelter information management system. Such a task will involve significant planning and resources, most notably with respect to its collection and use of sensitive homeless individual and organizational data. Appropriate privacy measures must be put into place for such systems to function; however, investigation of such measures was out of the scope of this research.

6.4 Where does this research fit in the literature?

Previous to the HORN Framework, report card development and implementation best-practices were scattered throughout the literature. Fragmentation of report card best-practices limited their practical use by resource-tight, not-for profit organizations (who would not have the capacity to synthesize this literature and implement the practices into their own studies). The HORN Framework addresses this gap through the synthesis of homelessness report card development and implementation best-practices into an accessible, easy to follow, step-by-step framework.

Several of the deliverables from the *GVCEH* case study can also be re-applied in future studies, including:

- The inventory of homelessness indicators (see section 4.1.2), can be re-used and further expanded as the indicator set in future homelessness report card studies. Interest in the use of this indicator set has already been shown by the Community Indicator Network (CIN).
- The report card findings can be used as the basis for the planning and development of regional, provincial, and national homelessness strategies and policies. Already, the report card findings have been utilized by local shelters as evidence towards adopting HIFIS as an integrated shelter information management system (even before the report's public release).
- The *GVCEH* report card findings can be used as a benchmark comparison for future iterations of the *GVCEH* report card and for other regional homelessness report card studies.

6.5 Future Research

The last two stages of the HORN Framework ('Dissemination and Action' and 'Evaluation) could not be tested in the *GVCEH* case study due to time limitations. Future testing of the HORN Framework is needed to both verify this study's findings that the framework is a practical tool for homelessness report card development and to test the tool's effectiveness towards report card implementation. Further research is also needed to validate the HORN Framework's effectiveness in homelessness report card studies in other regions.

The *GVCEH* report card findings provide a high-level overview of several complex and interacting issues regarding homelessness in the region. True understanding of these findings, however, can only come with further, in-depth research into the highlighted topics (i.e. how to introduce a living wage to a community; what are low-cost housing options for a community with little space; how to increase governmental spending on homeless prevention and rehabilitation when governmental spending is already stretched too thin; etc.).

Homelessness report cards are longitudinal in design. It is recommended that homelessness report cards are conducted annually. Plans are already underway to start the 2011 *GVCEH* report card efforts.

During the *GVCEH* case study, it became evident that Greater Victoria is in need of homelessness data collection and reporting standards along with integrated information management systems. As such, an investigation could be made into the integration of such standards and information systems into the design of the HORN Framework. A pre/post evaluation into the HORN Framework's effectiveness before and after the implementation of regional homelessness data standards and integrated information systems could also be conducted.

6.6 Conclusion

In this research, a framework for the development and implementation of system-level homelessness report cards was created through a literary synthesis. The resulting HORN Framework addresses the need for a single point of access for all homelessness report card development and implementation best-practices.

The HORN Framework was tested in a case study through the creation of a homelessness report card for the *Greater Victoria Coalition to End Homelessness*. In this case study, the HORN Framework was used to successfully create a best-practice homelessness report card on time and with minimal resources. This strongly suggests that the HORN Framework is a valuable and practical tool that can be applied towards the creation of systems-level homelessness report cards by not-for-profit organizations in mid-sized cities across Canada.

Through the cooperation of over 20 regional and provincial agencies, the *GVCEH* report card was able to show: areas of high community performance (i.e. ACT outreach teams improving the housing, police involvement, drug-rates, of their clients); areas of low community performance (i.e. increased numbers of shelter-using individuals; reduced housing affordability, continued agency fragmentation, etc.); and

areas of community needs (i.e. homelessness data standards, emergency shelter and transition house information management systems, affordable housing units, increased wages, etc.).

Although time considerations prevented analysis into the impact of the *GVCEH* report card, the initial response from the community and from the *GVCEH* has been positive (even before the report card's public release):

- The *GVCEH* has already started planning for future iterations of their homelessness report card.
- Leaders from local homeless service organizations have already been discussing how to take action on the report card findings (even before the report card's public release).
- Other local agencies have already been in discussion about the possibility of utilizing the homelessness indicators produced in the case study.

Drawing back to the research questions proposed by this study:

Question 1: What are the current best-practices for homelessness report card development and implementation?

- Answer: The HORN Framework has synthesized the best-practices for homelessness report card development and implementation into a single, accessible, tool.

Question 2: Is the HORN Framework a viable means of facilitating the continual annual reporting of homelessness by the *GVCEH* within the greater Victoria region?

- Answer: Yes. The HORN Framework was used to produce the 2010 *GVCEH* homelessness report card and is already being planned for use in the next year's report card.

Question 3: Has the *Greater Victoria Coalition to End Homelessness* made progress towards meeting its outcome goal of: "ending homelessness in greater Victoria by 2018"?

- Answer: The *GVCEH* and its member organizations have made some progress towards combating homelessness in Greater Victoria (mostly through community outreach providers such as the ACT teams and housing outreach workers); however, current trends in shelter use, hospital use, housing, and the economy suggest that homelessness and the factors contributing to homelessness in Greater Victoria are actually worsening. More needs to be done by the government policy makers, the agency service providers, and the community as a whole if this problem is to be resolved in the near future.

Homelessness is a global issue that requires immediate attention on all levels (nationally, provincially, regionally, and individually). Best-practice, system-level homelessness report cards, produced using the HORN Framework, can help to bring this attention to the problem of homelessness while targeting the homelessness solutions to areas of the highest need, region by region.

Bibliography

Royal McPherson Theatres Society. (2009). *Royal Technical Information.* Retrieved June 9, 2010, from the Royal McPherson Theatres Society: http://www.rmts.bc.ca/rental/royaltechnical.aspx

About.com. (2010). *Minimum Wage in Canada*. Retrieved May 4, 2010, from About.com: http://canadaonline.about.com/library/bl/blminwage.htm

Achampong, B. (2010, March 31). HIP Client Report 2008-2009. Victoria, BC, Canada: Homelessness Intervention Project.

Alliance to End Homelessness. (2008). *Experiencing Homelessness - Report Card on ENDING Homelessness in Ottawa.* Ottawa: Alliance to End Homelessness.

BC Housing. (2006-2010). *BC Housing, Operations Branch, Housing Services Reporting, 4th Quarter Activity - January, February, March 2006-2010.*

BC Housing. (2010, May). BC Housing, Unit Count Model - Data snapshots for March 31, 2008, March 31, 2009, and March 31, 2010. BC Housing's Research and Corporate Planning Department.

BC Housing. (2010). *BC Housing, Unit Count Model, RAP, SAFER, CPS, and HSS databases, and the Housing Services' Quarterly Statistical Reports.*

BC Housing. (2009, December 31). CPS, Project Module. BC Housing's Research and Corporate Planning Department.

BC Housing. (2009, December 31). CPS, Project Module.

BC Housing. (2007). *Glossary*. Retrieved May 25, 2010, from BC Housing: http://www.bchousing.org/glossary

BC Housing. (2008-2010). Homelessness Services Database. BC Housing, Research and Corporate Planning - April/May 2010.

BC Housing. (2007). *Housing Registry*. Retrieved May 25, 2010, from BC Housing: http://www.bchousing.org/providers/registry

BC Housing. (2010, June 1). Personal question response - Rebecca Siggner.

BC Housing. (2005-2008). Research and Corporate Planning Databases. BC Housing, Research and Corporate Planning - April/May 2010.

BC Housing. (2006-2010). Research and Corporate Planning Extreme Weather Response Database. BC Housing, Research and Corporate Planning - April/May 2010.

BC Ministry of Health. (2007). *Primary Health Care Charter: A Collaborative Approach.* BC Ministry of Health.

BC Non-Profit Housing Association. (2010, March 3). Asset Analysis Database Report.

BC Partners for Mental Health and Addictions Information. (2007). Housing Glossary. *Visions - BC's Mental Health and Addictions Journal , 4* (1), 5-6.

BC Stats. (2010). *British Columbia Building Permits - for Development Regions, Regional Districts,and Communities, by Type 2001 – 2009.* Victoria: BC Stats.

BC Stats. (2010, March). *Consumer Price Index.* Retrieved May 14, 2010, from BC Stats: http://www.bcstats.gov.bc.ca/pubs/pr_cpi.asp

BC Stats. (2010). *Economic Statistics - Housing Starts—Urban Areas and Communities.* Retrieved May 4, 2010, from BC Stats: http://www.bcstats.gov.bc.ca/data/bus_stat/econ_stat.asp

BC Stats. (2010). *Economy Statistics - House Sales—BC Multiple Listings .* Retrieved May 04, 2010, from BC Stats: http://www.bcstats.gov.bc.ca/data/bus_stat/econ_stat.asp

BC Stats. (2009). *Vital Measures - Mortality.* Retrieved May 21, 2010, from BC Stats: http://www.bcstats.gov.bc.ca/data/pop/vital/exp0_bc.csv

Beaulac, J., Goodine, L., Aubry, T., Cairns, M., & Urquhart, D. (2004). *Report Card Methodology and Indicators: Development of the Report Card on Homelessness in Ottawa.* Ottawa: The Alliance to End Homelessness.

British Columbia Ministry of Social Development and Economic Security, and BC Housing Management Commission. (2001). *Homelessness — Causes & Effects: The Costs of Homelessness in British Columbia.* British Columbia Ministry of Social Development and Economic Security, and BC Housing Management Commission.

Calgary Homeless Foundation. (2010). *The History of 10-Year Plans.* Calgary: Calgary Homeless Foundation.

Canada Mortgage and Housing Corporation. (1996-2006). *Housing in Canada Online - Definitions of Variables*. Retrieved February 4, 2010, from Canada Mortgage and Housing Corporation: http://data.beyond2020.com/cmhc/HiCODefinitions_EN.html#_Core_Housing_Need_Status

Canada Mortgage and Housing Corporation. (2010). *Housing Now - Victoria CMA.* Victoria: Canada Mortgage and Housing Corporation.

Canada Mortgage and Housing Corporation. (2007). *Rental Market Report - Canada Highlights.* CMHC.

Canada Mortgage and Housing Corporation. (2009). *Rental Market Report - Canada Highlights.* CMHC.

Canada Mortgage and Housing Corporation. (2007). *Rental Market Report - Victoria CMA.* CMHC.

Canada Mortgage and Housing Corporation. (2009). *Rental Market Report - Victoria CMA.* CMHC.

Canadian Centre for Policy Alternatives & Living Wage for Families Campaign. (2010, April 28). City of New Westminster adopts first-ever living wage policy in Canada. p. 30.

Canadian Centre for Policy Alternatives. (2010). *Working for a Living Wage 2010.* Vancouver: Canadian Centre for Policy Alternatives.

Canadian Real Estate Association. (2010). *MLS® Statistics*. Retrieved May 04, 2010, from The Canadian Real Estate Association: http://www.crea.ca/public/news_stats/statistics.htm

Cineplex Entertainment. (2010). *FAQ*. Retrieved June 7, 2010, from CINEPLEX.com: http://www.cineplex.com/CorporateSales/CorporateFaq.aspx

City of Toronto. (2001). *The Toronto report card on homelessness 2001.* Toronto: City of Toronto.

City of Toronto. (2003). *The Toronto Report Card on Housing & Homelessness.* Toronto: City of Toronto.

CitySpaces Consulting. (2002). *Richmond Homelessness Needs Assessment and Strategy - "It's My City Too!".* Richmond: CitySpaces Consulting.

Coe, C. K. (2003). A Report Card on Report Cards. *Public Performance & Management Review , 27* (2), 53-76.

Community Action on Homelessness. (2009). *HALIFAX REPORT CARD ON HOMELESSNESS 2009.* Halifax: Community Action on Homelessness.

Community Action on Homelessness. (2010). *Halifax Report Card on Homelessness 2010.* Halifax: Community Action on Homelessness.

Community Foundations of Canada. (2008, October 7). NEWS RELEASE.

Crowe, C., & Hardill, K. (1993). Nursing research and political change: The street health report. *Canadian Nurse* (89), 21-24.

Doyle, J. (2009). *Homelessness: Clear Focus Needed.* Victoria: Office of the Auditor General of British Columbia.

European Federation of National Associations Working with the Homeless AISBL. (n.d.). *ETHOS - European Typology of Homelessness and housing exclusion.* Retrieved February 4, 2010, from FEANTSA: http://www.feantsa.org/files/freshstart/Toolkits/Ethos/Leaflet/EN.pdf

Fair, A. (2010, April 15). *Resale market sees nearly 100,000 homes listed for sale in March*. Retrieved May 4, 2010, from CREAStats: http://creastats.crea.ca/natl/index.htm

Fielding, J., Sutherland, C., & Halfon, N. (1999). Community Health Report Cards - Results of a National Survey. *American Journal of Preventitive Medicine , 17* (1), 79-86.

Fischer, P. J., & Breakey, W. R. (2001). The epidemiology of alcohol, drug and mental disorders. *American Psychologist* (46), 1115-1128.

Frankish, J. C., Hwang, S. W., & Quantz, D. (2005). Homelessness and Health in Canada - Research Lessons and Priorities. *Canadian Journal of Public Health , 96*, s23-s29.

Fuller, P., Browne, L., Beaulac, J., & Aubry, T. (2006). Developing a Report Card on Homelessness for a Canadian City: A Case Study. *Canadian Review of Social Policy* (58), 108-116.

Gormley Jr., W. T. (2004). Using Organizational Report Cards. In J. S. Wholey, H. P. Hatry, & K. E. Newcomer, *Handbook of Practical Program Evaluation* (pp. 628-648). Hoboken: Jossey-Bass.

Gormley, W. T., & Weimer, D. L. (1999). *Organizational Report Cards.* Cambridge: Harvard University Pressge.

GraphPad Software, Inc. (2005). *Quick Calcs - Online Calculators for Scientists*. Retrieved May 21, 2010, from GraphPad Software: http://www.graphpad.com/quickcalcs/index.cfm

Greater Moncton Homelessness Steering Committee. (2008). *Experiencing Homelessness - The First Report Card on Homelessness in Greater Moncton, 2008.* Moncton: Greater Moncton Homelessness Steering Committee.

Greater Victoria Coalition to End Homelessness. (2009). *Greater Victoria Coalition to End Homelessness 2009 Annual Report - Hope for Tomorrow.* Victoria: Greater Victoria Coalition to End Homelessness.

Greater Victoria Coalition to End Homelessness. (2009). *Greater Victoria Coalition to End Homelessness 2009 Annual Report - Hope for Tomorrow.* Victoria.

Greater Victoria Coalition to End Homelessness. (2009). *Proposed Indicators for Development of Progress Measurements .* Victoria: Greater Victoria Coalition to End Homelessness.

Greater Victoria Coalition to End Homelessness. (2009). *Report on Housing and Supports to March 31, 2009.* Victoria: Greater Victoria Coalition to End Homelessness.

Greater Victoria Coalition to End Homelessness Society. (2009). *The coalition*. Retrieved March 8, 2010, from Greater Victoria Coalition to End Homelessness - Hope has found a home: http://www.solvehomelessness.ca/3p_the-coalition.htm

Greater Victoria Coalition to End Homelessness. (2008). *Strategic Plan - Fiscal Years 2009/2009 To 2010/2011.* Victoria.

Halachmi, A. (2005). Performance measurement: test the water before you dive in. *International Review of Administrative Sciences , 71* (255), 255-266.

Hatry, H. P. (2004). Using Agency Records. In J. S. Wholey, H. P. Hatry, & K. E. Newcomer, *Handbook of Practical Program Evaluation* (pp. 396-411). Hoboken: Jossey-Bass.

Health Council of Canada (2). (2009). *Teams in Action: PrimaryHealth Care Teams for Canadians.* Health Council of Canada.

Homeless Service System of Franklin County. (2006). *REPORT CARD of the Homeless Service System of Franklin County.* Franklin County: Homeless Service System of Franklin County.

Homelessness and Housing Umbrella Group. (2008). *Waterloo Region Housing Stability Report Card 2008.* Waterloo: Homelessness and Housing Umbrella Group.

Hon, D. (2007, November 1). Dead Wrong - Why the police need more training in how to handle the mentally ill. *Vancouver Magazine* .

Human Resources and Skills Development Canada. (2009, July 31). *Welcome to HIFIS*. Retrieved July 7, 2010, from Human Resources and Skills Development Canada: http://www.hifis.ca/index-eng.shtml

Human Resources and Social Development Canada. (2008). *The Homelessness Partnering Strategy.* Gatineau: Human Resources and Social Development Canada.

Hwang, S. H. (2002). Is Homelessness Hazardous to Your Health. *Canadian Journal of Public Health , 93* (6), 407-410.

Hwang, S. W. (2000). Mortality among men using homeless shelters in Toronto, Ontario. *Journal of the American Medical Association* (283), 2152-2157.

Hwang, S. W., Wilkins, R., Tjepkema, M., O'Campo, P. J., & Dunn, J. R. (2009). Mortality among residents of shelters, rooming houses, and hotels in Canada: 11 year follow-up study. *BMJ* (339:b4036doi:10.1136/bmj.b4036), 1-9.

Kaplan, R. S., & Norton, D. P. (1992, Jan-Feb). The Balanced Scorecard - Measures that Drive Performance. *Harvard Business Review* , 71-79.

Kaplan, R. S., & Norton, D. P. (2007). Using the Balanced Scorecard as a Strategic Management System. *Best of Harvard Business Review* , 1-14.

Khandor, E., & Mason, K. (2007). *The Street Health Report 2007.* Toronto: Street Health.

Kopczynski, M. E. (2004). The Use of Evaluation by Nonprofit Organizations. In J. S. Wholey, H. P. Hatry, & K. E. Newcomer, *Handbook of Practical Program Evaluation* (pp. 649-669). Hoboken: Jossey-Bass.

Maslow, A. H. (1943). A Theory of Human Motivation. *Psychological Review* (50), 370-396.

Mayor's Task Force on Breaking the Cycle of Mental Illness, Addictions and Homelessness. (2007). *Mayor's Task Force on Breaking the Cycle of Mental Illness, Addictions and Homelessness: Executive Summary.* Victoria: City of Victoria.

Ministry of Employment & Income Assistance and Human Resources & Social Development Canada administrative files, and BCStats. (2009). *Basic Income Assistance Recipients as a Percent of Population.* Victoria: BC Stats.

Ministry of Housing and Social Development. (2008, September 16). *Increases To Income Assistance Rates.* Retrieved May 13, 2010, from Ministry of Housing and Social Development: http://www.eia.gov.bc.ca/factsheets/2007/increase.htm

Ministry of Housing and Social Development. (2008, September 22). *Persons With Disabilities*. Retrieved May 13, 2010, from Ministry of Housing and Social Development: http://www.eia.gov.bc.ca/factsheets/2004/pwd.htm

National Alliance to End Homelessness. (2000). *A Plan: Not A Dream - How to End Homelessness in Ten Years.* National Alliance to End Homelessness.

Newcomer, K. E., & Wirtz, P. W. (2004). Using Statistics in Evaluation. In J. S. Wholey, H. P. Hatry, & K. E. Newcomer, *Handbook of Practical Program Evaluation* (pp. 439-478). Hoboken: Jossey-Bass.

Paulsen, M. (2009, October 12). A Homelsess Report Card for British Columbia. *The Tyee* .

Pauly, B. (2009). *Homelessness and Core Housing Need.* Victoria: Greater Victoria Coalition To End Homelessness.

Poister, T. H. (2004). Performance Monitoring. In W. S. Joseph, H. P. Hatry, & K. E. Newcomer, *Handbook of Practical Program Evaluation* (pp. 98-125). Hoboken: Jossey-Bass.

Preacher, K. J. (2001, April). *Calculation for the Chi-Square Test - An interactive calculation tool for chi-square tests of*. Retrieved May 21, 2010, from Quantpsy.org: http://people.ku.edu/~preacher/chisq/chisq.htm

Quality of Life Challenge. (2010). *2010 Affordability Index Background Information.* Victoria: Quality of Life Challenge.

Quality of Life Challenge. (2009). *Affordability Index for BC's Capital Region.* Victoria: Quality of Life Challenge.

Quality of Life Challenge. (2008). *What does it cost to live in BC's Capital Region?* Victoria: Quality of Life Challenge.

Sclar, E. (1990). Homelessness and Housing Policy: A Game of Musical Chairs. *American Journal of Public Health , 80* (9), 1039-1040.

Shapcott, M. (2008). *Wellesley Institute National Housing Report Card.* Wellesley Institute.

Shortell, S. M., Gillies, R. R., Anderson, D. A., Erickson, K. M., & Mitchell, J. B. (1996). *Remaking Health Care in America: Building Organized Delivery Systems* (1st Edition ed.). San Francisco: Jossey-Bass.

St. John's Housing and Homelessness Network. (2008). *A Community REPORT CARD on the state of Youth Homelessness in St. John's.* St. John's: St. John's Housing and Homelessness Network.

Statistics Canada. (2010, February 4th). *CANSIM, table (for fee) 051-0046 and Catalogue no. 91C0029. Last modified: 2010-02-04.* Retrieved April 23, 2010, from Statistics Canada: http://www40.statcan.ca/l01/cst01/demo05a-eng.htm

Statistics Canada. (2010, March 29). *Consumer Price Index, by city.* Retrieved May 12, 2010, from Statistics Canada: http://www40.statcan.gc.ca/l01/cst01/econ45a-eng.htm

Statistics Canada. (2010, March 29). *Consumer Price Index, by province (Canada.* Retrieved May 12, 2010, from Statistics Canada: http://www40.statcan.gc.ca/l01/cst01/econ09a-eng.htm

Statistics Canada. (2008). *Labour Force Information - Catalogue no. 71-001-X.* Labour Force Survey Program, Labour Statistics Division. Ottawa: Statistics Canada.

Statistics Canada. (2010). *Labour Force Information Catalogue no. 71-001-X.* Labour Force Survey Program, Labour Statistics Division. Ottawa: Statistics Canada.

Statistics Canada. (2008, July 29). *Low income after-tax cut-offs*. Retrieved April 27, 2010, from Statistics Canada: http://www12.statcan.ca/census-recensement/2006/ref/dict/fam019-eng.cfm

Statistics Canada. (2007). *Statistics Canada. 2007. 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13 2007.* Retrieved March 12, 2010, from http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E

Teague, G. B., Ganju, V., Hornik, J. A., Johnson, R. J., & McKinney, J. (1997). The MHSIP Mental Health Report Card - A Consumer-Oriented Approach to Monitoring the Quality of Mental Health Plans. *Evaluation Review , 21* (330), 330-341.

Tenant Resource & Advisory Centre (TRAC). (2007). *Municipal Report Card on Housing and Homelessness.* Greater Vancouver Regional District: Tenant Resource & Advisory Centre (TRAC).

The Community Action Group on Homelessness. (2008). *Experiencing Homelessness - The First Report Card on Homelessness in Fredericton, New Brunswick.* Fredericton: The Community Action Group on Homelessness.

The Homelessness Partnering Strategy. (2010, February 2). *Human Resources and Skills Development Canada*. Retrieved July 4, 2010, from The Homelessness Partnering Strategy: http://www.hrsdc.gc.ca/eng/homelessness/index.shtml

Tourism Victoria. (2008). *Victoria's Climate*. Retrieved April 23, 2010, from Tourism Victoria: http://www.tourismvictoria.com/content.aspx?f=Content/Visitors/Plan_Your_Trip/Travel_Tips&p=Climate.html

Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis. *American Journal of Public Health , 94* (4), 651-656.

Turnbull, J., Muckle, W., & Masters, C. (2007). Homelessness and Health. *Canadian Medical Association Journal , 177* (9), 10651065-1066.

Unknown. (2007). *2007 Victoria CMA Assets Inventory - Homeless and At-Risk.* Victoria.

Vancouver Island Health Authority. (2007, May 30). *GENERAL BOARD MEETING - WEDNESDAY, MAY 30, 2007 - QUESTIONS & ANSWERS.* Retrieved May 24, 2010, from Vancouver Island Health Authority: http://www.viha.ca/NR/rdonlyres/498656DC-317F-4CB6-B39B-9109D9312865/0/5_30_07_q_and_a.pdf

Victoria Cool Aid Society. (2009). *2008/09 Balanced Scorecard Annual Report to the Community.* Victoria: Victoria Cool Aid Society.

Victoria Cool Aid Society. (2007). *Homeless Needs Survey 2007 A Pathway to Home - HOUSING FIRST – Plus Supports.* Victoria: Victoria Cool Aid Society.

VICTORIA INTEGRATED COMMUNITY OUTREACH TEAM. (2009). *Conference2008.* Retrieved May 7, 2010, from BC Non-Profit Housing Association: http://www.bcnpha.ca/Conference2008/Wednesday/W14-VICOT%20BNPHA.ppt

Victoria Police. (2009). Client Summary. Victoria, BC, Canada.

Victoria Real Estate Board Multiple Listing Service. (2010). *Historical MLS® Statistics - Sales of Single Family Dwellings By District.* Retrieved May 05, 2010, from Realtors of Greater Victoria: http://vreb.org/mls_statistics/historical_statistics.html#a2010

W.K. Kellogg Foundation. (2004). *Logic Model Development Guide.* Battle Creek: W.K. Kellogg Foundation.

Warburton, R. N., Fisher, P. D., Nosil, J., Brauer, G. W., Lawrence, W. J., & Ritchie, G. W. (1990). Digital Diagnostic Imaging With a Comprehensive PACS: Hypothetical Economic Evaluation at a Large Community Hospital. *Journal of Digita/Imaging , 3* (2), 101-107.

Weiss, J. A., & Tschirhart, M. (1994). Public Information Campaigns as Policy Instruments. *Journal of Policy Analysis and Management , 13* (1), 82-119.

Whitzman, C. (2006). At the Intersection of Invisibilities: Canadian women, homelessness and health outside the 'big city'. *Gender, Place and Culture , 13* (4), 383-399.

Wolch, J., Warshawsky, D., Blasi, G., Dear, M., Flaming, D., & Tepper, P. (2008). *Homelessness Report Card.* University of Southern California.

Yellowknife Homelessness Coalition. (2009). *Yellowknife Homelessness Report Card 2008.* Yellowknife: Yellowknife Homelessness Coalition.

Appendix A: Data Request Letter

December 14, 2009

Greater Victoria Coalition to End Homelessness
2nd Floor, 941 Pandora Avenue,
Victoria, BC, Canada
V8V 3P4
www.solvehomelessness.ca

To whom it may concern,

We, at the *Greater Victoria Coalition to End Homelessness*, wish to request your assistance in the creation of our annual homelessness report card.

The *GVCEH* has partnered in research with a Health Information Science Master's student to report on the current status of homelessness in the capital district. This report card will be released to the public and used to educate the community about the current issues of homelessness and to assess the overall progress of the Coalition towards meeting its target of ending homelessness in Victoria by 2018. This report will also be submitted to the University of Victoria as part of a graduate thesis.

The Coalition requests your participation in providing data for the homelessness report. Below is a table that outlines the data we request from you:

Term	**Indicator**	**Form**	**Example**
April 2005-2010, monthly	# of police calls involving one or more individuals with no fixed address, broken down by month	YYYY/MM-# of calls	2005/05-30, 2005/06-20, etc.
April 2009-2010, annual	# of homeless arrests divided by severity	Felony - # of arrests Misdemeanour - # of arrests	Felony - 12 Misdemeanour - 90
Etc.	Etc.	Etc.	Etc.

We request that this data is submitted to the Coalition by April of 2010.

If you have any questions, please do not hesitate to contact us. The contact for this research (Tyrone Austen) can be reached by email at tyrone@uvic.ca or by phone at 250-412-5722.

Thank you very much for your time. We greatly appreciate your assistance.

Sincerely,

Tyrone Austen

Appendix B: Unique Homelessness Report Card Indicators

Unique Homelessness Report Card Indicators			
ID	**Category**	**Group**	**Measure**
1	Community	Profile	General population
2	Community	Profile	General population growth expectancy
3	Community	Profile	# of local families referred to hotels due to homelessness
4	Community	Profile	#/% of at risk homeless (in the final process of eviction)
5	Community	Profile	#/% of episodic/chronically homeless
6	Community	Profile	#/% of homeless by age
7	Community	Profile	#/% of homeless by family status
8	Community	Profile	#/% of homeless by gender
9	Community	Profile	#/% of homeless by geographic region
10	Community	Profile	#/% of homeless by length of time within the region
11	Community	Profile	#/% of homeless by length of time homeless
12	Community	Profile	#/% of homeless by place of birth
13	Community	Profile	#/% of homeless by race
14	Community	Profile	#/% of homeless by first language/s
15	Community	Profile	#/% of homeless by sexual orientation
16	Community	Profile	#/% of homeless by refugee/immigrant status
17	Community	Profile	#/% of homeless by type of homelessness (street, shelter, transition, etc.)
18	Community	Profile	#/% of homeless by *income*
19	Community	Profile	#/% of homeless who are disabled
20	Community	Profile	#/% of homeless who are members of social support programs - by program
21	Community	Profile	#/% of homeless who previously belonged in foster care
22	Community	Profile	#/% of homeless who previously belonged in military
23	Community	Profile	#/% of homeless who previously lived within region before being homeless
24	Community	Profile	#/% of homeless who previously worked in the year/5 years before homelessness
25	Community	Profile	#/% of homeless who have a bank account and the reasons why those don't have one
26	Community	Profile	Avg. # of moves over a three year period for vulnerable population
27	Community	Profile	Last place of sleep by day/month
28	Community	Profile	Reasons for homelessness by demographic and by episodic homelessness
29	Community	Profile	Reasons for youth *supportive housing* requests
30	Community	Profile	% of homeless with employment (by source of *income*: pan-handling, food services, etc.)
31	Community	Education	% of youth in school experiencing housing problems
32	Community	Education	% of youth in school with complex needs
33	Community	Education	# of school dropouts
34	Community	Education	% of homeless youth who dropped out of school
35	Community	Education	Reason for dropping out of school (family life, expelled, quit)
36	Community	Education	Avg. grade completed in school dropouts broken down by gender
37	Community	Education	% of dropouts who want to go back to school

38	Community	Education	% of youth dropouts who meet employment needs
39	Community	Education	% of adults in region who have completed high school, trended over time and broken down by age, gender, and race (Aboriginal)
40	Health	access	% of homeless with a family doctor
41	Health	access	#/% of homeless who do not have a medical card (or other Ids)
42	Health	access	# refused health access due to absence of a medical card
43	Health	access	% felt treated unfairly by health provider due to homelessness
44	Health	access	#/% that had a negative experience with hospital security
45	Health	access	#/% of homeless that find it difficult to attain proper hygienic facilities by type (i.e. Washroom, place to bathe, etc.)
46	Health	access	% of homeless who utilize preventative health compared to the general population (i.e. Pap tests, checkups, immunizations, etc.)
47	Health	access	Types of health care centers accessed by the homeless broken down by centre and number of times visited
48	Health	access	Reasons for not having a usual source of health care
49	Health	access	Reasons for accessing emergency room
50	Health	access	Reasons for not being able to access emergency care
51	Health	access	#/% of homeless who were not able to attain a needed prescription in the past year broken down by the reason and the types of medications that the patient should be taking but weren't
52	Health	access	#/% of homeless who were not able to attain a needed medical assistive device broken down by the reason and the types of assistive device (i.e. wheelchair that the patient should be using but weren't)
53	Health	access	#/% of homeless who could not follow a medical treatment plan broken down by the reason and the type of medical treatment
54	Health	access	#/% of homeless who could not attain needed mental health care or treatment and the reason for this
55	Health	access	#/% of homeless who could not attain needed substance abuse treatment and the reason for this, broken down by the type of substance abuse program
56	Health	access	#/% of homeless with access to a dentist and reasons for not having access
57	Health	access	#/% of homeless with access to eye care and reasons for not having access
59	Health	access	Reasons why homeless feel they were discriminated against during a medical visit
60	Health	death	# of known deaths in street community broken by demographic and cause of death
61	Health	drugs	% of youth that share drug equipment broken down by gender
62	Health	drugs	% of youth that use drugs broken down by gender
63	Health	drugs	% of youth that use needles/pipes broken down by gender
64	Health	drugs	Type - Drug use breakdown by type of drug
65	Health	drugs	Type - Method breakdown for funding drug habits
66	Health	drugs	#/% of homeless who have needed clean/safe drug kits/sites but have not been able to attain them in the past year
67	Health	health	# of new HIV and HCV cases by subpopulation
68	Health	health	# Breakdown of youth with complex needs by: age, numbers, education, addictions, housing instability, mental health admission rates, criminal justice involvement,
69	Health	health	% Considered or attempted suicide
70	Health	health	% and type - Rates of chronic illness in homeless

71	Health	health	% and type - Rates of mental health diseases in homeless
72	Health	health	% and type - Rates of acute illnesses in homeless
73	Health	health	% of people within region who are obese
74	Health	health	# of victims of assault, broken down by age and gender, and assaulter (police, spouse, etc.)
75	Health	health	# avg. hours of sleep for the homeless
76	Health	health	Reasons for lack of sleep
77	Health	health	% feeling socially isolated
78	Health	health	#/% of homeless with a specially assigned diet and the number that can follow that diet
79	Health	health	Self assessed health levels (stress, pain, overall health, etc.)
80	Health	health	#/% of homeless with a learning disability by disability type
81	Health	health	#/% of homeless with an oral health problem, by problem type
82	Health	sex	% of youth in sex trade
83	Health	sex	% that use sex for food, drugs, or a place to stay
84	Health	sex	Of those youth in sex trade, broken down by gender: have been tested for STI, length of street involvement, # of moves in last year, highest grade completed, ran away, kicked out, experienced abuse, experienced abuse before homeless, experienced abuse after homeless, abused before and after homeless, have a criminal record
85	Health	sex	# of Victims of sexual assault broken down by age and gender, % involving drug and alcohol facilitation, place of referral
86	Health	sex	% of homeless who have been pregnant/had a baby while homeless
87	Health	sex	#/% of homeless who are sexually active
88	Health	sex	#/% of homeless who practice safe sex (i.e. Use a condom, dental dam, etc.) broken down by always, sometimes, never
247	Health	utilization	# of emergency room visits by NFAs
248	Health	utilization	# of psychiatric emergency visits by NFAs
89	Health	funding	$ Mental health funding
90	Housing	barriers	Barriers to accessing housing
91	Housing	cost	% of units that raise *rent* at turnover of clients
92	Housing	cost	Average *Rent* (bachelor, 1 BR, 2BR, etc.) by year
93	Housing	cost	Average *rent* (bachelor, 1 BR, 2BR, etc.) compared with other regions
94	Housing	demand	Proportion of rented units by cost (two thirds rented for less than $800)
95	Housing	demand	# and % of population who are renters
96	Housing	demand	# of people on temporary housing wait lists by type
97	Housing	demand	# of residential sales by price range
98	Housing	demand	# on *permanent housing* wait lists by type (i.e. Social, supportive, public, affordable, supported independent living, subsidized, community, etc.)
99	Housing	demand	# past and expected length of time on *permanent housing* wait list by days/months/years
100	Housing	demand	# Estimated of new *permanent housing* units needed
101	Housing	demand	Number of Applicants to B.C. Housing Registry (2008)
102	Housing	demand	Average # of homeless per *supportive housing* unit
103	Housing	demand	Average length of stay in *supportive housing*
104	Housing	eviction	# of eviction applications per month
105	Housing	eviction	# of evictions per month/year

106	Housing	eviction	% of eviction notices contested by tenets
107	Housing	eviction	% of arrears for amounts less than $800
108	Housing	eviction	% resulting from rental arrears
109	Housing	funding	# of provincially subsidized *social housing* units in private dwelling
110	Housing	funding	# of provincially subsidized *social housing* units owned by the province
111	Housing	funding	# *supportive housing* units supported by province
112	Housing	funding	$ allocated to *supportive housing* by levels of government
113	Housing	funding	$ allocated per capita by province
114	Housing	funding	$ funding for placement of chronically homeless in *supportive housing*
115	Housing	funding	$ Total budget per housing program
116	Housing	funding	$ Total cost per housing a homeless individual per year
117	Housing	funding	$ cost per day/per individual for *supportive housing*
118	Housing	funding	$ Funding of rental unit projects (gov. vs. private)
119	Housing	new	# of new *permanent housing* units by type (i.e. Affordable, community, supportive, etc.)
120	Housing	new	# of new temporary housing units by type (i.e. Shelter, transitional, etc.)
121	Housing	new	# of permanent and temporary housing units assisted by the government
122	Housing	new	# of *permanent housing* units currently under construction by type (i.e. Affordable, community, supportive, rental vs. owned, protected, social, subsidized (by families, seniors, and cooperative housing), public, etc.)
123	Housing	new	# of temporary housing units currently under construction by type (i.e. Shelter, transitional, etc.)
124	Housing	new	# of upgraded temporary housing units by type (i.e. Shelter, transitional, etc.)
125	Housing	supply	# Applications to demolish rental units or convert to condominium
126	Housing	supply	# of *permanent housing* units at risk of loss by type (i.e. Affordable, community, supportive, rental vs. owned, protected, social, subsidized (by families, seniors, and cooperative housing), public, etc.)
127	Housing	supply	# of temporary housing units lost in the past year
128	Housing	supply	# of *permanent housing* units by type (i.e. Affordable, community, supportive, rental vs. owned, protected, social, subsidized (by families, seniors, and cooperative housing), public, condominium (owner occupied vs. rented) etc.), non-profit (from Fredericton 2008), trended over time
129	Housing	supply	# of temporary housing units and/or beds by type (i.e. Shelter, transitional, detox beds, etc.)
130	Housing	supply	#/% *Permanent housing vacancy* by type (i.e. Affordable, community, supportive, supported independent living, rental vs. owned, protected, social, subsidized (by families, seniors, and cooperative housing), public, etc.)
131	Housing	supply	#/% Temporary housing *vacancy* by type (i.e. Shelter, transitional, detox beds, etc.)
132	Housing	supply	% Type of housing secured out of temporary housing (i.e. Affordable, community, supportive, supported independent living, rental vs. owned, protected, social, subsidized (by families, seniors, and cooperative housing), public, etc.)
133	Housing	supply	% demographic breakdown of low *income* housing (broken down by single men, single women, youth, and families)
134	*Income*	Assistance	# of families leaving social assistance vs. single people
135	*Income*	Assistance	# and % of people applying for welfare but not accessing welfare
136	*Income*	Assistance	# and % of welfare clients with *PPMB* or Disability status leaving caseload without evidence of *income*

137	*Income*	Assistance	# individuals on social assistance broken down by type of assistance (welfare, *Income Assistance*, shelter allowance, disability shelter allowance, disability support, *rent* supplements, Ontario works, ODSP, *BC Benefits*) and type of assistance receivers (i.e. Children, singles, couples, families, seniors, GST rebate, Personal Needs Allowance, etc.)
138	*Income*	Assistance	# of households waiting for long term support to maintain housing (broken down by: non-specific, developmental disability, physical disability/acquired brain injury, mental health)
139	*Income*	Assistance	# of *Rent* Bank loans
140	*Income*	Assistance	# of banks in low *income* areas vs. number of cheques to cash outlets ("financial services")
141	*Income*	Assistance	$ fees of cheques to cash services
142	*Income*	Assistance	$ assistance rates (welfare, *Income Assistance*, shelter allowance, disability shelter allowance, disability support, *rent* supplements, diet supplement, Ontario works, ODSP) trended over time by household type (single, couple, family, etc,)
143	*Income*	Assistance	$ average *income* of welfare individuals per month and year
144	*Income*	Assistance	$ *income* limits to apply for assistance by type (welfare, *Income Assistance*, shelter allowance, disability shelter allowance, disability support, *rent* supplements, Ontario works, ODSP
145	*Income*	Assistance	$ Total Temporary *Income Assistance* Amount
146	*Income*	Assistance	% of local workers eligible for EI
147	*Income*	Assistance	% of people on welfare who are *employed*
148	*Income*	Assistance	% of people receiving assistance who are homeless
149	*Income*	Assistance	Average monthly # of *Income Assistance* cases by type (*Income Assistance*, shelter allowance, disability shelter allowance, disability support, *rent* supplements, Ontario works, ODSP)
150	*Income*	Assistance	Explanation of *Income Assistance* rates
151	*Income*	Assistance	Source of *income* for people on waiting list for *social housing*
152	*Income*	Assistance	% of homeless with serious health condition that are receiving medical assistance broken down by their reason for not receiving the assistance
153	*Income*	costs	$ spending on housing trended over time and broken down by household
154	*Income*	costs	% of *income* spent on housing by renters
155	*Income*	costs	# of food insecure people - regional comparisons
156	*Income*	costs	# of Households in affordable housing by price range (% of households that overspend on housing)
157	*Income*	costs	# of people at risk of homelessness due to affordability issues
158	*Income*	costs	$ wages (individual and/or household) and/or assistance needed for costs of living (food, different types of housing (i.e. Renting bachelor, 1 bedroom, etc and ownership 1 bedroom, etc.) trended over time and compared with households receiving those wages
159	*Income*	costs	% of *employed* youth experiencing housing problems
160	*Income*	costs	% of renters able to afford homeownership
161	*Income*	costs	Consumer Price Index trended over time
162	*Income*	costs	Transportation: cost of bus ticket/bus pass
163	*Income*	costs	$ Spending of those below low *income* measures
164	*Income*	costs	% of households spending over 50% on rent

165	*Income*	costs	# and % of households (broken by # of people in household and gender for individuals) under different low *income* measures: Low *Income* Cut-offs (LICOs), the Low *Income* Measures (LIMs) and the Market Basket Measure (MBM); Also *core housing need* (divided by criteria: need of major repair, does not have enough bedrooms for the size and makeup of the household, or costs 30 percent or more of their total *income*); *CMHC*'s INALH rates (in *core housing need* and spending at least half their total *income* on housing);
166	*Income*	employment	% Unemployment rate
167	*Income*	employment	% Employment rate
168	*Income*	employment	# and % change in *income* sources
169	*Income*	employment	$ After tax *income* for lowest quintile and highest quintile trended over time
170	*Income*	employment	$ average wage of jobs with the highest opening rates
171	*Income*	employment	$ Median Household *Income* trended over time by demographic (gender, singles, couples, families, etc.)
172	*Income*	employment	$ of Minimum Wage trended over time
173	*Income*	employment	Average wage trended over time
174	Legal	Police	% of homeless with recent prison history
175	Legal	Police	# and % change in police stats related to homelessness
176	Legal	Police	Annual nightly admissions to RCMP
177	Legal	Police	# of police in homeless core areas
178	Legal	Police	# of services (not police) in homeless core areas
179	Legal	Police	# of citations written for homeless
180	Legal	Police	# of felony arrests for homeless
181	Legal	Police	# of misdemeanour arrests on warrants for homeless
182	Legal	Police	# of police mental health contacts for homeless
183	Legal	Police	Types of violations in homeless arrests
184	Legal	Police	Demographic of VICOT client (age and gender)
185	Legal	Police	Admission date into VICOT
186	Legal	Police	Housed through VICOT (and applicable evictions)
187	Legal	Police	Calls to police (number and rate) before vs. after VICOT
188	Outcomes	drugs	# of active clients in methadone clinic (broken down by gender and client privileges i.e. Carry, witness, etc.)
189	Outcomes	drugs	# of daily methadone visits at methadone clinic
190	Outcomes	drugs	# of needle exchange users (broken down by gender, age, housing situation,)
191	Outcomes	drugs	% of youth that use *harm reduction* services broken down by gender
192	Outcomes	drugs	Number of people treated in methadone clinic
193	Outcomes	drugs	Wait list of methadone clinic
194	Outcomes	food	# of food banks
195	Outcomes	food	# of soup kitchens
196	Outcomes	food	Availability of food services over time
197	Outcomes	food	# of meals and/or pounds of food served broken down by food banks/soup kitchens
198	Outcomes	food	# of people/households using the food bank and/or soup kitchens broken down by demographic and food bank, trended over time
199	Outcomes	food	% of food bank users under social assistance (broken down by working poor and disability)
200	Outcomes	food	Estimation of meal servings for next winter

201	Outcomes	funding	# of hours provided by voluntary services
202	Outcomes	funding	$ Amount donated to services divided by sources (i.e. Online donations, individual donors, organizational donors, monthly donors, government, etc.)
203	Outcomes	funding	$ Funding for homelessness services (Federal, provincial, municipal, total)
204	Outcomes	funding	$ total program (i.e. *GVCEH*) revenues trended over time divided by revenue sources
205	Outcomes	funding	$ total program (i.e. *GVCEH*) budget trended over time divided by expenditures
206	Outcomes	funding	$ total program (i.e. *GVCEH*) surplus/deficit trended over time
207	Outcomes	housed	# and % of housed clients who are satisfied with situation
208	Outcomes	housed	# of clients needing housing broken down by housing type and client demographics
209	Outcomes	housed	# of individuals who were housed by a service and remain housed divided by service
210	Outcomes	housed	% of clients housed by a service that remain housed as well as the number that aren't housed that went back to homelessness, went to an institution (i.e. Jail, hospital etc..)
211	Outcomes	housed	# of people who exiting supporting housing and their reasons for leaving
212	Outcomes	housed	# of people who have been supported to move from streets to homes by housing type broken down by service team (VICOT, ACT), trended over time
213	Outcomes	housed	Reasons housing not accessed
214	Outcomes	housed	Trended changes in Quality of Life indicators of housed clients
215	Outcomes	supports	# and type of outreach teams (ACT, VICOT, etc)
216	Outcomes	supports	# of staff for program/supports broken down by demographic (i.e. Permanent vs. casual, gender, age, tenure)
217	Outcomes	supports	% staff turnover rate for program/supports trended over time
218	Outcomes	supports	% of supports that use the housing first approach
219	Outcomes	supports	# breakdown of where clients found housing (returned home to mate after discharge; went to Second stage housing; found housing; went to stay with friends or relatives)
220	Outcomes	supports	# of clients secured employment
221	Outcomes	supports	# of clients served, broken down by program (i.e. Counselling, youth drop-in centre, employment, skills training, call centre, outreach, housing supports, information/resources, supplies, transportation, phone, health services), client demographic, and trended over time
222	Outcomes	supports	% of clients served that have had shelter contact
223	Outcomes	supports	% of youth engaging counselling service who have difficulty attaining housing
224	Outcomes	supports	% of youth in counselling service who struggle with housing
249	Outcomes	supports	% of shelter users that are admitted by CSWs
225	Shelter	funding	$ Provincial shelter benefit spending (for singles, couples, etc.)
226	Shelter	funding	% funding source breakdown for each shelter
227	Shelter	funding	$ costs per shelter unit
228	Shelter	services	# of meals served per shelter over time
229	Shelter	transition	# and % shelter clients interested in securing housing
230	Shelter	*turn-away*	# and reason of *turn-away*s from shelters broken down by client demographic and shelter
231	Shelter	units	# of beds in local shelters that are accessible for the disabled (kept by)
232	Shelter	units	# of *emergency shelter* units and beds under development
233	Shelter	units	# of shelter beds broken down by provider, bed type (who can use it - i.e. men, women, women for domestic violence, etc.), and trended over the season

234	Shelter	users	# of individuals who stayed in a shelter broken down by demographic (single women, youth, families, gender, age, parental status, current living situation, length of time being street involved, family context, housing history, education, drug/alcohol issues, unemployment, services of previous involvement, women fleeing abuse, location, *income*, etc)
235	Shelter	users	# of residents living in shelters and other *emergency shelter* because of limited capacity in the region (kept by HIFIS data)
236	Shelter	users	% breakdown of the # days spent at shelters by Unique Individuals
237	Shelter	users	% of *emergency shelter* returning users broken by (returning within the year, more than one calendar year over the past 5 years), broken down by shelter
238	Shelter	users	% of street youth staying in *emergency shelter*s
239	Shelter	users	Average length of stay in *emergency shelter* [days] broken down by demographic (single women, youth, families, etc) and service provider
240	Shelter	users	reasons people gave for needing *emergency shelter*s (by demographic groups)
241	Shelter	users	reasons people gave for avoiding the use of *emergency shelter*s by type (i.e. Bed bugs, crowded, etc.)
242	Shelter	utilization	# of estimated shelter beds to be used for the next winter
243	Shelter	utilization	# of requests for services (used beds + *turn-away*s) broken down by shelter
244	Shelter	utilization	# of times shelter and/or hostel beds were used, broken down by provider, bed type and trended over the season
245	Shelter	utilization	% Capacity/occupancy rates of shelters
246	Shelter	utilization	Regional breakdown of # homeless vs. # of homeless beds vs. # of homeless sheltered

Table B-1: Unique Homelessness Report Card Indicators

Report Card Review Source List	
ID	**Indicator Source**
A	(City of Toronto, 2001)
B	(CitySpaces Consulting, 2002)
C	(Homeless Service System of Franklin County, 2006)
D	(Khandor & Mason, 2007)
E	(Tenant Resource & Advisory Centre (TRAC), 2007)
F	(Shapcott, 2008)
G	(Community Foundations of Canada, 2008)
H	(The Community Action Group on Homelessness, 2008)
I	(Greater Moncton Homelessness Steering Committee, 2008)
J	(Alliance to End Homelessness, 2008)
K	(St. John's Housing and Homelessness Network, 2008)
L	(Wolch, Warshawsky, Blasi, Dear, Flaming, & Tepper, 2008)
M	(Homelessness and Housing Umbrella Group, 2008)
N	(Yellowknife Homelessness Coalition, 2009)
O	(Greater Victoria Coalition to End Homelessness, 2009)
P	(Greater Victoria Coalition to End Homelessness, 2009)
Q	(Community Action on Homelessness, 2009)
R	(Victoria Police, 2009)
S	(Victoria Cool Aid Society, 2009)

Table B-2: Report Card Review Source List

Indicator Source Matrix																				
Indicator ID	Indicator Source ID																			Total
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	
1								1	1											2
2					1															1
3		1																		1
4										1										1
5	1		1									1								3
6				1								1			1		1			4
7		1										1			1					3
8												1			1		1			3
9												1								1
10				1											1					2
11				1							1				1		1			4
12				1													1			2
13				1								1			1					3
14				1																1
15				1																1
16															1					1
17	1	1	1									1			1					5
18				1																1
19												1								1
20				1								1					1			3
21												1								1
22												1								1
23												1								1
24												1								1
25				1																1
26											1									1
27				1													1			2
28	1			1																2
29											1									1
30				1																1
31											1									1
32											1									1
33											1									1
34											1									1
35											1									1
36											1									1
37											1									1
38											1									1

Indicator ID	Indicator Source ID																			Total
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	
39							1													1
40				1																1
41				1																1
42				1																1
43				1																1
44				1																1
45				1																1
46				1																1
47				1																1
48				1																1
49				1																1
50				1																1
51				1																1
52				1																1
53				1																1
54				1																1
55				1																1
56				1																1
57				1																1
59				1																1
60	1														1					2
61											1									1
62											1									1
63											1									1
64				1							1				1					3
65											1									1
66				1																1
67															1					1
68											1									1
69				1													1			2
70				1								1			1		1			4
71				1								1			1		1			4
72				1																1
73							1													1
74				1																1
75				1																1
76				1																1
77				1																1
78				1																1

Indicator ID	Indicator Source ID																		Total
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	
79				1																1
80				1																1
81				1																1
82											1									1
83											1									1
84											1									1
85				1							1									2
86				1																1
87				1																1
88				1																1
247																				0
248																				0
89												1					1			2
90				1											1					2
91	1																			1
92	1	1		1	1	1		1	1	1			1	1	1	1	1			13
93														1						1
94	1																			1
95					1										1					2
96					1							1								2
97														1						1
98	1	1		1	1			1	1	1		1	1	1			1			11
99				1																1
100			1																	1
101															1	1				2
102												1								1
103			1																	1
104	1			1																2
105	1														1					2
106	1																			1
107	1																			1
108	1			1																2
109									1											1
110									1											1
111	1								1											2
112			1	1		1						1								4
113						1														1
114												1								1
115															1					1

Indicator ID	Indicator Source ID																			Total
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	
116															1					1
117			1																	1
118	1																			1
119	1			1		1		1	1	1					1	1	1		1	10
120				1					1							1	1		1	5
121				1		1									1					3
122												1								1
123																	1			1
124																1				1
125															1					1
126												1								1
127				1																1
128	1	1	1	1				1	1	1		1	1	1	1	1	1			13
129				1				1							1	1				4
130	1		1		1		1	1	1	1	1		1	1					1	11
131										1									1	2
132															1					1
133										1										1
134	1																			1
135															1					1
136															1					1
137	1	1		1				1	1			1			1					7
138													1							1
139													1							1
140				1																1
141				1																1
142				1				1	1	1		1	1		1	1	1			9
143												1								1
144												1								1
145																1				1
146															1					1
147												1								1
148												1								1
149										1							1			2
150																	1			1
151	1																			1
152				1																1
153						1														1
154	1																			1

Indicator ID	Indicator Source ID																			Total
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	
155				1					1			1								3
156														1						1
157				1	1						1									3
158				1		1				1					1		1			5
159											1									1
160															1					1
161										1				1			1			3
162															1					1
163	1																			1
164												1								1
165	1	1			1	1			1					1	1		1			8
166															1					1
167							1													1
168															1					1
169															1					1
170				1								1								2
171	1								1				1		1		1			5
172								1	1	1			1	1	1	1	1			8
173	1						1													2
174															1					1
175															1					1
176														1						1
177												1								1
178												1								1
179												1								1
180												1								1
181												1								1
182												1								1
183												1								1
184																		1		1
185																		1		1
186																		1		1
187																		1		1
188																	1			1
189																	1			1
190									1											1
191											1									1
192																	1			1

Indicator ID	Indicator Source ID																		Total
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	
193																	1			1
194				1				1												2
195				1				1												2
196				1																1
197	1							1	1					1	1				1	6
198	1	1						1	1			1			1		1			7
199																	1			1
200	1																			1
201										1										1
202														1					1	2
203						1				1		1					1			4
204																			1	1
205																			1	1
206																			1	1
207															1					1
208											1									1
209			1													1				2
210			1																	1
211															1					1
212	1		1	1						1					1	1				6
213															1					1
214															1					1
215			1													1				2
216			1																1	2
217																			1	1
218			1																	1
219									1											1
220								1		1										2
221	1		1	1					1	1	1			1					1	8
222			1																	1
223											1									1
224											1									1
249																				0
225		1																		1
226			1					1		1										3
227			1																	1
228									1											1
229															1					1
230		1		1							1	1			1					5

Indicator ID	Indicator Source ID																		Total
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	
231		1																		1
232												1								1
233	1		1	1				1	1		1	1	1	1	1	1				11
234	1	1	1	1				1	1	1	1	1	1	1	1	1	1			14
235		1																		1
236	1		1	1					1											4
237			1	1							1		1							4
238											1									1
239	1		1	1				1	1	1	1	1		1	1		1			11
240	1										1									2
241				1																1
242	1																			1
243											1									1
244	1		1					1	1	1	1			1	1	1	1		1	11
245		1	1						1		1	1							1	6
246												1								1
Total																				
	38	15	25	84	8	9	5	20	28	22	39	49	12	18	55	16	34	4	14	495
Average # of indicators per report:																				
26.05																				
Average # of times an indicator is reported:																				
2.00																				

Table B-3: Indicator Source Matrix

Appendix C: Victoria CMA

Victoria CMA Region Names and Types	
Victoria CMA	**CMA Type**
Becher Bay 1	Indian reserve
Capital H (Part 1)	Regional district electoral area
Central Saanich	District municipality
Cole Bay 3	Indian reserve
Colwood	City
East Saanich 2	Indian reserve
Esquimalt	District municipality
Esquimalt	Indian reserve
Highlands	District municipality
Langford	City
Metchosin	District municipality
New Songhees 1A	Indian reserve
North Saanich	District municipality
Oak Bay	District municipality
Saanich	District municipality
Sidney	Town
Sooke	District municipality
South Saanich 1	Indian reserve
T'Sou-ke 1 (Sooke 1)	Indian reserve
T'Sou-ke 2 (Sooke 2)	Indian reserve
Union Bay 4	Indian reserve
Victoria	City
View Royal	Town

Table C-1: Victoria CMA Region Names and Types

Appendix D: *CMHC* Image Permission Letter

Sent: Fri 30/04/2010 10:55
To: Lee King [lking@cmhc-schl.gc.ca]
From: Tyrone Austen [Tyrone@uvic.ca]

Hi Lee,
Would be OK for us to use/alter the *CMHC* Victoria Zone map from the 2009 Annual Market Rental Report (Victoria CMA) for our reporting of the Housing stats for our Homelessness report card? We would of course credit *CMHC* for the base image.

Thanks,

Tyrone

Sent: Fri 30/04/2010 12:54
To: Tyrone Austen [Tyrone@uvic.ca]
From: Lee King [lking@cmhc-schl.gc.ca]

OK as long as *CMHC* prominently acknowledged.

Lee F. King
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Appendix E: Greater Victoria Shelter Inventory and Request Status

Greater Victoria *Emergency Shelter* and Transition House Inventory and Request Status											
Organization	**Shelters**	**Type**	**# of Units**	**Unit Type**	**Demographic**	**Req *BC Housing***	**Data Received**				
							05/06	**06/07**	**07/08**	**08/09**	**09/10**
Casa Maria *Emergency Housing* Society	Casa Maria *Emergency Housing* Society	*Emergency Shelter*	2	2 Bedroom units	Families	No	No	No	No	No	No
M'akola Group of Societies	Tonto Rosette House	*Emergency Shelter*	8	Rooms	Aboriginal Youth / Families	No	No	No	No	No	No
The Cridge Centre for the Family	Cridge Transition House for Women (formerly Hill House)	*Emergency Shelter*	18	Beds	Women	No	No	No	No	No	No
Victoria Women's Transition House Society	Safe Home	*Emergency Shelter*	1	Room	Women	Yes & Independently	n/a	Yes	Yes	Yes	Yes
Victoria Women's Transition House Society	Shelter	*Emergency Shelter*	18	Beds	Women	Yes & Independently	No	Yes	Yes	Yes	Yes
Victoria Youth Empowerment Society	Kiwanis Emergency Youth Shelter	*Emergency Shelter*	10	Beds	Youth	No	Yes	Yes	Yes	Yes	Yes
Women's Transition House	Annie's Place - Sooke Transition House	*Emergency Shelter*	n/a	n/a	Women	No	No	No	No	No	No
Vancouver Island Health Authority	Sobering and Assessment Centre	*Emergency Shelter* - Detox	21	Beds	Inebriated clients	No	No	No	No	No	No
Salvation Army	Addictions and Rehabilitation Centre (ARC)	*Emergency Shelter* - ESP	21	Beds	Men	Yes	No	Yes	Yes	Yes	Yes

Victoria Cool Aid Society	Sandy Merriman House	*Emergency Shelter* - ESP	25	Beds	Women	Yes	No	No	Yes	Yes	Yes
Victoria Cool Aid Society	Streetlink Shelter	*Emergency Shelter* - ESP	80	Beds	Adults	Yes	No	No	Yes	Yes	Yes
Victoria Cool Aid Society	Next Steps	*Emergency Shelter* - ESP	15	Beds	Adults	Yes	No	No	Yes	Yes	Yes
Burnside Gorge Community Association	Burnside Gorge Community Association	*Emergency Shelter* - Temporary Housing	n/a	Motels and Couch Surfing	Families	No	No	Yes	Yes	Yes	Yes
Beacon Community Services	Out of the Rain	*Emergency Shelter* – ESP - Seasonal	30	n/a	Youth	Yes & Independently	No	Yes	Yes	Yes	Yes
Victoria Cool Aid Society	St. John the Devine	*Emergency Shelter* - ESP- Seasonal	40	Beds	n/a	Yes in 2008/09. No in 2009/2010 – received independent request	No	No	No	Yes	Yes
Open Door	Inner City Ministry	*Emergency Shelter* - EWR	50	Mats	n/a	Yes	No	Yes	Yes	n/a	n/a
Our Place Society	Our Place Society	*Emergency Shelter* - EWR	50	Mats	n/a	Yes	n/a	n/a	n/a	Yes	Yes
Salvation Army	High Point Community Church	*Emergency Shelter* - EWR	30	Mats	n/a	Yes	No	No	No	Yes	Yes
Salvation Army	Addictions and Rehabilitation Centre (ARC) - EWR Mats	*Emergency Shelter* - EWR	30	Mats	n/a	Yes	No	Yes	Yes	No	Yes

Vancouver Island Health Authority	Sobering and Assessment Centre	*Emergency Shelter* - EWR	5	Beds	n/a	Yes	No	Yes	Yes	Yes	Yes
Victoria Native Friendship Centre	Victoria Native Friendship Centre	*Emergency Shelter* - EWR	25	Mats	n/a	Yes	No	Yes	Yes	Yes	Yes
n/a	Sleeping Rough (on the streets, couch surfing, etc.)	Other	n/a	n/a	n/a	No	No	No	No	No	No
Police	Greater Victoria Holding Cells	Other	n/a	Cells	Criminal	No	No	No	No	No	No
Vancouver Island Health Authority	Hospital Inpatient Beds	Other	n/a	n/a	n/a	No	No	No	No	No	No
Vancouver Island Health Authority	Community Medical Detox	Detox	21	Beds	Acute medical withdrawal	No	No	No	No	No	No
Vancouver Island Health Authority	Holly House	Detox	5	Beds	Women, Stabilization	No	No	No	No	No	No
Vancouver Island Health Authority	Pembroke Place Stabilization Unit	Detox	17	Beds	n/a	No	No	No	No	No	No
Vancouver Island Health Authority	The Grove Supportive Recovery Home	Detox	5	Beds	Men, Stabilization	No	No	No	No	No	No
Vancouver Island Health Authority	Victoria Detox Centre	Detox	7	Beds	n/a	No	No	No	No	No	No
Victoria Youth Empowerment Society	Specialized Youth Detox (SYD Care Home & Ashgrove Detox services)	Detox	n/a		Youth	No	No	No	No	No	No
Boys & Girls Club Services of Greater Victoria	Boys & Girls Club Services of Greater Victoria	Transition	n/a	Housing	Youth	No	Yes	Yes	Yes	Yes	Yes
Greater Victoria Women's Shelter Society (GVWSS)	Margaret Laurence House	Transition	6	*Townhouse* Units	Women	No	No	No	No	No	No

Our Place Society	*Transitional Housing*	Transition	22	Rooms	Men	No	No	No	No	No	No	No
Salvation Army	Addictions and Rehabilitation Centre (ARC)	Transition	34	Beds	Men on parole	No	No	No	No	No	No	No
Salvation Army	Addictions and Rehabilitation Centre (ARC)	Transition	71	Rooms	Men	No	No	No	No	No	No	No
The Cridge Centre for the Family	Hayward House	Transition	31	*Townhouse* Units	Families	No	No	No	No	No	No	No
Threshold Housing Society	Threshold	Transition	8	Bedroom units in 2 houses	Youth	No	No	Yes	Yes	Yes	Yes	Yes
Victoria Native Friendship Centre	IY ILEN HAUTW	Transition	n/a	n/a	Aboriginal Families	No	No	No	No	No	No	No
Victoria Women's Transition House Society	Harrison Place	Transition	23	Units	Women	No	No	No	No	No	No	Yes
Victoria Women's Transition House Society	Second Stage Housing	Transition	5	Units	Women	Yes	No	No	No	No	No	Yes
YM/YWCA	Kiwanis House	Transition	8	Self-contained	Single Mothers	No	No	No	No	No	No	No
YM/YWCA	Pandora Youth *Apartments*	Transition	8	Bachelor Units	Youth	No	No	No	No	No	No	No
Victoria Human Exchange Society	Retreat houses	Transition	9	Houses	Adults	No	No	No	No	No	No	No
John Howard Society	Manchester House	Transition - Justice	15	Bedroom units	Men on parole	No	No	No	No	No	No	No

Laren House Society	Bill Mudge Residence	Transition - Justice	11	Beds	Men on parole	No	No	No	No	No	No	No
Salvation Army	Beacon of Hope House	Transition - Treatment	6	Beds	Male Youth	No	No	No	No	No	No	No
Vancouver Island Addiction Recovery Society (VIARS)	Foundation House	Transition - Treatment	16	Beds	Men	No	No	No	No	No	No	No

Appendix F Data Source:(Unknown, 2007)

Table E-1: Greater Victoria *Emergency Shelter* and Transition House Inventory and Request Status

Appendix G: Boys and Girls Club Services of Greater Victoria Program Descriptions

Descriptions provided by April Agate of the Boys and Girls Club Services of Greater Victoria:

Programs Included in the Report Card Data

- *CONNECTIONS Care Homes* - provides short-term residential care for youth during the period they are awaiting judicial process. Placement of a youth may last a few days or a few months. Monitoring the youth's movements and activities is an important aspect of CONNECTIONS. A CONNECTIONS staff (Community Bail Supervisor) works in the community for twenty-four hour support and another staff works in the court Monday to Friday.
- *TURNABOUT Care Homes* - provides residential care during the youth's probationary period. A youth may reside in a Care Family home for three to nine months. The family assumes more responsibilities for the supervision and planning in TURNABOUT. A Youth and Family Support Worker is attached to the youth to provide advocacy, Case Management and where appropriate, assistance to the youth to reconnect with his/her family and resources in the community.
- *VIHAS SUPPORTIVE RECOVERY\MENTAL HEALTH Care Homes* - provide residential care for a youth attending a Drug and Alcohol Program. These youth are not necessarily involved in the justice system. A Youth Support Worker assists the youth with connecting to appropriate community resources.
- *TURNING POINT Care Homes* - offers youth who are at risk of or currently dealing with issues of sexual exploitation a safe supportive place to live with Care Families who are non-judgmental

and extremely patient. A Youth Support Worker supports the youth in moving towards a safer and healthier lifestyle.

Programs Not Included in the Report Card Data

- *VIHAS WITHDRAWAL MANAGEMENT Care Homes* - provide a safe supportive home for youth to physically detoxify from their substance addiction. The youth may stay in the home for seven to ten days to physically detox. If necessary a youth may then move to a Tier Two Program in the same home for a period of 30 days or they may move on to a Supportive Recovery Care Home. We currently have one Detox Care Home.
- *PARENTING PROGRAM* - offers a pregnant young woman or a young woman with a baby, semi-independent living quarters and a strong mentoring Care Home until the baby is 6 months old.
- SPECIALIZED Care Homes - offer youth dealing with mental health disorders a safe supportive living environment in a Care Home with increased one to one support and supervision and a coordinated, collaborative effort by various community service providers to meet the needs of these youth.
- *TRANSISTION Care Homes* - provide short-term residential care for youth for a period of 30 days as they transition from the Youth Detention Centre (Open Detention) back into the community. An Intensive Support and Supervision & Prevention Worker from the Youth Detention Centre will be connected to the youth to assist them with housing plans in the community. Connections will monitor the youth in the Care Home to ensure that they are abiding by their court orders.

Appendix H: Glossary

- **Absolute Homelessness** – "People are considered absolutely homeless if they have no physical shelter at all. These are people who are living on the street or in *emergency shelter*s. This is also called 'living rough'" (BC Partners for Mental Health and Addictions Information, 2007).
- **Abstinence-Based or Dry Housing** – "Housing where tenants are not allowed to drink alcohol or use other drugs while in tenancy. Tenants are expected to be "clean" before moving in and actively working on their recovery while living there. Tenants may be discharged from the program if they refuse treatment for a relapse" (BC Partners for Mental Health and Addictions Information, 2007).
- ***Apartment*** - "Any building containing three or more rental units, of which at least one unit is not ground oriented. Owner-occupied units are not included in the rental building unit count" (Canada Mortgage and Housing Corporation, 2009).
- **Assisted Living** – "Assisted living units are self-contained *apartment*s for seniors or people with disabilities who need some support services to continue living independently, but do not need 24-hour facility care. Services provided include daily meals, social and recreational opportunities, assistance with medications, mobility and other care needs, a 24-hour response system and light housekeeping" (BC Housing, 2007).
- **At-Risk of Homelessness** – "People who are living in sub-standard, unstable or unsafe housing. This includes people who are "couch surfing," which means they are staying with family or friends, living in trailers, doubled or tripled up in small *apartment*s or living in unsafe and unsanitary conditions" (BC Partners for Mental Health and Addictions Information, 2007).
- ***Availability*** (rental) – "A rental unit is considered available if the existing tenant has given, or has received, notice to move, and a new tenant has not signed a lease; or the unit is vacant"

(Canada Mortgage and Housing Corporation, 2009) – a higher rental *availability* rate means that it would be easier for a tenant to find an *apartment*

- ***BC Benefits*** – "BC residents are entitled to a guaranteed minimum *income* called *BC Benefits*, through the provincial government. Monthly payments have two components — support and shelter payments. The shelter payment is a variable amount, up to a maximum, to cover shelter costs such as *rent* and hydro. The support rate is based on: Number of people in the household; Whether there are dependent children, seniors or people with disabilities in the family; Whether people are employable or not" (BC Housing, 2007).
- ***BC Housing*** – "The provincial government agency responsible for *subsidized housing* in British Columbia. *BC Housing* owns and manages about 7,800 units of older affordable housing for families, seniors, and people with disabilities, and provides *rent* subsidies for affordable non-profit and *co-op* housing developments and some *private market* units" (BC Housing, 2007).
- ***Canada Mortgage and Housing Corporation* (*CMHC*)** – "*CMHC* is the national housing agency of the federal government. [*CMHC*]: Insures residential mortgage loans; Provides subsidies under federal housing programs; Administers *co-op* operating agreements funded under federal programs; Conducts and publishes housing research" (BC Housing, 2007).
- **Community *Mobility*** - the rate at which a community's people move from address to address, both within and outside of the community.
- ***Concurrent Disorders*** – "When a person is diagnosed with two or more conditions at the same time. In Visions Journal, and in many mental health contexts, "concurrent disorders" is used to describe a person with both mental illness and substance use issues. (Dual diagnosis, which also means co-existing conditions, in Visions tends to be used to describe a co-existing mental illness and a developmental disability)" (BC Partners for Mental Health and Addictions Information, 2007).

- ***Co-operative housing*** – "A housing development in which individual residents own a share in the co-operative. This share grants them equal access to common areas, voting rights, occupancy of an *apartment* or *townhouse* as if they were owners, and the right to vote for board members to manage the co-operative. Each member has one vote and members work together to keep their housing well-managed and affordable" (BC Housing, 2007).
- **Core Housing Need** – "Households in *core housing need* are those individuals who currently reside in housing that is either in need of major repair, does not have enough bedrooms for the size and makeup of the household, or costs 30 percent or more of their total *income*, and who are unable to *rent* an alternative housing unit that meets these standards without paying 30 percent or more of their *income*" (BC Housing, 2007).
- **Core Need *Income* Threshold (CNIT)** – "*Canada Mortgage and Housing Corporation* produces annual Core Need *Income* Threshold tables (CNITs) for each community. CNITs set maximum *income* levels for different sized units in different areas of the province. These *income*s represent the most people can earn and remain eligible for a *rent subsidy*. Below these *income* levels, it's difficult for people to find uncrowned housing in good repair, without spending more than 30 per cent of their *income* for rent" (BC Housing, 2007).
- **Damp Housing** – "Housing where tenants do not need to be "clean" when entering the program but are expected to be actively working on recovery from substance use problems" (BC Partners for Mental Health and Addictions Information, 2007).
- **Dedicated Site** – "Housing units that are placed in a common building where all the tenants are part of the program" (BC Partners for Mental Health and Addictions Information, 2007).
- ***Earnings*** - the money brought in by persons 15 years or older through a working wage or salary.

- ***Emergency Shelter*** – "Short-stay housing of 30 days or less. *Emergency shelter*s provide single or shared bedrooms or dorm-type sleeping arrangements, with varying levels of support to individuals" (BC Housing, 2007).
- ***Employed*** - if a person did any work in the reference week of the Stats Canada survey, or had a job, but were not at work during the reference week (Statistics Canada, 2010).
- ***Greater Victoria Coalition to End Homelessness* (*GVCEH*)** - "a community-based partnership of service providers in the non-profit and public sectors, advocates, business representatives and elected municipal officials, formed in February 2008 to lead the regions commitment to end homelessness" (Greater Victoria Coalition to End Homelessness Society, 2009).
- ***Group Home*** – "A home that is shared by a number of tenants who are generally expected to participate in shared living arrangements and activities. There is usually 24-hour support staff on site" (BC Partners for Mental Health and Addictions Information, 2007).
- ***Haligonian*** – A resident of Halifax.
- ***Hardest to House*** – "Refers to people with more complex needs and multiple challenges when it comes to housing, such as mental illness(es), addiction(s), other conditions or disabilities, justice-system histories, etc" (BC Partners for Mental Health and Addictions Information, 2007).
- ***Harm Reduction*** – "A philosophy that focuses on the risks and consequences of a particular behaviour, rather than on the behaviour itself. In terms of substance use, it means focusing on strategies to reduce harm from high-risk use, rather than insisting on abstinence. Abstinence is neither condoned nor condemned. Instead it is considered one strategy among many others. Underlying *harm reduction* is the acceptance that many people use substances, and that a drug-free society is both an unrealistic and impractical goal. With regard to housing, *harm reduction* means that tenants have access to services to help them address their substance use issues. It is based on the understanding that recovery is a long process, and that users need a stable living

arrangement in order to overcome their addictions. Focus is on being healthier rather than on the unrealistic goal of being perfectly healthy right away" (BC Partners for Mental Health and Addictions Information, 2007).

- ***HOMES BC Multi-Service Housing*** – "Multi-service housing developments combine short-term, *emergency shelter* beds and support services for people who are homeless or at risk of homelessness, and some self-contained, second stage *apartment*s" (BC Housing, 2007).
- ***HOMES BC Rent Supplement Units*** – "HOMES BC offers *rent* supplements to help eligible applicants pay market rents in existing private, non-profit and *co-op* rental housing in their community" (BC Housing, 2007).
- ***HOMES BC Rent Support*** – "*BC Housing* gives some housing providers a predetermined, flat *subsidy* amount, called *rent* support, for a number of units, over a minimum period of ten years. For example, we may provide $5,000 per month for ten units for ten years, and the housing provider uses the funds to distribute subsidies to low *income* seniors and people with disabilities in need of assistance" (BC Housing, 2007).
- ***HOMES BC Supportive Seniors Housing*** – "Supportive seniors developments combine secure, affordable housing with a variety of personal support services. Research has shown that *supportive housing* helps seniors live independently longer and can improve their health" (BC Housing, 2007).
- ***Housing Start*** - "the beginning of construction work on a building, usually when the concrete has been poured for the whole of the footing around the structure, or an equivalent stage where a basement will not be part of the structure" (Canada Mortgage and Housing Corporation, 2010)
- ***Income*** - the total money brought in by persons 15 years or older from all *income* sources (including *earnings*, government transfers, etc.).

- ***Income Assistance* for those expected to work** – *Income Assistance* for persons who are either not working or making vary little *income*;
- ***Income Assistance* for *Persons with Persistent Multiple Barriers* (*PPMB*)** – *Income Assistance* for persons who have searched for employment for at least 12-15 months and have not been able to sustain employment due to a medical condition, not including addictions;
- ***Income Assistance* for *Persons with Disabilities* (*PWD*)** – *Income Assistance* for "a person with a physical or mental impairment who is significantly restricted in his or her ability to perform daily living activities either continuously or periodically for extended periods and, as a result of these restrictions, requires assistance with daily living activities. Assistance could come from another person, an assistance animal or an assistive device" (Ministry of Housing and Social Development, 2008).
- ***Low Barrier Housing*** – "Housing where a minimum number of expectations are placed on people who wish to live there. The aim is to have as few barriers as possible to allow more people access to services. In housing this often means that tenants are not expected to abstain from using alcohol or other drugs, or from carrying on with street activities while living on-site, so long as they do not engage in these activities in common areas of the house and are respectful of other tenants and staff. Low-barrier facilities follow a *harm reduction* philosophy. See below for more about *harm reduction*" (BC Partners for Mental Health and Addictions Information, 2007).
- ***Market Housing*** - housing under private rental or ownership
- ***Non-Profit Housing*** – "Rental housing that is owned and operated by community-based non-profit societies. The mandates of these societies are to provide safe, secure, affordable accommodation to households with low to moderate *income*s. Most *non-profit housing* societies receive some form of financial assistance from government to enable them to offer affordable

rents. Each society operates independently under the directions of a volunteer board of directors" (BC Housing, 2007).

- ***Non-Profit Housing* for Seniors** – "This program began in 1975 to provide housing for seniors, 55 and older, and these developments can also offer units to people with disabilities. Residents pay 30 per cent of their *income* for rent, up to the maximum, which is the economic rent. (Section 82(1)(b) of the National Housing Act.)" (BC Housing, 2007)
- ***Non-Profit Housing* for the Disabled** – "This program was introduced in 1979 to support adults 19 and older, with physical, mental and psychiatric disabilities. A society covers care costs, and *BC Housing* pays subsidies to cover shelter costs. Residents living in *group home*s and self-contained units pay 30 per cent of their *income* for rent. The maximum amount anyone will pay is the economic rent, which is determined each year by *BC Housing*. (Section 82(1)(a) of the National Housing Act.)" (BC Housing, 2007)
- ***Permanent Housing*** – "Long-term housing with no maximum length of stay" (BC Partners for Mental Health and Addictions Information, 2007).
- ***Private Market*** – "Traditional rental housing that is run by private landlords rather than a housing program" (BC Partners for Mental Health and Addictions Information, 2007).
- ***Provincial Rental Assistance Program*s (*PRAP*)** – "*PRAP* for seniors was introduced in 1979 to provide *subsidized housing* for senior citizens, 55 or older. This program also provides housing for adults with disabilities, *PRAP* for the Disabled began in 1983 to support people with physical, mental or psychiatric disabilities living in *group home*s. For both *PRAP* programs, residents pay 30 per cent of their *income* for rent, up to a maximum, which is the market rent" (BC Housing, 2007).

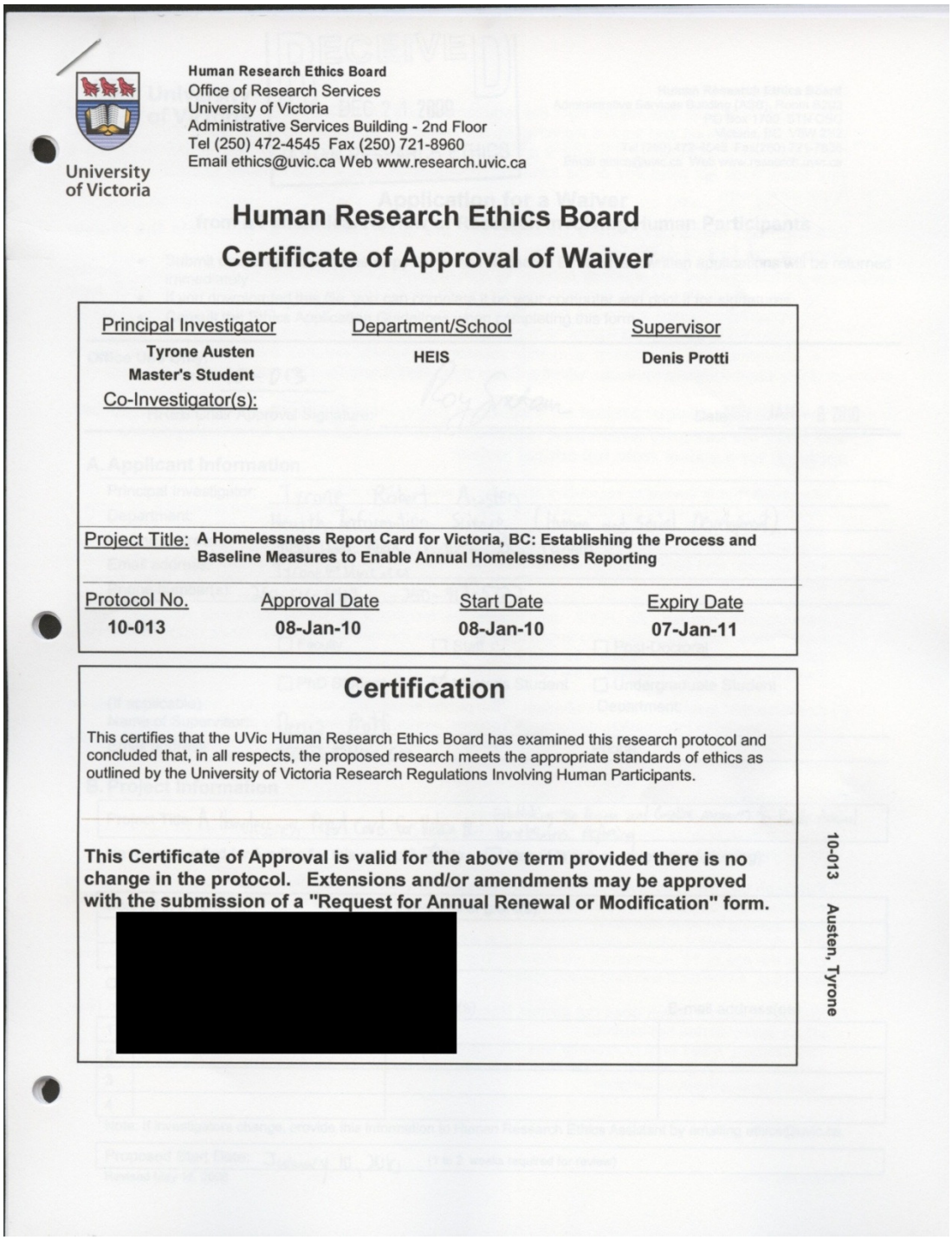
- ***Public Housing*** – "This housing is jointly funded by the provincial and federal governments and predominantly managed by *BC Housing*. Most of these developments were constructed in the 1950s and 1960s" (BC Housing, 2007).
- ***Rent*** – "the actual amount tenants pay for their unit. No adjustments are made for the inclusion or exclusion of amenities and services such as heat, hydro, parking, and hot water. For available and vacant units, the *rent* is the amount the owner is asking for the unit" (Canada Mortgage and Housing Corporation, 2009) – a lower *rent* means that it is more affordable for a tenant to *rent* an *apartment*
- ***Rent Growth Rate*** – the percent change in rental payment from the current year to the previous year (Canada Mortgage and Housing Corporation, 2009) – a lower (or negative) *rent* increase means that housing affordability is maintained over time for the tenants
- ***Rental Assistance*** – "*Rent* supplement agreements with private landlords as well as housing allowances paid directly to households in the *private market*" (BC Housing, 2007).
- ***Residential building permit*** - "permits issued for new dwellings and alterations and improvements to existing dwellings" (BC Stats, 2010)
- ***Scattered Site*** – "Housing units are spread out in *apartment*s in various locations around the city rather than all in one common building. These *apartment*s may be either market or *social housing*" (BC Partners for Mental Health and Addictions Information, 2007).
- ***Single Room Occupancy* (*SRO)*** – "Small, one-room *apartment*s that are rented on a monthly or weekly basis. Tenants share common bathrooms and sometimes also share kitchen facilities" (BC Partners for Mental Health and Addictions Information, 2007).
- ***Social Housing*** – "This housing includes both *public housing* and housing owned and managed by non-profit and *co-operative housing* providers" (BC Housing, 2007).

- ***Subsidized Housing*** – "This type of housing encompasses all types of housing in which the provincial government provides some type of *subsidy* or *rental assistance*, including public, non-profit and *co-operative housing*, as well as *rent* supplements for people living in *private market housing*. It also includes *emergency housing* and short-term shelters" (BC Housing, 2007).
- ***Subsidy*** – "*BC Housing* provides monthly subsidies to organizations to fund the costs of operating *subsidized housing* units. The *subsidy* is based on the operating costs set out in the annual budget, less the total rents / housing charges collected from tenants. *Subsidy* payments include *rent* subsidies / repayable assistance and cover the mortgage payments, building maintenance and other shelter-related costs" (BC Housing, 2007).
- ***Supportive Housing*** – "There is no limit on the length of stay. Provides ongoing supports and services to residents who cannot live independently and who are not expected to become fully self-sufficient. This form of housing may be located in a purpose-designed building or scattered site *apartment*s" (BC Housing, 2007).
- ***Townhouse*** - ("any building containing three or more rental units, all of which are ground oriented with vertical divisions. Owner-occupied units are not included in the rental building unit count. These row units in some centres are commonly referred to as *townhouse*s" (Canada Mortgage and Housing Corporation, 2009).
- ***Transitional Housing*** – "Housing from 30 days to two or three years that includes the provision of support services, on- or off-site, to help people move towards independence and self-sufficiency. *Transitional housing* is often called second-stage housing, and includes housing for women fleeing abuse" (BC Housing, 2007).
- ***Turn-away*** - when a potential shelter client is denied spending the night at a shelter by the shelter provider (i.e. because the shelter was full or the client did not meet the shelter intake criteria).

- ***Unemployed*** - Those persons who, during the Stats Canada survey reference week:
  a) "were without work, had actively looked for work in the past four weeks (ending with reference week), and were available for work;
  b) had not actively looked for work in the past four weeks but were on temporary layoff and were available for work;
  c) had not actively looked for work in the past four weeks but had a new job to start in four weeks or less from the reference week, and were available for work" (Statistics Canada, 2010)
- ***Vacancy* (rental)** – "A unit is considered vacant if, at the time of the survey, it is physically unoccupied and available for immediate rental"(Canada Mortgage and Housing Corporation, 2009) – a higher rental *vacancy* rate means that it would be easier for a tenant to find an *apartment*
- ***Wet Housing*** – "Housing where tenants are not expected to abstain from using alcohol and other drugs, and where entering a rehabilitation program is not a requirement. Tenants have access to recovery services and get to decide if and when they use these services. *Wet housing* programs follow a *harm reduction* philosophy" (BC Partners for Mental Health and Addictions Information, 2007).

Appendix I: Ethics Approval Forms

University of Victoria



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University of Victoria

Human Research Ethics Board
Certificate of Approval of Waiver

Principal Investigator	Department/School	Supervisor
Tyrone Austen Master's Student	HEIS	Denis Protti

Co-Investigator(s):

Project Title: **A Homelessness Report Card for Victoria, BC: Establishing the Process and Baseline Measures to Enable Annual Homelessness Reporting**

Protocol No.	Approval Date	Start Date	Expiry Date
10-013	08-Jan-10	08-Jan-10	07-Jan-11

Certification

This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Participants.

This Certificate of Approval is valid for the above term provided there is no change in the protocol. Extensions and/or amendments may be approved with the submission of a "Request for Annual Renewal or Modification" form.

[redacted]

10-013 Austen, Tyrone

Figure I-1: University of Victoria Ethics Approval Form

Vancouver Island Health Authority

VANCOUVER ISLAND health authority

HEALTH RESEARCH ETHICS BOARD
(HREB)
CERTIFICATE OF APPROVAL

Reference Number:	**H 2010 - 20**
Proposal Title:	**A Homelessness Report Card for Victoria, BC: Establishing the Process and Baseline Measures to Enable Annual Homelessness Reporting**
Researcher(s):	**Tyrone Austen**
Application Received:	**January 28, 2010**

- **Final protocol revisions received April 15, 2010 have been approved.**

Approval lasts for one year from date given below. Annual re-approval is required.

Date of Approval: **April 19, 2010**

Approved: [redacted]

- Any questions should be directed to the Research Ethics Assistant at (250) 370-8620.

NOTE:
Any significant changes in the proposal should be reported to the Chairperson for the Health Research Ethics Board's consideration, in advance of implementation of such changes.

The Health Research Ethics Board (HREB) is organized and operates in accordance with applicable laws and regulations, including: Section 3 of the Health Canada Good Clinical Practice: Consolidated Guidelines, 1997; Part C, Division 5 of the Food and Drug Regulations, and all provincial and federal privacy legislation. The HREB complies with U.S. Dept of Health and Human Services (HHS) Code of Federal Regulations Title 45, Part 46 (45 CFR 46); and the HHS Health Insurance Portability and Accountability Act (HIPAA).

VIHA Federalwide Assurance (FWA) Number: 00001446

HREB members do not participate in the review or approval process of their own submissions.

Figure I-2: Vancouver Island Health Authority Ethics Approval Form