District of

NORTH COWICHAN

COMMUNITY SAFETY RESPONSE MODEL GAP ANALYSIS

perivale + taylor
CONSULTING

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"The health of the public requires and is based on safety and security of the person; public health as a discipline therefore promotes safety and security. The law exists to promote safety and security; the enforcement of law is therefore part of the same endeavour.

These two sectors – public health and law enforcement – should be joined at the hip, with common goals and deep collaboration. That they are often not, or inadequately so, even when dealing with the same people, populations or issues, is to the detriment of both."

The Lancet [1]
2019

[1] van Dijk, A., V. Herrington, H., N. Crofts, R. Breunig, S. Burris, H. Sullivan, S. Sherman and N. Thomson (2019) "Redrawing the Thin Blue Line – Recognizing and Enhancing Joined up Solutions at the Intersection of Law Enforcement and Public Health" Lancet, Volume 393, Issue 10168, pp. 287–294.

Executive Summary

A significant issue facing the District of North Cowichan (DNC) and its neighboring municipality of Duncan and the Cowichan Tribes is crime and public disorder along the Trans-Canada Highway corridor between Beverly Street and Boys Road. The disorder is a downstream effect of poverty, addictions, mental health issues, and homelessness.

As a result of a review of these issues, in 2019 the local governments endorsed a *Safer Community Plan* (SCP) which included the establishment of a Corridor Safety Office and coordinated municipal North Cowichan and Duncan bylaw enforcement, contracted private security patrols, and RCMP resources.

The SCP is a local peace keeping and law enforcement response to the harm caused to the area surrounding the highway corridor. Businesses, schools, and residents are affected by the crime and social disorder.

While the SCP has had some success in reducing crime and public disorder in the Corridor, the most significant problems are created by a minority of persons suffering from severe addictions and/or mental health issues.[2] The law enforcement options are limited when dealing with such vulnerable people, exacerbated by COVID-19 which reduces detention options. There are significant challenges in attempting to coordinate agencies with differing governance, mandates, and funders.

The contracted municipal policing service for the District of North Cowichan is provided by the North Cowichan/Duncan RCMP Detachment of the Provincial Police, through a *Municipal Police Unit Agreement* (MPUA) between the Province and the District. Policing services for the City of Duncan are provided by the contracted Provincial Police, the RCMP, through the *Provincial Police Service Agreement* between the Province and Canada.[3]

The MPUA provides the opportunity for the District to *set objectives, priorities, and goals* for the *Police Unit*,[4] to coordinate the enforcement of bylaws, and to receive reports on the implementation of the *objectives, priorities, and goals*.

Potential amendments to the *Police Act* and other provincial legislation may provide opportunities for enhanced municipal enforcement and greater inter-agency collaboration.

[2] Interviews
[3] Both Agreements effective 2012 to 2032
[4] The Detachment, Article 5

Executive summary continued

Collaboration and coordination in decision making and service delivery are seen as the most important factors to address the downstream public safety issues of addiction, mental health issues, and homelessness. An effective collaborative, and eventually governance, regime will help to maximize service efficiency and effectiveness.

The varying mandates and funding among the organizations having a role in addressing the safety and disorder issues represent a significant challenge to establishing an effective model for maintaining public safety and community well-being while addressing homelessness-related issues. A workable model will likely have to evolve as collaborative milestones are achieved. However, this complex development process must be organized and orchestrated to ensure recognition of the agency differences and facilitate timely development of the detail and logistics of the process.

A short-term plan should include: an enhanced RCMP Annual Performance Plan meshing with Council's priorities; more effective reporting on the functions of the Community Safety Response Model to enable better decision making; a communication plan to inform and reach out to all stakeholders; and lobbying the Province regarding second tier law enforcement, special provincial constables for health facilities, health specialists to work with the police, and ensuring appropriate RCMP staffing levels in blended detachments.

The long-term plan should include: establishing a regional coalition-governance model to coordinate the activities of the various services; the establishment of a DNC/Duncan Law Enforcement function; a social planning function, and the creation of appropriate accommodation and treatment programs for those experiencing homelessness, together with improved tracking of homeless statistics, and outcome measures for program evaluations.

Some resources can be provided locally, but major initiatives would require capital funding by senior levels of governments. The responsibility for prioritization of these facilities would fall to Island Health and the Cowichan Housing Association.

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Background

The District of North Cowichan (DNC) has already undertaken an initiative to address community safety where the effects of homelessness, addiction and mental health are most prevalent (the "highway corridor") in collaboration with the City of Duncan, through the Safer Community Plan. The Plan was developed in consultation with Cowichan Tribes, local business owners, the Cowichan Valley School District, local health and social service providers, the RCMP, and many others. Key actions to date have included: establishing the Safer Working Group, establishing a Corridor Safety Office, increasing daytime security patrols, increasing bylaw enforcement resources, and cost-sharing.

The City of Duncan and DNC continue to work together to advocate for additional resources for existing health and social service organizations from larger governments, along with increased community services.

The community safety response model gap analysis project will help DNC better understand opportunities for improvement in its community safety response model as it relates to the Safer Community Plan and working with its community safety partners, and better understand what resources or other changes North Cowichan may request of the Province to better address community safety.[5]

[5] DNC RFP 2020-33 December 2020

Definitions

Bylaw	Bylaw Enforcement Officers of DNC, Duncan, and Cowichan Tribes
Corridor:	The Trans-Canada Highway from Boys Road in the south to Beverley Street in the north, a distance of approximately 1.5 km, lying in the DNC, Cowichan Tribes, and Duncan jurisdictions
CSRM	Community Safety Response Model The broad approach of the SCP, including the SWG, Bylaw, Private Security, and RCMP
DNC	District of North Cowichan
Duncan	City of Duncan
Plan Partners	Bylaw Enforcement Officers and Security Ambassadors
SCP	Safer Community Plan, June 2019 The Plan recommendations included the establishment of the: ○ Safer Working Group ○ Corridor Safety Office ○ Bylaw Enforcement Officers presence ○ Security Ambassador presence
Security	Blackbird Private Security contracted by DNC and Duncan to patrol the corridor
Stakeholders	The local network of government and health service agencies and community non-profits, and businesses and business associations, schools, residents
SWG	Safer Working Group A staff led working group responsible for providing oversight for the operations of the Corridor Safety Office (CSO), and for advising the City of Duncan, Municipality of North Cowichan, and Cowichan Tribes' Councils on matters related to crime reduction, public disorder and community safety in the Trans-Canada Highway Corridor.

Format of the Report and Project

The Project was completed in two phases:

Part 1, chapters 1 to 4, describes the current state of the Community Safety Response Model including:

- identified gaps, and roles and responsibilities
- options for improvement in how the District of North Cowichan is managing community safety issues through its RCMP services under the current *Police Act,* and if no changes to funding or the regulatory regime were to occur, the impact to North Cowichan
- recommended submissions to the *Special Committee on Reforming the Police Act* to support North Cowichan in improving its community safety response model

Part 2, chapter 5, includes:

- recommendations for short and long-term plans to address gaps and opportunities for improvement in the community safety response model

1 Municipal Role

The District of North Cowichan's 2019-2022 Council Strategic Plan identified corporate pillars including engagement, environment, economy, community, housing and service to help provide focus in the provision of effective and safe service to the community. One key issue facing North Cowichan, the neighboring municipality of Duncan, and the Cowichan Tribes is crime and public disorder along the Trans-Canada Highway corridor between Beverly Street and Boys Road and several blocks east and west off the corridor. As a result of a review of this issue in 2019, both local governments endorsed a *Safer Community Plan* (SCP) which included the establishment of a Corridor Safety Office and coordinated municipal bylaw enforcement and security presence and coordinated RCMP resources.

DNC's current community safety response model includes its RCMP services, the Safer Community Plan (and Safer Working Group) and a local network of government and health service agencies and non-profits.

The legal framework and guiding principles are found within the *Community Charter* and the *Local Government Act*. General regulatory requirements, excluding land use, are primarily found within the *Community Charter*. Municipal councils may make decisions only by bylaw or resolution, and contravention of a bylaw that regulates, requires, or prohibits is an offence.

The *Police Act* requires the DNC to provide policing and law enforcement in accordance with *the Act* and the Regulations, and the DNC has done so through entering into *an agreement with the minister under which policing and law enforcement in the municipality will be provided by the provincial police force*.[6]

[6] Section 3 (2) (b), the provincial police force being the RCMP

2 Project Methodology & Consultation

2.1 Works Consulted

The most applicable references include the BC *Police Act* and *Regulations*; the *Municipal Police Service Agreement* 2012 between the District of North Cowichan and the Province of British Columbia, the *Provincial Police Service Agreement* 2012 between the Province and Canada, the *Community Charter*, municipal bylaws, the RCMP Annual Performance Plan, and the Alberta *Peace Officer Act*. A more detailed list is included in Appendix B.

2.2 Literature Review Summary

The literature review explores the history of modern homelessness, the various pathways to homelessness, causes, health issues, and preventions and strategies.

The intersectionality and interplay amongst individual vulnerabilities and relational variables; health, social, economic, political, and other systems, and their processes; and structural factors such as discrimination, poverty, and colonialism produce different pathways into and out of homelessness.

Homelessness is thus bi-directional – it's both a *product of* and a *path toward* other social determinants of health and wellbeing including mental health and substance abuse, inequitable income distribution, unemployment, food insecurity, and social exclusion.

The creation of a shared conception and reliable instruments to measurement provide advocates, researchers, and policy makers with the some of the necessary information to advise prevention policy and responsive practices. The findings in literature highlight that the provision of basic human needs, (i.e., food, shelter, clothing) prioritized along with health and social supports is a necessary first step to move towards inclusive policy and practice.

Equally recognizable is that the further 'upstream' one is from a negative health outcome, the likelier it is that any single intervention will be effective (Institute for Work & Health, 2015). Prevention academics are in agreement that a combination of prevention levels is required to achieve any meaningful degree of change.

The Literature Review is included in Appendix C.

2.3 Qualitative Consultation with the Stakeholder Groups

The intent of the interview consultation was to obtain direct observation by the various stakeholders, all of which experience the corridor issues in different ways. The interviews were similar, but customized to reflect the nature of the interviewees' involvement.

A total of 59 interviews were conducted by video, phone, and in person, representing various stakeholders and organizations. The cohorts of interviewees included:

- Persons experiencing homelessness
- Staff of the District of North Cowichan, the City of Duncan, and Cowichan Tribes
- The RCMP North Cowichan/Duncan Detachment and Community Policing
- Bylaw officers and private security
- Health and housing agencies
- Owners, occupiers, schools, and not-for profits staff
- Mayor and Council of DNC

Highlights of the Gaps Identified

The persons consulted as part of this project had an understanding and knowledge of the issues of homelessness, poverty, addictions, mental and physical health, public disorder and intimidation, damage and litter – including used needles, and disruptions and obstructions for businesses and schools.

Through the interviews, a number of insights into some of the community issues and challenges were captured by the consultant.

Highlights of the gaps identified included the need for:

- Better consultation, coordination, integration and communication between the RCMP, municipalities, health and housing officials, not-for-profit groups, and other stakeholders
- Changes that formalize a collaboration between housing, mental health services and local communities to address homelessness, addiction and mental health issues
- A governance framework to measure and oversee homeless strategies and initiatives and measure public safety outcomes
- Increased funding for mental health, addiction and youth programs, services and facilities
- Programs and facilities for homeless people when they must leave the shelters during the daytime

- Reductions in police hospital wait times for mental health referrals and increased mental health support on the street
- Innovative ways to reduce policing costs by using non-police officers such as the CAHOOTS model out of Oregon which utilizes the skills of Emergency Medical Technicians and crisis workers [7]
- Changes to the authorities of bylaw officers to reduce, where possible, the reliance on the police
- Different options for dealing with prolific offenders suffering from severe, active mental health and/or addiction issues that result in violent and significant antisocial behaviours
- Innovative solutions like the Community Action Team (CAT) and the Situation Table (HUB model) that leverages local, provincial, and federal level resources to address concerns at the community level
- Privacy and sharing of information protocols between the RCMP, bylaw, and security
- Future funding for the continuation of the Community Safety Plan initiatives to support local businesses, schools, and the community

[7] CAHOOTS, Crisis Assistance Helping Out on the Streets, see Appendix D

3 Community Safety Response Model November 2020

3.1 The Components

The operational Community Safety Response Model, principally, comprises the Safer Working Group (SWG), Bylaw Compliance Officers of the DNC, Duncan, and the Cowichan Tribes; the contracted private security company Blackbird Security; and the North Cowichan/Duncan RCMP Detachment.

The *Safer Community Plan* (SCP) envisions the SWG developing operational responses to the following:[8]

- Addressing community-wide and corridor-security issues
- Improving the protection of parks and facilities
- Developing the coordination and community between Local Government and RCMP enforcement personnel
- Integrating enforcement and health/social service responses on issues of community safety
- Giving operational focus to the goal of reducing crime and public-disorder activities as well as finding effective community-level responses
- Supporting the rollout of Crime Prevention Through Environmental Design (CPTED) actions and dealing with problem properties

The SCP identifies key external partners as Provincial Health Services, Provincial Social Services, Business Community, Health and Social Service Providers.

Safer Working Group

The Safer Working Group (SWG) is a staff led working group responsible for providing oversight for the operations of the Corridor Safety Office (CSO), and for advising the City of Duncan, Municipality of North Cowichan, and Cowichan Tribes' Councils on matters related to crime reduction, public disorder and community safety in the Trans-Canada Highway Corridor. The SWG will identify, prioritize and coordinate appropriate bylaw enforcement responses to reduce crime and public disorder in the Trans-Canada Highway Corridor. The SWG will work collaboratively with service providers and community partners to enhance public safety. When necessary, the SWG will provide advice to each Council regarding operational actions. Semi-

[8] Found at 2019-06-13-Safer-Community-Plan.pdf (duncan.ca). Page 5

annual reports on the function of the CSO will be prepared and presented to each Council by their respective staff.[9]

Municipal Bylaw Officers

DNC and Duncan Bylaw Compliance Officers provide a corridor patrol and presence. Cowichan Tribes Bylaw Officers provide back up when requested and also patrol the Tribes' properties in south Duncan. They need voluntary compliance and, if necessary, can call in the RCMP.

Bylaw Officers report a professional relationship with vulnerable persons, often addressing them by name.[10] The role of the Officers assigned to the corridor has changed from the general broad range of bylaw issues, to that of a street patrol keeping the peace, preventing and addressing potential conflicts, and providing a calming and reassuring presence. Normally, two Officers, one from DNC and one from Duncan patrol the corridor.

Private Security

The function of providing private security is governed by the *Security Services Act*. Blackbird Security, under contract from DNC and Duncan, provides a one-person security patrol along the corridor[11] from 0700 to 1500 hours and 1700 to 2000 hours, seven days per week. They need voluntary compliance from the persons they deal with, and if necessary, can call in the RCMP.

Police (RCMP)

There is an ongoing public discussion concerning the police role in mental health issues. It is generally agreed that professional mental health practitioners should, ideally, intervene in mental health crises. A contradiction in this position is that only the police have the authority, and usually the ability, under the *Mental Health Act*, and therefore responsibility, to *apprehend a person who is acting in a manner likely to endanger that person's own safety or the safety of others, and is apparently a person with a mental disorder*.[12] Even if there were specialized mental health resources available, due to the urgency and potential danger of these situations, the police will likely be required to intervene immediately. An additional challenge for the police, and this is reported in many jurisdictions across the country,[13] is the wait times at hospitals, where the police

[9] SWG Terms of Reference. See Appendix A for complete details
[10] *perivale+ taylor* onsite consultation
[11] The 'highway corridor', Trans Canada Highway, from Boys Road in the south to Beverley Street in the north
[12] *Mental Health Act* s. 28
[13] *perivale + taylor* police reviews

is the only authority to detain the apprehended person until the medical system makes an involuntary admission to the hospital.[14] [15]

The police role in the SCP is essential in assisting security and Bylaw when formal enforcement action is required and an arrest or use of force is required. The police role is also essential to address serious crime issues in the corridor and among the homeless and vulnerable people.

It is further recognized that the corridor forms a small geographic area of the Detachment's jurisdiction, with other communities requesting dedicated policing.[16]

A further challenge to the justice system is the effect of COVID-19, which has created significant challenges in the detention and handling of persons and their property. Prior to COVID-19, CAR60 would team up with the Island Health Crisis Response Team (CRT) nurse. Car60 would conduct visits (at residences camps, shelters, etc.) and meet with these vulnerable persons to discuss mental health and provide assistance or further referrals to other specialists and agencies. Should calls for mental-health-related incidents be received, the Car60 team would assist. Car60 could transport persons to hospital for assessment if warranted.

Mental Health Act apprehensions increased by 23% for the quarter (October – December 2020), from 88 to 108. During the fourth quarter, the average hospital wait time for these apprehensions, from 'Time of Arrival at Hospital' to 'Time of Transfer from Police Custody to Hospital' was 65 minutes. The police resources required for the 108 mental-health apprehensions, an average of three police were required to attend the scene and persons were admitted in 83% of the time.

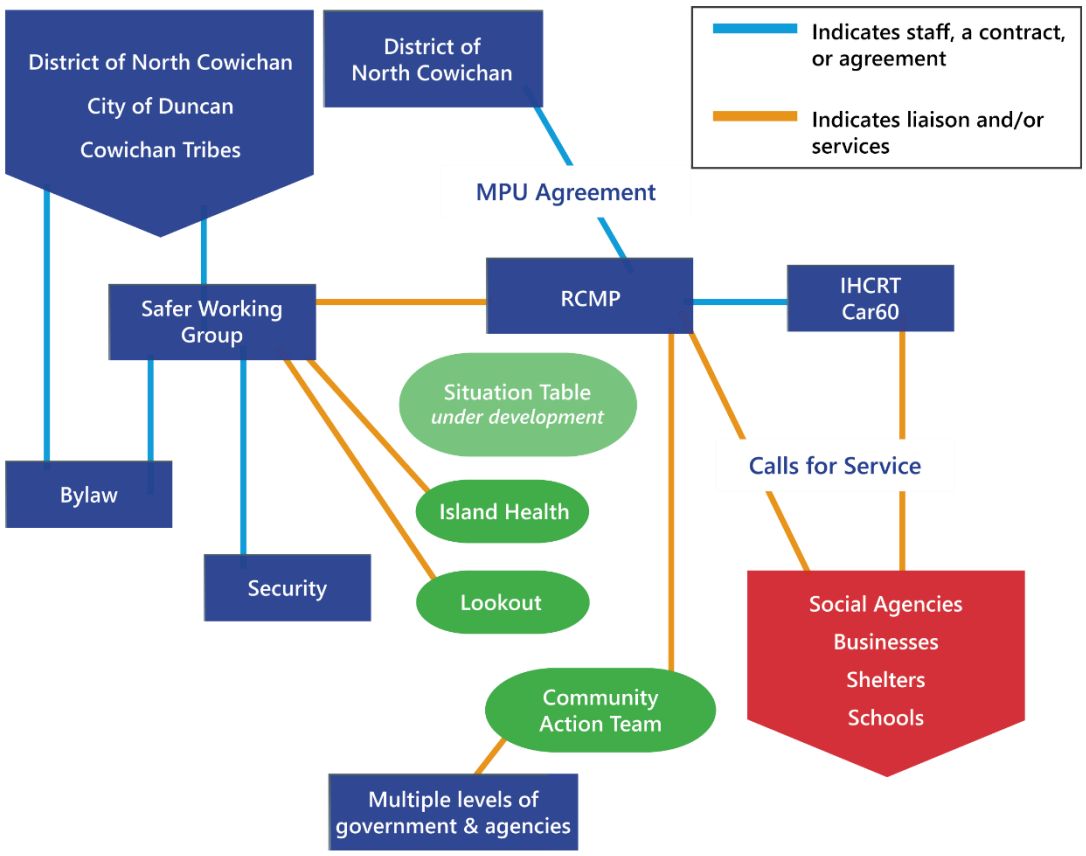
The RCMP work with all partnering agencies (Warmland Shelter, Group Homes, Probation, MCFD, Transition House, EHS, CDH, etc.).

The RCMP report working with persons who can be dealt with only through enforcement. Many are vulnerable people living on the street and their behaviour deteriorates. While in custody, they receive medical treatment and care, but once released, the process is repeated. Meanwhile, the support agencies are networking with the subject and trying to assist.

[14] *Mental Health Act* s. 22
[15] This issue is included in the Recommendations to the Special Committee
[16] Example: CBC Radio 1. Friday March 12, reports petition for dedicated RCMP onsite in Chemainus

3.2 The Model

The activities of the various stakeholders are summarized in the chart below.



4 RCMP Services & *Police Act*

The British Columbia *Police Act*[17] provides the authority for the minister, on behalf of the government, to enter into agreements with Canada authorizing the Royal Canadian Mounted Police to carry out powers and duties of the provincial police force specified in the *Provincial Police Service Agreement*.

The *Police Act* has limited application to RCMP functions, in contrast to municipal police agencies where *the Act* includes policies and standards.

The role of the local public police detachment, the RCMP, contracted as the provincial police and the municipal police for DNC, is defined in the *Municipal Police Unit Agreement*, April 1, 2012, between the Government of British Columbia (the Province) and the District of North Cowichan (the Municipality).[18] The *Agreement* prescribes the municipal police services to be provided.

ARTICLE 3.0 - PURPOSE AND SCOPE

3.1 Canada will provide and maintain a Municipal Police Unit within the Municipality, being part of the provincial police force, to act as the municipal police force in the Municipality in accordance with this Agreement.

3.2 The Municipality hereby engages the Municipal Police Unit, being part of the provincial police force, to act as the municipal police force in the Municipality in accordance with this Agreement.

3.4 Those Members who form part of the Municipal Police Unitl:

- *a) will perform the duties of peace officers;*
- *b) will render such services as are necessary to*
  - *i. preserve the peace, protect life and property, prevent crime and offences against the laws of Canada and the Province, apprehend criminals, offenders and others who may be lawfully taken into custody; and*
  - *ii. execute all warrants and perform all duties and services in relation thereto that may, under the laws of Canada, the Province or the Municipality, be executed and performed by peace officers;*
- *c) may render such services as are necessary to prevent offenses against by-laws of the Municipality, after having given due consideration to other demands for enforcement services appropriate to the effective and efficient delivery of police services in the Municipality.*

[17] Section 14
[18] BC Government at https://www2.gov.bc.ca/gov/content/justice/criminal-justice/policing-in-bc/publications-statistics-legislation/publications/policing-agreements

4.1 Opportunities for Improvement Under the Current Police Act

Improvement in how the District of North Cowichan is managing community safety issues through its RCMP services which are feasible and achievable in the current context.[19]

4.1.1 RCMP Objectives, Priorities and Goals

The *Police Act* assigns responsibility for providing policing services to the Municipality. The Municipality funds 90% of the policing costs through the *Municipal Police Unit Agreement* with the Province, cost shared with Canada which does not invoice the DNC for 10% of the costs.

The following Article pertains to the governance; the level of policing; the *objectives, priorities and goals* for the North Cowichan RCMP Detachment; and the nature of bylaw enforcement.

ARTICLE 4.0 - MANAGEMENT OF THE MUNICIPAL POLICE UNIT [20]

4.1 The internal management of the Municipal Police Service, including its administration and the determination and application of professional police procedures, will remain under the control of Canada.

4.2 The Minister and the CEO[21] *will determine, in consultation with the Commissioner, the level of policing service to be provided by the Municipal Police Unit.*

ARTICLE 5.0 – OPERATION OF THE MUNICIPAL POLICE UNIT

5.3 The CEO may set objectives, priorities and goals for the Municipal Police Unit that are not inconsistent with those of the Provincial Minister for other components of the provincial police service.

5.4 The Member in Charge of the Municipal Police Unit will, subject to paragraph 3.4(c) and when enforcing the by-laws of the Municipality, act under the lawful direction of the CEO or such other person as the CEO may designate in writing.

5.5 The Member in Charge of a Municipal Police Unit will:

a) report as reasonably required to either the CEO or the designate of the CEO on the matter of law enforcement in the Municipality and on the implementation of objectives, priorities and goals of the Municipal Police Unit

[19] RFP Deliverables 5. B. ii
[20] Municipal Police Unit is the Detachment
[21] CEO: Article 1.1 c) "Chief Executive Officer" or "CEO" means the mayor, reeve, warden or other head of the Municipality, however designated, and includes such delegate approved, from time to time, by the municipal council

The MPUA, above, provides an official process for the identification of *priorities*[22] by, and accountability to, Council. It may be assumed that the MPUA provides this specific process for the municipality that is responsible and accountable for providing and funding policing services.

The RCMP Detachment conducts town-hall meetings in the various communities to obtain input for the Annual Performance Plan (APP). The issues are identified under topics:

1) Ensuring the Community Trusts Police and Understand the Work They Complete
2) Crime Reduction - Prevent and Reduce crimes against persons
3) Crime Reduction - Reduce substances abuse
4) Crime Reduction - Prevent and Reduce property crimes
5) Enhance Road Safety - Impaired Operations (Drugs and Alcohol)
6) Enhancing Indigenous Relations, Cultural Awareness and Crime Reduction[23]

The APP is then presented to Council for approval. Notwithstanding the value of the APP process, it seems the APP may preempt Council as the various neighbourhood issues may not address major concerns of Council, for example, specific corridor-related issues. The MPUA also provides the opportunity for clarity and transparency concerning which bylaws are appropriate for the RCMP, *when enforcing the by-laws of the Municipality.*

Council-identified priorities may be complementary to the APP input; however, Council may have priorities in addition to the neighbourhood issues found in the APP.

Opportunity for Improvement

Council could consider establishing a process to identify *objectives, priorities and goals,* and *bylaw enforcement* policy for the North Cowichan RCMP Detachment; and for receiving reports on the *matter of law enforcement in the Municipality and on the implementation of objectives, priorities and goals.*

The process could complement the APP and initiatives of the City of Duncan [24]

4.1.2 RCMP Contract Management

[22] Includes *objectives, priorities and goals*
[23] North Cowichan APP Fiscal Year 2020-2021
[24] Under the *Provincial Police Service Agreement*, there is a more limited opportunity for small municipalities (under 5000 population) to provide input

There is an opportunity for the City of Duncan and the District of North Cowichan to be represented on the British Columbia Local Government RCMP Contract Management Committee.[25]

> UBCM is currently looking to appoint local government representatives from RCMP policed jurisdictions to the British Columbia Local Government Contract Management Committee (LGCMC). Interested local government elected officials and senior staff members have until March 12, 2021 to apply for nine LGCMC vacancies.
> The LGCMC Terms of Reference stipulates that the Committee consist of representatives from local governments policed by the RCMP. Appointments will be made for terms of two or three years. Due to the variable term appointment structure, all nine positions are vacant for the coming year. The following categories require local government appointments:
> - Five representatives from local governments with a population over 15,000, including:
>   - Two from outside the Lower Mainland RCMP District;
>   - Two from the Lower Mainland RCMP District, but within Metro Vancouver;
>   - One from the Lower Mainland RCMP District, but outside Metro Vancouver.
> - Two representatives from local governments with a population between 5,000 and 15,000;
> - One representative from a regional district; and,
> - One representative from a local government with a population under 5,000.

The 'contract', the series of agreements allowing for the contracting of the RCMP as the provincial and municipal police, is in effect from 2012 to 2032. They include: the *Provincial Police Services Agreement* between Canada and the Government of British Columbia (BC), the *Municipal Police Service Agreement* between Canada and BC, and a number of Municipal Police Unit Agreements between BC and the municipalities (including the District of North Cowichan). The advantages of membership of the Committee may provide greater knowledge of the contract process and issues for consideration.

Opportunity for Improvement

The District of North Cowichan could consider applying for the Contract Management Committee positions. The District of North Cowichan Council should write to the City of Duncan Council and recommend that they consider applying for a Contract Management Committee position in future years.

- Note: the Project has been informed this initiative is already being considered by the Mayor

[25] UBCM website Feb 17, 2021: https://www.ubcm.ca/EN/meta/news/news-archive/2021-archive/rcmp-contract-committee-welcomes-nominations.html?utm_source=The+Compass+-++February+17%2C+2021&utm_campaign=The+Compass+-+February+17%2C+2021&utm_medium=email

4.1.3 Designated Enforcement Officers

One of the gaps in the current SCP is Bylaw Enforcement Officers are unable to effectively deal with non-compliant persons who cannot be easily identified, without peace officer status and authority. Bylaw can contact the RCMP to assist, but the frequent delay in the response to a bylaw matter reveals the weakness of the enforcement process.

Under the *Police Act*, section 18, *designated law enforcement* means supplemental law enforcement provided to enforce all or any part of one or more enactments of British Columbia or Canada. On application by an entity – in this case the Municipality, the minister may establish, on behalf of the entity, a *designated law enforcement* unit (DLEU) to provide designated law enforcement. In effect, a second tier of focused policing. The intent of this option, is to provide a peace officer presence for issues not requiring the full scope of a police constable. It may be desirable to appoint municipal Bylaw Compliance Officers as Designated Law Enforcement Officers (DLEO) under section 18.1 in order to provide the additional peace officer powers to the existing municipal Bylaw Officer powers.

A similar concept can be found in Alberta, where government departments, municipalities, and other organizations are authorized by the Alberta government to employ peace officers under the *Peace Officer Act*.[26] For example, a city with an RCMP detachment determined that a traffic enforcement and safety presence was required in the city centre. A peace officer was appointed, with powers to enforce traffic laws. Using a police-like vehicle, with emergency lights and siren, the peace officer was assigned full-time to highly-visible traffic enforcement. The incremental cost to the city was much less than adding an additional RCMP officer to the detachment.[27]

In the DNC example, *DLEOs* could perform combined enforcement/peace officer and municipal bylaw enforcement functions, utilizing the current staffing levels. The Municipality can *determine the enactments of British Columbia or Canada and each part of an enactment of British Columbia or Canada that is to be enforced by the Designated Law Enforcement Unit*. It may be assumed DLEOs would have the same peace officer powers as a constable (RCMP or municipal) regarding the corridor-related issues and therefore the same credibility and deterrence.

The DLEU would work in close collaboration with the police and the endorsement of the commissioner of the provincial police is required for the application.[28] The *Act* requires the DLEU to report to a board, whose function it will be to *govern, administer and operate the designated*

[26] https://www.alberta.ca/peace-officers-overview.aspx
[27] *perivale + taylor* reviews
[28] Section 18.1 (1) (e)

law enforcement unit.[29] The board could be envisioned operating in the same manner as a protective services committee, responsible for police, municipal bylaws, and designated law enforcement.

The incremental cost of an additional RCMP Constable is estimated at approximately $175,000. The cost of combining the functions of municipal bylaw enforcement and designated law enforcement will be far less. The advantages are the focused law enforcement efforts on the priorities, goals, and objectives of the municipality through the board. The disadvantages are the staff resources required to establish and maintain the DLEU, and the liability which would remain with the municipality, whereas Canada assumes liability for the RCMP.

Opportunity for Improvement

The DNC could enter into discussions with the provincial Solicitor General concerning the feasibility of establishing a DNC Law Enforcement Unit under section 18.1 of the *Police Act.*

4.1.4 RCMP Staffing Levels

The staffing levels of the North Cowichan Police Unit is determined by the DNC and the Minister and the costs are invoiced accordingly.[30] The staffing levels for areas receiving policing services at large from the provincial police are not subject to control by the local jurisdiction, in this case, Duncan.

The blended North Cowichan and Duncan RCMP Detachment includes both municipal and provincial funded officers. There is agreement that the blended detachment is the most appropriate model to deliver policing services to the various communities. However, the differing staffing level modelling may result in an imbalance of workload that could affect the DNC policing effectiveness.

Opportunity for Improvement

The DNC could request the Solicitor General to ensure the appropriate staffing levels of the blended detachment, both municipal and provincial, are calculated through a common model.

[29] Section 18.1 (3) (c)
[30] MPUA Article 6

4.2 Provincial Review of the Police Act

The review of the *Police Act* may have a limited effect on the provincial police, the contracted RCMP 'E' Division, which is governed by *Provincial Police Service Agreements*, 2012 to 2032, and are standard across the country.

The Project identified four main themes:

- The challenges of law enforcement initiatives addressing chronic petty crimes and social disorder without the necessary authority has limited effectiveness
- The responsibilities of the police under the *Mental Health Act* result in policing resources being used for detention purposes which do not require the full range of police powers
- The desirability of the police and mental health agencies to provide joint and collaborative services
- The most salient issue through the project is the lack of coordination in the multi-agency response to the interconnected issues of poverty, addictions, mental health, homelessness, and crime and disorder

In England and Wales, statutorily designated partners, the police, fire and rescue, health services, education, and municipal authorities must work together to reduce crime and disorder problems and address the underlying causes.[31] Typically, to meet this requirement, local partnerships are formed, led by a local authority with joint strategies and plans with the relevant agencies being responsible for delivery of areas that fall within their remit. The premise of the approach is that no one agency can solve a problem and by working together there will be more sustainable outcomes.

Recommendations to the Province for Reforming the Police Act

The District of North Cowichan should make a recommendation to the Legislature's Provincial Committee that is currently reviewing the *Police Act* to:

1. examine the current BC Law Enforcement model (*Police Act* section 18.1) and the *Alberta Peace Officer* model, with a view to providing an effective and efficient option for municipalities to be able to customize a second tier of law enforcement for public safety issues not requiring the full powers of the office of constable
2. enable health agencies to request the minister to appoint persons as special provincial constables, under the *Police Act*,[32] to allow the continuing apprehension and temporary

[31] *Crime and Disorder Act* 1998
[32] Section 9

detention of persons apprehended under the Emergency Procedures of the Mental *Health Act*[33] and taken to a physician, who are awaiting assessment in a medical facility

3. consider legislative requirements for select publicly-funded agencies to work together to develop collaborative and complementary service delivery strategies in addressing the overlapping problems of crime, disorder, poverty, addictions, mental health, and homelessness

    a. Pertinent to the DNC SCP, joint police and mental health teams could be established and provincially funded to address the most severe mental health/addiction files, respond to emergencies, and act as mentors and trainers within the police and health systems

    b. Such requirements for police agencies could be incorporated into the BC *Policing Standards* for municipal agencies, and through the *Provincial Police Service Agreement* Article 6.1, under the Minister's *objectives, priorities and goals* for the provincial police

[33] Section 28

5 Community Safety Response Model Gap Analysis Recommendations

Background

Collaboration and coordination in decision making and service delivery are seen as the most important factors to improve efficiency and effectiveness. Highlights of these issues, identified in Part 1, include:

- Better consultation, coordination, integration and communication between the RCMP, municipalities, health and housing officials, not-for-profit groups, and other stakeholders
- Changes that formalize a collaboration between housing, mental health services and local communities to address homelessness, addiction and mental health issues
- A governance framework to measure and oversee homeless strategies and initiatives and measure public safety outcomes
- Innovative solutions like the Community Action Team (CAT) and the Situation Table (HUB model)[34] that leverages local, provincial, and federal level resources to address concerns at the community level

An effective collaborative, and eventually governance, regime will help to maximize service efficiency and effectiveness. The Office of the Auditor General of BC states that: '*An organization that uses good governance is one that always, in word and action, demonstrates: accountability, leadership; integrity; stewardship; and transparency.'*

A valuable example of strategic leadership is found in the UK where local government must formulate and implement a strategy to reduce crime and disorder, and also introducing a statutory requirement directing local authorities to work with other bodies[35] (including every police authority, probation authority, strategic health authority, social landlords, the voluntary sector, and local residents and businesses) to form a *Crime and Disorder Reduction Partnership* (CDRP) to deliver such strategies. The Home Office may require any Partnership to supply details of their community safety arrangements.

The varying mandates and funding among the organizations having a role in addressing the safety and disorder issues represent a significant challenge to establishing an effective model for maintaining public safety and community well-being while addressing homelessness-related issues. A workable model will likely have to evolve as collaborative milestones are achieved. However, this complex development process must be organized and orchestrated to ensure

[34] Note Appendix E, Hub Model
[35] *Crime and Disorder Act* 1998; and the May 2021 *Policy Paper* on the *Police, Crime, Sentencing and Courts Bill* 2021, see Appendix D

recognition of the agency differences and facilitate timely development of the detail and logistics of the process.

A governance regime is not meant to imply amalgamation, co-location, or a change to the mandate, authorities, and responsibilities of the Province, District of North Cowichan, City of Duncan, Cowichan Tribes, and other involved bodies. It is simply a suitable structure with appropriate processes that facilitate and advance communication and delivery of public services. The recommended approach to collaboration, coordination, and governance is included in sections 6.2 and 6.3.

Determining an appropriate governance framework to address crime and disorder issues in the Cowichan Valley involves regional, municipal, provincial and not-for-profit organizations which are significantly different in terms of:

- legislative restrictions
- privacy and security requirements
- employee contractual agreements
- risk universes
- service cultures
- board/organizational oversight
- variations in nature of service mandates
- budgets and funding sources
- availability of Services (24-7; Monday to Friday; part time)
- data collection, storage, and sharing capabilities

5.1 Short Term Plan

5.1.1 An Improved Approach to the RCMP Annual Performance Plan (APP) [36]

Prior to the APP process, the RCMP could approach Council to discuss the policing priorities for the District of North Cowichan. Ideally this would be part of Council's annual strategic planning session. The RCMP should, at the same time, advise Council of the APP process including potential *objectives, priorities and goals,* and which community groups they will consult with. This would allow Council to have meaningful input into the APP (including other stakeholders Council may wish to be included in the process, and what *objectives, priorities and goals* are most

[36] This section further details the approach described in Part 1, Section 4.1.1

relevant and areas of critical importance, such as the corridor). It would also allow Council to anticipate policing budget requirements and expected outcomes of their investment.
The decision as to which municipal bylaws should be enforced by the RCMP should be included in the planning to provide the necessary tools.

The RCMP would incorporate Council's input into the process and consult with various community stakeholders. Following community consultation, the RCMP would then return to Council to identify any service gaps identified by the community for Council discussion and decision. The budget would be adjusted to reflect the final agreed-upon APP. The APP would be supported by detailed work plans to deliver on the *objectives, priorities and goals*[37] agreed to. Quarterly progress reports would allow Council to monitor performance.

Resources

There would be no additional resources required for this approach but some additional Council and administrative time will be required.

5.1.2 Community Safety Response Model Reporting

The monthly, numerical statistics illustrated in section 3.2, although providing an ongoing background to the issues, do not provide decision makers with information to guide future allocation and priorities of resources.

The reports could include a qualitative section, briefly describing:

- changes in types and locations of events
- the most significant issues and events
- future priorities
- recommendations for changes in response and deployment
- any other matters deemed noteworthy

Resources

There will be no additional resources required for this approach other than the slight increase in time required to write the reports.

[37] *objectives, priorities and goals* as defined under the *MPU Agreement* between the Province of BC and the District of North Cowichan

5.1.3 Stakeholder Communication Plan

The needed stakeholder communication, described in section 2, can be addressed through the SWG disseminating monthly updates to the following:

- Businesses – specific
- Canadian Mental Health Association – Cowichan Valley Branch
- Community Action Team
- Cowichan Communities Health Network
- Cowichan Community Policing Society (CCPS)
- Cowichan Housing Association (Cowichan Valley Regional District)
- Cowichan Tribes
- Cowichan Women Against Violence (CWAV) Society
- CVRD Community Services
- DNC Council
- Duncan Chamber of Commerce
- Duncan Council
- Duncan Cowichan Chamber of Commerce
- Island Health: Medical Health Officer
- Island Health: Wellness and Recovery Center site management
- Medical Health Officer, Cowichan Valley Region
- RCMP
- Residents
- School Board
- School Superintendent
- Schools
- Community Futures Cowichan
- Cowichan Valley School District
- Duncan Chamber of Commerce
- Duncan Highway Corridor Business Association

Resources

Some additional administrative time will be required to manage the communication function.

5.1.4 Lobbying the Provincial Government [38]

The District of North Cowichan should continue, with the UBCM and the City of Duncan and the Cowichan Tribes, to request the Province to:

- provide an effective and efficient option for municipalities to be able to customize a second tier of law enforcement for public safety issues not requiring the full powers of the office of constable
- enable health agencies to appoint persons as special provincial constables, under the *Police Act*,[39] to allow the continuing apprehension and temporary detention of persons apprehended under the Emergency Procedures of the Mental *Health Act*[40] and taken to a physician, who are awaiting assessment in a medical facility
- provide health specialists to work alongside the police (in this case, the Duncan/North Cowichan/Provincial RCMP Detachment), to better address the chronic public safety issues which are a result of mental health, additions, and poverty
- ensure the appropriate staffing levels of the blended detachment, both municipal and provincial, are calculated through a common model

Resources

Some additional administrative time will be required to manage the coordination and communication through the City of Duncan and the UBCM.

The proposed health facility special constables would require PTEs and the administrative support from the health facilities.

The proposed additional health specialists would require one or two FTEs and administrative support.

Increases in the actual RCMP DNC staffing level will require funding, but the budgets will presumably be in place for the authorized staffing level.

[38] See also in Chapter 4 with additional background and detail
[39] Section 9
[40] Section 28

5.2 Long Term Plan

5.2.1 Governance

In its 2019-2022 Council Strategic Plan, North Cowichan set out to address a number of community challenges including the opioid crisis, a lack of affordable housing and increasing income disparity. Although many of the challenges are outside the jurisdiction of local government, the Mayor and Council took initiative and leadership to bring partners together to solve public safety concerns in the Cowichan Valley. In consultation with local business owners, Cowichan Tribes, the Cowichan Valley School District, local health and social service providers, the RCMP and many others, DNC, in collaboration with the City of Duncan, developed, resourced and implemented the Safer Community Plan. To build upon the success of the SCP, DNC undertook this gap analysis project to identify future opportunities to expand public safety outcomes in their community.

Many of the opportunities to improve public safety outcomes are identified throughout this report, require the involvement and commitment of a number of government agencies and not-for-profit entities. The issues are simply too big and require resources and expertise from outside DNC; therefore, it will be critical that the Mayor and Council continue to take a leadership role in influencing the relevant stakeholders to actively participate in solutions that address homelessness, addiction and mental health in the region. Success at tackling the issues will require political will, direction and commitment to working together collaboratively to the benefit of the region. Applications for legislative changes, funding and in-kind contributions will be strengthened by having a unified region dedicated to working together to serve the most vulnerable people in their communities.

As referenced above, a governance regime will rely on the willing participation of all parties to work collaboratively to reduce crime and disorder issues in the region. A coalition form of governance is the most practical structure to facilitate efforts to work together to maximize public safety outcomes. The Coalition to Reduce Crime and Disorder (herein referred to as the Coalition) would be focused on integration opportunities with the objective of addressing homeless-related challenges in the region.

To be effective, the size of the Coalition must be kept small so as to ensure that time spent is focused on critical priorities and initiatives. Agency representatives on the Coalition would be senior executives who would be able to make decisions and influence policy direction on behalf of their agency. It is recommended that the Coalition consist of a senior representative from the

District of North Cowichan, City of Duncan, Cowichan Tribes, Cowichan Valley Regional District, RCMP, Cowichan Valley Branch of the CMHA, Island Health, and the Cowichan Housing Association. It is also recommended that all current integration initiatives (for example, CAR60, CAT and the Situation Table) be brought together under the purview of the Coalition. Existing working group structures would be seen as committees of the Coalition reporting on progress and performance to the Coalition. The Coalition would be the umbrella organization to provide oversight for integration initiatives. It would not replace existing operational committees; but rather, fulfil a governance role in reviewing the mandate, performance (value for money), funding, accountability and stakeholder engagement required for each program. It would also review and approve new initiatives brought forward by any of the committees or partners.

Each member of the Coalition would be tasked with engaging with the community including people who experience homelessness, shelter facilities, the business and non-profit community, schools, residents and others to ensure their voices are heard and their input solicited. Engagement would also include regular communication on initiatives and important milestones.

All parties would enter into a MOU to describe the intent to work together, the mandate or scope of the group, the representative of each agency (and alternatives), roles and responsibilities, protocols, reporting requirements and other provisions. The MOU would be supported and approved by all relevant agency governing bodies.

Other MOU provisions should include terms such as:

- details of the governance structure and oversight
- process for appointing the Chair and the term of the appointment/re-appointment
- process for appointing Board members (and their delegates) and the term of their appointments/reappointments
- duration, withdrawal and termination provisions
- start-up financial or in-kind contributions
- how day-to-day and long-term decisions will be made (e.g., consensus, majority rule, etc.)
- communication and media protocols
- a dispute resolution process

The Coalition would appoint a Chair to facilitate meetings and lead the Coalition. The Coalition would determine what resources would be required to support the Coalition, identify funding sources, define short and longer-term priorities and set performance metrics and expected outcomes.

Ideally, the Chair of the Coalition would be an external appointment contracted for a period of time to serve as an "Integration Navigator" to manage the process and monitor progress. The Chair would facilitate the work of the Coalition and focus, coordinate, and follow up on issues. The Chair would assist the Coalition in developing necessary MOUs, legislation, legal agreements, and other documents to support future integration. As the Coalition evolves, an external Chair could be replaced by the appointment of one of the agency participants on a rotating basis (for example, one-year terms).

Priorities would be formalized through detailed partnership agreements and would expand over time. The Coalition would oversee implementation of priorities directed and managed by the Chair/Integration Navigator. The Coalition would likely also require a level of administrative support to arrange meetings, prepare minutes and action items, and apply for grants and other funding sources.

The Coalition may wish to become a CRA registered charity at some point so that it can accept donations, sponsorships, and memberships. It would also allow the coalition to apply for various grants and subsidies.

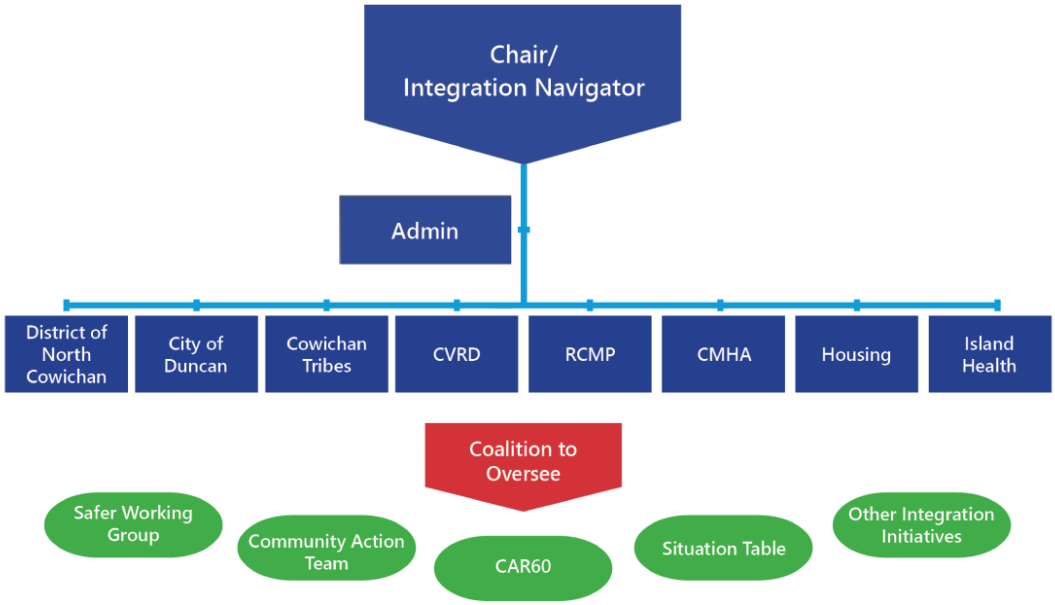
Should the Province of BC agree to the recommendations in section 4.2 above, to legislate the requirement for select publicly-funded agencies to work together to develop collaborative and complementary service delivery strategies in addressing the overlapping problems of crime, disorder, poverty, addictions, mental health, and homelessness, a more formal governance model could be considered.

In the UK, for example, it has meant the establishment of a joint 'Crime and Disorder Scrutiny Committee' under the accountability of local authorities. In the case of Cowichan Valley, it could be a special committee of Council or the CVRD (considering the involvement of more than one local government); or, governance could continue as a coalition. At the time of legislation, it would be appropriate to review the success of the Coalition in achieving improved public safety outcomes to determine the best governance model for the longer-term.

Resources

A part-time Chair/Integration Navigator would be required for an estimated two to three years as the integration opportunities progress. There will also need to be part-time administrative support to organize meetings, prepare agendas and minutes, and follow up on action items.

Proposed Governance Framework



5.2.2 Establishment of a Second Tier of Law Enforcement [41]

There was also recognition for increased training of Bylaw Officers and sufficient Personal Protection Equipment to ensure the safety of officers in difficult situations.

Concerns have been raised over the volume of work that Bylaw Officers may experience post the pandemic as large numbers of individuals are currently in temporary housing such as the Ramada Inn, the impact of rising housing prices and economic uncertainty may increase the number of homeless, and housing and mental health treatment programs may not be able to

[41] See also in Chapter 4.1.3 with additional background and detail

keep up with demand. In addition, the regular work of the bylaw function is being pushed aside by the corridor demands.

Subject the any changes in the *Police Act*, a model of combined municipal bylaw and provincial enforcement powers has the potential to provide enhanced public safety, addressing public disorder and minor crime. The combined model provides economies of scale and flexibility of application.

This will also enable normal municipal bylaw enforcement regular activities to continue.

Resources

Two or three FTEs and the associated equipment and administrative support. It may be possible to share the cost with Duncan.

5.2.3 Social Planning

There is a need for a social planning professional for the region to examine social well-being and social development needs for the region. The Government of BC website articulates the following local government social planning components:

- Accessibility and inclusion
- At-risk women and girls
- Children and child care
- Crime and public safety
- Food security
- Housing affordability and homelessness
- Multiculturalism
- Poverty
- Senior service
- Substance abuse and addiction
- Supporting refugees
- Youth services

Resources

One FTE and administrative support.

5.2.4 Facilities and Measurement

Several of those interviewed articulated the long-term need for:

- facilities such as the Navigation Centre in Nanaimo that provide 24/7 accommodation and treatment programs for those experiencing homelessness. When shelters are closed for the day, individuals have nowhere to go, limited laundry services, insufficient storage areas for their possessions, and few program options
- increased housing, shelter, and treatment facilities to accommodate the anticipated growth in accommodation needs
- improved tracking of homeless statistics, outcome measures for program evaluations, and other community measures

Resources

These facilities would be beyond the jurisdiction of local government, and would require capital funding by provincial and/or federal governments. Responsibility for prioritization of these facilities would fall to Island Health and the Cowichan Housing Association. External support for the tracking of homeless counts, outcome and other measures would be required perhaps through a one-time consulting assignment to set up the measurement framework. On-going support could be facilitated through existing resources.

Appendix A

Safer Working Group

Terms Of Reference

MANDATE

The Safer Working Group (SWG) is a staff led working group responsible for providing oversight for the operations of the Corridor Safety Office (CSO), and for advising the City of Duncan, Municipality of North Cowichan, and Cowichan Tribes' Councils on matters related to crime reduction, public disorder and community safety in the Trans-Canada Highway Corridor.

ROLES AND FUNCTIONS

The SWG will identify, prioritize and coordinate appropriate bylaw enforcement responses to reduce crime and public disorder in the Trans-Canada Highway Corridor. The SWG will work collaboratively with service providers and community partners to enhance public safety. When necessary, the SWG will provide advice to each Council regarding operational actions. Semi-annual reports on the function of the CSO will be prepared and presented to each Council by their respective staff.

DUTIES AND RESPONSIBILITIES OF THE CHAIR

The SWG will be co-chaired by North Cowichan's Manager of Fire and Bylaw Services and the Duncan's Director of Corporate Services. An alternate Chair will be selected by the members of the group in the event of an absence.

MEMBERSHIP

The SWG shall consist of the following staff members (or designate) from the City of Duncan, Municipality of North Cowichan, and Cowichan Tribes, and member(s) of the RCMP's North Cowichan-Duncan Bike Unit:

- Lands and Governance, Associate Director – Cowichan Tribes
- Enforcement and Security Supervisor – Cowichan Tribes
- Manager of Building and Bylaw Services - Duncan
- Bylaw Enforcement Supervisor – Duncan

- Manager of Fire and Bylaw Services - North Cowichan
- Bylaw Officer Supervisor - North Cowichan

When deemed necessary by the Chairs, staff from other departments or representatives from other organizations will be invited by the Chair to participate in the SWG meeting.

MEETING PROCEDURES

As a general rule, the SWG will meet on the second Wednesday of each month, at 10:30 am. Duncan and North Cowichan will alternate hosting the SWG meeting. In addition to regularly scheduled meetings on a monthly basis, the SWG will meet upon call of a Chairperson or at the request of North Cowichan-Duncan Bike Unit for any matter deemed warranted as an emergent matter needing to be considered.

STAFF SUPPORT

The Municipality of North Cowichan will provide administrative support and meeting coordination for the SWG, and the City of Duncan will cost-share the corresponding staff resource costs. This will include:

- Organizing and preparing the Agenda, in conjunction with SWG chairs
- Distributing the Agenda package to SWG members
- Maintaining a list of outstanding issues for the SWG action

Each partner organization will be responsible for:

- Managing the files of outstanding issues for SWG action,

The partner organization most impacted by the particular issue will be responsible for drafting the SWG report to Council. For issues impacting all three partner organizations, the Chairs will agree on the person responsible for drafting the report.

Appendix B

Works Consulted

See the separate Literature Review for further works consulted.

City of Duncan *Position Paper on Local Issues* 2020

Cowichan Social Planning. Kasting, C. (2014). *Aboriginal Off-Reserve Housing Needs in the Cowichan Region*. Cowichan, BC

Cowichan Tribes, City of Duncan, District of North Cowichan*. Community Safety Contact Information* brochure (who to call)

Cowichan Tribes, City of Duncan, District of North Cowichan*. Safer Working Group Terms of Reference*

Cowichan Valley Survival Guide 2019

Homelessness Services Association BC. *Homeless Count*. Duncan/Cowichan Valley, 2020.

Island Health. *Safer Supply – Tablet Injectable Opioid Agonist Therapy*

Island Health. Wellness and Recovery Centre Service Model and Program Overview. 2020

Municipal Police Service Agreement 2012

Municipal Police Unit Agreement 2012

Nanaimo Health and Housing Action Plan 2021

Nanaimo Homelessness Coalition. *Nanaimo's Action Plan to End Homelessness* 2018-2023

Nilson, C. Dr. The Original Game Changers: An Evaluative Report on Prince Albert's Centre of Responsibility. University of Saskatchewan

Peace Officer Act, Alberta

Police Act, British Columbia

Policing & Security Branch, BC. Public Safety Insights: Summary of the Day of Dialogue on Situation Tables.

Provincial Police Service Agreement 2012

RCMP Annual Performance Plan 2020-2021

Strategy, H.P., and Macnaighton, E. (2018). Working with One Heart & Mind: A plan to address and prevent homelessness in the Cowichan Region.

City of Duncan Bylaws

- Bylaw Offence Notice Enforcement Bylaw 2019 (2020)
- Municipal Ticket Information Bylaw (2018 & 2019)
- Panhandling Area Map
- Panhandling Bylaw (2010)
- Parks and Public Open Spaces Bylaw 2017)

District of North Cowichan Bylaws

- Highway Use Bylaw (2018)
- Municipal Ticket Information System Bylaw (2020)
- Noise Bylaw (2018)
- Parks and Public Places Regulation Bylaw (2020)
- Traffic Bylaw (2019)

Appendix C

Literature Review

Review of Literature on Homelessness, Health, and Inclusionto Inform Community Response

Executive Summary

The intersectionality and interplay amongst individual vulnerabilities and relational variables; health, social, economic, political, and other systems, and their processes; and structural factors such as discrimination, poverty, and colonialism produce different pathways into and out of homelessness.

Homelessness is thus bi-directional – it's both a *product of* and a *path toward* other social determinants of health and wellbeing including mental health and substance abuse, inequitable income distribution, unemployment, food insecurity, and social exclusion.

The creation of a shared conception and reliable instruments to measurement provide advocates, researchers, and policy makers with the some of the necessary information to advise prevention policy and responsive practices. The findings in literature highlight that the provision of basic human needs, (i.e., food, shelter, clothing) prioritized along with health and social supports is a necessary first step to move towards inclusive policy and practice.

Equally recognizable is that the further "upstream" one is from a negative health outcome, the likelier it is that any single intervention will be effective (Institute for Work & Health, 2015). Prevention academics are in agreement that a combination of prevention levels is required to achieve any meaningful degree of change.

Literature Review Table of Contents

1 Introduction

Homelessness is a significant social and public health concern. In the *State of Homelessness in Canada 2016* report, the number of Canadians who experience homelessness on any given night is minimally recorded as 35,000; however there may be as many as 50,000 additional "hidden homeless" Canadians on that same night (Canadian Observatory on Homelessness, Canadian Alliance to End Homelessness, 2016). Annually, 235,000 Canadians experience homelessness, and it is suggested that the *risk* of being unhoused or vulnerably housed, as well as homelessness itself is rising (Flavo, 2020; Gaetz et. al., 2016).

The current recession brought on by the COVID-19 pandemic may contribute significantly to rising homelessness across Canada, the significance of which will not be truly evident for five years (Falvo, 2010).

Homelessness is bi-directional – it's both a *product of* and a *path toward* many other social determinants of health and wellbeing including mental health and substance abuse, inequitable income distribution, unemployment, food insecurity, and social exclusion. The correlation and interplay between individual vulnerabilities; health, social, justice and other systems; and structural-level factors such as poverty and discrimination provide challenges associated with policy and evidence-based practice prevention. The purpose of this review is to examine literature on homelessness, health, and social inclusion to inform a community safety response model bridging gaps to service.

2 Etymology, Framing, and Enumeration of Homelessness in Canada

In a 2010 editorial opinion written in the Toronto Star, David Hulchanski traces the history of the word "homelessness" in a search of newspaper articles between the years 1851 to 2005, revealing that the word was principally used (87% of the occurrences) in the 20 years between 1985 and 2005 (Hulchanski, Sept. 18, 2010). He surmises that before the 1980s, it was rare to find the term "homelessness" used to designate a social problem nationally or internationally. The term "homeless", during these times, referred to those who were mostly sheltered, even if poorly sheltered, and some single, often older, transient, socially excluded men in urban environments (Gaetz et al., 2016; Hulchanski, 2010).

The word "homelessness" came into common use in developed countries, including Canada, in the early to mid-1980s, just as mass homelessness emerged in Canada due to government cutbacks to social housing and related programming (Hulchanski, 2010).

It is well-established that developing a common framework is essential to the understanding, measurement and response to a health or social problem. Engel (1960), in explaining the importance of how disease and illness are conceptualized in health, states that such a definition and framework is "paramount to understand the boundaries and scope of responsibility". Similarly, in making the case for a common Canadian definition and typology of homelessness, the Canadian Observatory on Homelessness (COH) states that "a common definition provides all levels of government and community groups with a framework for understanding and describing homelessness, and a means for identifying goals, strategies and interventions, as well as measuring outcomes and progress." Yet, no consensus on a single definition of "homelessness" exists, and thus homelessness has been conceptualized in numerous ways (Echenberg & Munn-Rivard, 2020).

Most definitions of homeless have both situational attributes (i.e., absolute homelessness, hidden homelessness, relative/risk of homelessness) and temporal attributes – duration and/or frequency of homeless incidents (i.e., chronic, episodic/cyclical, or temporary) (Echenberg and Jensen, 2020). Definitions vary by geography, but additionally, definitions of homelessness have also been constructed for subpopulations within a geography, such as those indigenous persons' experiences of homelessness within Canada (Echenberg & Munn-Rivard, 2020; Thistle & COH, 2017). The Canadian Observatory on Homelessness (COH) developed a definition and typology of homelessness while working in collaboration with national, provincial/territorial, and local stakeholders, including those with lived experience of homelessness, resulting in a "useable, understandable definition of homelessness that is uniquely Canadian, yet allows for national and international comparison". The COH defines homelessness as:

> *"The situation of an individual or family without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing."*

Various efforts to enumerate homeless persons have been made by governments and other stakeholders by measuring shelter capacity, shelter occupancy rates, and using point-in-time (PiT) data collection. Enumeration can be used to measure progress towards ending health and social issues such as homelessness, and in identifying trends such as increases or decreases in homelessness among certain population groups. Data collection currently employed for homeless persons includes the ESDC's *Shelter Capacity Report* using data from the ESDC's National Service Provider List, Statistics Canada census data on the housing and the shelter system

(though limited), and the Homeless Individuals and Families Information System (HIFIS), now part of the Reaching Home initiative (Echenberg & Munn-Rivard, 2020). Municipal and non-governmental organizations (NGOs) have also attempted such enumeration project in Canadian cities such as Toronto, Calgary, Vancouver (Echenberg & Munn-Rivard, 2020). A recent internationally informed review of 50 administrative data systems for homelessness measurement methodology deconstructs these systems with the goal of advising on what an ideal data system would look like to "*improve the potential use of administrative data to measure homelessness and our response to it, but, more importantly, in mobilizing data more effectively in order to facilitate research and operational uses of data*" (Thomas & Mackie, 2020).

Historically, individuals experiencing homelessness in Canada were older, single, often transient men (Gaetz et al., 2016; Hulchanski, 2010; Rossi, 1989), some of whom had alcohol problems (Rossi 1989). The homelessness crisis we see today is much more diverse in terms of composition, and much more severe in terms of health and social condition (Gaetz et. al., 2016; Fazel, Geddes, & Kushel, 2014). Homelessness affects many Canadians, though some population groups are more at risk of becoming homeless than others, including single adult men, people dealing with mental health issues or addictions, women with children fleeing violence, and Indigenous people (Rech, 2019). It is estimated that, at minimum, approximately 35,000 Canadians experience homelessness on any given night, and at least 235,000 Canadians are homeless in any given year (COH, 2016). Of that number, it is estimated that 180,000 are using emergency shelters (including women's shelters), 50,000 are being housed temporarily in other types of non-profit organizations, such as hospitals or by family or acquaintances, and 5,000 are sleeping outside. As of 2016, 24.4% of shelter users were older adults, aged 50 to 64, and seniors (65+), 27.3% were women, and 18.7% youth (18.7%) (Gaetz et. al., 2016). While the indigenous population comprises 4.3% of the Canadian population, indigenous population are overrepresented within shelters comprising an alarming 28-34% of the population (Gaetz et. al., 2016). Individuals identifying as lesbian, gay, bisexual, transgender, queer or 2-spirited are also disproportionately represented among the homeless population in Canada (Abramovich, 2016; Gaetz et al., 2016).

It is commonly accepted that more individuals experience "hidden" or relative homelessness before reaching absolute homelessness which is less visible and less easily enumerated (Echenberg and Jensen, 2020). Of those who experienced hidden homelessness, about 1 in 5 (18%) experienced it for at least one year, 55% for less than one year but more than one month, and 27% for less than one month (Rodrigue et. al., 2016). Women, for example, form over one-quarter (approximately 27.3%) of Canada's documented homeless population, but many more women, families, and youth are among the "hidden homeless" who remain uncounted for as they

are often likely, if possible, to stay with family or friends (Gaetz S, Dej E, Richter T, Redman M, et al.; Calgary Homeless Foundation, 2018). An analysis of Canadian census data from 2014 by Rodrigue has shown that over one million women reported having experienced hidden homelessness at some point in their life, which was often associated with a history of adverse childhood experiences, weaker social networks, and gender diverse background. Frequent movers and persons with a lower level of social support were also more likely to have experienced hidden homelessness.

For example, among those who moved at least four times in the past five years, 21% experienced hidden homelessness at some point in their life (Rodrigue et. al., 2016). There is emerging evidence that rural and remote communities experience homelessness rates that are equivalent to, or potentially higher than those experienced in urban areas (Kauppi et. al. 2020), but until recently there was little acknowledgement that homelessness existed in rural areas in Canada (Waegemakers Schiff et. al, 2015). Both rural and remote communities are more limited in their capacity to respond to the homeless and the vulnerably housed due to fewer or absent healthcare and social services. Understanding of rural homeless is minimal due to lack of research as compared with urban populations (Kauppi et. al. 2020; Waegemakers Schiff et. al., 2015). Assessment of needs of those within non-urban populations is thus also often overlooked (Waegemakers Schiff et. al., 2015). Still, most of the homelessness funding in Canada continues to be directed to large urban centers (Government of Canada, 2020).

Enumeration of the homeless population is difficult given lack of a permanent address, or fixed location, accounting for the “hidden homeless” and the fact that this population is always in flux as individuals cycle through the range of shelter types, and move in and out of the risk or state of homelessness (Echenberg & Jensen, 2012). Additionally, except for literature exploring gender differences amongst youth (Abramovich & Kimura, 2019; Kidd et. al., 2019; Abramovich & Shelton, 2017; Abramovich, 2016), empirical based literature is less reflective of the diverse, intersectional demographic characteristics (i.e., over 50 years of age, transgendered, Muslim, Black homeless persons) and are almost exclusively focused on a specific cohort, or category of individuals often distinguished singularly by gender, sexual orientation, ethnicity, or race. As Rankin and Garvey (2015:81) argue “intersectionality encourages scholars to understand how systems of oppression intersect to create structures, political systems, and cultural contexts that shape the experiences of individuals with oppressed identities…. Intersectionality offers researchers new ways to operationalize complex social identities”.

With government and stakeholder recognition that an absence of reliable data may constrain the development of effective measures to prevent and respond to homelessness, the federal

government adopted an alternative approach to data collection, that being a nationally coordinated point-in-time (PiT) count. PiT data collection offers a snapshot of a particular community over a set, usually 24-hours, period of time. In this approach, participating communities are provided with core standards for the methodology (i.e., common screening and survey questions) to guide how counts are conducted. Volunteers survey individuals who are living outdoors ("living rough") or accessing services for the homeless (i.e., use of emergency shelters) collecting information with respect to the minimum number of people experiencing homelessness in a community on a given night, and information on the population itself such as demographics, history of homelessness, and needs for service. The first nationally coordinated PiT counts took place in 2016 in 32 communities; the second, in 2018 in more than 60 communities; and a third, 2020 PiT, which was planned for March/April of 2020, was postponed by many communities due to public health measures implemented during COVID-19 pandemic. Employment and Social Development Canada (ESDC) has suggested a March/April 2021 count date for those communities which postponed last year's count (ESDC personal communication, July 2020).

3 Co-Morbidity and Mortality Health Inequity and Health inclusion

It is widely documented that homeless individuals, including the hidden homeless and housing-insecure, experience much poorer health conditions and health outcomes (mortality or life expectancy) than the general population (Magwood et. al., 2020; Tucciarone, 2019; van Dongen et al., 2019; Lebrun-Harris et al., 2013; Lewer et al., 2019; Hwang et. al., 2009; Roy et. al, 2009; Roy et al, 2004). Annor and Oudshoorn (2019) stress the bi-directional relationship between health and homelessness, in that poor health can increase the risk of housing loss, and the fact that homelessness is inversely "bad for one's health". Literature also denotes this bi-directional relationship between specific health conditions and homelessness, for example, substance use (Wright et al., 1987) and mental health (Padgett, 2020) as both causes and effects of homelessness. The complexity of this relationship between health and homelessness is further exacerbated by the condition of comorbidity.

Literature abounds with evidence that persons experiencing homelessness are disproportionately affected by co-occurring conditions related to physical and mental illness, substance abuse or misuse, and long-term burdens of chronic illness or disease (Magwood et. al., 2020; van Dongen et al., 2019; Lebrun-Harris et al., 2013; Lewer et al., 2019), a state of being known as multi-, co-, or "tri-morbidity" (Player, 2019; van Dongen et. al, 2019; Lebrun-Harris et. al., 2013; Lewer et. al., 2019). The prevalence of different health conditions within the homeless population are difficult to determine given the challenges of identifying homeless individuals, suggesting a greater, or more

widespread problem than is currently and accurately measurable (Lewer et. al, 2019). Studies indicate persons experiencing homelessness are three times more likely to report chronic diseases with asthma, COPD, epilepsy, and heart problems being most prevalent (Lewer et al., 2019). Higher prevalence rates of these non-communicable diseases have also been shown alongside evidence of accelerated ageing (Fazel, Geddes, & Kushel, 2014).

Serious mental illness is also much higher amongst the homeless or marginally housed with psychosis being four to 15 times more prevalent (Vila-Rodriguez, 2013; Rees 2009). Substance dependence was also found to be pervasive (Magwood et. al., 2020; Vila-Rodriguez, 2013; Rees 2009), with as high as a 61.7% injection drug use (IDU) rates amongst marginally housed individuals (Vila-Rodriguez, 2013). In a Vancouver study, female injection drug users (IDUs) had rates of mortality almost 50 times those of the province's general female population (Spittal, et. al., 2006). Most concerningly, co-morbid addiction or physical illness significantly decreased the likelihood of treatment for psychosis, but not the likelihood of treatment for opioid dependence or HIV disease (Vila-Rodriguez, 2013) suggestive of serious health treatment inequities. There exist also higher rates of self-harm and attempted suicide (Perry & Craig, 2015; Saddichha, Linden, & Krausz, 2014). Finally, the mortality associated with considerable social exclusion, such as homelessness, is extreme (Aldridge et al., 2019, 2018; Fazel, Geddes, & Kushel, 2014) being nearly eight times higher than the average for men and 12 times higher for women (Aldridge et al., 2019, 2018), with an average age for death at 52 years.

The relationship between homelessness and trauma is also notably bidirectional. That is, trauma is both a risk factor for, and a potential outcome of, homelessness. Research attests to the fact that both adult and youth populations who are homelessness often experienced trauma as children. Exposure to adverse childhood experiences (ACEs) is highly prevalent among homeless individuals and is associated with significant negative impacts on physical, mental, and other health outcomes with the strongest associations in relation to severe mental health, risky sexual behaviour, drug and alcohol abuse, and self-directed violence (Hughes et. al., 2017).

Furthermore, having multiple ACESs considerably increased negative outcomes (Radcliff et. al, 2019; Edalati et. al, 2017), and age at initial onset of homelessness (Tucciarone, 2019). The cumulative and spiraling effects of multiple negative or traumatic life events may explain the higher rates of mortality for those that are socially excluded (Tucciarone, 2019).

Homelessness intersects multiple social determinants of health (SDH) including inequitable income distribution, unemployment, food insecurity, disability and social exclusion (Mikkon and Rapheal, 2010). Increasingly there is a movement towards a social determinants of health (SDH)

approach to the problem of homelessness, and those vulnerably housed, which looks beyond the individual towards broader societal forces which influence health – socioeconomic status, gender, race, education, employment, and neighbourhood quality, for example – and how these social determinants can address prevention through policy. The social determinants of health (SDH) framework can be used to explain the chronic health challenges of homeless individuals despite their high levels of health care utilization.

4 Homeless Persons Utilization of Healthcare Services and Costs to Healthcare

People experiencing homelessness use hospital and emergency department services at higher rates than the general population (Buccieri, et. al., 2018; Feldman et. al., 2017) which may be explained at least partially by the fact that most typically, they do not have a primary care physician, so they are reliant on general hospital admission (Buccieri, et. al., 2018). Thus, the main point of entry into the healthcare system for homeless adults is often hospitals. Canadian studies have recorded exceedingly high percentages of homeless individuals who report at least one hospital visit in the preceding year, with figures as high as 77% (Hwang and Henderson, 2010). This indicates that many homeless individuals rely almost exclusively on hospitals for their health care needs (Kushel et al., 2002). This situation can result in a cyclical utilization of the healthcare system referred to as “revolving door” admissions (Buccieri, et. al. 2018; Moore et. al, 2010).

In Canada, homelessness costs the Canadian economy $7.05 billion annually and institutional care, such as hospitalization, contributes significantly to this amount (Gaetz et al., 2013). In a Toronto study, homeless individuals were admitted to the hospital four times more frequently than housed individuals of the same socio-economic status, age, gender, gender, and reason for admission (Saab et. al, 2016). Individuals experiencing homelessness may have higher co-morbidity conditions that partially explain their more frequent use (Buccieri et. al., 2018). Tri-morbidity has been found to increase the odds of hospital admission four-fold (Himsworth, Paudyal & Sargeant, 2020). Tri-morbidity in the homeless population is also found to be an important risk factor for unplanned hospital admissions and thus has the potential to provide a starting point for the development of a risk stratification tool to identify those at risk of unplanned admission in this population (Himsworth, Paudyal & Sargeant, 2020). Homeless persons had 30-day readmission rates significantly higher as compared to readmission rates of the general population (22.2 %, versus 7.0 % respectively) (Saab et. al, 2016).

In Buccieri’s (2018) review of hospital discharge planning, annual costs of hospitalization of homeless persons were $2,495 compared to $524 for housed persons (Gaetz, 2012; Hwang and

Henderson, 2010). Unsupported hospital discharge practices are costly to both the healthcare system and to individuals' health and quality of life (Buccieri et. al, 2018).

5 Inequity and Inclusion

Health inequities exist in access to and provision of health services (Omerov et. al., 2019; Aldridge et al., 2018; Buccieri, et. al., 2018) as resulting from social and economic disadvantages (Aldridge et al., 2018; van Dongen et al., 2019; Fazel et al., 2014). Homeless individuals face a variety of formal and informal barriers in accessing health care and maintaining their health. Persons experiencing homelessness express that their needs are often overlooked and unmet by health and social care, but also describe that they themselves neglect seeking care due to deficits related to basic human needs that must be prioritized over and above other needs (Omerov et. al., 2019). Omerov (2019) states that unmet human needs is represented by four sub-themes:

1. struggle to accommodate basic human needs
    - food, water, shelter from the elements, personal hygiene, financial
2. unmet healthcare needs
    - post-surgical, discharge planning, specialized medical programs and services
3. lacking resources to accessing care
    - identification, transportation communication technologies
4. unmet social needs
    - lack of social support and social networks, safety and security in shared spaces

In additional to these individual dimensions of health inequity in access to care, interpersonal dimensions also play a critical factor. Professional encounters and relationships play an important role during times of homelessness, when the need for personal support is increased, but the social network reduced (Omerov et., al., 2019). Three themes emerged in Omerov's systematic review in regards to interpersonal dimensions of access to care, including:

1. unhelpful relations with professionals
    - lack of caring, empathy, understanding and respect; feelings of mistrust, feeling unwelcome, being unheard or being invisible)
2. stigmatization and discrimination
    - experiences of paternalism, humiliation, insensitivities to ethnic and/or racial disparities; loss of freedom or the infringement of rights
3. supportive relations with health and social service professionals

Finally, structural and organizational aspects to meet the needs of the homeless was also represented as themes in literature found by Omerov (2019) including structural and

organizational barriers and organization to meet multi-faceted needs. There is a significant and pervasive power differential between service providers and those experiencing homelessness that makes the provision of health and social services a risk for further disempowerment of vulnerable persons (Omerov et. al., 2019). Removal of barriers can be accelerated by involving people who have experience of social exclusion (Omerov et. al., 2019; Luchenski et al., 2017). Inclusion health is a research, practice, and policy agenda that aims to both prevent and remedy health and social inequities among the most vulnerable and excluded populations (Luchensk et. al., 2018; 2017). As Rummens & Dei (2013:119) aptly assert,

> *inclusion is not simply a "seeing," nor an "adding" or "bringing in." One can, after all, be included while continuing to exist on the margins of social life.... Real social inclusion and integration is about ensuring equitable outcomes for all … by directly addressing and compensating for existing differentials in power, prestige, privilege, status, and resources, and simultaneously challenging any unexamined sense of entitlement devoid of matching mutual responsibility to others.*

An agreed upon conceptual framework for inclusion health has not yet been developed (Aldridge et. al., 2017), but some types of effective inclusion health interventions have been identified, namely, age-specific and gender-specific interventions which are likely more relevant as the epidemiology of excluded men, for example, is likely much different than that of excluded women and youth (Aldridge et. al., 2018). Several overlapping themes of effective interventions have also emerged, including individual care coordination of multi-component interventions, active engagement, service user involvement, low-barrier access, and service provider values and training (Luchenski et al, 2018). Health inclusion is societally and economically beneficial. It has been estimated that every $10 invested towards housing and support of chronically homeless individuals results in savings of $21.72 related to health care, social support, housing and the involvement in the justice system (Rech, 2019).

5.1 An example of First Nations Health Inclusion in BC

In recognition of these widespread health inequities, and the potential role of First Nations in making decisions over their own health and wellness services, the province of British Columbia adopted several intergovernmental agreements prioritizing Indigenous health (O'Neil, et. al., 2016). Within BC, all health authorities have now been mandated to take responsibility for improving First Nations peoples experiences with their health care organizations (O'Neil et. al, 2016). The FN Health Authority (FNHA) has a provincial mandate to deliver programs and services previously provided by Health Canada. Through the tripartite governance framework between BC First Nations, the Province of BC, and FNIHB, the FN Health Authority (FNHA)

seeks to “innovate and reform healthcare delivery by collaborating, coordinating and integrating health services and programs to address service gaps and achieve better health outcome” (O’Neil et. al, 2016).

6 Pathways to and Causes of Homelessness

Pathways into homelessness are diverse and unique to the individual or family. Homelessness is usually the result of the cumulative impact of a multitude of factors, rather than a single factor. These factors, and the interplay between them, aid in understanding the reasons that place people at risk of homelessness, but also point to where preventive efforts must lie.

Literature cites the importance of identifying and understanding the interplay between these causes and pathways to and from homelessness to inform where prevention legislation, policy, and practices must be implemented (Gaetz & Dej, 2017; Fisher, 2018). Dichotomous causal descriptions of homeless represented in literature as either macro-level or micro-level have fallen out of favour (Gaetz & Dej, 2017; Nooe & Patterson, 2010) and more appropriately replaced by explanations that relay the true complexity and intricacies amongst structural factors, systems failures, and individual and relational circumstances which interact to produce different pathways into and out of homelessness (Gaetz et al., 2013a; Gaetz, 2014).

- Structural factors are broad, societal-level factors that limit opportunities, affect social environments, and reduce outcomes or resiliency for individuals. Key structural factors identified include issues related to discrimination, poverty, lack of affordable housing, and the impact of colonialism on Indigenous peoples.
- Systems failures are inadequate policies and service delivery that contribute to the likelihood of someone becoming homeless. Examples include barriers to accessing public systems, such as health, social services and legal supports, and failed transitions from publicly funded institutions and systems, such as child welfare, hospitals, schools, and corrections.
- Individual and relational factors are personal circumstances that increase the risk of homelessness. Examples here include personal or family crisis, housing insecurity, mental health and addictions challenges, persistent and disabling conditions, trauma and interpersonal violence.

As Nooe & Patterson (2010: 106) explain,

> *Though framing the debate of the origins of homelessness within this artificial causal dichotomy may have served political and policy objectives, this reductionism does not advance an etiological understanding of homelessness reflective of the phenomenon’s*

> *actual complexity nor does it foster robust, multi-systemic response options from communities, agencies, organizations, and practitioners. Moreover, homelessness cannot be understood or addressed by focusing solely on causal factors and ignoring its varying temporal dimensions, the spectrum of consequential individual and social outcomes, and the resulting limited housing options associated with homelessness. To view homelessness only from the perspective of why and how individuals and families became homeless is to see only half the picture.*

In a recent publication, Falvo (2020: 12) addresses the limitations in the pursuit of determining the causes of homeless which may further affect the way in which broader conditions of homelessness manifest at the local level. Included are

- *multi-collinearity* between independent variables (Studenmund, 2006), or in the case specifically of homelessness, where many of the cited predictors of homelessness are correlated with one another, making it particularly challenging to estimate the true strength of the relationship between each independent variable and the dependent variable, i.e., homelessness.
- *ongoing interplay* between independent variables. Falvo cites a qualitative study on homelessness by Piat et al. (2015) that finds predictors often interplay, or interact with, each other over time, often exacerbating one another. He offers the examples of being a victim of child abuse, or family violence, as exacerbating substance use, or similarly, the way in which mental health symptoms can contribute to losing friends and social support, which in turn exacerbates substance use (Piat et al., 2015).
- *difficulty of measuring, or quantifying, some factors*. Empirical research is reliant on data for statistical analysis, however, some factors in consideration of homelessness are hard to quantify.
- *jurisdictional variation.* Falvo states that each Canadian province, territory and municipality has unique factors that affect homelessness, citing examples of : cheaper rental housing (Kneebone & Wilkins, 2016b); more sophisticated homelessness system planning (Nichols & Doberstein, 2016); stricter enforcement of rough sleeping (Chesnay et al., 2013); variation in income assistance systems (Tweddle & Aldridge, 2019); better child protection services; or even better discharge policies from health, correctional and other facilities.

7 Primary, Secondary and Tertiary Prevention of Homelessness

The original application of prevention to public health was a three-tiered approach developed by Leavell and Clark in the 1940's, and which was later adapted to address prevention of societal issues (Fisher, 2018; Gaetz & Dej, 2017). Over time two additional levels of prevention have been adopted by researchers and practitioners (Kisling & Das, 2019; Strasser, 1978) so that now five non-discrete, interrelated, and interacting levels of prevention work to address health and social issues.

1. Primordial prevention involves a "focus on system and policy level preconditions of a health or social issue".
2. Primary prevention involves a focus on individual or familial level preconditions. Primary prevention are interventions designed to prevent the onset or future incidence of a specific problem and is achievable through early identification and modification of 'lifestyle risk factors'. Primary prevention measures for homelessness mirror disease initiatives in the form of risk, or harm reduction. Primary prevention aims to reduce the risk of homelessness for the entire population by addressing broad structural factors that contribute to this risk and by building protective factors. Primary prevention takes the form of universal interventions aimed at entire communities as well as targeted interventions for at-risk communities. Examples of primary prevention are poverty reduction strategies, anti-violence work, and early childhood supports, which build assets, enhance housing stability, and creates social inclusion. Primary prevention breaks down into three categories targeted at different populations:
   - *Universal prevention* – programs available to the entire population and helps to create greater equality. Examples: affordable housing and poverty reduction strategies, such as greater access to affordable child-care, old age pensions, and subsidized housing
   - *Selected prevention* – programs aimed at people who may be at risk of homelessness because they belong to a particular group, such as individuals facing inequality and discrimination, particularly Indigenous Peoples. Examples: school-based programs and anti-oppression strategies, and support for people facing discrimination to access public and private services
   - *Indicated prevention* – programs aimed at people at higher risk of homelessness due to individual characteristics.
3. Secondary prevention involves early detection and rapid intervention that decreases the prevalence of a specific problem. Secondary prevention of homelessness involves identifying and addressing homelessness at an early stage by directing interventions to

individuals either at imminent risk of homelessness, or who have recently experienced homelessness. The goal is to avoid or exit homelessness quickly by either retaining their housing or using rapid rehousing strategies to ensure people move into permanent and stable accommodation that is affordable, safe, and appropriate with the supports they need. Examples are coordinated assessment, case management, and shelter diversion strategies. Supports can include family mediation, rent banks, and landlord-tenant mediation.

4. Tertiary prevention involves a focus on mitigating the impacts of an already existing health or social concern. Tertiary prevention treats disease or social problems with the goal to improve quality of life and reduce symptoms of the problem after it has developed. Tertiary prevention of homelessness supports to ensure that those who have experienced homelessness never experience it again. It provides housing stability and other supports to those experiencing chronic homelessness to find and maintain housing. Housing First is primarily a type of tertiary prevention because it provides no-barrier housing and the wrap-around supports needed to keep people stably housed.
5. Quaternary prevention involves a focus of mitigating the unintended consequences of interventions across the other four levels of prevention. The quaternary level presumes that there is risk in how services or assistance are provided, such as risks of disempowering, institutionalizing, or silencing those who access services or supports (Pandve, 2014)."

Prevention experts state that a combination of these five prevention levels is required to achieve any meaningful degree of prevention and protection, and equally recognizable is that the further "upstream" one is from a negative health outcome, the likelier it is that any intervention will be effective (Institute for Work & Health, 2015).

8 Homelessness Strategy in Canada

In Canada, responsibility for housing policy is shared amongst federal, provincial, and municipal governments and as a result, it has been suggested, "there is no strong pan-Canadian approach to housing" (COH, 2021). The Canadian Observatory Homelessness (COH) further provides that "*housing policy has a direct impact on homelessness, because the availability of safe and affordable housing is key to ensuring that people who live in extreme poverty are able to obtain and maintain shelter*". Federal divestment in affordable housing through policy and program changes in the late 1980s and 1990s led to both an increase in homelessness, and demographic changes within the homeless population (Gaetz, 2010). In 1993, the federal government suspended all new federal funding for social housing construction outside of First Nations

reserves, and three years later the government transferred responsibility for most of the existing federal low-income social housing to the provinces. Apart from BC and Quebec, provincial governments did little to fill the gap. Gaetz (2010) asserts that this dismantling of Canada's national housing strategy had the most profound impact on the rise of homelessness.

Since 1999, Employment and Social Development Canada (ESDC) has been actively supporting communities to address homelessness issues starting with the *National Homelessness Initiative (NHI)* in 1999, followed in 2007 by the *Homelessness Partnering Strategy (HPS)*. With the launch of the *Homelessness Partnering Strategy* there was an increased emphasis placed on transitional housing and housing supports, and many communities focused on moving people out of emergency shelters and into more stable housing. This was further reinforced in 2014 with the adoption of the *Housing First* approach framed by six core principles:

1. Rapid housing with supports: This involves directly helping clients locate and secure permanent housing as rapidly as possible and assisting them with moving in or re-housing if needed.
2. Offering clients choice in housing: Clients must be given choice in terms of housing options as well as the services they wish to access.
3. Separating housing provision from other services: Acceptance of any services is not a requirement for accessing or maintaining housing, but clients must be willing to accept regular visits.
4. Providing tenancy rights and responsibilities: Clients are required to contribute a portion of their income towards rent, and communities cultivate strong relationships with landlords in both the private and public sectors.
5. Integrating housing into the community: In order to respond to client choice, minimize stigma and encourage client social integration, more attention should be given to scattered-site housing in the public or private rental markets.
6. Strength-based and promoting self-sufficiency: The focus is on strengthening and building on the skills and abilities of the client, based on self-determined goals, which could include employment, education, social integration, improvements to health or other goals that will help to stabilize the client's situation and lead to self-sufficiency. (Government of Canada, 2017)

The decision to implement this Housing First approach represented a shift in direction away from emergency response toward prevention and transition (Gaetz et. al., 2016). Housing First aims to first rapidly and securely house individuals, and then provide needed supports, without the requirement on individuals to progress through a series of transitory placements, or achieve

individual milestones before securing housing, what is known as the linear approach. As such, Housing First has low barriers to entry to the program. Permanent supportive housing (PSH) programs that utilize a Housing First model can take many forms, however, they all share the following basic characteristics:

- an immediate or rapid placement of individuals into permanent housing
- the provision of voluntary supportive services (i.e., counseling)
- a harm reduction approach to substance abuse issues
- policies to continue providing case management services, as well as, right of return to clients who temporarily leave their housing placements

(Pearson et al., 2007).

There is growing consensus amongst government, stakeholders and participants involved in the issue of homelessness that the *Housing First* approach is both more humane and more effective than the linear approach (Nichols and Doberstein, 2016; Glanz et al., 2015; Goering et al., 2014).

For homeless sector funders, *Housing First* programs are appealing due to lower costs associated with "housing with support", as compared to jail, hospital, or emergency shelter (Goering et. al., 2014). *Housing First* was developed at *Pathways to Housing* a non-profit housing organization in New York City founded by Dr Sam Tsembaris (Padgett et al., 2016) and was proven effective in the landmark, multi-site Canadian evaluation of over 2,000 participants, known as the At-Home/Chez Soi study (Goering et al., 2014). More specifically, *Housing First* models have proven to be effective in reducing homelessness, increasing housing stability and length of housing tenure; reducing emergency department utilization and hospitalization; significantly reducing rates of substance use compared to linear models of housing support; increasing clients' sense of agency and choice, strengthening social relationships, and resulting in higher overall quality of life scores; and reducing individuals' usage of jail services; and thus reducing overall government costs. The *Housing First* approach increasingly being adopted both nationally and internationally represents a shift toward integrated systems approaches to prevention (Nichols and Doberstein, 2016).

The final report on the *Evaluation of the Homelessness Partnering Strategy*, was release on May 11, 2018. A month later, on June 11, 2018 The Honourable Jean-Yves Duclos, Minister of Families, Children and Social Development announced the new community outcomes-based approach *Reaching Home: Canada's Homelessness Strategy*, replacing the *Homelessness Partnering Strategy*. Under *Reaching Home*, support and funding is provided to designated urban, Indigenous, rural and remote communities to help them address their local homelessness needs. The key goal of *Reaching Home* is to increase government and community understanding

of homeless by ensuring communities have the information and tools they need to prevent and reduce homelessness. *Reaching Home: Canada's Homelessness Strategy* is a $2.2 billion national investment over ten years supporting the goals and targets of the National Housing Strategy (NHS) to support the most vulnerable Canadians in maintaining safe, stable and affordable housing, to have 530,000 households removed from housing need to reduce chronic homelessness nationally by 50% by fiscal year 2027- 2028 (ESDC, 2018).

Canada's National Housing Strategy sets ambitious targets to ensure that unprecedented investments and new programming deliver results. This will include a 50% reduction in chronic homelessness, and as many as 530,000 households being taken out of housing need. The National Housing Strategy will result in up to 100,000 new housing units and 300,000 repaired or renewed housing units. The primary focus will be on meeting the needs of vulnerable populations, such as women and children fleeing family violence, seniors, Indigenous peoples, people with disabilities, those dealing with mental health and addiction issues, veterans and young adults. It has been suggested that *Reaching Home* represents the most significant social policy and program innovation since the introduction of the National Homelessness Initiative in 1999, in that it reinforces the community-based model and introduces a data-driven, performance-based program with community level chronic homelessness reduction targets (CAEH, 2018).

In spring 2019, Employment and Social Development Canada (ESDC) launched a two-step application process to identify new *Reaching Home* Designated Communities based on their need for homelessness funding, capacity to effectively manage federal investments, and ability to reduce chronic homelessness by 50% by fiscal year 2027-2028. Six new communities were identified for inclusion: Abbotsford, British Columbia; Cochrane District (Timmins), Ontario; Lambton County, Ontario; Cowichan Valley, British Columbia; Chilliwack, British Columbia, and Kenora, Ontario.

In April, 2020, the Government of Canada announced an additional investment of $157.5 million for *Reaching Home: Canada's Homelessness Strategy* to address the vulnerability and unique needs of homeless populations and their communities in the context of COVID-19. It was recognized that situational vulnerabilities are exacerbated in the content of a pandemic which may force those not typically at risk into more precarious housing situations or homelessness (Falvo, 2020; Schiff et. al., 2020). The true impact and severity of COVID-19 and the resulting recession will remain unknown for some time, as Falvo (2010) finds evidence of a lag effect of up to five years.

9 Evidence-Based Solutions Within the Framework of Homelessness Prevention

Much literature speaks to prevention generally, or as a recommendation, but less literature tests prevention interventions (Oudshoorn, et. al, 2020). “Over the past two decades, new evidence-base approaches to addressing homelessness have transformed responses to housing loss by being solutions-driven rather than strictly managing the crisis” (Oudshoorn, Dej, Parsons and Gaetz, 2020:1). Yet, much of this empirical evidence lacks a shared conception of homelessness.

In response, the Canadian Observatory on Homelessness released *A New Direction: A Framework for Homelessness Prevention* (Gaetz & Dej, 2017). The framework was designed to provide greater clarity on what constitutes homelessness prevention through a definition and typology, as well as identify stakeholders and sectors responsible for homelessness prevention (Gaetz, 2020). Other public institutions that are implicated in the production of homelessness, and other social/structural inequities include health care, the justice system, child protection services, and the education system, all of which are required to be intersectoral partners in any successful prevention strategy (Gaetz, 2020). For the purposes of this review, and given the framework’s conception within a Canadian context, the *Framework for Homelessness Prevention* will be used to structure the evidence-based solutions and promising practices. This framework design examines the diverse and intersectional factors involved in pathways into homelessness, and gives reason for individual, relational, institutional, and structural factors of homelessness and associated co-morbidities (Gaetz & Dej, 2017). The five categories comprising the Framework – structural, systems, early intervention, evictions prevention, and housing stability- parallel or are with congruent the five levels of prevention (Gaetz, et. al, 2018) as the design incorporates the non-discrete elements in the prevention typology.

10 Typology of Homelessness Prevention

10.1 Structural Prevention

Structural prevention involves shifting *policy* to ensure the best support, including such strategies as poverty reduction, income support, affordable housing supply, early childhood services, violence prevention, anti-discrimination policies, and landlord/tenant legislation. Oudshoorn, et. al, (2020) put forth that evidence on the effectiveness of structural prevention is reasonably available throughout international literature as it relates to both the relationship between poverty and homelessness, and poverty reduction, or income support, strategies.

Fowler et. al, 2019 has found that even small efficiencies in keeping people housed yield disproportionately large reductions in homelessness. They further suggest that a need exists for policies that ensure reliable delivery of coordinated prevention efforts. In most jurisdictions, however, community need is far outpacing new affordable, and/or social housing development (Suttor, 2016). Finland is a notable exception as they have maintained investments in new social housing which is causally linked to the lower rates of homelessness (Housing Europe, 2017).

Most recently In an *International Housing Association Brief: Definitions of "Housing Affordability" Currently Used in Canada,* Kevin Lee, CEO Canadian Home Builders' Association, offers a review of the current affordability indicators in use in Canada. The Canada Mortgage and Housing Corporation (CMHC) provides a quantitative definition of affordability in defining a "core housing need" as a situation of if a household "falls below at least one of the adequacies, affordability, or suitability standards and 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)." Murray (1990: 19) cautions that households in core housing need are at medium-level risk, however "they may, with the slightest deterioration in income or family circumstances, be pushed along the continuum toward its bottom end of no fixed address and no shelter''. A version of the core housing need CMHC model is used by the Greater Vancouver Regional District (GVRD) as an indicator to measure and profile the region's population at-risk of homelessness (Woodward et al., 2002) assumably to inform policy.

Parsell and Marston's (2012) examination of the efficacy of increasing the supply of affordable housing to prevent homelessness, they find that provision of housing alone may be insufficient to realizing related well-being objectives, however, it is proposed that policy which focuses on poverty reduction has the capacity to achieve sustainable homelessness prevention. Minnery and Greenhalgh (2007) suggest that while housing must be affordable to prevent housing loss, this cannot be the sole policy approach due to the complex and interconnected social experiences (i.e., racial, violence) and support needs (i.e., mental health, addictions). A more recent study using the less rigorous system dynamic method, demonstrated that the most effective strategy to address homelessness was an amalgamation of solutions which included:

1. increasing the number of affordable permanent housing units
2. increasing the utilization of transitional housing units or shelters by the individuals experiencing homelessness
3. providing preventative services to at-risk populations before the onset of homelessness

(Nourazari et. al, 2021).

Shinn (2007) finds social policies that reduce income inequality and provide income and other supports to those on the bottom of the income distribution, are associated with lower rates of homelessness across nations. Shinn et. al (2008) further state that focusing policy approaches to end homelessness on social service strategies may be detrimental if the broader policy domains in which homelessness is caused are not considered.

Evans, Sullivan, & Wallskog (2016) demonstrate the power of "income adequacy", a well-supported form of structural prevention, finding that the volatile nature of funding availability leads to variation in the allocation of resources to individuals seeking assistance. When comparing families that call when funds are available with those who call when they are not, they found that when funding is available there is a 76% less likelihood that those families will enter a homeless shelter. The per-person cost of averting homelessness through financial assistance is estimated as $10,300 (USD). The estimated benefits, not including many health benefits, exceed $20,000 (USD).

In 2015, Finnish Prime Minister Juha Sipilä committed his government to launching a basic income pilot. The Finnish coalition government followed through on its initial commitment by first commissioning a research consortium to prepare experimental design options, followed by the drafting and rushing through Parliament of the necessary legislation (Finlex 1528/2016). A two-year randomized controlled trial (RCT) started in January 2017. Results showed positive effects on health and stress, but no improvement in employment. Similar ideas for a "livable wage" or "basic income" have been advocated by prominent business people including bond investor Bill Gross and Facebook CEO Mark Zuckerberg, and tests have also been carried out in countries including Canada, Uganda, and Kenya (Charlton, World Economic Forum , 2019).

Intimate partner violence (IPV) policies have also been evaluated in the context of structural prevention. Interpersonal violence is a main cause of homelessness for women, and family conflict is for youth (Ballon et al., 2001; Gaetz & O'Grady, 2002; Karabanow, 2004; 2009; Tyler & Bersani, 2008; Gaetz et al., 2013a; 2016). Research on preventing family homelessness studies how women experiencing intimate partner violence can find safety without becoming homeless (Baker et al., 2010; Netto et al., 2009; Spinney & Blandy, 2011), as well as broader trends towards predicting which families are most at risk of experiencing homelessness (Goodman, 1991; Letiecq et al., 1998; Shinn et al., 2013). Netto, Pawson, and Sharp (2009) explored the traditional policy approach of having individuals experiencing domestic violence leaving their home to access necessary social supports, to a policy whereby individual stay in place, a "Sanctuary Scheme", and are protected from their abuser. This sanctuary strategy is not without its problems, nor without its critics (Messing et al., 2015). Emerging evidence from evaluations of

this model suggest that where there is a strongly co-ordinated “safe at home” programme which brings together police, the judiciary, housing services and specialists in the women’s sector, that women report a greatly increased sense of safety in their homes (McFerran 2007; Jones et al. 2010; Taylor & Mackay 2011). In recognizing that some agencies brought together to deal with IPV struggled with compromising on shared conception, and understanding of their own responsibilities under the legislation, they recommend this “Sanctuary Scheme” not as a policy replacement, but instead as a policy supplement to the existing response. Radford & Gill (2006) suggest effective partnership may be hampered in the multi-agency approach when no agency takes the leadership role.

A review by Abdul-Quader et al. (2013) provided some cautionary evidence for structural-level needle and syringe programs (NSPs) potential to reduce population-level infection. Nine studies included in this review reported decreases in HIV prevalence, and three reported decreases in HIV incidence. Other authors mention methodological challenges with this study or evidence of potential selection biases (Fernandes et. al., 2017). The authors concluded that these results support NSP as a structural-level intervention to reduce population-level infection.

Oudshoorn, et. al, (2020) summarize that there is good evidence to support structural prevention as a relevant domain of prevention where evidence exists, however, much of the literature has not been empirically tested, noting significant room for further research to highlight the most promising policy approaches. Most significantly, there is an absence of “empirical study on shifting structural elements of colonialism as an effective form of structural prevention”, thus making it “an impossibility to evaluate the efficiency and effectiveness of structural prevention policies regarding colonialism on reducing Indigenous homelessness”.

10.2 Systems Prevention

Systems Prevention identifies failed *systems* as a key cause of homelessness, as well as incorporating housing focused support across diverse health and social systems. This can include modifying transitions from public systems (jail, child welfare, hospital) into homelessness, ensuring people have access to already available supports (social assistance, healthcare), and building successful pathways from public systems into housing.

A significant body of evidence exists supporting systems prevention as an evidence-based component of homelessness prevention. Nichols & Doberstein (2016) examined systems prevention in *Exploring Effective Systems Responses to Homelessness*, with the aim of bridging the gap between scholarship on systems integration and its practice; collecting and sharing 30+

case studies to highlight the emerging and established efforts toward systems integration and coordination in play across Canada and abroad revealing common challenges, opportunities and lesson; and finally, leverage these studies to distill lessons about what is working and what is in need of reform in terms of early systems integration efforts.

Lu'ma Native Housing Society, Vancouver, provides one promising example of affordable, culturally appropriate housing to Indigenous households with low to moderate income. Seltz and Roussopoulos (2020) say Lu'ma is "cited by virtually every Canadian report on Indigenous housing, likely because it has proved successful for over 40 years and has provided an ever-expanding range of housing programs and innovative services". Lu'ma's projects includes an Aboriginal Mother Centre, Children's Village, Indigenous youth mentorship program, Community Voicemail, Patients Lodge and Circle of Eagles Lodge Society's Andersons Healing Lodge all of which are funded by a variety of public and private entities, including the BC government, some non-profits, member subscriptions and donations, and private businesses. In the Community Voice Mail number project alone, Lu'ma has partnered with four contributors including a telecommunications provider, a credit union, a crown corporation and a local non-profit funding body (McCallum & Isaac, 2011).

The *Critical Time Intervention (CTI)* case management model, is a time-limited, evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition, such as abused women's' entry into an emergency shelter (Lako, de Vet, R., Herman, van Hemert, & Wolf, 2014) or those with mental health challenges being discharged from hospital (Lette, 2012, 2014; Shaffer, Hutchison, Ayers, Goldberg, Herman, Duch, Kogan, Terhorst (2014) or prison (Shaw, 2012; Angell, Matthews, Barrenger, Watson, Draine, 2014). This model facilitates community integration and continuity of care by ensuring that an individual has enduring ties to their community and support systems during these critical points in time. CTI's effectiveness has been proven across various settings and with various at-risk populations (Herman, 2014; Herman et. al, 2011), and meets the Coalition for Evidence-based Policy's rigorous "Top Tier" standard for interventions.

One of the more comprehensively explored elements of systems prevention is the discharge from psychiatric care into community with Western University's Cheryl Forchuk at the forefront this research. The *Transitional Discharge Model (TDM*) bridges hospital discharge and community living for people receiving psychiatric services, by ensuring continued support from hospital staff after discharge until a therapeutic relationship is established with community providers and formal peer support. Previous studies have reported positive outcomes such as increased discharges,

decreased re-admissions, reduced inpatient length of stay, and improved quality of life (Buccieri, et. al., 2018; Forchuk et. al, 2013; Forchuk et. al, 2008; Forchuk et. al, 2006).

Other significant evidence for systems prevention as an evidence-based component of homeless prevention is in relation to youth in transition from the child welfare system or the justice system. Literature from Britton and Pilnik (2018) provide a list of recommendations and policy changes to reduce child welfare policies and program designs that may unintentionally create barriers to housing for youth in transition. Programs designed for youth ageing out of foster care lead to higher rates of housing stability (Brown & Wilderson, 2010). Adopting transition and re-entry planning and practices within existing services that support youth led to better housing outcomes. The City of Hamilton's *Street Youth Planning Collaborative (SYPC)* represents a coordinated response to youth homelessness. As Nichols & Doberstein (2016) surmise in review of this program, this case study highlights the strategic use of research by a service delivery network to generate a common understanding of a problem and then to identify, plan for, and fund a multi-faceted solution. The case additionally demonstrates the suspension of organizational autonomy that is necessary to collaborative, inter-sectoral work. Also within the City of Hamilton is the *Good Shepherd Youth Services Community Mental Health Program* operating within a framework that prioritizes partnerships while aiming to provide quality care through a transdisciplinary model. *Youth Reconnect and RAFT* in Niagara, Ontario is a partner project developed to address youth homelessness by providing a resource drop-in centre, hostel and Steps to Independent Living Program (SILP) for homeless and at-risk youth.

Another systems approach to housing is the *Calgary Homeless Foundation's System Planning Framework,* which is comparable to the London Pathway approach (Hewett, 2013; Powell and Hewett, 2011). Since the inception of the original System Planning Framework in 2012, and the updated version in 2014, the community has also implemented Coordinated Access and Assessment (CAA), which has altered the landscape of the system of care. CAA has promoted greater coordination, communication, collaboration, and integration among homeless serving agencies as well as mainstream community partners. There are several national bodies that inform and advocate for coordinated systems approaches to end homelessness, such as the Canadian Observatory on Homelessness and the Canadian Alliance to End Homelessness. However, it has been noted that the organization of Canada's political system into federal, provincial/territorial, and municipal governments makes it challenging to align factors such as mandates, budgets and information sharing to achieve true intersectoral systems collaboration (Buccieri, 2016).

Systems prevention initiatives in the domain of substance dependencies and their treatment have also been evaluated. Magwood and colleagues (2020) performed a "systematic overview of reviews" examining evidence on supervised consumption facilities, managed alcohol programs and pharmacological interventions for opioid use disorders. Supervised consumption facilities (SCF) decreased lethal overdoses and other high-risk behaviours without any significant harm, and improved access to care. Both Vancouver's INSITE and Sydney's Medically Supervised Injection Centre (MSIC) are two SCFs which have been extensively evaluated in these reviews. It is estimated that 20% of Vancouver's INSITE clients are experiencing absolute homeless, with many more living in single-residence rooms. Comparatively, in Sydney, the MSIC facility has an estimated 11% of its clients in unstable accommodations. In both sites, no deaths from opioid overdose were reported (Potier et. al, 2014). Additionally, there was a significant decrease in the number of deaths in the immediate vicinity of the Sydney SCF, from an average of four deaths to one death per month. INSITE led to a 35% decrease in the number of fatal opioid overdoses within 500 meters of the SCF, compared to 9% in the rest of the city (Magwood et. al., 2020). Other significant finding for supervised consumption facilities (SCF) include:

- 336 reported opioid overdose reversals in 90 different individuals within the Vancouver SCF over a four-year period;
- the avoidance of up to 1004 opioid overdoses in Vancouver, including 453 life-threatening opioid overdoses based upon simulation models, further suggesting that between 2 and 12 cases of lethal opioid overdoses might have been avoided each year;
- no substantial changes in rates of relapse; rate of recent initiation into injection drug use among SCF clients was markedly lower;
- decreased syringe sharing, syringe reuse, and public-space injection

In review of pharmaceutical intervention, fifty-eight percent (14/24) of systematic reviews included studies which reported housing instability or homelessness. Pharmaceutical interventions were found to reduce mortality, morbidity, and substance use, but the impact on retention in treatment, mental illness and access to care was varied (Magwood et. al 2020:2). Managed alcohol programs (MAPs) were found to reduce or stabilized alcohol consumption. Few studies on managed alcohol programs reported deaths (Magwood et al. 2020).

10.3 Early intervention

Early intervention involves crisis intervention to divert people from homelessness or connect people to the appropriate level of service to facilitate rapid re-housing. This can include family mediation and reunification, shelter diversion, school-based early interventions, support for those experiencing family violence and systems navigation support. This domain of prevention involves

significant focus on secondary prevention, although dependent upon other levels of prevention as well.

The *Geelong Project in Australia* is offered as evidence of early intervention by Oudshoorn and colleagues (2020) being that it is a community of schools and youth services model. The project involves several major innovations, the first is the way in which students at-risk of homelessness are identified, the second is in service delivery. The Geelong Project Practice Framework provides for a differentiated tri-level response comprising of:

(a) Tier One - a non-case work response, either active monitoring by school staff, or a secondary consultation where a referral is made to another program or agency or some advice given to a non-TGP action;

(b) Tier Two – case work support, either a brief counselling-type of case work or case management by The Geelong Project; and

(c) Tier Three – wrap-around case management for complex cases requiring the formal involvement of several agencies (Mackenzie & Thielking, 2013).

A third innovation is the collaborative component with inter-agency agreements between various parties and an eWellbeing IT Platform which allows for the efficient tracking of young people at risk of homelessness within and between agencies.

Early intervention for youth can also include reconnection models focused on the family. Research on family reconnection demonstrates multiple positive outcomes including reconciled relationships with family members, a positive return to residing with family, and improved socioeconomic conditions (Winland, Gaetz & Patton, 2011*). Eva's Initiatives Family Reconnect Program* is one such secondary prevention approach whereby family reunification efforts are implemented as early as possible after homelessness or running away has occurred and offers young people a protected and supported environment in their efforts to address family conflict. Reported benefits of these services include renewed or improved family relationships, more active involvement with family and the community, moving from the streets into housing (back home or other accommodations), and better understanding of any mental health issues within the family (Winland et al., 2011).

Needle and syringe programmes are another critical component of harm reduction intervention. Literature in exploration of the effectiveness of needle and syringe programmes (NSPs) suggest they are effective in reducing HIV transmission (Fernandes et, al, 2017 and injection risk behaviors (Fernandes et. al, 2017, while there were mixed results regarding a reduction of Hepatitis C virus infection (Fernandes et. al., 2017). More importantly, full harm reduction

interventions provided at structural level and in multi-component programmes, as well as high level of coverage, were more beneficial (Fernandes, et. al, 2017).

Financial support as both an eviction prevention and early intervention is notably prevalent in early interventions prevention literature. As Oudshoorn (2020) states this evidence is notable because the practice of providing cash support can be philosophically and/or politically controversial in some jurisdictions. However, the research is quite clear that rent supplements, rental arrears payments, security deposits and utility arrears payments all lead to homelessness prevention (Oudshoorn et. al., 2020). For example, an analysis of the *Homeless Prevention Call Centre* in Chicago revealed that providing temporary financial assistance does indeed prevent individuals from entering shelters (Evans et al., 2016). Additionally, Crane, Warnes, and Fu (2006) demonstrate that rental arrears are a pathway into homelessness, particularly among older adults facing the death of a loved one. This is supported by research on the *Home Base program* in New York (Greer, Shinn, Kwon, & Zuiderveen, 2016), which also demonstrates that financial interventions are a successful model of early intervention.

With financial support being an effective form of early intervention, detecting financial need or financial crisis is key to upstream support. In 2012, the U.S Department of Veterans Affairs developed a brief screening instrument for measuring veteran's risk of imminent homelessness. This tool created statistically valid results as the screening revealed that early detection of poor credit and/or poor rental history; a change in income; unpaid housing expenses; or temporality of housing can further prevent the risk of homelessness (Byrne, Treglaia, Culhane, Kuhn, & Kane, 2016; Montgomery, Fargo, Bryne, Kane, & Culhane, 2013).

So, while crisis financial supports can be a form of secondary prevention, intelligent systems put into practice to screen for vulnerable persons can also be designed to make this primary prevention. This is congruent with the Framework design that speaks to the levels of prevention being non-discrete elements in the typology. While research exists demonstrating early intervention as an effective domain, studies are largely American, most especially those with financial support as a variable, meaning that the particularities of various jurisdictions have yet to be distinguished in the literature.

10.4 Eviction Prevention

Eviction prevention is a specific form of early intervention and housing stability initiative for which there is an increased service need, here and abroad, but this strategy offered the least amount of empirical intervention evidence (Oudshoorn, et. al, 2020). This domain includes supporting the

legal rights of tenants, utility or rent arrears crisis funds, landlord mediation, and rent supplements.

Tenant evictions are a significant cause of homelessness, with the majority of tenant evictions occurring due to rent arrears (Busch-Geertsema & Fitzpatrick 2008). Legal assistance and debt advice were promising interventions that seem to be effective in decreasing the risk of eviction (Holl et. al, 2016). In an evaluation of an eviction prevention program in Toronto, Canada, Ecker, Holden, and Schwan (2018) found that 98% of evictions were prevented with a strong focus on addressing rental arrears supported by case management and connecting with landlords. Within Germany, Busch-Geertsma and Fitzpatrick (2008) provided evidence that diverse eviction prevention services delivered at the municipal level successfully prevent eviction and housing loss. Similarly, Montgomery, Dichter, Thomasson, and Roberts (2016) found that connecting veterans with health professionals or social work services, and housing services was a determining factor in preventing eviction.

10.5 Housing Stability

Housing Stability is a comprehensive element of the typology which interconnects all other domains of prevention while considering how to prevent people from becoming, or cycling back into, homeless. Literature on *Housing First* is the most prevalent evidence base supporting this tertiary mode of homelessness prevention. The supports within the realm of housing stability can be diverse, including integrated substance use and mental health interventions, risk-management strategies, and trauma-oriented services (Roy et al., 2016).

Pearson, Montgomery, and Locke's (2009) completed an exploratory study of three programs using the Housing First approach to provide permanent supportive housing for single, homeless adults with serious mental illness and often co-occurring substance-related disorders. Findings from the three programs indicate that the Housing First approach may help the "hardest-to-serve", chronically homeless population achieve housing stability. Of the 80 participants tracked over 12 months, 84% remained enrolled in the Housing First program for 1 year following program entry. Housing stability is also connected with eviction prevention, as demonstrated by Brisson and Covert (2015) who assessed demographic risk profiles of lease violations for rent arrears for households receiving a housing subsidy. Results showed that risk profiles depend on housing type, and that households in "family housing" are most at risk of receiving a lease violation for non-payment of rent. They surmise that understanding risk profiles for housing instability is an important first step in understanding effective eviction prevention approaches in subsidized housing.

Dasinger and Speiglman's (2007) evaluation of *Project Independence (PI)* identified rent subsidies as a form of housing stability in finding that even with moderate levels of subsidies, averaging $2700 per year, PI participants were much more likely to remain independently and stably housed than the comparison group. Similarly, program participants from Waterloo Region's Housing Services and STEP Home who were provided with rental assistance showed significantly greater improvements over time in housing stability and quality of life as compared to the control group (Pankratz, Nelson, & Morrison, 2017).

Another example of the interconnectedness of this domain is Farrell, Dibble, Randall, and Britner (2017) investigation into housing problems and homelessness which were significantly associated with the outcome of child welfare investigations. Among families with substantiated child welfare determinations, 21% demonstrated significant to severe housing risk. Of significant to severe housing risk families, 15.7% later met eligibility criteria for a supportive housing intervention, suggesting that housing concerns aligned with substantial parent and child functional difficulties.

Oudshoorn and his colleagues (2020) surmise that ongoing supports are key to housing stability in the context of those with a history of experiencing homelessness (Brown, Vaclavik, Watson, & Wilka, 2017), however, as they suggest, the nature of these supports varies considerably. This might include elements built into the housing selection process, such as housing families in a familiar neighbourhood, near the children's schools, with easy access to transportation, and close to family and friends (Fisher, Mayberry, Shinn, & Khadduri, 2014); health supports, such as referral and systems navigation (Fargo et al., 2017) or ongoing counselling and psychological support (Fichter & Quadflieg, 2006); or creating access to social support (Broner, Lang, & Behler, 2009). They continue suggesting the mode of delivery can also vary, from case management, to assertive community treatment (Vet et al., 2013), to moderate case management for those with lower support needs.

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Appendix D

Crisis Assistance Helping Out on the Streets

Eugene, Oregon's Crisis Assistance Helping Out on the Streets (CAHOOTS) Program is a thirty-year operational mobile crisis intervention program staffed by White Bird Clinic personnel and funded by the Eugene Police Department (EPD). CAHOOTS was developed to support the EPD by circumventing unnecessary police presence in non-criminal, low risk, 911 calls which more appropriately required a "*social service type response*"- incidents related to mental health, substance abuse, suicide threats, conflict resolution and welfare checks- by offering a variety of services such as crisis counseling, suicide prevention, conflict resolution, housing assistance and substance abuse or other resource referrals. CAHOOTS two-person teams are staffed by a medic (nurse or EMT) and crisis personnel working in collaboration with the White Bird Clinic. 911 call-takers in Eugene use the same channel to dispatch CAHOOTS and the police department, both of whom use the same radios.

Program workers utilize police radios to divert calls directly from police, initiate their own interactions with persons in crisis, or respond to first responders at a scene to assist in service. Inversely, other first responders can call CAHOOTS workers to the scene of a call and then remove themselves from the scene to leave the incident response to the CAHOOTS team.

Over the last several years, the demand for CAHOOTS services has increased significantly from 9,646 calls for service in 2014 to over 18,000 calls in 2019.[42] Furthermore, CAHOOTS diversion rates are between approximately 5% to 8% of EPD Calls For Service (CFS), and CAHOOTS calls for backup from EPD happened in only 311 instances in 2019.[43] The CAHOOTS program is the most widely cited alternative community responder model and is often publicized as *the* model program for non-law enforcement leading 911 response.

[42] CAHOOTS, Eugene Police Department (EPD); White Bird Clinic. (n.d.). CAHOOTS: Crisis assistance helping out on the streets.
[43] CAHOOTS Program Analysis (Aug. 21, 2020)