



greater victoria  
coalition to end  
homelessness  

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**hope has found a home**

# Homelessness Response System Document Recommendations Review: List of Recommendations

## **Functional Zero Working Group (FZWG)**

Address Key System Recommendations: Workplan Activity # 3.2 Documents Review  
Organized in alignment with the 5 Community Based Outcomes of the Community Plan to  
End Homelessness in the Capital Region 2019-2024  
Processed and completed: October 15, 2021 – January 14, 2022

# Table of Contents

**Executive Summary**.....3

**Combined Recommendations**.....4

    5 Community-Wide Outcomes.....4

    Support Services (SS).....5

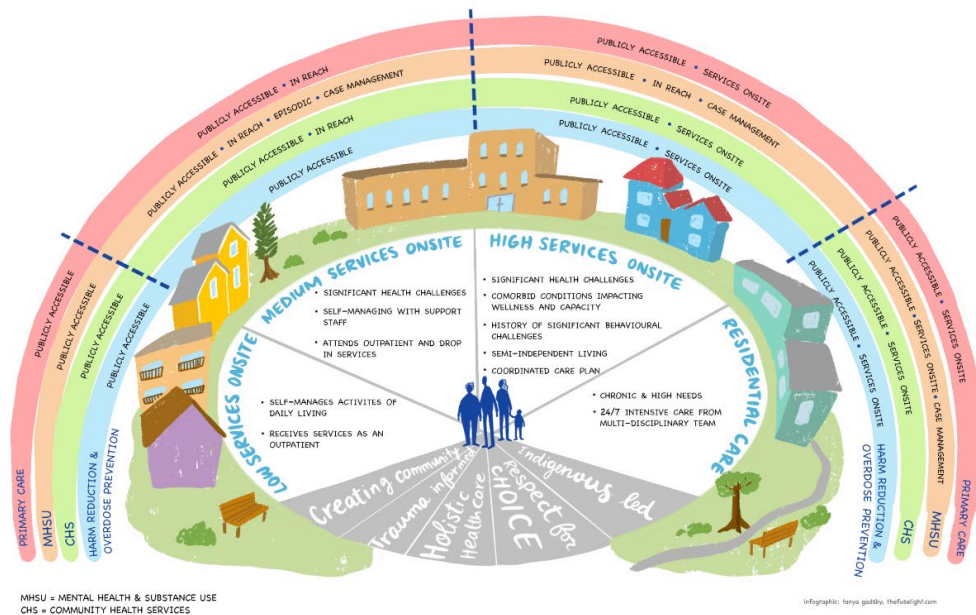
    Housing (HO).....7

    Advocacy and Awareness (AA).....10

    Prevention Support (PS).....11

    Collaboration and Leadership (CL).....12

    References.....14



# Executive Summary

## PURPOSE

The purpose of this document is the provision of a combined list of initiatives, activities and recommendations intended to address the issue of homelessness across the Capital Region.

This process was completed utilizing the framework of the 5 Community Wide Outcomes as outlined in the Community Plan to End Homelessness in the Capital Region 2019-2024.

The 5 Key Community Wide Outcome areas were developed through a Collective Impact framework utilizing a broad community engagement process<sup>1</sup>.

This Collective Impact engagement process honours the work by the partners and members of the Greater Victoria Coalition to End Homelessness as the foundation for a consistent regional framework for System Transformation.

System Transformation is predicated upon the iterative loop of Learning and Evaluation into Planning and Implementation. Therefore, it is vital that the homelessness sector partners work with the most current information and utilize the learnings from the work that has been done throughout the Capital Region, and most importantly from the most current sources of consultation.

The documents listed below were deemed to comprise the most current learning. The process of reviewing and cross referencing allowed for a review of duplication thereby resulting in a synthesis of the recommendations and activities identified multiple times across multiple documents.

The final list utilizes the wording of the best choice for representation of the intention of the recommendation. The exception to this is noted in the case of multiple recommendations representing the same intention. In these cases, where no one recommendation thoroughly captured the corporate list of recommendations a new recommendation was written and identified as a new and overarching recommendation.

## DOCUMENTS REVIEWED<sup>2</sup>

Reference #	Document Reviewed
1	Tunis, C. (2017) Housing Stability Policy
2	Capital Regional District & Greater Victoria Coalition to End Homelessness (2019) Community Plan to End Homelessness in the Capital Region 2019-2024
3	Downtown Service Providers (2019) Downtown Service Providers Strategic Plan: 2019-2022
4	Elliott, L., Phillips, R., & Neglia, J. (2021) COVID-19 Temporary Housing Sites: Staff and Resident Feedback
5	Island Health & Greater Victoria Coalition to End Homelessness (2021) Health & Housing Think Tank 2021 Summary Report: A Vision for Greater Victoria
6	Chaland, N. (2021) Covid 19: The beginning of the end of homelessness
7	Greater Victoria Coalition to End Homelessness (2021) Greater Victoria Coalition to End Homelessness Business Plan 2021-2022: April 2021-March 31

Reference numbers following each document are used to tag documents used to support recommendation in the list of recommendations.

<sup>1</sup> See [https://www.crd.bc.ca/docs/default-source/housing-pdf/housing-planning-and-programs/communityplantoendhomelessnessincrd-final2019-11-06.pdf?sfvrsn=a46f6bcb\\_2](https://www.crd.bc.ca/docs/default-source/housing-pdf/housing-planning-and-programs/communityplantoendhomelessnessincrd-final2019-11-06.pdf?sfvrsn=a46f6bcb_2)

<sup>2</sup> Superscripted numbers following each document are used to tag documents used to support recommendation in the list of combined recommendations.





# Combined Recommendations

## 5 Community-Wide Outcomes

Building upon the outcomes identified through the Housing First Outcome Map, GVCEH developed five Community-Wide Outcomes to guide our community planning process.

### 1. Support Services (SS)

- A. People experiencing homelessness quickly and equitably receive the support they need over the course of their journey;
- B. Support services have the mandate and capacity to deliver services.

### 2. Housing (HO)

- A supply of accessible, appropriate, safe, and person-centred housing is available.

### 3. Advocacy and Awareness (AA)

- Communities and neighbourhoods are inclusive, empathetic, compassionate, and welcoming of people experiencing homelessness; facilitated through advocacy and awareness and our collective experience of homelessness.

### 4. Prevention Support (PS)

- People are prevented from becoming homeless.

### 5. Collaboration and Leadership (CL)

- Leadership at all levels of community and government share a common sense of purpose; are effective, collaborative, supportive, and inclusive.



## Support Services (SS)

<b>Support Services Recommendations</b>	
<p>A. People experiencing homelessness quickly and equitably receive the support they need over the course of their journey. B. Support services have the mandate and capacity to deliver services.</p>	
COORDINATED ACCESS & ASSESSMENT	
<p>Required housing and support services, professional and peer-based, are effectively assessed and assigned through the Coordinated Assessment and Access Process for:</p> <ul style="list-style-type: none"> <li>• individuals exiting homelessness into either supportive housing programs or more stable independent housing placements.</li> <li>• and individuals transitioning out of institutions and supportive housing programs into more independent, tenant-based housing in the community.<sup>2</sup></li> </ul>	
<p>Provide people with the choice of where to live (such as near their work, partners, family, or friends), by ensuring that in-reach supports are readily available.<sup>5, 6</sup></p>	
COORDINATION	
<p>Founded in principles of housing stability, coordinate cross-agency case management, outreach services, and peer-based supports, to support people with lived and living experiences of homelessness (PWLLE) through housing transitions.<sup>1, 7</sup></p>	
CULTURAL SUPPORTS	
<p>Normalize and prioritize ensuring all services, supports and housing are culturally informed, rooted and easily accessed.<sup>5</sup></p>	
<p>Focus cultural events, classes, and space on healing, empowerment, and agency.<sup>5, 6, 7</sup></p>	
<p>Cooperative strategy development of culturally supportive programs for youth experiencing homelessness.<sup>7</sup></p>	
<p>Create Indigenous-led healing teams connected to local territories and Lekwungen Peoples.<sup>5</sup></p>	
PEER ENGAGEMENT / PEER-CENTRED	
<p>Engage people in decision-making about their homes and healthcare through Resident/Tenancy Advisory Boards<sup>6</sup></p>	
<p>Engage people experiencing homelessness as equal partners and ensure that decisions about services, supports and housing are informed by an understanding of Street Culture.<sup>5</sup></p>	
<p>Health and housing services and supports follow the individual to allow person-centred care plans and sustained relationships with service providers.<sup>5, 6</sup></p>	
<p>Provide flexible health and housing services that allow people to choose the pace, type, location of services, shaped by their individual needs.<sup>5</sup></p>	
<p>Engage people in their own healthcare by giving them choice about the type, pace, and location of harm reduction program delivery.<sup>6</sup></p>	
PEER SUPPORT	
<p>Allocate resources for peers to develop programming and training.<sup>1</sup></p>	
<p>Provide access to housing stabilization support through a peer-based, holistic model of practical, emotional, and social support.<sup>5, 7</sup></p>	
<p>Create positions and provide System Navigator/Resident Peer training to people with lived experience.<sup>5</sup></p>	
PROGRAM	
<p>Create life-skills programming that will assist individuals in learning the skills needed to maintain housing.<sup>1</sup></p>	
<p>Ensure health, cultural and social support services are accessible to individuals exiting homelessness for a minimum of two years to help support the achievement of housing stability.<sup>1, 2</sup></p>	
<p>Include programs for intimate partner violence whenever substance use and harm reduction programs are offered<sup>5</sup></p>	



Provide Health services designed to support the needs of those working in the sex industry. <sup>5</sup>
Provide low barrier access to employment programs that help people seek, obtain, and maintain employment. <sup>2</sup>
Provide adequate resources to current mental health teams so they can deliver low barrier, culturally safe, trauma-informed mental health supports in housing and through outreach. <sup>5</sup>
Develop and implement multi-disciplinary crisis response services that are accessible and connected to housing and sheltering sites. Teams including peer support, clinical mental health supports and access to plain clothed police officers (for potentially dangerous situations), with a shared practice and expertise in conversational conflict resolution, mental health assessment and a trauma informed approach. <sup>5,6</sup>
Assess and take action to ensure adequate capacity to deliver complementary health and support services throughout the region that aid the well-being of individuals accessing housing and supports through the Community Homelessness Response System. <sup>2</sup>
Support Services for Regional Housing First Program's New Housing Units <sup>7</sup>
<b>PROGRAM ACCESS</b>
Increase access and availability of harm reduction supports, safer supply and overdose prevention services. <sup>4,5</sup>
Integrate primary care, clinical counseling, and addictions medicine so it can be delivered holistically and create low-barrier access to harm reduction services through any health care service, if needed (i.e., no wrong door). <sup>5</sup>
Facilitate better access to programs to connect people with nature, animal therapy programs, inspiration for managing and reducing drug use in addition to harm reduction. <sup>6</sup>
Recognizing prompt access is integral to supporting tenancy, provide low barrier access to primary health care, peer support, harm reduction, economic, and social and cultural support services for residents of all sites across the housing spectrum. <sup>4,5,6</sup>
<b>WRAP-AROUND SUPPORTS</b>
Develop wraparound support system for women and families. <sup>7</sup>
Develop a model for "direct engagement" of neighborhood and citizen(s) groups to provide community-based, and faith-group supported, wrap around supports for people experiencing homelessness. <sup>7</sup>
Create a hub model, or distributed hub model of care that delivers collaborative wraparound services, such as, health, social and educational programs. <sup>5</sup>
Research, develop, pilot and/or implement specialized and wrap-around support services to meet the unique social and cultural needs of priority population groups experiencing homelessness, including Indigenous people, women+ fleeing violence, households with children, youth under the age of 5, and youth leaving Ministry care. <sup>2,7</sup>



## Housing (HO)

<b>Housing Recommendations</b> A supply of accessible, appropriate, safe, and person-centred housing is available.	
<b>HOUSING SITES: Self-determination, autonomy, and choice</b>	
Create a housing strategy that enables choice and compatible needs and preference, engag[ing] people experiencing homelessness as equal partners <sup>1,4,5</sup> . Recognizing that: <ul style="list-style-type: none"> <li>• Additional supports must be provided as the level of need changes over time<sup>5</sup></li> <li>• Homogenous grouping does not always respect human choice: concerns from residents when people who use substances, people with mental illnesses, different genders, and age groups stay at the same site<sup>5</sup></li> <li>• [Need] to balancing personal choice about preferred cohorts or location with ensuring the right supports are readily available<sup>5</sup></li> </ul> And ensuring that: <ul style="list-style-type: none"> <li>• Homelessness Partnering Strategy (HPS) Housing First (HF) approach is followed where:                             <ul style="list-style-type: none"> <li>○ [Individuals are] given choice in terms of housing options as well as the services they wish to access.<sup>1</sup></li> <li>○ [The approach is] strength-based and promot[es] self-sufficiency<sup>1</sup></li> </ul> </li> <li>• Attach health and housing services to the individual, [allowing individuals to] participate in creating person-centred care plans and sustain relationships with service providers<sup>5</sup></li> <li>• [There is] choice, self determination about the social, cultural, spiritual events, classes, and spaces<sup>5</sup></li> </ul>	
<b>HOUSING SITES</b>	
[Provide a] supply of accessible, appropriate and safe housing, centered around the unique needs of individuals/client centred, [including priority populations & those with complex physical and/or mental health needs]. <sup>1,2,5,7</sup>	
Housing sites are limited to 30-50 people/units and 20-30 people/units for high needs cohorts. <sup>5</sup>	
Housing includes access to basic resources such as food, clean environment, storage, laundry, phones, internet, and basic housing supplies. <sup>4,5</sup>	
Housing is dispersed throughout the capital region to create mixed communities that have diversity and in proximity of bus routes. <sup>5</sup>	
Housing site design welcoming and attractive homes <ul style="list-style-type: none"> <li>• welcoming entryways and communal spaces in all buildings<sup>5</sup></li> <li>• green spaces, outdoor social spaces, community gardens<sup>5</sup></li> <li>• good-sized rooms with adequate sound proofing, bathrooms, privacy, accessibility<sup>5</sup></li> <li>• Pet-friendly features<sup>5</sup></li> <li>• multi-purpose spaces for community-building, social interaction, [cultural practices and] events, and can be accessed by health care professionals<sup>4,5</sup></li> <li>• near community spiritual centres, cultural programming, community centres, shopping etc. or near bus routes for affordable transportation to spiritual centres, community centres, shopping etc.<sup>1,5</sup></li> </ul>	
Housing has appropriate spaces and equipment for on-site healthcare (flexible), harm reduction (with varied approaches and strategies), mental health support and occupational therapy services; low barrier/no wrong door [for unique needs of individuals, e.g., older adults, those working in the sex industry]. <ul style="list-style-type: none"> <li>• Community based, publicly accessible, in-reach services are preferred model for low- to moderate-need populations<sup>5</sup></li> <li>• Accessible primary, mental health, and substance use care is important where there is high complexity of care needs and multiple barriers to accessing care in the community<sup>5</sup></li> <li>• Distributed model of Service Hubs (on-site or community) as best practice with wraparound</li> </ul>	





<p>services<sup>5</sup></p> <ul style="list-style-type: none"> <li>• Embedded and outpatient<sup>5</sup></li> <li>• Access to crisis intervention experts<sup>4</sup></li> <li>• Provide alcohol harm reduction and managed alcohol programs either onsite or in community, so drinking isn't a barrier<sup>5</sup></li> <li>• Increased access to harm reduction supports and safer supply<sup>4</sup></li> <li>• More mental health supports on site [dependent on population housed]<sup>4</sup></li> <li>• Counselling services on site [dependent on population housed]<sup>4</sup></li> <li>• Low barrier pathways and smooth transitions for residents to access acute psychiatric services<sup>5</sup></li> </ul>
<p><b>OPERATIONS &amp; ACCESSIBILITY</b></p>
<p>Required supportive and tenant-based housing units are effectively assigned to individuals experiencing homelessness through a Coordinated Assessment and Access System that ensures that units are equitably (33%) assigned to Indigenous people<sup>1</sup></p>
<p>Move-in process should include orientation of the building policies, staff and facilities, including tenancy rights and responsibilities.<sup>1</sup></p>
<p>[Housing operators have] policies in place to properly address interpersonal conflict, violence, and ability to have guests, prioritizing safety for residents while balancing their right to privacy.<sup>5</sup></p>
<p>If important policy changes are made that could affect clients, ensure this is communicated, using clear, accessible language, and in-person where possible.<sup>1</sup></p>
<p>[Housing sites have a] medical intervention protocol for preventative treatment of substance-induced psychosis symptoms.<sup>5</sup></p>
<p>[Housing sites have indicators] for vulnerabilities in residents such as frameworks on mental-health challenges, or age-friendly communities, as well as a 'vulnerable tenants' protocol' implemented to avert potential crisis or eviction.<sup>1</sup></p>
<p>Multi-disciplinary crisis response services are readily accessible and connected to housing sites.<sup>5</sup></p>
<p>Residents are supported in participating in their neighbourhood, community groups and community advisory committees.</p> <ul style="list-style-type: none"> <li>• Identify what barriers (personal or systemic) might be affecting this<sup>1,5</sup></li> </ul>
<p>Organizations and housing sites have that designates success-based principles and establishes a culture of respect and support.<sup>1</sup></p>
<p>Normalize and prioritize ensuring all services, supports and housing is culturally informed and rooted<sup>5</sup></p> <ul style="list-style-type: none"> <li>• Providing culturally informed and rooted services, supports, and housing<sup>5</sup></li> <li>• Decisions about services, supports, and housing are informed by an understanding of Street Culture<sup>5</sup></li> </ul>
<p><b>STAFF</b></p>
<p>Sites are well-resourced with [an adequate number of] on-site and accessible staff.<sup>5</sup></p>
<p>Establish and foster a success-based culture in staff and management staff by considering these values in all processes (including training)<sup>1</sup></p>
<p>Ensure staff has the time and ability to have positive interactions with tenants that solidify relationships.<sup>1</sup></p>
<p>Staff receive regular and ongoing training and support to provide trauma-informed response to on-site situations of conflict, distress; harm reduction and addictions support including episodic overdose prevention; mental health addictions support<sup>5</sup></p>
<p>Ensure policies are in place to support employee retention and prevent burnout, include[ing] adequate time off, individualized briefings, and listen[ing] to staff about what is needed to support their work and well-being<sup>1</sup></p>
<p>Train staff to identify where a tenant may have changing needs, may be at risk, or more vulnerable<sup>1</sup></p>







Where housing includes higher needs tenants, consider budgeting to allow for higher staff to tenant ratios<sup>1</sup>

Provide System Navigator/Resident Peer training to people with lived experience. They will be paid guides who can support others and share their lived expertise and understanding of systems.<sup>5</sup>

Create paid, on-site job opportunities for people to care and maintain the facilities (carpenters, welders, builders, artists, gardeners, etc.)<sup>5</sup>

#### **FUNDING**

The Government of B.C. fund the implementation of the recommendations of the Health & Housing Think Tank 2021.<sup>6</sup>

Through partnerships, fund, build and operate additional supportive housing programs that include the health, social and cultural supports that address the needs of priority populations ([including provision of] personal support in finding and securing housing), with special emphasis on Indigenous populations.<sup>1, 2, 5, 6</sup>

#### **MARKET RENT**

Continue to utilize and, where possible, increase investments into rent supplement programs to access rental housing in the private and non-profit sectors.<sup>1, 2</sup>

Consider an expanded 'flex fund' to assist clients who may need to pay upfront costs when moving into housing.<sup>1</sup>



## Advocacy and Awareness (AA)

<b>Advocacy and Awareness Recommendations</b> Communities and neighbourhoods are inclusive, empathetic, compassionate, and welcoming of people experiencing homelessness; facilitated through advocacy and awareness and our collective experience of homelessness.	
<b>ADVOCACY EMPOWERING RESIDENTS</b>	
Residents contribute more to the decision-making processes	
Support residents to become participants in their neighbourhood. <sup>4,5</sup>	
Communities and neighbourhoods are inclusive, empathetic, compassionate and welcoming of people experiencing homelessness through advocacy and awareness that homelessness is something that impacts everyone in the community, un-housed and housed. <sup>2,4,7</sup>	
Develop and implement educational and public awareness strategies that target the media, municipalities, community land use committees, neighbourhood groups and the general public in order to create an understanding of the causes of homelessness including the unique collective experience of colonization on Indigenous people and to build proactive support for affordable and supportive housing programs. <sup>1,2,3,4,5,6,7</sup>	
<b>MEDIA STRATEGY</b>	
Build media relationships and a Media Relations Strategy in collaboration with partners to inform communications (e.g., stories) content and key issues influencing homelessness in the region <sup>2,7</sup> [partners include Business Community engagement].	
Utilize all forms of media, including social media, to educate the public as well as report successes in efforts to end homelessness in the region. <sup>2,3,7</sup>	
<b>MEDIA &amp; TECHNOLOGY TRAINING FOR PEOPLE EXPERIENCING HOMELESSNESS</b>	
Increase media and technology literacy among people experiencing homelessness. <sup>7</sup>	



## Prevention Support (PS)

<b>Prevention Support Recommendations</b> People are prevented from becoming homeless.
Provide a greater housing choice. In particular, low barrier housing with flexibility in rules and that accommodates the range of needs for people with addiction and mental health issues. <sup>1</sup>
Organizations looking to support successful tenancies should have an eviction prevention or non-eviction policy in place. <sup>1</sup>
Research, develop, implement and monitor rapid rehousing and eviction prevention processes within the social, affordable, supportive and supported housing programs operating in the region. <sup>2</sup>
Provide a greater housing choice. In particular, low barrier housing with flexibility in rules and that accommodates the range of needs for people with addiction and mental health issues. <sup>1</sup>
Create an organizational mandate that establishes success-based principles, utilizing either a non-eviction or eviction prevention policy, [using a] flexible, person-first approach. This includes <ul style="list-style-type: none"> <li>• Communication strategies and responsibilities<sup>1</sup></li> <li>• Education for staff<sup>1</sup></li> <li>• Early intervention<sup>1</sup></li> <li>• Support and education when a tenant does not meet responsibilities<sup>1</sup></li> <li>• Assessment and monitoring should take place at multiple levels and points in time                             <ul style="list-style-type: none"> <li>○ During and after an eviction or dispute (review scenario, use of procedure, challenges, successes, areas of improvement)<sup>1</sup></li> </ul> </li> <li>• Address[ing] ways to minimize staff turn-over to maintain stability for both staff and tenants<sup>1</sup></li> </ul>
Create or review processes at the beginning of the tenancy or re-housing that assesses client needs, identifies vulnerable clients who may be at a higher risk of eviction. <sup>1</sup>
Self-determination, autonomy, and choice
Transitional Programs – Youth: Work with Youth Task Force and Youth Supportive Housing Site Stakeholders to develop individualized wrap-around transition plans for each resident). <sup>7</sup>
Resident and tenancy advisory boards are fundamental to the operation of housing and health care, providing residents with choice and self-determination. <ul style="list-style-type: none"> <li>• Engage people in decision-making about their homes and health care through Resident/Tenancy Advisory Boards; people experiencing homelessness as equal partners; may include some level of resident-run, co-run or collaborative management process<sup>1, 5, 6</sup></li> </ul>
Engage people in their own healthcare by giving them choice about the type, pace, and location of harm reduction program delivery. <sup>5</sup>
Provide a greater housing choice[and] the choice of where to live (such as near their work, partners, family, or friends). In particular, low barrier housing with flexibility in rules and that accommodates the range of needs for people with addiction and mental health issues. <sup>1, 5</sup>
Programming
Create life-skills programming that will assist individuals in learning the skills needed to maintain housing (cooking, cleaning, money management, tenant rights, responsibilities and landlord relations). <sup>1</sup>
Work with clients to develop training and activity programming. <sup>1</sup>



## Collaboration and Leadership (CL)

<b>Collaboration and Leadership Recommendations</b> Leadership at all levels of community and government share a common sense of purpose and are effective, collaborative, supportive, and inclusive.	
<b>FUNCTIONAL ZERO</b>	
Achieve Functional Zero through the implementation of the System Transformation Engagement Model - Learning & Evaluation informing and influencing Planning & Implementation; thus actioning the Collective Impact Framework. <sup>1, 6, 7</sup>	
<b>EFFECTIVE PARTNERSHIPS</b>	
Leadership at all levels of community and government share a common sense of purpose and are effective, collaborative, supportive and inclusive. <sup>2, 7</sup>	
Sustain the effective working partnerships among government agencies, health services, non-profit housing and service providers, local businesses and the broader community through the Greater Victoria Coalition to End Homelessness. <sup>2</sup>	
Establish and foster success-based culture among leadership groups and committees. Create and hold periodic training to ensure these values are understood and successfully implemented. <sup>1</sup>	
Share Expertise and Education across partners (e.g., evidence-based practices shared, effectiveness of anti-stigma education programs/ campaigns/initiatives) <sup>7</sup>	
Support the development and operation of the Aboriginal Coalition to End Homelessness in its efforts to fulfill its mandate in addressing the impacts of colonialization on homelessness among Indigenous people. <sup>2</sup>	
Advance understanding of Indigenous practices and integrate Indigenous voices into all decision-making bodies. <sup>3</sup>	
<b>HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS)</b>	
Prioritize the development of a Homelessness Management / Response System Data Dashboard (Includes CAA, HIFIS, & BNL) CALL TO ACTION 2: Lead a full-scale transformation of the homeless-serving system. That the Greater Victoria Coalition to End Homelessness, the Coordinated Access and Assessment Advisory Committee and the Community Advisory Board (for Reaching Home) prioritize the implementation of a Homeless Management Information System (HMIS) and by-name-list. <sup>6, 7</sup>	
Leverage partnerships among [collaborators] to implement the Homeless Individuals and Families Information System (HIFIS) as a single management information system that incorporates data sovereignty for Indigenous populations and creates a By-Name List to be used to monitor and report on the achievement of outcomes and identify gaps in the delivery of housing or supports. <sup>2</sup>	
<b>POLICY ADVOCACY</b>	
Create an organizational mandate that establishes success-based principles, utilizing either a non-eviction or eviction prevention policy. Establish a philosophy/culture of respect and support. <sup>1</sup>	
Increase capacity to collectively respond to a common goal. <ul style="list-style-type: none"> <li>• Build an effective structure and systems to share knowledge and proactively seek out best practices.</li> <li>• Advance the understanding of Indigenous practices and integrate Indigenous voices into the DSP<sup>3</sup></li> </ul>	
Resolve the housing crisis by re-aligning policies and programs to realize the human right to housing [and advocate that] the Government of B.C. adopt the Human Right to Housing as a guiding framework to resolve the affordable housing crisis. <ul style="list-style-type: none"> <li>• Human right to housing as a guiding philosophy</li> <li>• Adopting the human right to housing would align British Columbia with the Government of Canada and the City of Victoria<sup>6</sup></li> </ul>	
Engage people experiencing homelessness as equal partners.	





That the Government of B.C. through BC Housing and Island Health fund or implement a user-centred design process with people experiencing homelessness to inform the program design of new supportive housing sites.

- Transitioning the homelessness response system to person-centred will achieve better outcomes and user-centred design can support that transition.<sup>6</sup>





## References<sup>3</sup>

- Capital Regional District & Greater Victoria Coalition to End Homelessness (2019) **Community plan to end homelessness in the Capital Region 2019-2024.**
- Chaland, N. (2021) **COVID 19: The beginning of the end of homelessness - A report on the barriers and recommendations to ending homelessness in the Capital Region.** City of Victoria.
- Downtown Service Providers (2019). **Downtown Service Providers Strategic Plan: 2019-2022.**
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- Island Health & Greater Victoria Coalition to End Homelessness (2021). **Health & Housing Think Tank 2021 Summary Report: A Vision for Greater Victoria.**
- Tunis, C. (2017). **Housing stability policy.** Report prepared by the Community Social Planning Council of Greater Victoria For the Coalition to End Homelessness and the Capital Regional District

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<sup>3</sup> Reference section will be linked to documents for easy reference.

