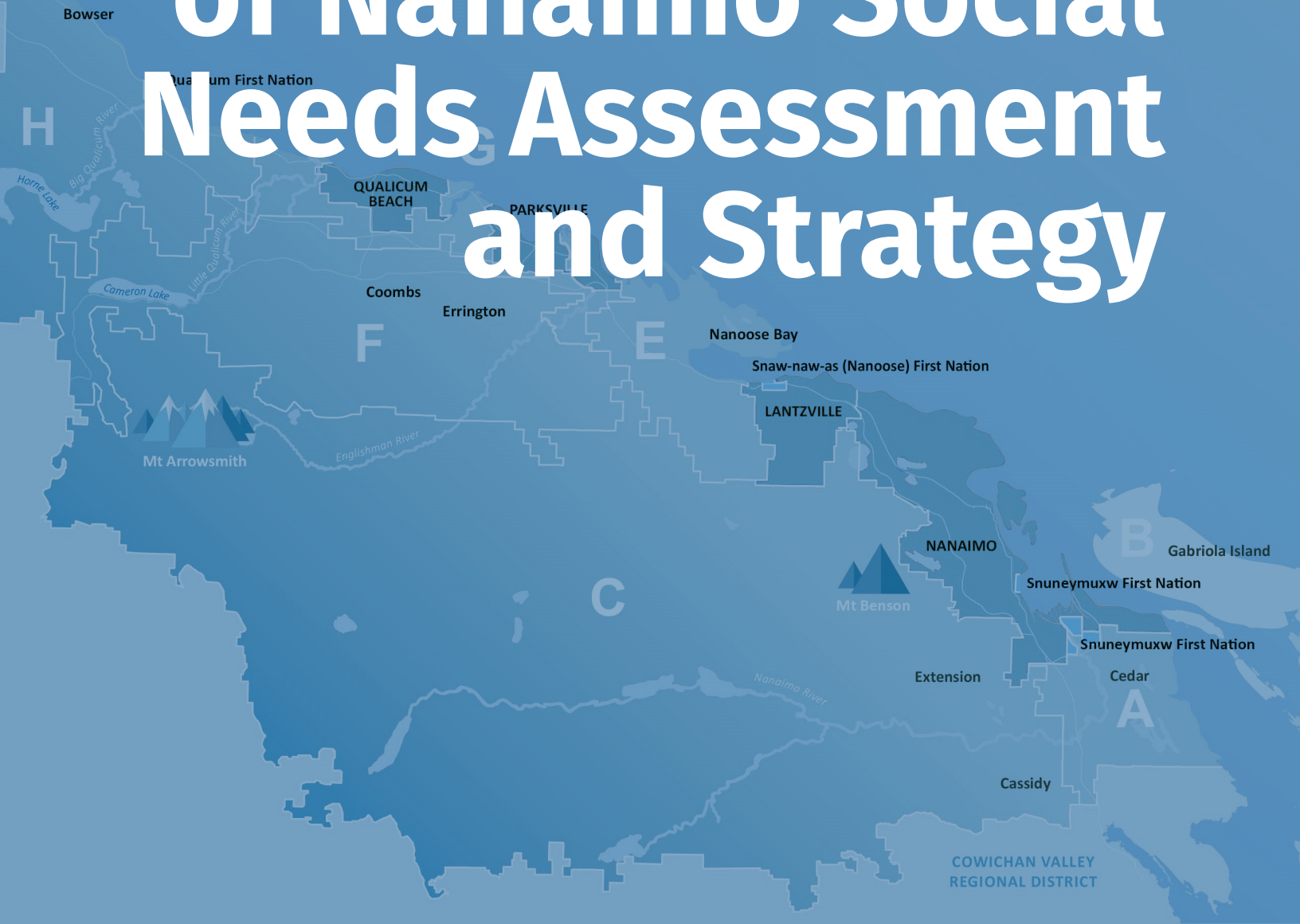


Regional District of Nanaimo Social Needs Assessment and Strategy



**The Regional District of Nanaimo (RDN)
respectfully acknowledges and recognizes
the Coast Salish Nations on whose
territory we live, work, and play.**



September 30, 2021

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We also extend our sincere gratitude to the residents and community partners in the RDN region. Without their involvement, this process would not have resulted in this comprehensive Strategy. We appreciate the personal challenges and ideas shared based on lived experiences along with the contributions and solutions identified by community partners.

Steering Committee Members:

- Jamai Schile, Senior Planner, Regional District of Nanaimo
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- Karin Kronstal, Social Planner, City of Nanaimo
- Luke Sales, Director of Planning and Community Development, Town of Qualicum Beach
- Kyle Young, Director of Planning & Community Services, District of Lantzville
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- Michael Recalma, Chief, Qualicum First Nation
- Sue Castell, Employment Strategist, Snuneymuxw First Nation
- Charsanaa Johnny, Health Planner, Snuneymuxw First Nation

To everyone who was involved or took an interest, your commitment and dedication to improving the outcomes of residents living in poverty is appreciated and commendable. Special thanks to the membership of the Community Health Networks who supported in the delivery of the engagement activities and to the community sector representative's who assisted in the review of the draft Strategy along side the Steering Committee members.

Community Partners:

- Oceanside Health and Wellness Network
- Nanaimo Health and Wellness Network
- Gabriola Health and Wellness Collaboration

Additional Community Sector Representatives Invited to Contribute:

- Dr. Sandra Allison, Medical Health Officer & Analisa Blake, Program Manager, Island Health – Healthy Communities Division
- Signy Madden, Executive Director, BC United Way
- John Horn, Executive Director, John Howard Society, Nanaimo
- Angela Pounds, Coordinator, Gabriola Health and Wellness Collaboration

Executive Summary

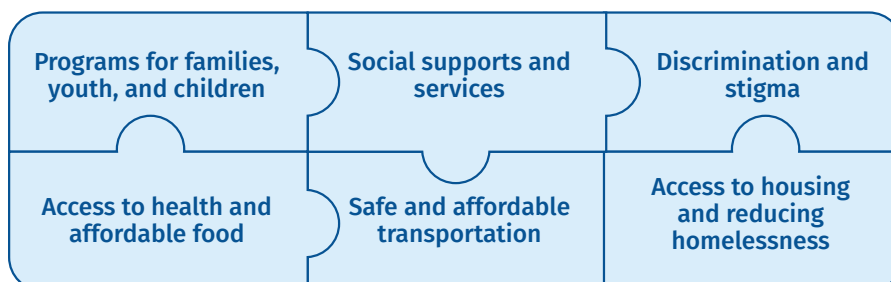
This Social Needs Assessment and Strategy was prepared in collaboration with local governments, community partners and First Nation representatives to develop a regionally focused strategy. This will enable better facilitation and coordination of future planning and programming throughout the region. Additionally, having a plan for addressing social needs, built with community input, provides local governments and their partners an opportunity to advocate and apply for funding.

Six Priority Areas

A baseline analysis, building on existing research, was supported through the identification of six priority areas. Focusing on these six areas allowed this Strategy to capture community insights and experiences related to social supports and services. These priority areas are also in alignment with the Province of B.C.'s TogetherBC Poverty Reduction Strategy.

Research and diverse engagement support this Strategy's understanding of the local needs related to each priority area. The information gathered helped to understand who (which residents) and where (which areas) are being affected by the current availability of services and outcomes of policies and what (which strategies) can be carried out to address the needs in the region.


Priority Areas Selected by the RDN from TogetherBC Poverty Reduction Strategy



Setting Targets

Based on information in the Local Area Health Profiles from 2019, and the goals set out by the TogetherBC Poverty Reduction Strategy, three regional goals were identified based on these metrics:

- Reduce the proportion of people living in a low-income household by 25% by 2024
- Reduce the proportion of renters spending more than 30% of their income on housing by 25% by 2024
- Reduce the proportion of children with vulnerability scores on the Early Development Instrument by 50% in 2024



Contribute to a 25% reduction in BC’s overall poverty rate and a 50% reduction in the child poverty rate by 2024

Current Rates and Future Goals for Indicators of Poverty in the RDN

	Current			Target
Metric	RDN	Island Health Region	BC	RDN
Adults 18-64 living in a low-income home	16.5%	14.7%	14.9%	12.4%
Youth under 18 living in a low-income home	22.8%	19.2%	18.4%	11.4%
Renters spending more than 30% of their income on housing	47.5%	45.0%	43.3%	35.6%
Children with vulnerability scores on the Early Development Instrument	34.0%	31.1%	32.2%	17.5%

Currently, the RDN has a higher proportion of residents living in need compared to Island Health or BC in total. It is important that key community stakeholders participate in developing solutions to address regional social needs. This collaboration will allow for both region-wide and area-specific actions. Collaboration also allows for localized targets to track progress. Areas can assess and report on the three indicators to contribute to an understand of key areas to target.

Building this Strategy

This Strategy leverages the insights gathered from previous studies and plans with a focus on achieving specific regional goals set out in the RDN's Regional Growth Strategy (RGS) that include:

- Developing complete communities that meet the needs of citizens through affordable housing, transportation, and community design, and
- Providing efficient, cost-effective services and infrastructure.

This Strategy also builds upon the findings of the 2020 Regional Housing Needs Report, 2020 Mid-Island Region Child Care Action Plan, and other key plans and initiatives as outlined in [Appendix A: Background Review](#).

Once background research was completed, a survey, interviews, sharing circles, and workshops with community leaders were conducted for comprehensive public engagement. Honoring the work that has been completed to-date in the RDN, an extensive review of studies involving public engagement over the last 5 years was also conducted. The findings of the previous engagement review and public engagement activities can be found in [Appendix B](#) and [Appendix C](#).

Knowledge Gathering Phases and Scale of Data Collected



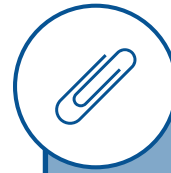
Based on the information gathered, a set of recommendations was created. These recommendations are divided into Core Practices and Strategic Recommendations.

Recommended Core Practices

Embedding core practices that consider systems change and social needs in local government practices is an approach which looks at government actions as a whole to ensure they are in line with the goals and targets of reducing poverty and addressing social needs. Integrating these core practices can be as simple as asking key questions when making decisions, and as complicated as creating new service structures and initiatives.

View Change from a Hybrid Approach

The hybrid approach for systems change recognizes the importance of focusing on and identifying several 'starting point' strategies for each of the social need priority areas. Chapter 3 provides information on how to approach systems change from a hybrid model, which was the foundation for framing these recommendations and the overall Strategy.



Core practices are the basic guidelines and rules that form daily operations of an organization. Articulating core practices is a key step to shaping how work is carried out and the types of activities and solutions an organization seeks to achieve.

Apply a Social Equity Lens

A social equity lens ensures all implementation activities consider the impacts and benefits to all residents in the community. Chapter 4 discusses how equity can be embedded in government practices and provides one model (GBA+) as an example of the types of questions to ask.

Game Changing Actions

Game changers initiate actions across multiple areas of social need. These actions may be specific, targeted, and focused on one outcome and lead to positive impacts in other areas of social need. Game changers are discussed in Chapter 6.

Accountability and Monitoring

An accountability structure helps ensure the RDN and regional partners' efforts are responsive to community needs and the impacts of collective action can be monitored and reported. Chapter 8 outlines strategies for shared accountability, learning, and data gathering.

Local governments make plans and decisions every day which impact the quality of life for residents. While 'social needs' are not always identified as part of their role, local government work does directly impact the social determinants of health. The following are just some examples of the types of plans and processes that directly impact the social needs of communities.

Local Government Influence on Social Determinants of Health



Strategic Recommendations

In response to the findings from research and learnings conducted for this review, the following 8 strategies are recommended to address social needs in the region. These are tangible actions the RDN can take to address the gaps identified by the community. While the RDN will not be able to do this work alone, these recommendations offer a framework of action for taking a leadership and coordinating role, something identified as missing in the region.



Demonstrate leadership in convening and communicating across various community stakeholders and partners as part of implementing this Strategy. This involves:

- Hiring a social planner within the RDN to provide overall coordination of social issues for the RDN and increase collaboration across service areas and in the community



Amplify the Community Health Network's (CHN) role

- 'Join the tables' by participating in CHN and sitting at community action tables across the region (possible role of social planner)



Facilitate the integration of the Truth and Reconciliation Commission's Calls to Action as part of implementing this Strategy starting with:

- Gathering in person (where possible) with local First Nations and urban Indigenous organizations to deepen relationships and find opportunities to collaborate. The initial purpose should focus on gathering insight into how to support local First Nations and urban Indigenous peoples in addressing their social needs while respecting culture and governance protocols



Adopt social planning as a core practice within the RDN to support coordination and implementation of this strategy. This should involve the following approaches:

- Applying a systems change approach to regional social planning
- Creating and adopting of a Gender Based Analysis (GBA+) Equity Analysis lens for all local government service areas
- Convening and facilitating collaborative action among community partners across the region



Create and implement regional strategies for priority areas where additional planning and processes are required. This includes:

- Establishing a Regional Housing Strategy to address housing affordability and supply challenges
- Supporting community partners in implementing the Mid-Island Child Care Action Plan
- Exploring the feasibility of creating a regional food policy council to support ongoing food insecurities
- Regional transportation strategies for active transportation options (bikes, buses, walking)



Define key indicators for success and collective targets related to specific priority area actions in support of achieving Strategy goals, including:

- Committing to achieving BC's target of reducing poverty by 25% by 2024, by focusing on actions to reduce the rate of poverty, core housing need, and childhood vulnerabilities



Implement actions within the region that recognizes regional variations in social needs and leverages local expertise by:

- Continuing to identify and share variations in needs across the region and target actions where needs are highest
- Focusing on providing both physical and social infrastructure supports to increase access to services in rural areas and better connect services across the region
- Continue enabling local area action and community leader engagement through collaboration with CHN



Establish an accountability structure to monitor and track progress of actions occurring across the region by:

- Using targets to monitor the progress being made annually
- Hosting an annual, region-wide, community social infrastructure/ social services event to share data on the targets, convene stakeholders to inform them of progress, and assess where more work is needed

Key Opportunities & Next Steps

1. Communicate the findings of this Social Needs Assessment and Strategy to the appropriate elected officials, community partners, First Nations representatives, provincial funding providers, and the public.
2. Explore capacity building opportunities that include potential financial contributions and staff resources. This enables ongoing coordinating efforts and convening key stakeholders to advance the six priority areas and applicable Game Changer Actions.
3. Leverage existing collective efforts (such as Community Health Networks/ Collaboration, Health and Housing Task Force, and the new Systems Planning Organization) to mobilize action around the six priority areas. This will contribute to improved coordination of resources, a reduction in the duplication of services, and ongoing advocacy to other levels of government for enhanced resources.
4. Acknowledge and support Snuneymuxw, Snaw-Naw-As and Qualicum First Nations self-governance to preserve their culture and obtain greater control over meeting Indigenous people's social needs.
5. Align priorities on housing affordability and homelessness to effectively leverage funding opportunities and build on resources that already exist through the development of a Regional Housing Strategy.
6. Consider social needs and services as a desired amenity through the approvals process for new development.
7. Identify an accountability structure and indicators of success to support implementation and monitoring of this Strategy. This includes coordination of data collection and analysis to underpin implementation.

A light blue map of the Cowichan Valley Regional District serves as the background. The map shows various geographical features and administrative boundaries. Labels include 'Bowser' in the northwest, 'Qualicum First Nation' and 'QUALICUM BEACH' in the north-central area, 'PARKSVILLE' to the east of Qualicum Beach, 'Cameron Lake' and 'Mt Arrowsmith' in the west-central area, 'Horne Lake' and 'Big Qualicum River' in the far west, 'Little Qualicum River' south of Cameron Lake, 'Mt Benson' in the south-central area, 'Nanaimo River' flowing through the south, 'Extension' and 'Cassidy' in the southeast, 'Gabriola Island' in the far east, and 'Snuneymuxw First Nation' in two locations in the east. Large, semi-transparent letters 'H', 'G', 'C', 'B', and 'A' are scattered across the map. A white rectangular box with a dark blue border is centered over the map, containing the chapter title.

Chapter 1: Introduction

COWICHAN VALLEY
REGIONAL DISTRICT

Introduction

The Regional District of Nanaimo (RDN) is located on central Vancouver Island, a region of great natural beauty, abundant resources, and diverse communities. These features shape the region's unique context, a mosaic of distinct rural areas, urban centres, and First Nation communities. Residents travel across the region for work, recreation, and services. Access to services such as health care, food programs, and social services are challenging to provide equitably across the region.

To help address these concerns, this Social Needs Assessment and Strategy ('Strategy') was prepared in collaboration with local governments, community partners, and First Nation representatives to develop a regionally focused strategy. This will enable better facilitation and coordination of future planning and programming throughout the region.

From the fall of 2020 through the first half of 2021, the RDN, community partners, and residents contributed to the development of the Strategy. The process of creating this Strategy occurred during a time of rapid change that was influenced by the global COVID-19 pandemic. The RDN in partnership with the City of Nanaimo, Town of Qualicum Beach, District of Lantzville, and Gabriola Island Local Trust Committee of the Islands Trust led the Strategy process. Community partners including the Oceanside Health and Wellness Network, Nanaimo Area Health Network and Gabriola Health and Wellness Collaborative also contributed throughout the process. The resulting Strategy also includes insights and ideas gathered from engaging with the Snuneymuxw, Snaw-Naw-As, and Qualicum First Nation communities.

Creating this Strategy

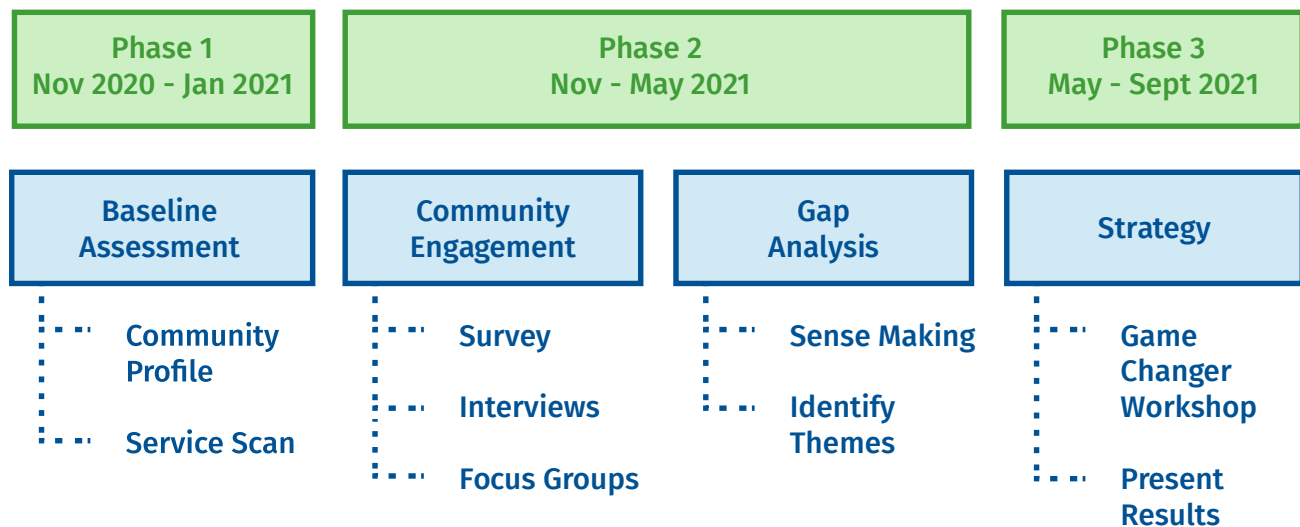
In addition to engaging community in the creation of this report, the Strategy leverages the insights gathered from previous studies and plans. This includes a focus on creating actions specific to achieving the regional goals set out in the RDN's Regional Growth Strategy (RGS):

- Developing complete communities that meet the needs of citizens through affordable housing, transportation, and community design.
- Providing efficient, cost-effective services and infrastructure.

Finally, this Strategy also builds upon the findings of the [2020 Regional Housing Needs Report](#), [2020 Mid-Island Region Child Care Action Plan](#), and other key plans and initiatives as outlined in [Appendix A: Background Review](#).

The process of developing this Strategy focused on four stages over a 10-month period.

Project Processes



Purpose of this Strategy

This Strategy assists future planning and programming for the RDN and community partners. The focus is on how to address multiple social system challenges that restrict many residents from accessing a higher quality of life. Collective action across community partners including people with lived experience is required to reduce barriers to social inclusion and achieve sustainable community development. This is all part of creating robust social infrastructure.¹

For more on the connection between social needs and poverty, see [Chapter 2: Setting the Context](#).

Objectives

The Strategy objectives are to:

- Identify the roles that social services, local governments, and community organizations play in individual, family, and community wellbeing in the RDN.
- Provide recommendations for improved access, especially for those living in poverty, to local government services in the region.
- Provide recommendations for new or expanded local government initiatives to help reduce or prevent poverty. This includes identifying where other levels of government or non-governmental organizations may play a leadership or partnership role in filling the gap.
- Build on the RDN's Regional Housing Needs Report and provide a poverty reduction lens to the issue of housing availability and affordability.

The approach to developing this Strategy aligns with the provincial guiding principles of affordability, opportunity, reconciliation, and social inclusion established in [TogetherBC, British Columbia's Poverty Reduction Strategy](#).

1. Social Infrastructure is defined by the McConnell Foundation as “the set of organizational arrangements and investments in society’s systems, relationships, and structures that enable us to create a more resilient, just, equitable, and sustainable world. It includes social, economic, environmental and cultural assets.” *What is Social Infrastructure and what does it mean to me?* - McConnell Foundation

Structure of the Report – A Road Map

This Strategy weaves findings throughout the whole document. The information presented in the main body of the Strategy provides a summary of the rationale and the action to be taken. Detailed summaries and data tables are in the appendices. References are made throughout guiding the reader to more detailed information, if desired.

The table below reflects the document structure and the corresponding social need in the RDN.

Reading this Report

Report Section		What they cover:
Chapter 1	Introduction	<i>Why and how was this report created?</i>
Chapter 2	Setting the Context	<i>Why is this work important?</i>
Chapter 3	The Hybrid Systems Change Approach	<i>How do we approach change through multiple starting points?</i>
Chapter 4	Applying a Social Equity Lens	<i>How do we ensure strategies work for everyone?</i>
Chapter 5	Amplifying the Work	<i>What is already being done and how can we build on that work?</i>
Chapter 6	Social Needs in the RDN	<i>What is still needed in the RDN?</i>
Chapter 7	Game Changing Actions	<i>How do we work together and what are ideas for starting points?</i>
Chapter 8	Continuous Efforts and Tracking Progress	<i>How do we know if actions are making a difference?</i>
Appendices	A: Background Review	<i>What information was used to determine these recommendations and actions?</i>
	B: Previous Engagement Summary	
	C: What We Heard – Engagement Summary	

Goals and Targets

Based on information in the Local Area Health Profiles from 2019, and the goals set out by the TogetherBC Poverty Reduction Strategy. These three pieces of the Local Area Health Profiles were highlighted in the RFP – the goals were set by the RDN when creating a call for proposals, or at least, these were highlighted as three areas of concern. The TogetherBC target of reducing poverty by 25% will be looking at these and other similar metrics, and so these are three areas that projects can have a bit impact for the RDN. They are currently higher than the regional (Island and BC) averages, and action on these three targets will go a long way to reducing poverty over all.

- Reduce the proportion of people who have a low-income by 25% by 2024
- Reduce the proportion of renters spending more than 30% of their income on housing
- Reduce the proportion of children with vulnerability scores on the Early Development Instrument by 50% by 2024

Measuring Social Outcomes

	Current			Target
Metric	RDN	Island Health Region	BC	RDN
Adults 18-64 living in a low-income home	16.5%	14.7%	14.9%	12.4%
Youth under 18 living in a low-income home	22.8%	19.2%	18.4%	11.4%
Renters spending more than 30% of their income on housing	47.5%	45.0%	43.3%	35.6%
Children with vulnerability scores on the Early Development Instrument	34.0%	31.1%	32.2%	17.5%



Alignment on a Common Goal: Reduce Poverty through Social Infrastructure

Local governments across the province see the impacts of poverty on residents daily. Through funding from the Union of British Columbia Municipalities (UBCM), on behalf of the province of British Columbia, municipalities and regional districts are examining ways they can contribute meaningfully and within their roles to both local and provincial poverty reduction.

Social services (which address social needs) are a core part of reducing poverty. Communities where people have access to affordable services that meet their needs, such as quality childcare, safe transportation, food security, suitable housing, and safe and welcoming participation in their communities, are better able to participate in economic activities including working, getting an education, or volunteering. By addressing social needs, communities can ensure that their members can access what they need to thrive.

For more information on the scale of social needs, see [Chapter 6: Social Needs in the RDN.](#)

Currently, the RDN has a higher proportion of residents living in need compared to Island Health or BC in total. Developing solutions and acting on regional social needs support improvements in these three areas (indicators). It is important that this is conducted with key community stakeholders as it will allow for regional variation of the actions and localized targets to track progress.

Priority Areas

The following areas were identified as priorities for this Assessment to investigate. They are key areas in which the RDN is positioned to make a difference in the community, and align with TogetherBC's Poverty Reduction Strategy.

- **Programs for families, youth, and children:** The RDN 2019-2022 Strategic Plan goal for social wellbeing and outcomes of the Mid-Island Child Care Action Plan (2020) focuses on planning and programming that acknowledges the high childhood vulnerability statistics for the region.
- **Social supports and services:** While many key social supports such as health services, supportive housing, and family services are the responsibility of the provincial or federal government, the RDN can gain understanding of how it may be uniquely positioned to enhance or refocus RDN programs and services to better support residents.
- **Access to housing and reducing homelessness:** Development of a Regional Housing Strategy is a strategic priority of the RDN in the 2019-2022 Strategic Plan, which will be informed by the 2020 Regional Housing Needs Assessment and the Social Needs Assessment and Strategy.
- **Access to healthy and affordable food:** The ability to access healthy and nutritious food is essential to a person's growth and development. People experiencing social challenges face food insecurity; a lack of resources may limit secure access to foods that meet their nutritional needs.
- **Safe and affordable transportation:** In partnership with BC Transit, the RDN operates a regional public transit system. The Social Needs Assessment and Strategy project will be coordinated with the RDN transit system review launched in 2021.
- **Discrimination and stigma:** Discrimination and stigma are significant barriers preventing people from accessing opportunities and breaking the cycle of poverty. This Strategy sought to identify where discrimination and stigma are barriers, and how this can be addressed at the local government level.

Recommendations

Based on the information gathered, a set of recommendations were created. These recommendations are divided into Core Practices and Strategic Recommendations.

Recommended Core Practices

Embedding core practices that consider systems change and social needs into local government practices is an approach which looks at government actions as a whole to ensure they are in line with the goals and targets of reducing poverty and addressing social needs. Integrating these core practices can be as simple as asking key questions when making decisions, and as complicated as creating new service structures and initiatives.

View Change from a Hybrid Approach

The hybrid approach for systems change recognizes the importance of focusing on and identifying several ‘starting point’ strategies for each of the social need priority areas. [Chapter 3](#) provides information on how to approach systems change from a hybrid model, which was the foundation for framing these recommendations and the overall Strategy.

Apply a Social Equity Lens

A social equity lens ensures all implementation activities consider the impacts and benefits to all residents in the community. [Chapter 4](#) discusses how equity can be embedded in government practices and provides one model (GBA+) as an example of the types of questions to ask.

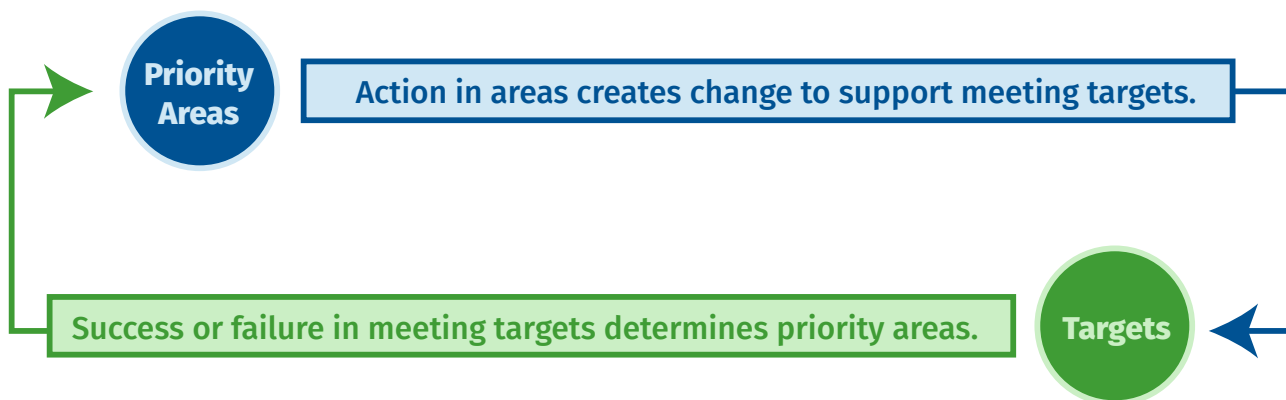
Game Changing Actions

Game changers initiate actions across multiple areas of social need. These actions may be specific, targeted, and focused on one outcome and lead to positive impacts in other areas of social need. Game changers are discussed in [Chapter 6](#).

Accountability and Monitoring

An accountability structure helps ensure the RDN and regional partner's efforts are responsive to community needs and the impacts of collective action can be monitored and reported. [Chapter 8](#) outlines strategies for shared accountability, learning, and data gathering.

Connecting Targets and Priority Areas



Leadership and Collaboration - Cornerstone Recommendations

Community Health Networks



Demonstrate leadership in convening and communicating across various community stakeholders and partners as part of implementing this Strategy. This involves:

- Hiring a social planner within the RDN to provide overall coordination of social issues for the RDN and increase collaboration across service areas and in the community



Amplify the Community Health Networks' (CHN) Role

- 'Join the tables' by participating in CHN and sitting at community action tables across the region (possible role of social planner)

CHN are an Island Health initiative providing funding and structures for localized, collaborative action on the social determinants of health in local areas. CHN are conveners of local partners and generally include:

- Local governments
- Island Health representatives
- First Nations representatives
- Social Service providers
- Local leaders such as members of the board from local coalitions, local non-profits, volunteers, and others with an interest and a passion for social change.

The work of CHNs is to consult with the community to establish local goals and priorities for action. The coordinator(s) bring stakeholders together and form a leadership group that meets regularly to report on ongoing projects and initiatives. This ensures that diverse stakeholders working across multiple areas of social needs are engaged in ongoing conversation with each other. This also serves as a platform for collaborating on projects and securing funding. Important information is shared such as what funding is available, who else may be applying and how they can work with others, what services or work to address needs may be missing in the community, and what resources are available to fill these gaps.

CHN also lead initiatives and create project-/need-specific action groups in the community, coordinate community-wide trainings to strengthen organizational capacity (such as cultural humility, grant writing, and more), and facilitate community gatherings, engagement, and conversations. CHNs are a catalyst for community-wide action and perform important roles of convening, collaborating, and coordinating with diverse community leaders, organizations, and residents.

There are two Island Health-funded CHN operating within the regional district: Oceanside Health and Wellness, and the Nanaimo Area Health Network. Additionally, the Gabriola Health and Wellness Collaborative is a collaborative group of many local organizations who have voluntarily associated to work together on improving health and wellbeing for Gabriolans.



Island Health's CHN bring together multiple partners to improve community health and wellness by catalyzing collective action to address locally prioritized social determinants of health and modifiable risk factors in a way that no one group, or sector could alone. ([Island Health - Community Engagement | Island Health](#))

Truth and Reconciliation



Facilitate the integration of the Truth and Reconciliation Commission's Calls to Action as part of implementing this Strategy starting with:

- Gathering in person (where possible) with local First Nations and urban Indigenous organizations to deepen relationships and find opportunities to collaborate. The initial purpose should focus on gathering insight into how to support local First Nations and urban Indigenous peoples in addressing their social needs while respecting culture and governance protocols

The RDN's jurisdictional boundary is located within the traditional unceded territories of the Coast Salish peoples including the Snuneymuxw, Snaw-Naw-As, and Qualicum First Nations.

The path to truth and reconciliation for local governments involves understanding and responding to, at least, 16 of the 94 Calls to Action identified by the Truth and Reconciliation Commission (2015). Local government leadership and sustained effort are required so that all Indigenous peoples have human rights, hope, opportunity, and prosperity.

In November 2019, the Province of BC passed the [Declaration on the Rights of Indigenous Peoples Act \(Declaration Act\)](#) as the framework toward reconciliation for the provincial government. This **Declaration Act** aims to create a path that respects the human rights of Indigenous peoples while introducing better transparency and predictability in the work done together (Government of British Columbia, n.d.). This commitment encourages the creation or fostering of relationships between local governments and Indigenous nations that focus on shared interests and partnerships on social, economic, and environmental initiatives that are important to everyone who lives in the area.

Over time, the provincial government will update existing legislation and create new programs that support local governments and First Nations working together. Current examples underway include the Indigenous Housing Fund, Investing in Canada Infrastructure Fund, and Community-to-Community Forums.

Common activities between local governments and First Nations include protocol and communications agreements, servicing agreements and shared infrastructure projects, collaborative land use planning and development programs, joint economic development initiatives, and shared tourism projects. These are important examples to consider in defining how the RDN and local First Nations can work collaboratively to address social needs in the region.

The varying level of participation between the three local First Nations throughout the development of the Strategy is noted. Moving forward to implementation, the RDN should consider continuing to engage First Nations in the region to discuss common social needs and to explore options for addressing them in relation to each group's roles and responsibilities.

Further, local governments can benefit from an increased awareness of social norms among various Indigenous communities by recognizing the distinct needs, challenges, and concerns of different Indigenous communities to strengthen communications and understanding over time.

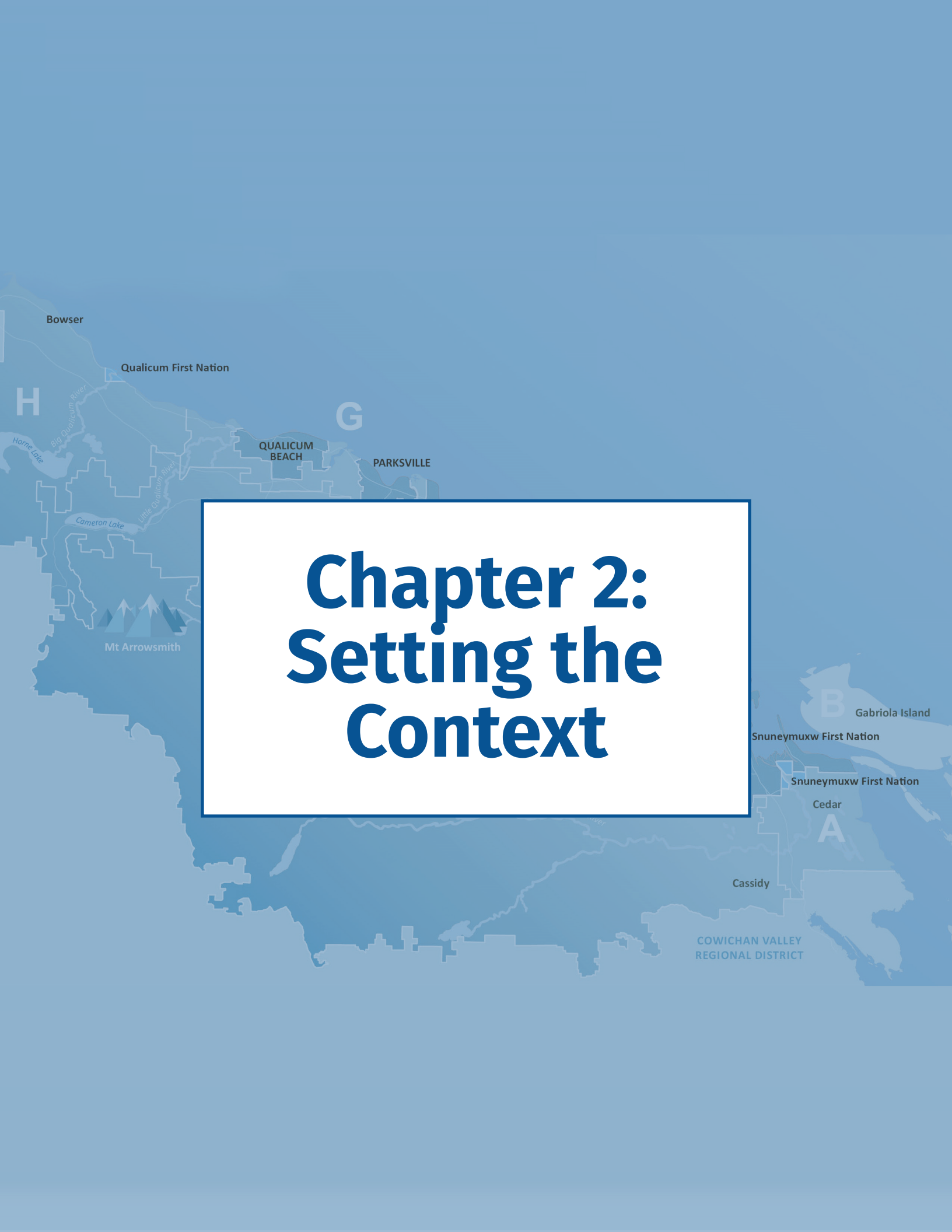
COVID-19 – Local Impact of a Global Pandemic

COVID-19 and the resulting changes to social norms, services, and infrastructure exacerbated existing inequalities in communities around the world. In the RDN, many people were impacted by job losses, changes to household income, and changes to the basic social infrastructure needed to thrive (for example schools, recreational services, childcare).

Recovery from the pandemic offers an unprecedented opportunity to re-evaluate how social services are delivered and prioritized in our communities. Workplace culture, economic opportunities, and the presence of social inequities have changed dramatically during the pandemic. For people who were living paycheck-to-paycheck, the pandemic, subsequent job losses, and closure of many social services meant that they could no longer sustain their household expenses without government intervention. Communities have realized the importance of social services and social interactions.

In the RDN, there are notable opportunities for change that will improve economic and social outcomes for residents:

- Ensure internet access is available for all residents
- Enhance geographical distribution of civic and social amenities and resources (libraries, health services, recreation spaces, public transportation, etc.)
- Increase the availability of affordable and attainable housing
- Establish social infrastructure resiliency through funding structures, facility upgrades for health and safety, and support for services to stay open and serve the community

A light blue map of the Cowichan Valley Regional District serves as the background. It shows geographical features like Bowser, Qualicum First Nation, Qualicum Beach, Parksville, Mt Arrowsmith, and Gabriola Island. It also identifies the Snuneymuxw First Nation and the Cedar area. Large letters 'H', 'G', 'B', and 'A' are placed on the map. A white box with a dark blue border is centered over the map, containing the chapter title.

Chapter 2: Setting the Context

COWICHAN VALLEY
REGIONAL DISTRICT

Setting the Context

What are Social Needs?

Social needs refer to individual needs that are required to live a healthy and fulfilling life.

Common social needs include secure employment, access to educational opportunities, the opportunity to live in a safe and adequate household and neighbourhood, and the ability to have supportive and trusting relationships with family, friends, and the broader community that promote a sense of connectedness, inclusion, and belonging (Artiga & Hinton, 2018). Social needs differ from the social determinants of health in that the social determinants of health are seen as upstream, community-wide interventions that address root causes of challenges, while social needs are seen as mid-stream approaches to mitigate an individual's or group's current adverse conditions or unmet needs (Green & Zook, 2019).

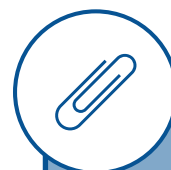
The Social Determinants of Health

The social determinants of health are the community influences on individual health and wellbeing.

We tend to think of health as a personal issue, but our individual behaviors account for only 30% of our overall health. The Health Care system accounts for another 20%, and 50% can be traced directly back to an individual's postal code.

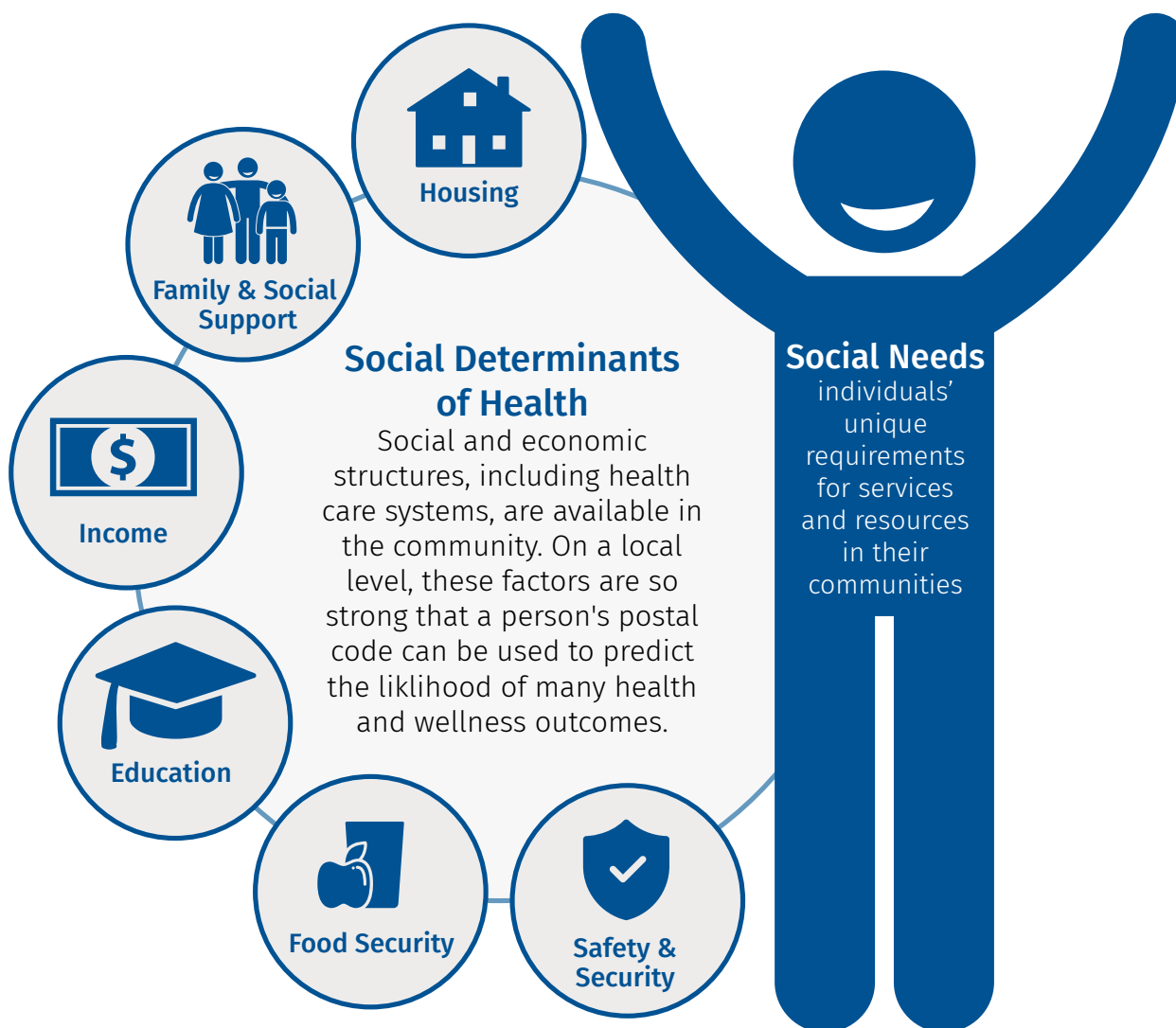
This means that the places we live, work, and play directly determine our overall wellbeing.

The World Health Organization, the Federal Government of Canada, Health Canada, UBCM, and many other organizations have already recognized the importance of the social determinants of health and integrated this framework into planning processes. Now it is up to local governments to carry the work into their communities through planning, policing and bylaw strategies, economic development, housing development, and transportation systems.



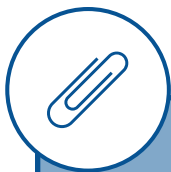
Social needs refer to individual needs that are required to live a healthy and fulfilling life.

Social Needs & Social Determinants of Health



How are Social Needs and Poverty Connected?

According to the World Health Organization (Grad, 2002), wellbeing is not just the absence of disease or illness, but a combination of a person's physical, mental, emotional, and social health. Wellbeing is strongly linked to happiness and satisfaction with the quality of one's life. When human social needs are fulfilled, overall wellbeing can often be achieved.



Social needs and poverty are also strongly influenced by the climate crisis. The Intergovernmental Panel on Climate Change's (IPCC) *Assessment Report 5 Climate Change 2014: Impacts, Adaptation, and Vulnerability* concluded that climate change exacerbates inequalities. It noted that people who are socially and geographically disadvantaged (including people facing discrimination based on gender, age, race, class, indigeneity, and disability) are affected negatively by climate hazards. IPCC suggests this exacerbation of inequality can happen through disproportionate erosion of physical, human, and social assets.

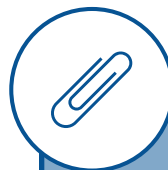
Research indicates there are three ways climate change impacts inequality:

- Increase exposure to climate hazards
- Increase susceptibility to damage caused by climate hazards
- Decrease ability to cope with and recover from the damage

Mitigating climate risks and decreasing inequality among disadvantaged groups require an understanding of not only climate change, but also social impacts experienced locally (e.g., COVID-19 pandemic, opioid crisis). This understanding can lead to ideas and solutions for how to preserve and enhance public resources as a key source for coping and recovery. Disadvantaged groups generally rely more heavily on access to public resources. This means that their ability to cope and recover is driven not by themselves, but by politics and government supports (Islam & Winkel, 2017; IPCC, 2014).

According to *Opportunities for All: Canada's First Poverty Reduction Strategy* (Government of Canada, 2018), poverty is defined “as the condition of a person who is deprived of the resources, means, choices, and power necessary to acquire and maintain a basic level of living standards and to facilitate integration and participation in society.” The conditions of poverty may be experienced by anyone in a community at any given time; however, there are some people who are more vulnerable than others due to individual, structural, and systemic barriers, including discrimination.

As a result, the social determinants of health are the structural pieces of community that enable or disable an equitable distribution of resources. That distribution determines which services and supports are available, how people access and maintain access to resources, and what opportunities are available for fulfilling their social needs. Poverty is what happens when those systems do not distribute resources equitably and people are not able to meet their needs on their own, and the support systems that could meet those needs are not accessible. Therefore, social services have a complex set of access points for resources, regardless of people's income level or life situation. When those access points are lacking, people fall through the cracks and are restricted in their opportunity to live a healthy life. **The fewer access points, the fewer people thrive.**



Determinants of Health

Access to adequate income, affordable housing, education, healthy food, healthy environments, and recreational opportunities influences our health and wellbeing. People who are less well-off generally have poorer health and shorter life expectancies than those who are well-off. By working upstream (addressing root causes such as institutional policies and practices) to improve the conditions in which all people live, work and play, we can decrease these gaps and improve the health and wellbeing of our population.

Island Health Local Area
Health Profiles, 2019

How are Social Needs Assessed?

To assess the level of social needs of an individual or a group of individuals, surveys are often provided to serve as a screening tool. This helps to understand parameters such as:

- Someone's living situation
- How they may get around
- What food is available to them
- How safe they feel in their family and community
- What their employment and financial situation is like
- What their current mental health is like
- If they are using any substances
- How connected they feel to the people in their life (friends, family, community)

A survey can be paired alongside focus groups and interviews with key informants to gain a well-rounded picture of the types and levels of social need with which community members are struggling (“Assessing Community Needs and Resources”, 2011, p. 7).

Once all feedback is tabulated from various engagement techniques, the information can be integrated with existing community-level statistics on some of the topics above, such as housing and homelessness, crime, employment, and income levels.

To assess the social needs in the RDN, a Strategy of surveys, interviews, focus groups, and community-level data were used. In addition, a Game Changers workshop and workshops with Elected Officials were held so that community leaders could also provide their expertise for the recommendations. The research and engagement findings are summarized in [Chapter 6](#) and the data are located in [Appendix B](#) and [Appendix C](#).

How are Social Needs Addressed?

The RDN already has many active structures capable of taking on the work of systems change. These organizations, whether formal or informal, are the collaborations, networks, action teams, working groups, and task forces that are already identifying needs and creating strategies to address gaps.

To effectively create systems level changes, the next step is to convene and coordinate these organizations to bring their efforts together under one set of goals. The role of creating enabling conditions for success falls on four key groups:

- RDN
- Local governments within the RDN
- CHN
- Community-led networks, coalitions, and citizen groups

There are, of course, other collaborators with important roles such as Island Health, the provincial government and ministries, and non-profit organizations. They each serve important functions; however, the role of convening and collaborating falls on the above groups. They are responsible for bringing the right people to the table. Refer to Chapter 5: Amplifying the Work for more information on enabling conditions and collaborative action.

Local Government Impacts on the Social Determinants of Health

Local governments make decisions, policies, and plans which directly affect how and where people live, work and play in their communities. Many health indicators are related to a person's postal code such that Health Canada includes "neighbourhood areas" in the definition of a social determinant of health (Davidson, 2014). See the image on the next page for some of the local government work that influences the social determinants of health.

The Social Determinants of Health and Local Government Influences



Local Government Roles and Responsibilities for Systems Change



Demonstrate leadership in convening and communicating across various community stakeholders and partners as part of implementing this Strategy. This involves:

- Hiring a social planner within the RDN to provide overall coordination of social issues for the RDN and increase collaboration across service areas and in the community



Adopt social planning as a core practice within the RDN to support coordination and implementation of this Strategy. This should involve the following approaches:

- Applying a systems change approach to regional social planning
- Creating and adopting of a Gender Based Analysis (GBA+) Equity Analysis lens for all local government service areas
- Convening and facilitating collaborative action among community partners across the region



Create and implement regional strategies for priority areas where additional planning and processes are required. This includes:

- Establishing a Regional Housing Strategy to address housing affordability and supply challenges
- Supporting community partners in implementing the Mid-Island Child Care Action Plan
- Exploring the feasibility of creating a regional food policy council to support ongoing food insecurities

Why Assess Social Needs as a Region?



Implement actions within the region that recognizes regional variations in social needs and leverages local expertise by:

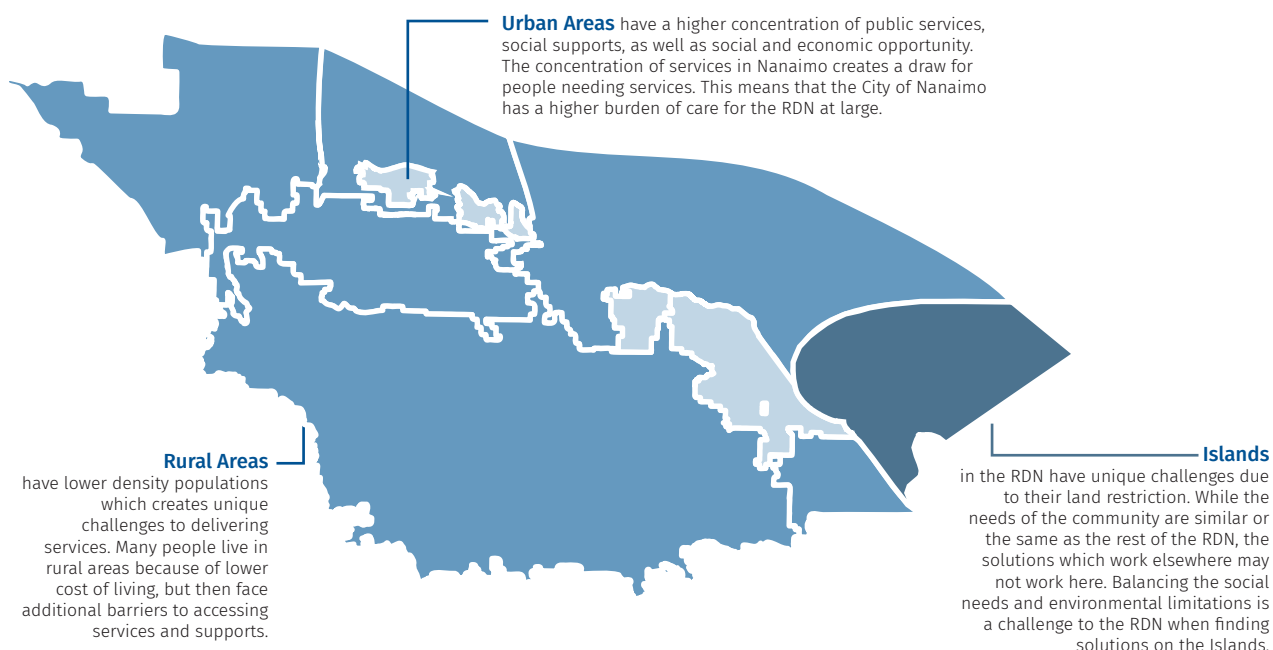
- Continuing to identify and share variations in needs across the region and target actions where needs are highest
- Focusing on providing both physical and social infrastructure supports to increase access to services in rural areas and better connect services across the region
- Continue enabling local area action and community leader engagement through collaboration with CHN

The RDN covers a large area with diverse populations, needs, and community qualities. It encompasses four municipalities (Nanaimo, Lantzville, Parksville, and Qualicum Beach), seven electoral areas, and is within the traditional territory of the Coast Salish Peoples, specifically the First Nations of Snuneymuxw, Snaw-Naw-As and Qualicum First Nations. The municipalities tend to have larger, denser populations than the electoral areas, which are more rurally-oriented.

People travel across the RDN for housing, employment, social services, recreation, shopping, healthcare, and other activities. By undertaking a social needs assessment as a region, rather than a collection of separate areas, this Strategy is expected to increase the impact and improve outcomes of initiatives related to social supports and community wellbeing across real and perceived community boundaries.

This Strategy outlines the shared and localized social needs as defined by past reports, current strategies, and public engagement. These strategies and community action plans are discussed further in [Chapter 5](#).

Distinct Challenges Across the RDN



Shared Needs

The RDN faces many shared challenges in all the priority areas. For example, housing affordability is an issue for middle and low-income households across the region. Additionally, finding family doctors and mental health care professionals were highlighted as challenges across the area. These needs are regional because services that cannot be met in one area are often accessed in another. Also, people will move to live in more affordable areas, such as living in a rural area and commuting to an urban area for access to employment. People who live in the region are not in isolated communities; they live, work, and play across the entire region. Any social programming provided or lacking in one area directly impacts the quality of access to people living in other areas.

Urban Context

The higher density of the urban areas, especially the City of Nanaimo, means that many services are centered there. Public transportation is also easier to access in areas with higher population density. Nanaimo's residents, therefore, have easier access to these services while people living in other communities in the region must travel. However, the concentration of services also means that Nanaimo, like Parksville and Qualicum Beach, becomes the focal point for access to social services for the entire region. This is visible in some areas, such as the higher concentration of visible homelessness in Nanaimo than in other areas. The responsibility of providing care in Nanaimo is amplified by the need to provide care for the broader region. Food and medical services, mental health and wellbeing services, recreation, and entertainment are examples of other services used by people from across the region within the urban centre. The urban areas become de facto service centers when services are not available in people's home communities, increasing the demand and need for resources.

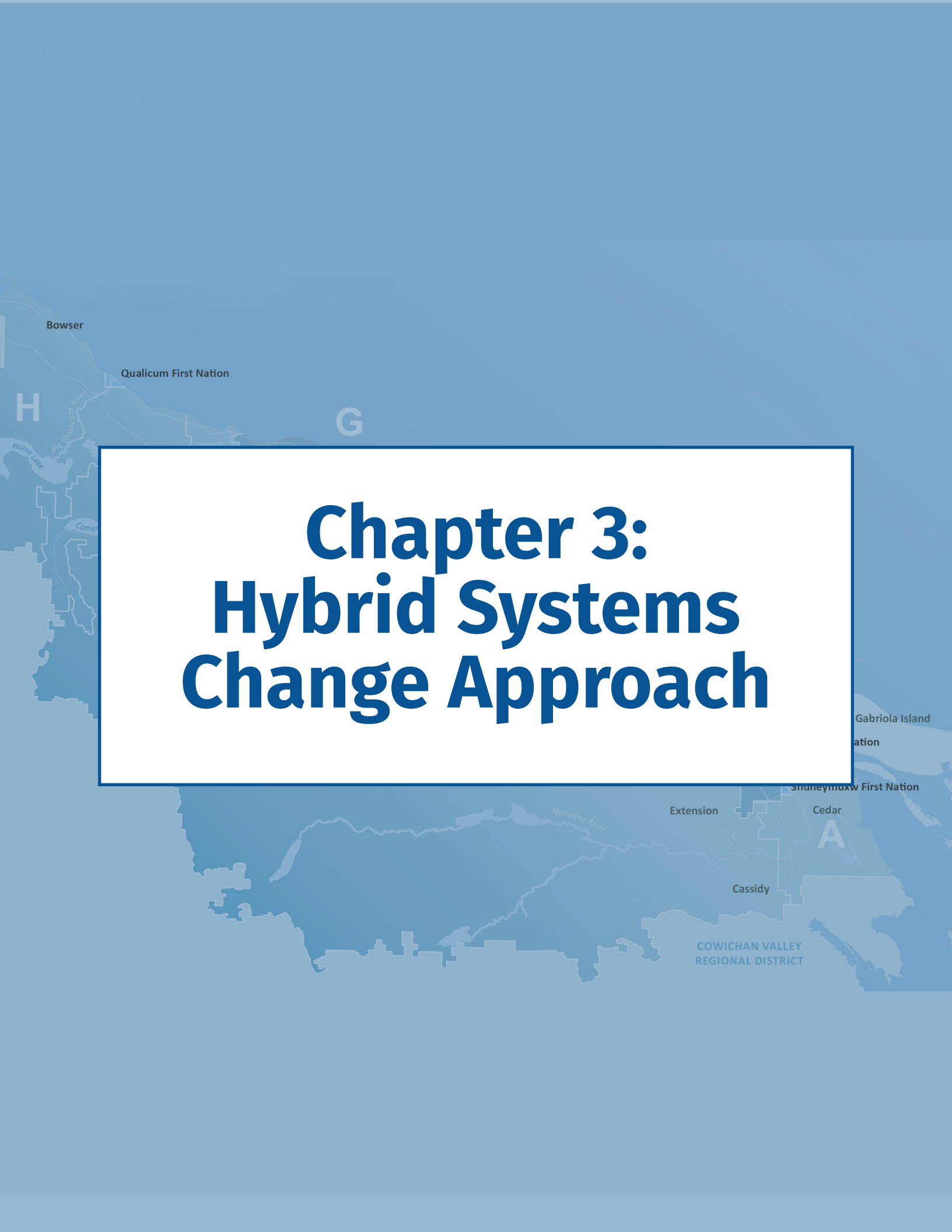
Rural Context

In contrast, rural and more isolated communities face challenges with obtaining needed services in their communities due to their comparative lack of population density. Smaller communities experience demands to provide a large range of services but with fewer participants, fewer resources, and less accessibility due to longer distances people need to travel. This creates an imbalance in what is provided in urban versus rural regions. Smaller communities also tend to rely more heavily on volunteers and community driven projects which, in many cases, struggle for funding and stretches human resource capacity. While the services needed (affordable housing, access to medical and mental health services, social connection and inclusive spaces, food security, etc.) are similar, the delivery of these programs requires special consideration of the local areas. When designing solutions, it is important to recognize what works in one area will not, by default, work in another. Programs should be tailored to the needs and interests of people in each area.

Coordination and Collaboration

This Strategy examined the whole region highlighting challenges and creating actions to address these differences and reduce the imbalance of services, access, and wellbeing. Both regional coordination and local responses are needed. The research conducted for this Strategy identified that a regional strategy and community collaboration can:

- Help reduce silos
- Allow areas across the region to learn from one another
- Improve access for everyone in the region
- Recognize the interconnectedness of the communities
- Be a first step in resolving the disparities across the region by
 - Avoiding competitiveness over funds
 - Over-duplication of work
 - Ensuring action in one community supports improvement in all communities.

A light blue map of the Cowichan Valley Regional District serves as the background. It shows geographical features like Bowser, Qualicum First Nation, Home Lake, Big Qualicum River, Camer, Gabriola Island, Nanaimo River, Extension, Cassidy, and Shíshémaxw First Nation. Large letters 'H', 'G', and 'A' are also visible on the map. A white rectangular box with a dark blue border is centered over the map, containing the chapter title.

Chapter 3: Hybrid Systems Change Approach

Hybrid Systems Change Approach



Demonstrate leadership in convening and communicating across various community stakeholders and partners as part of implementing this Strategy. This involves:

- Hiring a social planner within the RDN to provide overall coordination of social issues for the RDN and increase collaboration across service areas and in the community



Adopt social planning as a core practice within the RDN to support coordination and implementation of this strategy. This should involve the following approaches:

- Applying a systems change approach to regional social planning
- Creating and adopting of a Gender Based Analysis (GBA+) Equity Analysis lens for all local government service areas
- Convening and facilitating collaborative action among community partners across the region

Communities looking to address the social needs of their residents can find themselves overwhelmed and unclear on how to develop and carryout actions that have positive impacts. Crafting an initiative that is comprehensive from the outset requires an understanding of the complex system surrounding the issues of social needs and poverty including the local contexts that influence and contribute to individual experiences.

The hybrid approach for systems change is an important approach to implement for this Strategy's success. It recognizes an important best practice for addressing social needs is focusing on identifying several 'starting point' strategies for each priority area. These are considered

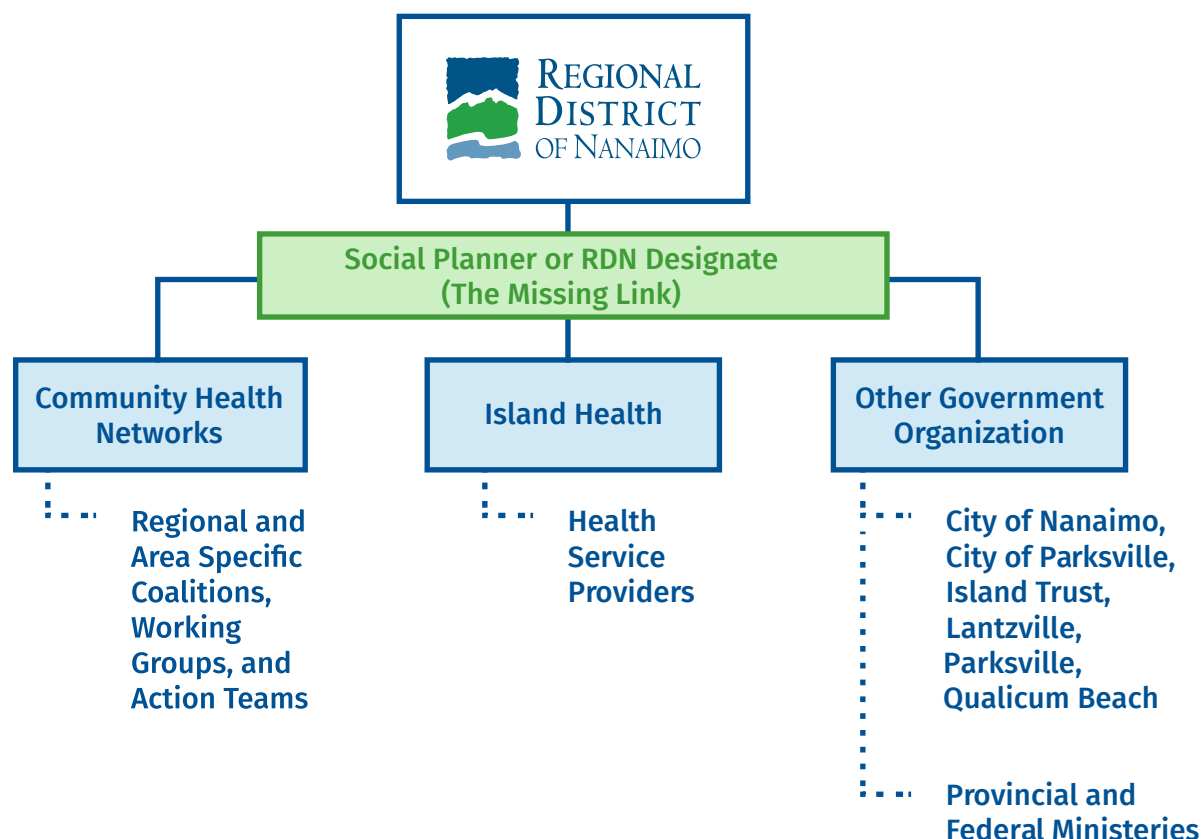
potential continuations or entry points, not end points, to the ongoing process required to build an integrated response that is the collective responsibility of the whole community. This is reflective of the existing landscape of coordination and collaboration in the region.

To support successful coordination and collaboration moving forward, the following approach is recommended:

1. **Organize efforts to respond to social issues around specific communities.** The central Vancouver Island region that comprises the RDN's jurisdictional boundaries has important resident diversity, from a large urban centre to smaller cities/towns to rural communities and islands. As a result, organizing efforts in response to social needs around these distinct community characteristics will support a more comprehensive effort.
2. **Establish an enabling ambition and solid framework for change.** It is clear from the background review analysis and engagement with key stakeholders that there is enormous effort throughout the region. However, this is in some ways geographically isolated and not well understood throughout the whole region. This Strategy seeks to create an enabling environment for a coordinated approach, recognizing and learning from the localized efforts to date.
3. **Define the leadership diversity required to achieve success.** Various coalitions currently exist and are focused on specific priority areas identified in this Strategy. Duplication of this work is not required; however, a RDN representative who participates in these coalitions and communicates between them and local governments' RDN board can help to amplify the work and ensure it is coordinated. The existing coalitions focus on specific topics, which allows for more targeted actions and effective communication and approaches. A social planner or other designate from the RDN can help to serve as a bridge between these multiple coalitions. Additionally, the CHN present an opportunity to convene stakeholders by geographic areas. They have an established role as conveners and can be a strong asset to networking and supporting collaboration.

The hybrid approach is organized around the capacity within localized groups (e.g., neighbourhoods, regional collaborations) and has a clear framework for change to be led by a strong multisector leadership group. Figure 6 shows the pathways for a collaborative structure. The RDN provides a unifying body to keep track of multiple actions, and support communication and data sharing. The CHN are a convening table for connecting multiple partners, working groups, health providers, and government agencies. A social planner will support communication between the RDN, local governments, the CHN, and other regional partners. Applying this approach will allow the region to address the collection of causes and effects for a larger group of people who are struggling to meet their social needs.

Social Planning as a Community Coordinator and Collaborator



Processes of Working Comprehensively

Designing and implementing a social needs Strategy requires the application of a strategic approach. This Strategy was developed around five key processes:

1. **Getting a ‘bird’s eye’ and a ‘worm’s eye’ view of social needs.** Achieving the ‘bird’s eye’ view involved gathering data on local social issue trends and reviewing previous reports and plans on common experiences and best practices occurring throughout communities in Canada. The ‘worm’s eye’ view focused on gathering community level insights. This understanding emerged from engagement with community organizations, local governments, and people with lived experience. The lived experience engagement offered insights into day-to-day realities and explored what might work for them to improve their quality of life. Engaging lived experience was an important way to involve them in shaping this Strategy.
2. **Navigating local context.** Gathering information on the landscape of activities happening throughout the region provides a better understanding of the local context to address social needs and identify the various system actors. Engagement with key stakeholders serving the region and existing networks provided key insights into local efforts, their capacity, and results. An important part of understanding how to enable change involves understanding what is within each community actor’s capacity (e.g., roles and responsibilities).
3. **Learning by doing.** This process orients around leveraging existing effort, learning from it, and innovating new solutions. An important part of learning is entering in with the mindset that it is safe to fail. As gathered from the background report and engagement, it was clear there is a strong aptitude for learning by doing among service providers in the region. The complexity of social needs requires continuous reflection and adaptation. This can be challenging for governments looking for a linear



RDN’s Role

The core actions are to hire a social planner or dedicate staff time to working directly with the CHN and other partners, gather and share data, and convene additional partners as needed.

approach. Applying an iterative learning process over time results in a deeper understanding of social needs and allows promising solutions to emerge that can be designed and implemented on a larger scale.

4. **Making vertical and horizontal links.** Applying an intentional effort to mobilize opportunities that are micro in their scope (e.g., program participants) provides the space to test and learn from small programmatic changes. It also provides insight into structural barriers that need to be addressed to create bigger impact. For example, previous initiatives throughout the region to create a community bus program served immediate needs and can serve as an opportunity to restart regional discussions on fixing the region's fragmented transportation system. Understanding structural issues through micro actions allows local groups to organize and apply new interventions to address macro issues.
5. **Being persistent and having appropriate expectations.** There are no quick fixes to these comprehensive approaches to addressing social needs. Ongoing coordination, collaboration, and persistent effort are required by the whole community. Complex systems require constant effort and time to demonstrate the broad scale success and lasting impact desired. Identifying clear expectations for all contributors along with building/strengthening relationships are foundational to ongoing efforts and success. It is also important to recognize the outcomes of addressing social issues are unpredictable and there are no assurances an approach taken will have the desired impact.



Things to keep in mind:

- Social needs are better addressed through poverty reduction not alleviation.
- Social needs are more effectively addressed by multisector collaboration and leadership.
- Social needs responses are more effective when built on local issues.
- Social needs action efforts are more effective when part of an ongoing process of learning, evaluation, and change.

(Adapted from: Cabaj, 2011.)



Local Example of Systems Change Work: The Regional Childcare Action Plan

The Mid-Island Region Child Care Action Plan was released in 2020. The plan, developed in partnership between the City of Nanaimo, the City of Parksville, the Town of Qualicum Beach, the District of Lantzville, and the RDN, outlines targets and recommended actions for addressing childcare needs across the region. Both regional and local area engagement were conducted to contribute to the plan.

The recommendations focus on four key areas:

- Increasing accessibility
- Improving affordability
- Focusing on quality
- Strengthening partnerships

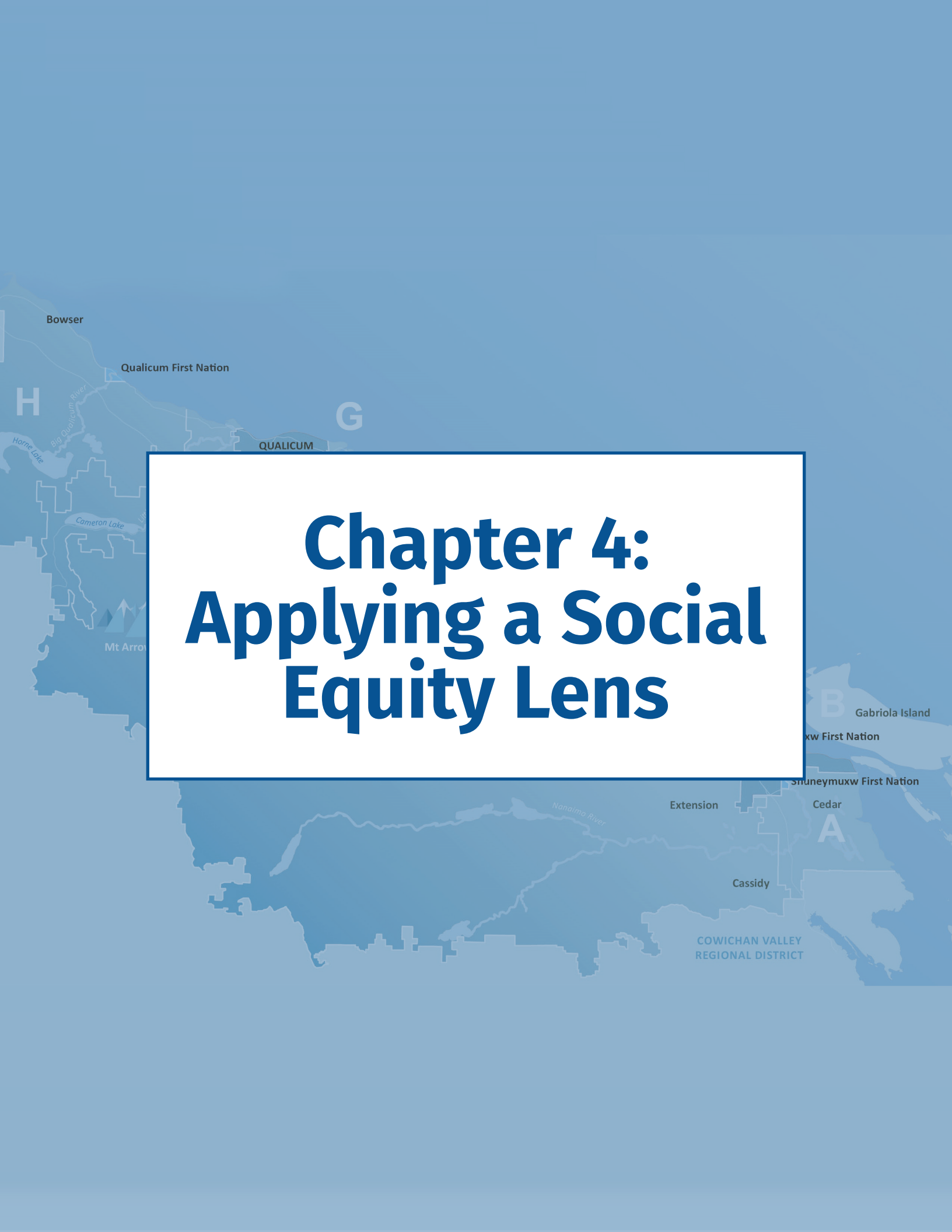
The full report can be read [here](#).



Game Changers Workshop and Key Informant Interviews show the need to act from a collective impact approach.

The top priorities identified for collective impact were:

- There is consensus that collaboration is the best way to move actions forward.
- Setting regional goals and targets will assist with action and coordination.
- The Region needs a designated coordinating body to support facilitation, funding, and collaboration platforms.
- All areas will benefit from an integrated, intersectional, equity, and social determinants of health lens.
- There is a need to address differences between urban and rural needs, and accommodate them in planning.

A light blue map of the Cowichan Valley Regional District serves as the background. It shows geographical features like Bowser, Qualicum First Nation, Qualicum, Cameron Lake, Mt Arroyo, Nootka River, Extension, Cassidy, Cedar, Gabriola Island, and Shunemuxw First Nation. Large letters H, G, B, and A are also visible on the map. A white rectangular box with a dark blue border is centered over the map, containing the chapter title.

Chapter 4: Applying a Social Equity Lens

Applying a Social Equity Lens



Facilitate the integration of the Truth and Reconciliation Commission's Calls to Action as part of implementing this Strategy starting with:

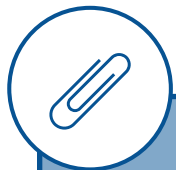
- Gathering in person (where possible) with local First Nations and urban Indigenous organizations to deepen relationships and find opportunities to collaborate. The initial purpose should focus on gathering insight into how to support local First Nations and urban Indigenous peoples in addressing their social needs while respecting culture and governance protocols



Adopt social planning as a core practice within the RDN to support coordination and implementation of this Strategy. This should involve the following approaches:

- Applying a systems change approach to regional social planning
- Creating and adopting of a Gender Based Analysis (GBA+) Equity Analysis lens for all local government service areas
- Convening and facilitating collaborative action among community partners across the region

Social equity is a collective desire to ensure all citizens across a community have fair and equal access to services, programs, and opportunities to participate, prosper, and reach their full potential (American Planning Association, 2019). By applying a social equity lens to address social needs in the region, inequitable conditions based on factors such as income, race, age, gender, sexual orientation, and mobility, among other factors, can be identified and addressed. Planning community programming and infrastructure with social equity in mind means actively working with community members who have been negatively impacted by social inequities to improve access and participation for all.



Local Government Social Equity Example:

A local government reviews their application process for recreational services. It is decided that online booking is faster, easier, and more convenient than requiring people to call reception or come into the office to reserve a place in programs. They decide to manage all reservations in programs online through a service available on their recreation schedule website.

Goal: faster, easier, more convenient registration for recreational services.

Unintended result: People who do not have access to regular internet services, do not know how to use a computer, or do not have a credit card for payment are excluded from the booking.

Unintended inequity: Some groups of people will be disproportionately affected by the online-only option.

Examples of equity-seeking groups who may be affected more than others:

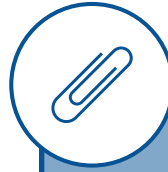
- Seniors - may not have high levels of internet skills or trust in providing personal information online
- Indigenous peoples – overrepresented in measured poverty, Indigenous peoples are less able to access many social services including internet access or financial credit for large purchases (e.g., real estate)
- Youth and Children -may not have a credit card or disposable income
- Immigrants and Refugees – may not read or write in fluent English and struggle with the application
- People living on a low income – may not have regular internet access, or may not be able to use a credit card for payment
- People with low literacy skills – may not be able to complete an online form without help

Dimensions of Social Equity Action

The process of applying a social equity lens to day-to-day local government operations, including policies and plans, is iterative. Continuous assessment and implementation of social equity actions enables local government to ensure governance is inclusive and facilitates equitable community development. In addition, consultation, engagement, and collaboration with Indigenous peoples is imperative to moving forward together. Working with local First Nations and Indigenous peoples is a critical part of understanding experiences related to social inequality which contributes to how we understand each of the overlapping dimensions.

Equity in local government planning can be achieved if the following overlapping dimensions are considered (Canadian Institute of Planners (2020), Nguyen and Yuen, (2020), and Urban Sustainability Directors Network, 2014).

- **Structural** - The ways in which institutions and systems of government can maintain hierarchies of power and privilege through policies, programs, etc. It is important to acknowledge the harm that has been done and focus on dismantling the systems of oppression through addressing underlying root causes of inequities.
- **Distributional** - The way resources and services are spread throughout a community (where places of employment or food sources are related to housing, etc). Efforts to understand communities that have been mis or under-served provide an opportunity to then prioritize these communities and encourage civic participation and equitable distribution of resources among diverse groups.



Transformational change is required to truly embrace equitable practices as it is not a lens that can be taken on and off (Canadian Institute of Planners, 2020).

- **Experiential** - An understanding that different groups move and interact with space (e.g., physical, social) in different ways. Equitable decision-making involves understanding how diverse communities based on race, gender, and ability experience spaces created and facilitated by local governments (roads, buildings, parks etc).
- **Procedural** - The ability to meaningfully participate in public decision-making processes. The focus is planning with, rather than for, communities. Long lasting and reciprocal relationships are critical to ensuring people who have been historically excluded are included in all aspects of local government planning processes.
- **Transgenerational** - Involves considering the needs of future generations and potential impacts of policies, programs, etc. It means ensuring the decision-making processes do not result in unfair burdens on future generations.

The process of developing this Strategy considered social equity impacts within the engagement process as well as through developing the Recommendations.

Social Equity Tools for Policy Makers

There are several tools for assessing equity in policies and planning. One tool is called ‘Gender-Based Analysis Plus’ or w+. The federal government has used this tool as a method of assessing their policies and practices since 1995.

While the name specifies gender as the frame of analysis, the plus represents all the other characteristics that make up people, such as age, race, sexuality, and the intersectionality that exists between them. This Strategy applied a set of questions, informed by the GBA+ framework, and should be considered as an initial tool for understanding the impacts of equity in the implementation of this Strategy.

GBA+ Analysis Considerations

1. Who has benefitted or is benefitting from an action?
2. Who be excluded from those benefits? Who might be harmed?
3. What may be some unintended consequences of the action? What impact will this action have in the future?
4. What knowledge, tools, resources, etc. do we need to increase our capacity to integrate equity into our processes?
5. Have important decisions been made in consultation with those who are most likely impacted?
6. What procedures do we have in place to monitor, measure the impact of, and review our actions? From whose perspective is success being measured?

Local Story

The engagement process for this Strategy involved gathering stories of experiences from people living in poverty. A common theme among their stories related to the various dimensions of equity that create barriers for them to live a healthy and prosperous life in the region. Here are some of the stories we heard.

“As newcomers, they are unable to access housing that they need. They are often living in inadequate, poor-quality housing that is in unsafe neighbourhoods. Then, due to the discrimination they face, they have no choice but to keep their children in unsafe conditions.”

“My daughter needed a referral for a specialist pediatrician but without a family doctor, I kept going from [to] walk-in clinics, trying to find support. After and a half years, I was able to find a referral that I got through Telus Health.”

“You have to walk and bike long distances because you can’t afford the bus passes. The bus won’t let you on for a transfer, you have to take the day pass to get on. Going to job interviews and jobs would be cheaper. People have lost their jobs, because the transportation infrastructure, just isn’t there. Most things aren’t within walking or riding distance.”

“Going through what I have has made me realized that I get why people become homeless, become addicted to hard drugs, because the system is so broken. You have to fight and fight and fight for the tiny scraps of social services that are there that sometimes don’t help you because it’s not designed to be a preventative thing, or they turn you away. It is really disappointing and disheartening. I’ve had the privilege to have a solid support network behind me and there are others that don’t. The homelessness crisis and opioid crisis that is becoming very visible is just a symptom of bigger systemic failures.”

A light blue map of the Cowichan Valley Regional District serves as the background. It shows various geographical features and administrative boundaries. Labels on the map include 'Bowser', 'Qualicum First Nation', 'QUALICUM BEACH', 'PARKSVILLE', 'Horne Lake', 'Big Qualicum River', 'Qualicum River', 'Cameron Lake', 'Mt', 'Gabriola Island', 'Snuneymuxw First Nation', 'Snuneymuxw First Nation', 'Extension', 'Cedar', 'Cassidy', 'Nanaimo River', 'Mt Benson', and 'COWICHAN VALLEY REGIONAL DISTRICT'. Large, semi-transparent letters 'H', 'G', 'C', and 'A' are also visible on the map.

Chapter 5: Amplify the Work

Amplify the Work



Demonstrate leadership in convening and communicating across various community stakeholders and partners as part of implementing this Strategy. This involves:

- Hiring a social planner within the RDN to provide overall coordination of social issues for the RDN and increase collaboration across service areas and in the community



Amplify the Community Health Networks' (CHN) Role

- 'Join the tables' by participating in CHNs and sitting at community action tables across the region (possible role of social planner)



Facilitate the integration of the Truth and Reconciliation Commission's Calls to Action as part of implementing this Strategy starting with:

- Gathering in person (where possible) with local First Nations and urban Indigenous organizations to deepen relationships and find opportunities to collaborate. The initial purpose should focus on gathering insight into how to support local First Nations and urban Indigenous peoples in addressing their social needs in while respecting culture and governance protocols



Create and implement regional strategies for priority areas where additional planning and processes are required. This includes:

- Establishing a Regional Housing Strategy to address housing affordability and supply challenges
- Supporting community partners in implementing the Mid-Island Child Care Action Plan
- Exploring the feasibility of creating a regional food policy council to support ongoing food insecurities

This Strategy is built on past and current action in the local communities, with a focus on amplifying existing efforts to further progress and success. It recognizes the hard work previously completed by coalitions, health networks, non-profits, local governments, and communities in the region.

Creating this regional Strategy is an opportunity to recognize effective action in cultivating change and improving everyone's wellbeing. Starting with understanding what is being done, the RDN can focus on identifying the roles and responsibilities of local government in response to current effort and filling gaps. For a complete summary of previous engagement reviewed, see [Appendix B: What We Heard](#).



This Strategy's focus is to amplify existing efforts by recommending actions to facilitate collaboration, coordination, and integration of social needs into local government systems.

Previous Engagement

Several reports and studies have been completed over the past few years to better understand and evaluate social needs in the region. Seven reports were reviewed in detail representing cumulative engagement with over 5,000 people in the RDN. Throughout the engagements, several themes emerged and were consistently reinforced. As part of these reports, many of the key focus areas of the RDN Social Needs Assessment and Strategy were consulted on. The findings suggest the following community priorities:

- Integration of services
- Increased mental health and addictions services
- Stigma reduction
- Housing and homelessness response
- More programs for children and youth, especially

childcare services.

- More collaborative actions and communication between sectors
- Ensuring that public transit routes like buses, bicycle lanes, walking paths, and trails are available, safe and well-connected to amenities and residential areas.

Three global themes emerged as opportunities to address social needs:

1. **Service integration and coordination.** All services need more integration. Planning for affordable housing, for example, must also consider transportation, social service, recreation, and employment needs. Many of the engagement reports recommend collaborative partnerships with stakeholders as key to addressing needs and improving the continuum of services. Additionally, several engagements mention the creation of ‘hubs’ or community centres with multiple services available and system navigation support as a way to improve services.
2. **Individuals experience intersecting barriers and need multi-pronged approaches to increase access to social needs.** There are no one-size-fits-all solutions. Enhancing access to social needs requires prevention, early intervention, access to resources, and ongoing supports. Most people experiencing poverty have more than one barrier at the same time such as food insecurity, lack of transportation, high cost of housing, and stigma.
3. **Participation in decision-making is foundational to the success of actions.** People with lived experiences are important voices and desire more inclusion in the co-design processes of planning and action. Governments desire to include people with lived experience in more forums at decision-making tables. Additionally, action is needed. Communities in the region expressed a desire to see less talk and more action.

When including people with lived experience, it is vital to configure those opportunities for participation in such a way that individuals are not overwhelmed – a room full of university-educated people, even if they are nice and welcoming, can be very intimidating to someone who has not finished high school. Similarly, going to a meeting at City Hall is a big jump for someone who is in regular conflict with authorities. Considerable thought must be given to the context of that participation, and the language is used during the meetings, and the content of the agenda.

The Need for Collaboration

Primary needs identified in reports and studies are centered around strengthening community partners, relationships, and collaboration. The social services sector is comprised of many different government, non-profit, for-profit, and provincial and federal partners. These partners work in communities to create social support systems for individuals and families. Successful coordination of these services is important to the individual's success. In addition, ongoing coordination and collaboration are key to facilitating lasting systems change. Collaboration recognizes existing efforts that have occurred, key learnings, and opportunities to add value, which create connections to common goals and leverage partnerships for greater success.

Collaborating effectively means:

- Regular communication
- Common goals
- Intersectoral collaboration
- Sharing of data and information
- Opportunities for partnership

Local governments, including the RDN, can play an active role in these collaborations through activities such as:

- Creating convening tables
- Hosting space for meetings
- Participating in the collaborations
- Advocating to other levels of government for support of common goals
- Consulting with collaborators on related projects and potential impacts on policies and practices
- Gathering data and monitoring progress by priority area

Current Collaborations and Partnerships

Currently, there are partnerships and collaborations in the region focused on the following priority areas.

Existing Collaborations

Priority Area	Existing Collaborations and Community Hubs
Social Determinants of Health/ Access to Supports and Services	<ul style="list-style-type: none"> • Island Health Authority • First Nation Health Authority • Oceanside Health and Wellness Network • Nanaimo Area Health Network • Gabriola Health and Wellness Collaborative
Families and Children	<ul style="list-style-type: none"> • Building Learning Together, Early Learning Table & Youth Link
Housing and Homelessness	<ul style="list-style-type: none"> • Nanaimo Homeless Coalition • Oceanside Homeless Coalition • Community Action Teams (Nanaimo and Oceanside) • Nanaimo Health and Housing Task Force
Transportation Discrimination and Stigma	<ul style="list-style-type: none"> • Greater Nanaimo Cycling Coalition • Society for Equity, Inclusion and Advocacy (services-based, builds partnerships with other organizations) • Central Vancouver Island Multicultural Society • Resilience BC Anti-Racism Network- Spoke in Nanaimo
Food Security	<ul style="list-style-type: none"> • Nanaimo Foodshare Society • Nanaimo Food Policy Council

Stakeholder Input on Collaboration

The need for collaboration was cited as a major concern and need in interviews, the Game Changer workshop, and Elected Officials workshops. There is strong interest from community organizations to have more opportunities for collaboration with each other and with local governments. Game changers that address multiple elements of community need require bold, innovative actions. Organizations need support (such as collaboration opportunities and knowledge sharing) from communities to take risks and support initiatives. One way of doing this is to develop clear avenues of inter-agency communication and relationships.

Why Collaborate:

- Collaboration builds relationships that can support collective action through partnerships, coordinated funding, information sharing, and common goal setting.
- Reduces silos and encourages cooperation rather than competition.
- Improves inter-agency and stakeholder relationships, and focuses the work on shared outcomes rather than competition and blame.
- Expands frameworks to approach conversations by topic rather than area of responsibility.
- Creates shared values, goals, ideas etc. to support collective impact evaluation.
- Interrupts the cycle of crisis-based responses to community needs, and looks ahead to proactive and preventative planning.
- Equals better outcomes for everyone.

Enabling Conditions for Collaboration:

- **Working with governments**, both elected officials and staff, to enhance their participation and understanding of local area concerns.
- **Dedicated facilitators for collaborative projects** to coordinate communication, information sharing, meeting schedules, and updates. Having a dedicated person is the difference between ad hoc and uncoordinated collaboration, and successful collaboration that results in change.
- **Commitment of members to “stick through the tough conversations”** to build trust and break through existing systems and cycles.
- **Diverse participants including people with lived experience**, government agencies and elected officials, health authorities, service providers, and members of the community.
- **Recognition of the diverse needs across the RDN** to ensure equitable distribution of efforts in accordance with the mandates of organizations and local goals, as well as collective ones.

There were many suggestions made for how the RDN and community stakeholders can start to take collaborative action:

- Schedule quarterly round tables by topic area as well as broader community needs.
- Convene collaborations by region on the six priority areas rather than local areas (e.g., Gabriola Island, Nanaimo, Qualicum Beach, etc.). Topic-specific collaborative tables are more effective than other formats.
- Create a Food Policy Council.
- Create a Regional District wide social needs action plan.
- Enhance and participate in the CHN.
- Utilize social planning and regional housing planning work to bring partners together and implement collective action.
- Identify opportunities for existing collaborations and collectives to connect and work together.

Local Government Elected Officials, Insights

As part of the process in developing this Strategy, two elected official workshops were facilitated. The objectives of these workshops were to share preliminary findings and gather experiences and perspectives of elected officials related to the following:

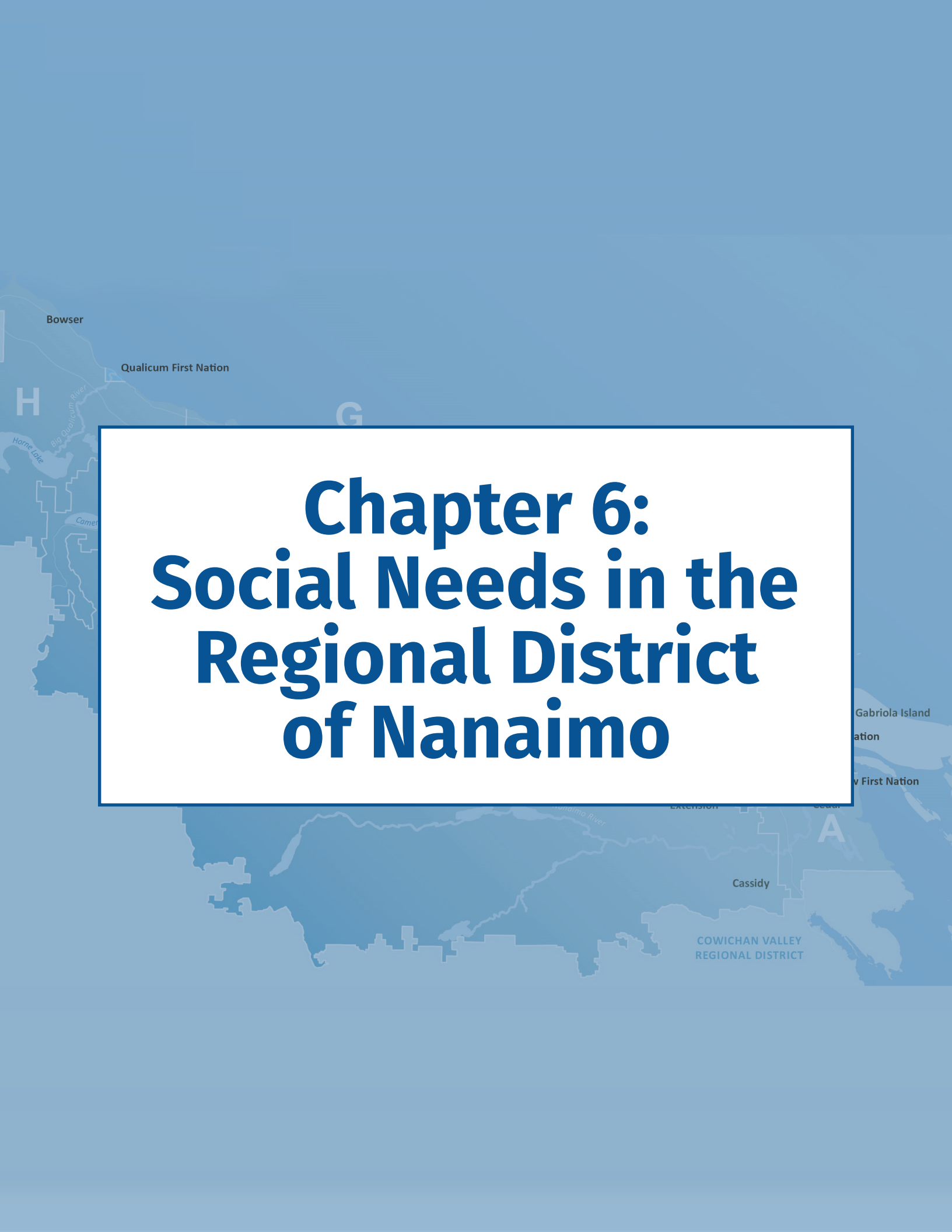
- Build on the social needs identified through engagement for each priority area,
- Identify opportunities and needs to advance proposed initiatives from a local government perspective,
- Create an understanding of a systems-based approach to addressing social needs.

Eleven elected officials attended and their understanding of the social needs in the community mirrored that of the stakeholders and residents in the region. Outside of the ideas on tangible actions for each of the priority areas, two main themes emerged:

1. The RDN needs to clarify their vision and level of service with respect to addressing social needs in the region;
2. There is room for regional collaboration and coordination on addressing social needs. There appears to be localized efforts in place (e.d., CHNs), but their work is not well understood or shared across the region.

In addition to these themes, elected officials identified two key challenges that require further discussion as part of clarifying their roles and responsibilities – a fear of social service delivery downloading to local government, and a lack of funding to support investments in social service delivery. The discussion identified a few opportunities for the Board to consider what their roles and responsibilities are related to:

- Housing policy
- System coordination
- Communication of resources
- Advocacy to other levels of government
- Application of a social equity lens to decision-making
- Cross-department collaboration
- Improve access for all citizens to RDN services

A light blue background map of the Cowichan Valley Regional District. The map shows the coastline, major rivers like the Qualicum and Nanaimo, and various towns and islands. Labels on the map include 'Bowser', 'Qualicum First Nation', 'Horne Lake', 'Big Qualicum River', 'Cameo', 'Gabriola Island', 'ation', 'v First Nation', 'Extension', 'Cassidy', and 'COWICHAN VALLEY REGIONAL DISTRICT'. Large, faint letters 'H', 'G', and 'A' are also visible on the map.

Chapter 6: Social Needs in the Regional District of Nanaimo

Social Needs in the RDN

This section reviews key data findings from previous reports and engagements in the RDN and highlights the scope of social needs related to poverty, wellness, and the social determinants of health. The data not only identify the scope, but also offers a baseline from which to measure outcomes of future actions.

For further data and information on social needs in the RDN, the service eco-system, and a review of other studies and documents used to inform this report, see [Appendix A \(Background Document\)](#) and [Appendix C \(Previous Engagement Review\)](#).

[Appendix C](#) provides full details on what was heard during the engagement process.

Methodology

Surveys were only one of several methods of public engagement conducted. Eleven 1-on-1 Interviews with key stakeholders were also conducted. Key stakeholders were determined by the advisory committee for this project and the local area CHN. Sharing Circles were also held for people with lived experience. Twenty-one people participated in these sharing circles.

Over two Game Changers Workshops, 30 community leaders were invited to share ideas about solutions and opportunities for addressing social needs. Lastly, Elected Officials were invited to a workshop to discuss the project, and findings, and share their thoughts on how a strategy could help the RDN. The Game Changers Workshop results are discussed in the next chapter.

The public survey completed for this research and report was open for the months of March and April 2021 and received 320 responses. In a population of 155,698 in the RDN, this response rate provides a 95% confidence level in participation and a 5.5% margin of error in the results. From the perspective of the population (the RDN), this response offers statistically significant data. However, examining the results based on each community does not provide statistically significant results. Therefore, the survey results were analyzed by comparing the answers of people who identified as living in poverty to those who did not to get a deeper understanding of how the needs of people living in poverty may differ from the overall population, and what specific services or supports they may need.

For the full results of the survey, please see [Appendix B](#).

Key Findings by Priority Area

Based on the background research, review of previous public engagement, and research done for this Strategy, key findings for each priority area are below. These are the highlights of the research and demonstrate shared needs, or Regional needs, for the RDN. Area-specific variations across the region are shared throughout this chapter. Presenting these findings for the region as a whole aids understanding the types of needs that can be best addressed through this region wide Strategy.

Programs for families, youth, and children:

- Childcare is not available and/or affordable for all families who need it.
- The region scored higher on the Childhood Vulnerabilities index than did other areas of BC.
- Youth programming is limited, especially in the electoral area (rural areas).
- There is a need across the region to improve access to child and youth programming and services, including important early intervention programs for children with special needs.

Social supports and services:

- Health supports, such as family doctors, medical services, and especially, mental health and addiction services are lacking.
- Cost of recreation programs and activities are a barrier to participation for low-income residents.
- Recreation programs and public services are not meeting the needs of all communities, such as LGBTQIA2S+ and immigrant families.
- Public services and supports are not able to keep up with demand, and in some areas, needed services are unavailable.

Access to housing and reducing homelessness:

- Housing is one of the biggest concerns of the community.
- Housing affordability, related to cost of living and average incomes, makes suitable housing out of reach for low- and middle-income families.²
- There is an increased need to have a diverse supply of housing options available in all communities throughout the region.

Access to healthy and affordable food:

- Food programs struggle to keep up with demand in the community.
- Fresh and local foods are not affordable for many families.

Safe and affordable transportation:

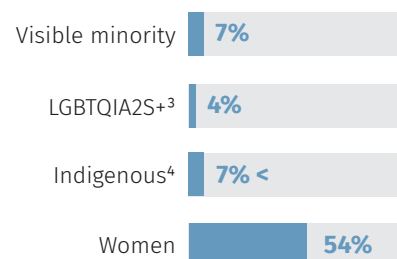
- There are gaps in the regional public transit system resulting in unequal distribution of services.
- Active transportation systems (sidewalks, bicycle lanes, park trails) are not continuous across the region; meaning that some areas are not easily accessible for people who do not drive.

2. Low-income is defined using the Low-Income Measure (LIM). Low-income is defined by Statistics Canada as “individuals live in low income if their household after-tax income falls below half of the median after-tax income, adjusting for household size”

Discrimination and Stigma

- The RDN is not experienced as being welcoming to all residents. People who are visible minorities or from equity-seeking groups face discrimination in public spaces.
- People who are visible minorities and LGBTQIA2S+ shared stories of discrimination and, in some cases, violence they experienced in locations across the RDN, including parks, public washrooms, restaurants, and on transportation routes such as sidewalks.
- There are many options for creating inclusive spaces, including physically designing public spaces for accessibility and diversity, and creating policies and procedures that reduce unconscious biases.

Regional statistics on minority groups (2016 Census)



Demographics of the Regional District

The RDN has an estimated population of 172,414 residents in 2021 (RDN HNR), with most people concentrated in the urban centers of Nanaimo, Parksville, and Qualicum Beach.

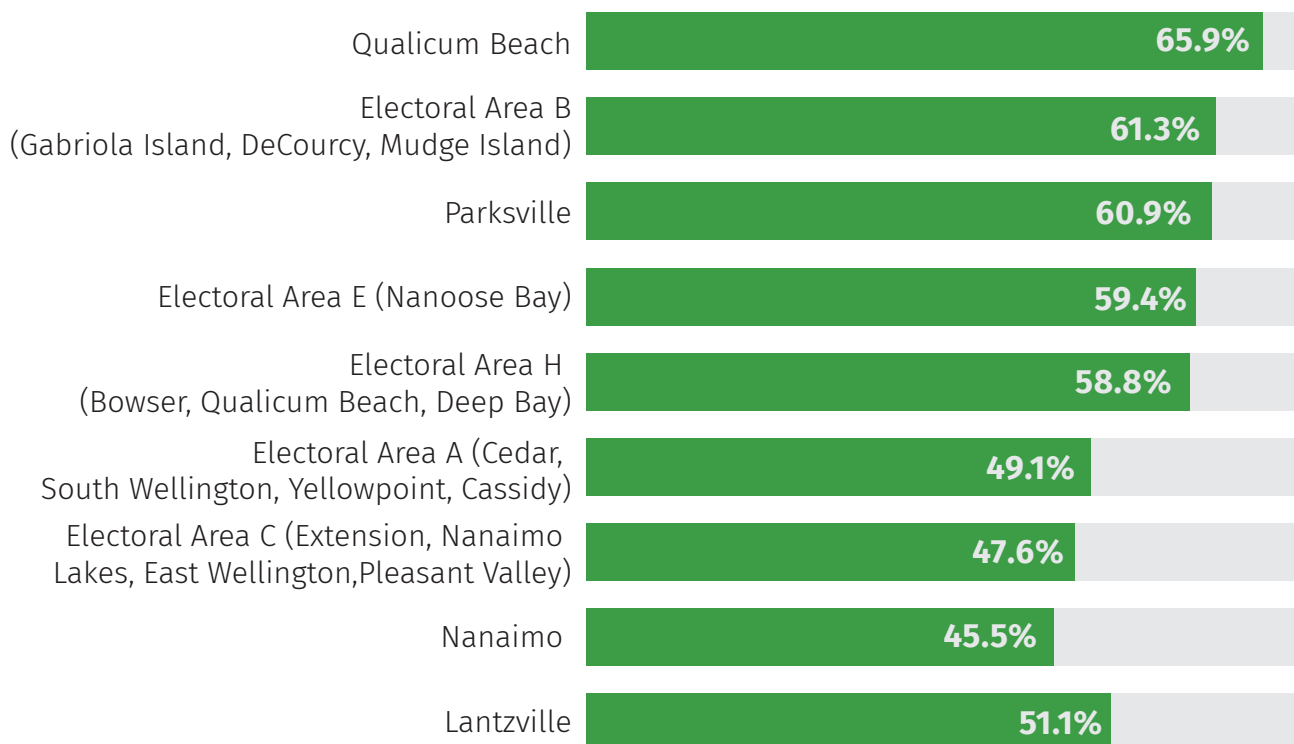
The RDN is maintaining a slow, steady rate of growth. The population increased 6.2% since 2011 - from 146,574 to 155,698 residents in 2016 (2016 and 2011 Census). The population is projected to maintain a steady rate of growth, 0.7 % annually, over the next 20 years (RDN HNR). The

3. While there are no regional statistics on sexuality and gender identity, over 4% of Canadians are part of the LGBTQ2S+ community (Woods, 2021). It can be assumed that there are similar rates among residents of the RDN.
4. Indigenous peoples are largely under-reported in the Census data. Indigenous peoples should be engaged to verify understanding of data and experiences before actions are developed or implemented.

growth in population is due to migration, primarily from other parts of Canada to the area. The natural increase in growth (deaths versus births) are in the negative, with more deaths than births in the region, particularly in Qualicum Beach, Parksville, and Area B (Gabriola Island, DeCourcy, Mudge Island). A population of 179,283 is estimated by 2026 and 193,649 by 2041.

The median age is 51, while the BC median is 43 (2016 census). A quarter of the overall population is 65 years and older (2016 census). Projections are people over the age of 65 will be 35% of the population by 2041. Across the entire Mid-Island region, there are 17,120 children from birth to 12, or 10.9% of the population.

Higher median age in some areas than others



Programs for Families, Youth, and Children

Understanding the need for child and family support in the RDN can be expressed in childhood vulnerability rates, access to childcare, and availability of recreational services. These are essential services for child wellbeing and healthy development.

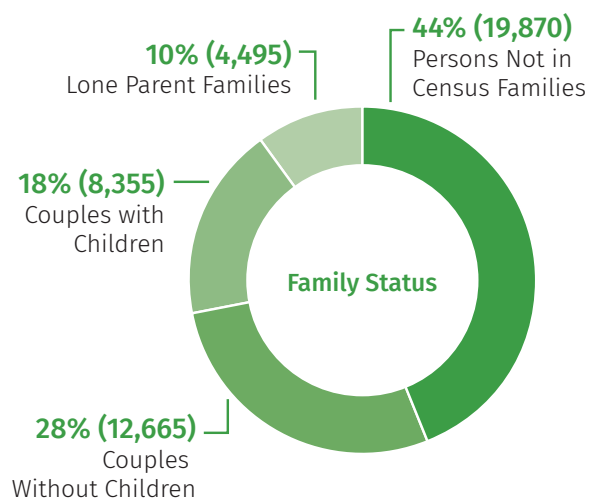
Scope of Need

The key findings from the engagement activities related to childcare indicated that access to childcare and affordability are concerns for residents. This is inline with the Mid-Island Child Care Action Plan research findings. Building from the MICC Action Plan, four themes were highlighted to understand childcare needs.

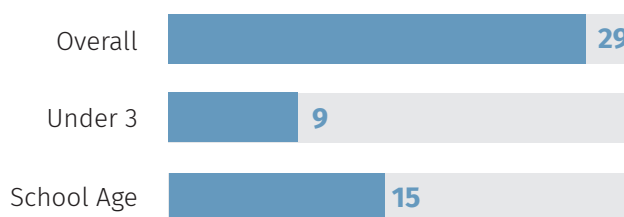
Accessibility

Childcare spaces and hours directly impact the availability of childcare for families. Issues identified included limited spaces and few options for families who work non-traditional hours or shift work, or who require flexible hours of care.

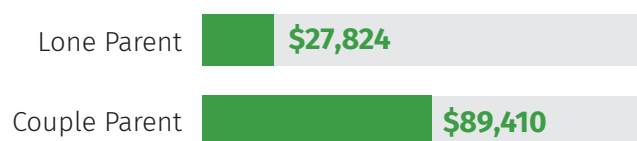
Just over half of the households in the RDN are census families⁵ (56%)



Childcare spaces per 100 children



Median Family Incomes



5. According to the federal government (statcan.gc.ca), a “census family is defined as:

- A married couple and the children, if any, of either and/or both spouses;
- A couple living common law and the children, if any, of either and/or both partners; or
- A lone parent of any marital status with at least one child living in the same dwelling and that child or those children.
- All members of a particular census family live in the same dwelling.
- A couple may be of opposite or same sex. Children may be children by birth, marriage, common-law union, or adoption regardless of their age or marital status if they live in the dwelling and do not have their own married spouse, common-law partner or child living in the dwelling.
- Grandchildren living with their grandparent(s) but with no parents present also constitute a census family.”

Affordability

Affordable childcare is an important social support for parents, so they can maintain employment and/or access education and training programs. Currently, childcare for a year costs an average of \$12,000 per child.

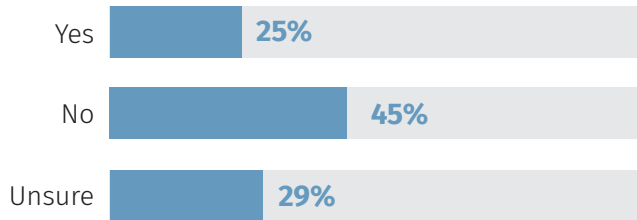
Quality of care

Staff with higher levels of education and training, who are well supported and appreciated, are critical to high-quality care. While many for-profit childcare providers offer very good service, research has shown that, on average, non-profit and publicly operated childcare facilities offer better quality of care.

Retention of qualified Early Childhood Educators is an issue – 48% reported staff turnover in the last year.

Currently only 20% of the childcare programs are delivered by not-for-profits or public agencies.

Survey Results - Childcare services are affordable for my family.



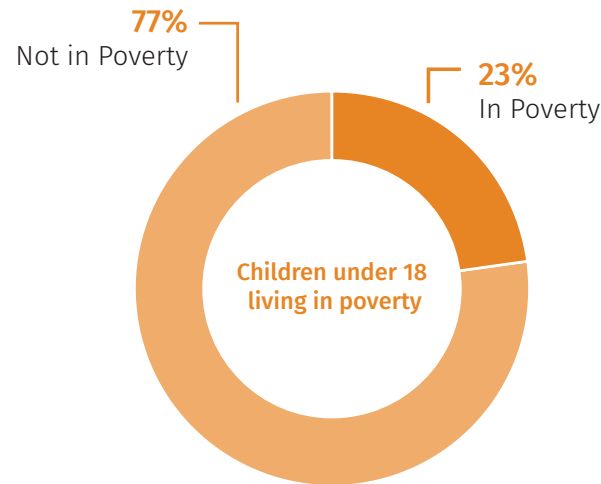
Engagement Input

From Previous Engagement Report: Mid-Island Regional Childcare Action Plan engagement determined that the childcare situation is considered a crisis by stakeholders.

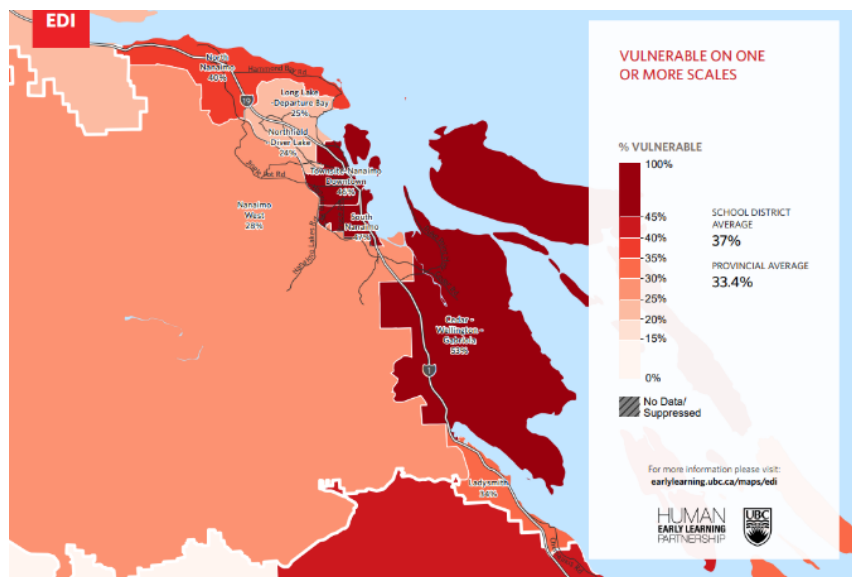
Childhood development needs are not being met for lower income families who cannot pay for private services. Waitlists for supports such as speech pathology, psychiatrists, and other specialists are long and can result in key milestones of development being delayed (from Key Informant Interview).

Youth programs, especially in smaller communities, are lacking. The smaller populations make attaining a ‘critical mass’ of attendance hard to maintain programs, but the need is great. Alternative models like online programs offer some hope.

Children under 18 living in poverty



Childhood Vulnerabilities on one or more score.



Regional Variations

While the overall rate of vulnerability on one or more scales is 37% for the RD; Nanaimo, Cedar, Wellington, and Gabriola Island have rates over 45%.

Childhood Vulnerability

The Early Development Instrument (EDI) data is a long term provincially-used indicator of a child's early development and health. It measures the level of vulnerability in children entering kindergarten through assessment of:

- Physical health and wellbeing
- Social competence
- Emotional maturity
- Language and cognitive development
- Communication skills and general knowledge.

The level of vulnerability a child expresses is directly linked with family income and stability, access to supports and services, access to healthcare, and other social determinants of health. The score, therefore, reflects how accessible and affordable early childhood development resources are in the community.

Youth Services

Youth have distinct needs for recreation, social connections, safe spaces, and healthy development. Programs focused on youth support independence and healthy social relationships.

- Sharing Circles with youth participants indicated current programs are not meeting their needs. Their hope is to see more interest-based programming (like coding or driving), and more spaces for diverse people (cultural programs, LGBTQIA+ spaces, etc). A strong interest in creating more visible culturally diverse activities across the region through programs, public events, and activities in schools was also shared.
- Key informant Interviews and the Game Changers workshop elaborated on this need by identifying the challenges of offering programs in smaller communities. Youth are accessing services in Nanaimo, which may not be accessible for youth in rural areas. Funding limitations and achieving 'critical mass' to make programs successful were cited as challenges.
- Sharing circle participants reported going to Vancouver for specialized youth services like mental health or support with LGBTQIA+ specific needs as they are unavailable in the RDN.



Regional Variations

More rural areas of the RDN have more challenges with creating and sustaining programming for youth. Larger areas, lower density, and smaller populations mean that finding the 'critical mass' for sustaining programming can be a challenge. This leaves youth in smaller communities with a gap in services and supports.

Social Supports and Services

Housing, childcare, income supports, employment opportunities, access to mental health care, and access to child and youth developmental supports were highlighted throughout the data gathering as areas of critical need in the region. Electoral Areas, Gabriola Island, and Qualicum Beach in particular identified child and youth care programs, supportive housing, and health care as unavailable, limited, or unaffordable for those who need it. The increased stress of securing safe and reliable transportation to and from more urban centers from these areas was also raised as a concern.

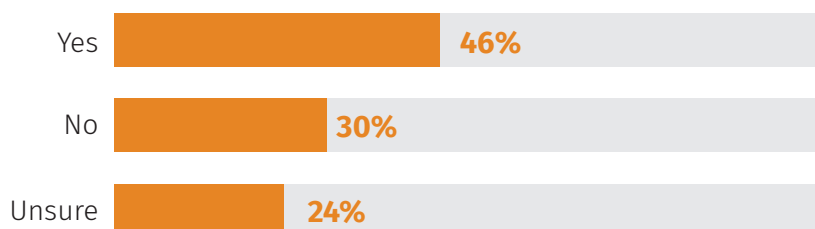
RDN Recreation and Social Programs

Access to social supports and services can be facilitated by the local government through providing recreation services, designing for accessibility and inclusion, and supporting health initiatives. Several regional planning tools exist to support access to services.

- RDN Recreation Services Master Plan
- RDN Oceanside Older Adult Recreation Assessment and Mapping
- RDN Age Friendly Community Recreation Web Map
- RDN Northern Recreation Services Community Facilities and Program Accessibility & Inclusion
- 2020 Gabriola Health Report

Combined, these reports collected data related to program offerings in the community, types of services, and, in some cases, the number of service users or waitlists for programs. Additionally, Island Health retains similar records for health services in the region.

Survey Results - Recreational and sports programs are affordable to myself and my family.

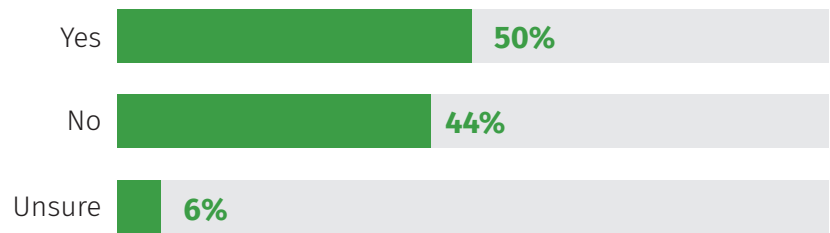


Scope of Need

Programs for seniors, children, and youth are not meeting the full spectrum of needs or desires of the communities in the region. Emphasis on daytime and weekday programs was noted as a barrier for these groups. Additionally, basic health care and recreational programs were considered limited or unavailable.

Sharing circles and key informant interviews identified health care, mental health care, childhood development services and supports, access to healthy food, and access to translation services as major challenges.

Survey Results - I have found that primary health supports in my community are accessible to myself and my family when we have needed them.



Program Distribution

While there are many organizations doing a wide range of programming, the unequal distribution of services across the region was cited as a major barrier. Outreach and services in areas with smaller populations requires creative and adaptable programming, but financial support is limited for programs with smaller client bases. Additionally, organization capacity is limited by funding program guidelines, and challenges with finding skilled staff. A strong desire for more collaboration and involvement of front-line staff in decision-making was expressed.



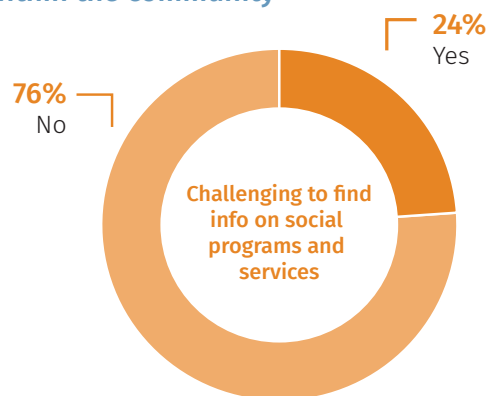
Regional Variations

Recreation opportunities vary across the region. Rural areas are more impacted by the need for integration of transportation, services, and programs. Alternative delivery models such as outreach programs have been more effective in these areas, rather than focusing on brick-and-mortar services in urban centers.

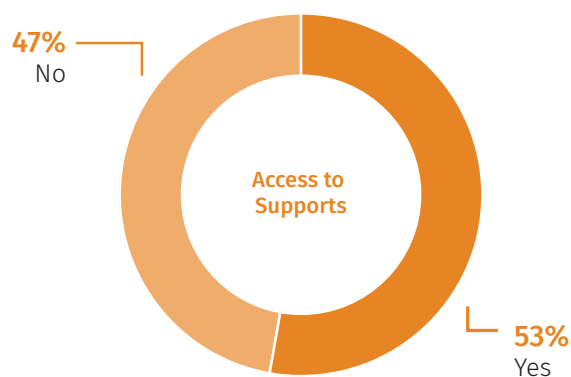
Accessible Programming

Key Informant Interviews and sharing circles identified there is an overall lack of variety, continuity, and availability of free or low-cost programs. The demand for services is higher than what is available through public programs. Users experience long wait times to access services, and those services are not always comprehensive or suitable to their needs. Telling one's story multiple times to many different service providers can be a barrier to access, as participants said it is exhausting to re-tell one's story. People with language barriers face challenges and, at times, need their children or an extended family member to translate, placing burdens on youth to become navigators.

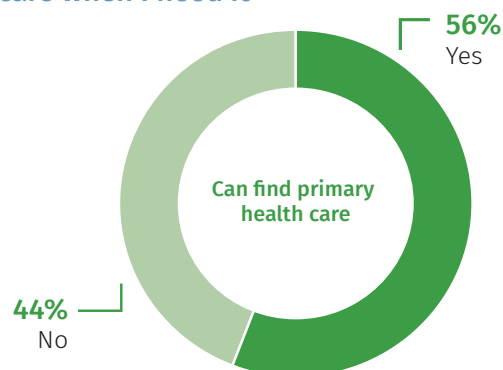
Survey Results - Felt it was challenging to find information on social programs and services within the community



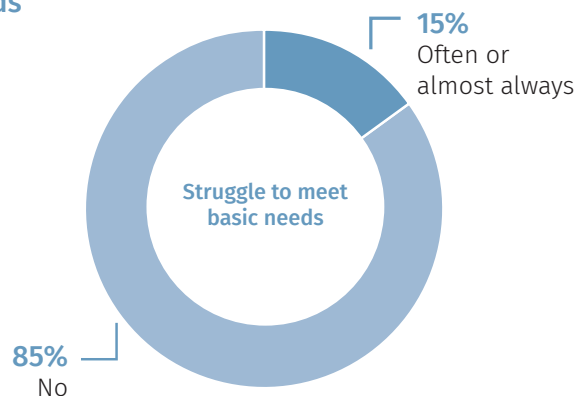
Survey Results - Mental health and substance use supports are accessible for themselves or their family members



Survey Results - I can find primary health care when I need it



Survey Results - Struggle to meet their basic needs



Access to Housing and Reducing Homelessness

The RDN conducted a [Housing Needs Report in 2020](#) (HNR), which identified several missing areas of the housing continuum (or housing gaps). These gaps represent the differences between housing needs and housing availability in the community.

Other Forms of Supportive Housing / Emergency Shelters	Supportive Housing for Seniors	Deep Affordability Rental	Below Market Rental	Near Market Rental	Secondary Rental	Market Rental	Attainable Homeownership	Market Ownership
Supportive & Transitional Housing			Rental			Market Housing		

Housing remains one of the most pressing issues across the region, as reflected in the HNR, previous engagement, and engagement for this report. The HNR concluded there is a need for more diverse, non-market rental units, as well as more affordable options for home ownership and market-rentals. Actions in this area can be focused on local government policies that increase the availability of housing across the continuum, reducing regional core housing needs and waitlists among non-market housing providers.

Scope of Need

Accessible and adaptable housing units

In 2018, there were 133 special needs units available in the RDN, with an additional 136 people on the waitlist. A total of 485 people were on the waitlist for non-market housing in 2018 (119 families, 96 people with disabilities, 221 seniors, 32 needing a wheelchair modified unit, and 17 singles) (Regional District of Nanaimo Housing Needs Report, 2020)

Affordable home ownership options

The resale price of homes has increased between 64-69% for single detached, 65-67% for townhouses, and 71-73% for apartments between 2013 and 2018. To afford a mortgage at the 2018 benchmark sales price of \$355,400, a household needs to earn \$84,428.40 (with 5% down and a

25-year mortgage, calculated using the CMHA Mortgage Calculator and the recommended mortgage rate given by the Bank of Canada for a 5-year conventional mortgage rate of 5.34%. Calculated on July 10, 2021.

Lone parent households have median incomes well below the threshold to afford a home at the average sales price across the RDN, and in some areas, are only able to afford 20% of the average sales price.

Market rental housing

The average rent in the RDN is \$938. However, based on median incomes, the affordable rent for a single person or a lone parent at median income rates would be:

- Single person - \$717.475
- Lone Parent - \$946 (for a two bedroom)

Lone parents and single individuals are at higher risk of being in core housing need. Core housing need is when a household spends 30% or more of their gross income on rent, lives in unsuitable units for their family size, and/or lives in housing in need of major repair.

Average rents increased by 50% from \$651 to \$938 between 2011 and 2015. At the same time, median household income increased by only 7% in the same period.

Transitional and Low-barrier rental housing

Transitional, supported, and assisted living units make up less than 1% of total units (548). There are waitlists for all types of supported, transitional, and low-barrier



Regional Variations

85% of non-market housing units in the RDN are located in Nanaimo.



Regional Variations

According to the RDN HNR, the difference in mortgage capacity of couple households and the average sales prices makes ownership out of reach for people with a median income in the areas of Coombs/Errington, Gabriola Island, Cassidy, Qualicum Beach, and Parksville.

rental housing. There are 433 people who are homeless and would potentially qualify for transitional housing in the City of Nanaimo alone, with more in outlying areas.

Homelessness:

The Point-in-Time Count (PiT) only reflects the episodic and chronic homeless populations within the City of Nanaimo for the point-in-time it was collected – March 2020. There is anecdotal evidence through the engagement process that there are many people throughout the region and in the rural areas who reside in recreational vehicles without a permanent fixed address. Additionally, many people who are living in their personal vehicles, couch-surfing or in other temporary, non-fixed address accommodations are not fully captured in this report.

- In 2020, 358 people were counted by the Nanaimo PiT Count.
- In 2020, 71.2% said they have been in Nanaimo for more than 5 years (255/358) (Nanaimo PiT Count 2020).
- 1/3 of people were in 2020 (119/358) (Nanaimo PiT Count 2020).
- 39% reported being under the age of 25 the first time they experienced homelessness (PiT Count 2020).
- 35% (122/358) reported the most recent reason they lost their housing was a lack of income (Nanaimo PiT Count 2020).
- In 2019, 1 in 65 people were homeless, including people living in vehicles, living in units without a kitchen or a bathroom, and living outdoors.⁶



Regional Variations

Between 2009 and 2018, the highest rent increases were seen in Nanaimo, Parksville, and Qualicum Beach.

6. Housing & Social Statistics (gabriolamatters.ca)



Engagement Input

“Right now I’m looking at living in an RV despite the fact that I am aware it is technically not legal, but it’s the only option that I have. Other than, without that I am looking at homelessness.” – Sharing Circle Participant

“The fear of homelessness and housing insecurity impacts my mental health significantly. I experience a lot of anxiety. When I’m feeling anxiety and feeling stressed, I...it makes it difficult to eat well, it exacerbates my other mental health, my other illnesses (mental) that I deal with. It sets me into survival mode.” – Sharing Circle Participant

Key Informant Interviews and the Game Changers Workshop participants both identified the gap between income assistance and persons with disabilities shelter allowance of \$375 a month, and average rents as a major contributor to homelessness. People living on income assistance or persons with disabilities are unable to find suitable housing in the RDN.

Key Informant Interviews revealed many people who are homeless in the RDN gravitate towards the City of Nanaimo where more services are located, but, even there, the services are lacking. A warm, dry place for people to be during the day is missing from the social services. Services such as laundry and secure storage for belongings are lacking.

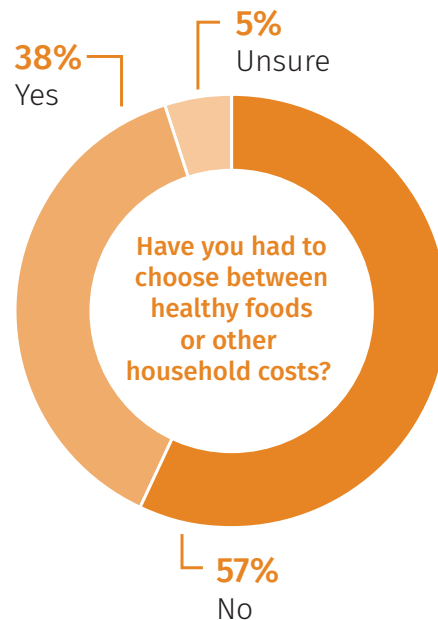
Key Informant Interviews and sharing circles both identified a need for a more diverse housing stock. High levels of competition for both rental and owned units create an inflated market and leaves people vulnerable to stigmatization when applying for units. Newcomers, non-traditional families, and people with health concerns shared experiences of being denied units.

The need for affordable housing is great, and it can feel isolating and discriminatory when the public protests the locations of supportive housing. People have concerns about social housing being built near schools, senior centers, and libraries, but access to these services benefits people. Additionally, long wait lists for housing and subsidies that exist mean that people can wait years to access the supports they need.

Access to Healthy and Affordable Food

Access to healthy and affordable food is a key component to living a healthy life. The food people consume impacts nutrition, physical development, brain function, and social interactions. It also impacts local (and global) environments and economies.

Survey Results - Have you ever had to choose between healthy foods or other household costs?



Scope of Need

- Food insecurity is increasing. Island Health identified that one in 25 people (3.8%) are food-insecure and food bank usage is increasing (Nanaimo Health and Housing Action Plan, 2021).

- 38% of all survey respondents and 66% of those who live in poverty indicated they have had to choose between healthy foods and household costs.
- Food recovery and food bank programs are an important asset to the community. the loaves and Fishes food recovery program is a success. However, it with being able to expand services and lack warehouse space to support growth.
- There are many groups working to address food insecurity, but coordination, collaboration, and integration of services are lacking. A broader community plan is needed to support integration between access to free food, access to healthy food, local agriculture, and the protection of farmland.



Engagement Input

“If you are not getting the right food in your body, you are undernourished and end up collapsing and damaging your body.” – Sharing Circle Participant

Sharing circles identified that Gabriola Island faces water problems; the island has no municipal water services and residents rely on well and/or cistern. Some neighborhoods must buy water to meet their needs.

“After paying rent, hydro, and utilities from your disability or social support cheques, there’s not much left for groceries.”

Sharing circles and key informant interviews identified that access to food services is limited by transportation and service availability. People who do not have a vehicle are restricted in where they can shop and buy bulk foods, making food costs higher. Additionally food bank hours do not allow people who are working to access them.

Safe and Affordable Transportation

Transportation was identified as an essential component for how people access services, recreation, employment, education, and all aspects of social life. In partnership with BC Transit, the RDN operates a regional public transit system. A RDN Transit Redevelopment Strategy is currently underway to assess community transit needs, gather feedback, and identify public transit goals. This Strategy will be useful for determining baseline needs and measuring the impact of actions.

Public survey input and sharing circles provided insight into how people are or are not using active and public transportation.

Barriers identified in comments were insufficient services, lack of transit infrastructure, and gaps in information about services (e.g., unreliable information on schedules and schedule changes). Overall, the system was described as “inconvenient”. Of the survey respondents who do use public transportation, the top reason for use was access to essential services. This indicates that public transit users are reliant on services for meeting basic needs. With respect to active transportation, the lack of cycling infrastructure exposes those who depend on cycling to greater health and safety risks, especially when cycling next to traffic, at night, or during inclement weather.

BC Transit offers a variety of discounted or free fare programs for children, low-income seniors, people with disabilities, and students. For information on these programs, visit: [BC Transit - How to Pay | Rider Info | BC Transit.](#)



Regional Variations

Transportation for smaller, spread-out communities is a challenge across Canada and the world. Bus routes need a certain level of ridership to be sustainable. Bus services also require local government commitments for funding. Key Informant interviews share that people in Bowser, Errington, Cedar, and other areas on the edges of service areas have difficulty with accessing adequate public transportation.

The GERTIE Community Bus on Gabriola Island is an effective community transportation model that is affordable and can be applied to other rural areas within the regional district. (Go to www.gertie.ca)

Scope of Need

- Thirty-three percent (33%) of survey respondents indicated they do not use the public transit system
- One in five (23%) of survey respondents rely on public transportation to access essential services and amenities
- 45% of survey respondents said that they had experienced challenges getting around due to unpaved sidewalks or roads
- 23% of survey respondents stated that they use active transportation because they cannot afford a personal vehicle
- Almost half (44%) of survey respondents did not feel their community was bicycle friendly



Engagement Input

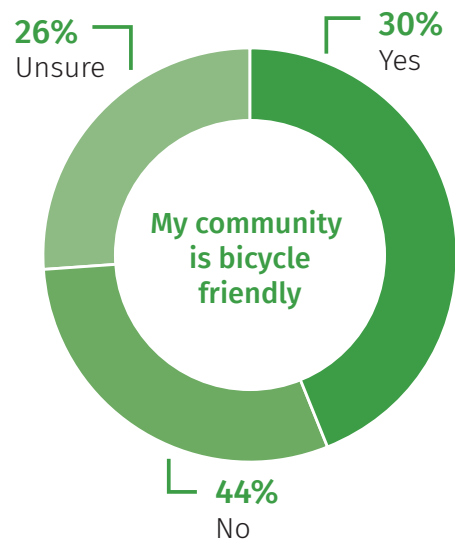
“You have to walk and bike long distances because you can’t afford the bus passes. The bus won’t let you on for a transfer. You have to take the day pass to get on. Going to job interviews and jobs would be cheaper. People have lost their jobs, because the transportation infrastructure, just isn’t there. Most things aren’t within walking or riding distance” – Sharing Circle Participant

In the public survey, almost half (46%) of respondents indicated that they are unable to access the services they need within the community and must travel to neighbouring communities. “When my truck breaks down, it’s a problem. It’s (home) 11km from where everything is and it’s a 1 mile walk to a bus. And I can’t walk because of back pain and when I have to walk that distance, it’s an issue. During COVID, I have missed the bus a few times and because I am a slow walker and then have to wait till the next day to do what I want to do.” – Sharing Circle Participant

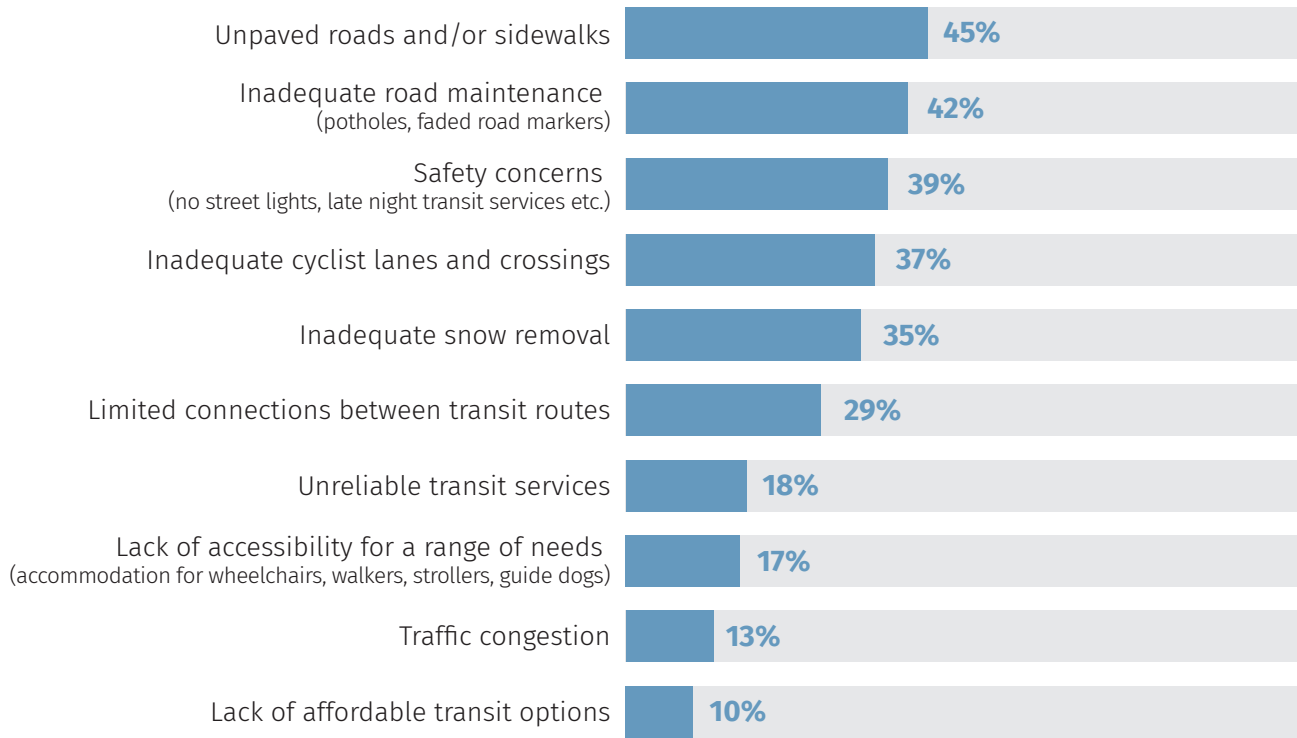
Stakeholder Interviews identified challenges with frequency and distribution of services across the region as barriers to using public transit. The high cost of the service was also cited as a barrier.

Additionally, snow removal in less populated areas and lack of sidewalks makes active transportation a challenge as well.

Survey Results - My community is bicycle friendly



Survey Results - Do you use the public transit system to (select all that apply) – Answers of people who had also answered that they consider themselves to be living in poverty.



Discrimination and Stigma

Five of the reports reviewed as part of the background review highlight experiences of discrimination and stigma. However, there are no comprehensive data sources reflecting the scale and impacts of discrimination and stigma in the region. Engagements identified discrimination and stigma-based experiences as a result of race, gender identity, sexual orientation, and age. Bullying in schools and online was also identified as an example of exclusionary behavior leading to serious mental and physical health impacts for some residents.



Engagement Input

Previous engagement in the Mid-Island Regional Childcare Action Plan raised concerns that children from newcomer families and children who need extra supports experience discrimination and rejection when accessing services.

Stakeholder interviews identified discrimination and stigma as major challenges citing there is a lack of safe spaces for people who experience discrimination to seek refuge. Anti-racism and anti-oppression training were suggested as potential actions for the region moving forward.

“I was in the supermarket when someone approached me and said ‘Chinese people everywhere are unpleasant.’ I did not know what to do and say and I was distressed because I am a regular person just like you.” – Sharing Circle Participant

“In Nanaimo, there are couple of schools where newcomers do not want to register their children there because there is community gossip that there are bad experiences there.” – Sharing Circle Participant

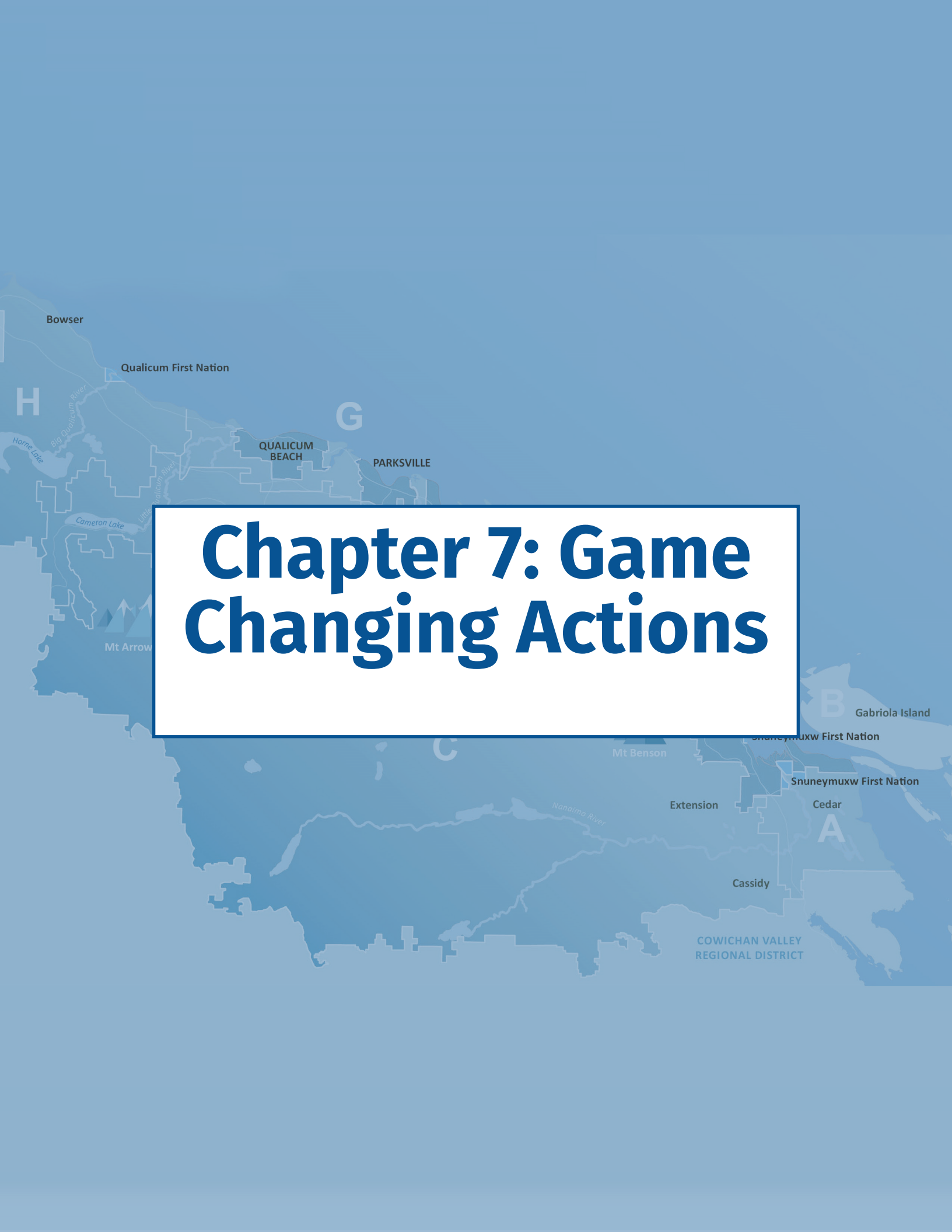
Scope of Need

With limited data available on the scope of discrimination and stigma within the region, sharing circle input and understanding regional demographics have helped to inform equity-seeking groups that may experience discrimination and stigma.

The distribution of Indigenous peoples and visible minorities is not even across the region. The rates of people who are visible minorities, for example, is 9.9% in the City of Nanaimo compared to 2.2% in the Town of Qualicum Beach. Similarly, the rate of Indigenous peoples living in the City of Nanaimo is more than twice that of Qualicum and Lantzville. Visible minorities and Indigenous peoples are more likely to live in urban areas than rural areas.

Survey respondents were asked to comment on what barriers they faced to participation in their communities. The top responses were:

- Lack of public spaces within their neighborhoods, requiring them to travel outside their immediate area for recreation.
- Safety concerns within neighborhoods related to theft, violence, and crime.
- Accessibility in public spaces for people with physical and cognitive disabilities. For example, lack of accommodations for wheelchairs, sidewalks, crosswalks, and bike lanes.
- Public restrooms that are not safe and accessible for people with varying needs. A major concern for transgender and non-binary people who face discrimination and even threats when using public washrooms.

A light blue map of the Cowichan Valley Regional District serves as the background. The map shows various geographical features and administrative boundaries. Labels include 'Bowser' in the northwest, 'Qualicum First Nation' and 'QUALICUM BEACH' in the north-central area, 'PARKSVILLE' to the east of Qualicum Beach, 'Cameron Lake' and 'Mt Arrow' in the west-central area, 'Nanaimo River' flowing through the center, 'Mt Benson' in the east-central area, 'Extension' and 'Cassidy' in the southeast, and 'Gabriola Island' in the far east. Large, semi-transparent letters 'H', 'G', 'B', 'C', and 'A' are overlaid on the map. A white rectangular box with a dark blue border is centered over the map, containing the chapter title.

Chapter 7: Game Changing Actions

COWICHAN VALLEY
REGIONAL DISTRICT

Game Changing Actions

During a workshop with community leaders, several game-changing actions were suggested for each of the priority areas. The actions represent opportunities for the whole community to get involved in implementing and evaluating projects to address social needs. The goals, game changers and potential actions below were provided directly by stakeholders through the Game Changers Workshop. These suggested actions are intended to be starting points for change within the region. It is expected these actionable opportunities will evolve with the community. Developing an annual action plan with the support of a coordinating entity is a strategic and successful practice for achieving results. This allows communities to be nimble and flexible to the resources and capacities available at the time.

What is a Game Changer?

Tamarack Institute thought leaders introduced the concept of poverty reduction game changers to support reducing poverty in communities in identifying key community champions and clarifying priority areas of focus. This Strategy applied an adapted game changer approach to address the project's objectives and priority areas with respect to broader social needs in the region.

As noted in the hybrid systems change approach, game changers emphasize the importance of community-wide commitment, tangible action, and a learning by doing environment. The game changing actions identified in this Strategy reflect the components identified by the Tamarack Institute as keys to success.



The Game Changing Actions shared here are suggested actions directly from the Game Changers Workshop participants.

“A game changer is a priority area or Strategy that not only aims to deliver on its own specific goals or outcomes, but also elicits an array of other significant, positive outcomes that cascade both within and outside of its area of emphasis, and consequently profoundly impacts the course, character, or extent of poverty” – Holmgren, 2016.

Potential Game Changers by Priority Area

Programs for Families, Youth, and Children

TogetherBC: British Columbia's Poverty Reduction Strategy several priority areas for assessment and action, such as exploring universal childcare prototypes; investing in dental care and fair pharmacare; increasing foster care rates; and providing better support for former youth in care.

Suggestions from Game Changers: Families, Youth, and Children

Identified Need	Game Changer	Suggested Actions
More childcare spaces	Collaboration	<ul style="list-style-type: none"> • Work with federal & provincial funders, school districts, Island Health, and recreational services to create more spaces at reduced rates. • Collective advocacy to the province to increase spending on childcare programs and subsidize families. • Evening and weekend childcare services.
Youth services	Free and affordable programs for youth	<ul style="list-style-type: none"> • Create programs based on youth interest. Involve youth in the program creation process. • Empower youth to participate in decision-making and provide input, such as the Youth Advocacy Table. Use online tools and platforms to increase participation. • Enhance recreation subsidy pass programs.
	Preventative programming	<ul style="list-style-type: none"> • Implement wraparound care services/a circle of care model to reduce strain on community members accessing services through multiple service providers. For example, create a single stream intake program, or a system navigator program to support families in accessing multiple services through a streamlined application.



Existing Game Changer Action: Families, Youth, and Children

The First 2000 Days and Beyond

An Oceanside Collaborative, started in 2019, was identified as a Game Changing action in the Nanaimo region. The collaborative project started after a community meeting focused on food security and mental health. This project continues as a collaboration with the Child Wellness Action Group (Oceanside Health & Wellness Network), Building Learning Together Early Years Table, Local Action Team, and the Oceanside Community Response Committee (OCRC).

The project impacts the upstream social determinants of health by addressing child wellness through a focus on healthy development and works to support healthy nutrition, early learning opportunities, and protection from trauma. By addressing multiple factors in healthy childhood brain development, and taking a collective approach, the project is an example of a collective action for lasting impact on individual and community wellbeing.

Source: [First 2000 Days and Beyond](#) | RDN

Action is required at provincial and federal levels of government related to access to childcare. However, local governments can support community priorities through facilitating stakeholder partnerships, securing funding and facilities, advocating to the federal government to support universal child care access, and advocating to the provincial government for quality, affordable, and accessible child care options in the region. Creating more youth programming that is free, accessible by transit, and driven by youth could 'change the game' and increase participation in programs.

Social Supports and Services

Providing opportunities for all citizens to feel safe, included, and welcomed is something that local governments seek to achieve through infrastructure, local government services, parks, and recreation programs and services. Providing equity priority groups (e.g., those who are diverse in race, gender, and ability), that have typically been left out or marginalized with an opportunity to thrive is an important step toward creating a healthy and inclusive community. In addition, supporting those who are struggling with poverty, substance use and addiction, and/or mental health to gain access to supports and services they may require are also key to creating a healthy and whole community.



A Game Changer: Social Supports

The Society of Organized Services (SOS) provides services for people of all ages under one umbrella, supporting people through all stages of their life. Programs range from child development programming to seniors' non-medical assistance programs.

“With the support of 350 volunteers, staff, and community collaborations, SOS provides 30 programs and services to all ages, including programs that meet basic needs, as well as programs that promote healthy living and social connections.”

By offering multiple services, from recreation to rides to medical appointments, in one program, they can provide one intake for a person's multiple needs. Their programs can respond to both individual and community needs through adaptive programming and the ability to help people access services throughout the community. For example, subsidized recreation passes increase individuals' access to their community at large.

Source: [SOS - Society of Organized Services | District 69 \(sosd69.com\)](https://sosd69.com)

TogetherBC focuses on accessibility legislation to address barriers and build a better BC for those with disabilities. TogetherBC also outlines its plan for crisis supplements so that citizens who are on disability and income assistance get help with food and utility costs in an emergency. The province is also moving to expand access to special care facilities and substance-use treatment for those on hardship assistance, allowing for easier healing and stabilization.

Potential game changers, identified through key informant interviews and the game changers workshop, were focused on information sharing, collaborative structures, coordinated funding, systems navigation tools and staff, and increasing the use of current facilities in creative ways.

Suggestions from Game Changers: Social Supports & Services

Identified Need	Game Changer	Suggested Actions
Inclusive spaces	Safe space in the community for all people	<ul style="list-style-type: none"> • Create safe online environments. • More services to connect and support newcomers, LGBTQIA+ communities, and other groups. • Offer services in multiple languages, and/or offer translation services to support people who speak English as a second language.
Improved accessibility	Coordinated intake and access to services	<ul style="list-style-type: none"> • Reduce the number of times people have to tell their story through coordinated intake for services. • Increase services and reduce wait times to mental health and wellness programs; integrate with other services, offer more variety, and connect with community and recreational programming. • Make information on available services and eligibility more comprehensive and easier to find (one stop shop for resources).
Integrated approach	Collaboration	<ul style="list-style-type: none"> • Use equity, social determinants of health, and sustainability lenses when assessing programs and policies. • Utilize coalitions and working groups to improve resource sharing and program alignment.

Access to Housing and Reducing Homelessness

Housing affordability and the diversity of housing stock relates to families' and individuals' access to safe, affordable, livable housing units.

To address housing affordability, TogetherBC outlines the province's investment to build 14,000 affordable rental units over 10 years, to retrofit existing community housing, and to build new housing stock for on-off-reserve Indigenous peoples and women and children fleeing violence.

Indigenous peoples housing requires particular attention, as there are unique considerations for building housing both on-and-off reserve lands. On-reserve, funding and approval structures are different in each community but are still deeply connected to the current and historical impacts of the *Indian Act*. Servicing of Reserve lands is, in many cases, still managed federally, which can result in long wait times and more complicated negotiations when partnering with developers and other governments. Lending and financing structures for individual Band members for on-reserve housing is impacted as many rent their homes from the Band rather than own them. For Indigenous peoples living off-reserve lands, finding suitable housing in a competitive market has the additional challenges of discrimination from landlords and having financial credit to leverage in acquiring a home.

To address homelessness, the Game Changers workshop identified a range of potential actions, such as:

- Building modular homes and supportive housing,
- Increasing housing throughout the continuum to free up spaces for first and second stage houses for women fleeing violence,
- Building more mixed income housing complexes,
- Expanding eligibility and increased benefits under the Rental Assistance Program (RAP) and Shelter Aid for Elderly Renters (SAFER).

Some of the other initiatives to address homelessness included organizing the yearly point-in-time Provincial Homeless Count, supporting community Rent Banks, and committing to enhancing policy to ensure it does not contribute to homelessness challenges in the province.

Increasing density and development as a means to increasing housing stock is not the only approach to increasing affordable housing and diversifying housing stock. Development must be balanced with the ecological needs of the region as well. For some areas of the RDN, this means protecting agricultural lands and their surrounding areas to ensure the maintenance of rural land uses for food security. Some locations require careful consideration of the benefits associated with new servicing and infrastructure development, with special consideration



A Game Changer: Affordable Housing

Local governments and the RDN have worked to make the building of housing that benefits the community easier. For example, the yhave streamlined development processes to alleviate development application fees (e.g. Bowser Seniors Housing Society for Lighthouse Villa) and reduced Development Cost Charges (e.g. Nanaimo Affordable Housing Society for 6010 Hammond Bay Road) in support of new affordable housing development.

These kinds of adjustments to processes encourage development for community benefit by making the projects more affordable for builders, thus providing financial incentive with no cash cost to the local government.

Taking a regional approach to housing, such as through the pending development of a Regional Housing Needs Strategy is another game changer. By moving the scope of consideration for housing needs from local areas (municipalities and electoral areas) to regional, planning and development tools can address needs in a more comprehensive way, avoid some of the unintended consequences of localized solutions ,and position the region for federal/provincial partnerships.

to the location of housing within the broader context of regional services and local amenities. In other areas, such as Gabriola Island, balancing the protection of unique ecologies and social needs for housing is needed to protect natural ecosystems and freshwater resources. Housing development strategies must respond to these diverse, highly localized needs while also considering the broader Regional Growth Strategy and needs of RDN residents as a whole.

Suggestions from Game Changers: Housing

Identified Need	Game Changer	Suggested Actions
Affordable rental units	Incentivize new rental development	<ul style="list-style-type: none"> • Review and evaluate Official Community Plans, Regional Growth Strategies, and bylaws to understand if they are limiting the creation of housing options, and how to attract development in Rural Village Centres • Develop a Regional Housing Strategy using a systems change approach and applying an equity lens • Support the alternative housing types such as mobile homes, RVs and tiny homes where appropriate • Promote opportunity and flexible land use regulations supporting the creation of secondary suites throughout the regional district • Consider the creation of incentives to facilitate growth in secondary suites • Incentivize development applications for rental units across the region similar to the City of Nanaimo's incentive options

Suggestions from Game Changers: Housing (continued)

Identified Need	Game Changer	Suggested Actions	
Land for community and non-profit housing units	Diverse opportunities to co-create developments	<ul style="list-style-type: none"> • Create a structure for people to donate land for community housing development • Identify public lands that can be used for development • Work with non-profits, BC Housing and community organizations to increase non-market housing options 	
Support from multiple levels of government and community members	Collaborative advocacy	<ul style="list-style-type: none"> • Explore innovative options for collaborative partnerships • Identify stable and ongoing sources of funding for housing collaboration • Advocate to other levels of government for investments in housing • Encourage collaboration between housing providers, realtors, property owners, city and town councils, and businesses to address housing needs 	
Unique local-area needs within the Region related to balancing social and ecological needs	Carefully crafted and balanced development strategies	<ul style="list-style-type: none"> • Consider both local area and RDN residents social needs when creating targets for new housing units • Identify unique or irreplicable assets (such as unique ecosystems, agricultural lands, freshwater resources, or culturally and historically significant sites) for protection • Balance development to meet both social and environmental needs of residents 	

Access to Healthy and Affordable Food

It is well acknowledged and understood that a lack of quality, healthy and affordable food puts people's health and wellbeing at risk. Unfortunately, low-quality convenience food is usually much more affordable and attainable for lower income individuals and families.

TogetherBC seeks to expand the BC Farmer's Market Nutrition Program to help low-income British Columbians gain access to healthy, locally grown food.

Suggestions from Game Changers: Food Security

Identified Need	Game Changer	Suggested Actions
Increased food literacy skills and local agriculture	Urban Agriculture Programs	<ul style="list-style-type: none"> Identify urban agriculture lands, such as boulevards or vacant areas to be used for food security programs and gardening Support community garden programs that help create social connections and reduce food insecurities
	Community Kitchens	<ul style="list-style-type: none"> Identify commercial cooking facilities to support the development of community food programs and social activities.
Collaboration	Food Security Working Groups	<ul style="list-style-type: none"> Support the formation of a regional food policy council/coalition to support coordination and collaboration of food security and agricultural needs leveraging the capacity and expertise of the Nanaimo Food Policy Council

Access to healthy and affordable food is about more than just what is available and affordable at grocery stores. Upstream action on the social determinants of health means that work in this area also looks at agricultural practices, community resources, values the social aspects of food such as sharing meals and growing together, and requires collaborative action.

Overall cost-of-living is putting strain on people's food budgets. Sharing circle and survey participants reported the high cost of housing is directly impacting their ability to make healthy food choices and increasing dependency on charitable services.

Key Informant Interviews revealed some of the connections between healthy food and other social needs, such as the reliance on transportation to access food services and resources. There is strong interest amongst stakeholders in developing a food policy council to address community needs and key issues concerning food security, sustainability, and nutrition. Such a council could support regional actions and coordinate existing tools and resources within the community, relating to agriculture.



A Game Changer: Food Security

“Nanaimo Foodshare Society connects the community with resources, skills, and knowledge to create change that increases healthy food for everyone.” (Nanaimo Foodshare, About Us)

The Nanaimo Foodshare provides 15 programs supporting food skills learning and sharing, addressing hunger in the community, providing a platform for sharing resources, and increasing community capacity to provide healthy foods.

Their work is both advocacy and action based. By supporting learning, access to food, and agricultural skills and capacity building, their programs help contribute to community wide initiatives to improve health through food security.

They are one of eight Vancouver Island Health Authority Island Food Security Hubs. These hubs are collectives of organizations which, together with Island Health and other community partners, address food insecurity and ultimately improve health.

One of their programs, the Good Food Box, is a cost sharing food purchasing program that allows people access to a weekly fresh foods box on a sliding scale.

Part of their work has been to support other organizations in setting up Good Food Box programs to increase reach and sustainability of the program model.

<https://nanaimofoodshare.ca/our-programs>

Safe and Affordable Transportation

For work, family, and recreational purposes, people need reliable and affordable transportation options, particularly as they are forced to move further out of urban centres due to the high cost of housing. TogetherBC outlines the development of new transit (e.g., sky train and buses), increased bus services in 30 communities and HandiDART services for rural and remote communities.

Suggestions from Game Changers: Transportation

Identified Need	Game Changer	Suggested Actions
Rural transit services	Diverse services	<ul style="list-style-type: none"> • Incorporate smaller passenger vehicles and shuttles on less dense routes to connect underserved areas with urban areas. • Develop and expand volunteer driver programs to meet the needs of rural residents.
Access to transit for families	Family oriented services	<ul style="list-style-type: none"> • Develop a reduced fare pass for low-income transit users. • Develop access to transit and recreation programs together to increase participation.

Many people rely on services across the RDN to have their needs met. Traveling from one community to another is common for access to food (both commercial and non-profit resources), medical services, recreational programming, and more. Providing accessible and safe transportation routes means a mix of active transportation options such as well-maintained and accessible sidewalks, bicycle lanes, pedestrian routes, and public transportation.

Key Informant Interviews and sharing circles revealed inter-regional transit frequency needs to be increased as communities and neighbouring regions continue to grow. Transit provision for both rural and urban areas is difficult, as it takes long amounts of time to cover transit routes. There is a lack of high-density residential areas, and an overall difficulty in servicing low-density areas. Creative, collaborative solutions are needed. The RDN, as planners of local transportation and road, parks, and trail design, has a considerable role in determining where resources for transit are allocated. Community design and layout policies, such as Official Community Plans and Regional Growth Strategies, can work to focus development along transit serviceable corridors.



A Game Changer: Transportation

Participants in the Game Changers Workshop shared two Game Changing programs in the RDN that are responding to unique local needs and context:

SOS

A volunteer driving program for medical appointments is one of the services this organization offers. By connecting people with vehicles with people who need rides, not only does accessibility increase for individuals, but there is also a positive social outcome as people feel purposeful and build social connections.

GERTIE bus

A bus system developed on Gabriola Island, GERTIE is a shuttle program serving the local area to reduce carbon emissions and increase accessibility. The program operates as a non-profit and connects with BC Ferries, local amenities, and residential areas.

Discrimination and Stigma

Living in poverty is difficult enough for individuals and families – feeling judged or stigmatized not only amounts to feelings of shame for these individuals, but also contributes to difficulties when people are wishing to access services, employment, and housing. This further reinforces the cycle of poverty.

Suggestions from Game Changers: Discrimination and Stigma

Identified Need	Game Changer	Potential Actions
Incorporate a social equity lens into policy and programming	Social equity framework	<ul style="list-style-type: none"> • Create opportunities for training related to anti-racism, anti-bias, and anti-oppression, both as a community and internally across teams. • Establish a social equity framework and actions to focus on reducing systemic barriers for people accessing local government services. • Implement a social equity tool to ensure equity priority groups are considered within services and programs that will impact them.
Increase involvement of people with lived experience	Lived experience engagement	<ul style="list-style-type: none"> • Build capacity of people with lived experience to participate at decision-making tables. • Establish a compensation standard for lived experience voices and build into project/program budgets.
Reconciliation work	Truth and Reconciliation Calls to Action implementation	<ul style="list-style-type: none"> • Consider facilitating the creation of sector-based working groups to act on the Calls to Action.

TogetherBC prioritizes addressing discrimination and stigma through the Strategy, by restoring the BC Human Rights Commission, implementing the United Nations Declaration on the Rights of Indigenous Peoples, and applying GBA+ to governmental decisions. The

Strategy also looks to reduce stigma around disabilities in the workplace and provide more opportunities to be inclusive and supportive of gender minorities in the province through actions such as adding a non-binary option to Driver's Licenses and expanding gender-affirming surgeries.

Stigma and discrimination can happen in a variety of overt and subtle unintended ways. Creating an inclusive community requires that service delivery methods, public spaces, and interactions with providers are assessed from an inclusive and equity lens.

Participants from key informant interviews, sharing circles, and the game changers workshop highlighted the need to review policies and programs through a GBA+ or other equity analysis lens. This could be done through accessibility audits, policy analysis, and evaluations of how people access services such as making forms and applications simpler and available in multiple languages (accessible for translation). A key game changer is to adopt an equity lens. Another is to incorporate anti-racism and discrimination education programs to support individual, community, and organizational learning. Local governments can provide leadership by taking these actions within their own organizations, and sharing their processes and learnings with others.



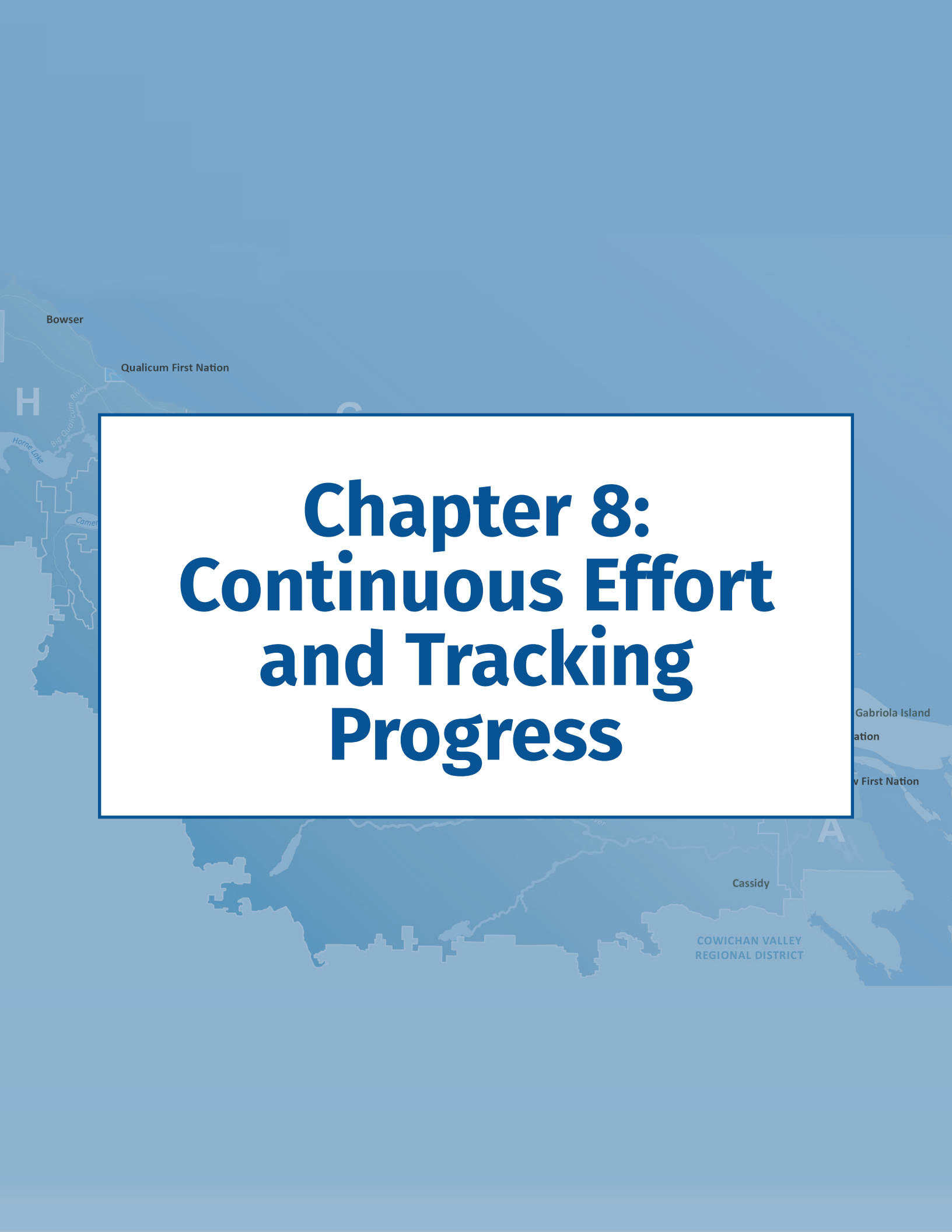
A Game Changer: Discrimination and Stigma

Nanaimo Community Action Team (CAT) supports peer-based services and includes lived experience voices at the decision-making table.

By involving peers and people with lived experience at the table, the Nanaimo CAT has been able to use minimal funding to take direct action on community needs. Through community grants, support, and mentorship, Nanaimo CAT has seeded a variety of small programs that have blossomed into bigger things. Many peers who start and run these programs also go on to other positive opportunities.

Lived experience involvement has supported the creation of programs that respond to immediate needs, while also empowering people to become agents of change in their communities and support their own growth and development.

Community Action Initiative
Nanaimo Community Action Team
(caibc.ca)

A light blue map of the Cowichan Valley Regional District serves as the background. It shows geographical features like Bowser, Qualicum First Nation, Horne Lake, Big Qualicum River, and Cassidy. It also marks Gabriola Island and a portion of the Cowichan First Nation. The text 'COWICHAN VALLEY REGIONAL DISTRICT' is visible in the bottom right corner of the map area.

Chapter 8: Continuous Effort and Tracking Progress

Continuous Effort and Tracking Progress



Implement actions within the region that recognizes regional variations in social needs and leverages local expertise by:

- Continuing to identify and share variations in needs across the region and target actions where needs are highest
- Focusing on providing both physical and social infrastructure supports to increase access to services in rural areas and better connect services across the region
- Continue enabling local area action and community leader engagement through collaboration with CHN



Establish an accountability structure to monitor and track progress of actions occurring across the region by:

- Using targets to monitor the progress being made annually
- Hosting an annual, region-wide, community social infrastructure/ social services event to share data on the targets, convene stakeholders to inform them of progress, and assess where more work is needed

Improving access to social programs and services to help reduce poverty in the region requires community commitment, continuous effort, and ongoing monitoring. Engaging in implementing any of the game changing actions should involve a coalition of partners, clear roles and responsibilities, a detailed action plan, and indicators of success that can support monitoring.

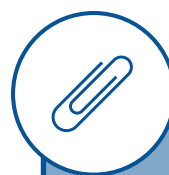
Based on information in the Local Area Health Profiles from 2019, three regional indicators were identified:

- 1) Proportion of people living in a low-income home
- 2) Renters spending more than 30% of their income on housing
- 3) Proportion of children in the RDN with high vulnerability scores on the Early Development Instrument

Roles and Responsibilities

Local governments play an important role in creating healthy and vibrant communities. This includes ensuring the land use regulations, bylaws, and creation and maintenance of public spaces facilitate equitable access for all members of the community. Local governments are faced with addressing the pressures of social issues daily; however, they have limited opportunities to invest in the ways that residents often demand. Therefore, it is important for social needs assessments and strategies like this one to align with provincial and federal strategies that have the greatest responsibilities. This alignment will help local governments position their advocacy efforts.

Plan H identified key roles for local government and elected officials that relate to being leaders, policy makers, and partners in building a healthy community (2014). The responsibilities that result from these roles actively position local governments as regulators, investors, facilitators, partners, communicators, and advocates. In collaboration with community members, the RDN should clarify its roles and responsibilities in implementing the Social Needs Strategy.



Four basic challenges in addressing the complexity of poverty in the region:

- It is difficult to communicate the concepts and premises of complexity to others
- Internal resistance comes from staff and boards
- Current practice in philanthropy and policymaking supports traditional rather than adaptive management
- The fear of risk must be balanced with the need for experimentation

Source: Auspos & Cabaj, 2014

Perspectives shared through the elected official workshops indicated a desire for the RDN to clarify its role in addressing social needs in the region. A core implementation characteristic of this Strategy is to support RDN administration and elected officials with defining their roles, prioritizing key local government actions, and determining the resources required to implement them.

Community partner roles and responsibilities involve a combination of the same roles and responsibilities that exist for local governments; however, they are better positioned to respond with programs and services to meet the social needs of the community. Challenges exist when the effort to address social needs is not connected across the community. This can lead to a duplication of efforts, confusion among the public, and competition for limited funds. Supporting an understanding of the landscape of services across the region through a social needs assessment and a regional coalition focused on reducing poverty will better equip the region to coordinate efforts and learn from one another.

Auspos and Cabaj (2014) identified intentions community change managers must demonstrate in poverty reduction focused work:

- Be deliberate and intentional, but also adaptive and flexible when facing new challenges and opportunities
- Be clear about goals and theory, but not overly prescriptive in actions,
- Be comfortable with not having control, but do not slide into “chaos”
- Share responsibility, but maintain accountability
- Allow things to be emergent, but not totally rudderless or contradictory
- Balance clarity and intentionality with the organic, developmental, and dynamic nature of the work

These intentions are important considerations for both the RDN and the community with respect to how the actions in this Strategy are coordinated and implemented.

“Inventive accountability encourages an experimental approach to change and accepts that progress will be marked by endless, outright failures, and incremental success over the long term” (Cabaj, 2011, p. 151).

Collective Accountability

In the process of defining roles and responsibilities to support implementation of this Social Needs Assessment and Strategy, an accountability structure should be identified. An accountability structure helps ensure the RDN’s efforts are responsive to community needs and contribute to reducing poverty.

The [City of Toronto’s TO Prosperity: A Poverty Reduction Strategy](#) identified an accountability structure that supports the five conditions of collective impact, and the roles and responsibilities the City committed to within their plan (2015). This accountability structure is progressive and well-resourced.

The RDN can use this structure as a guidepost for implementing the Social Needs Assessment and Strategy. Accountability requires a diligent network of both internal and external collaborators. Internally, a senior administration team and staff steering committee can support cross-departmental knowledge and collaboration. This type of internal coordination can support unanticipated synergies resulting in cost and staff time savings. External accountability should focus on key partners involved in actioning the Strategy alongside the local government (e.g., non-profit organizations, public sector entities, private sector partners) including an advisory group of residents with lived experiences. Lived experience voices are an important way to measure the impact of the Strategy’s actions. Combined, all community actors create enabling conditions for joint planning, coordinating, monitoring, and reporting.

Indicators of Success

While complex problems are hard to measure, there are a variety of tools to do so. Using a variety of methods to track progress enhances system abilities to measure success through an intersectional lens. One method is to use multi-channel ways of communication. Multi-levels of communication use bottom-up, horizontal, and top-down evaluative methods to share information and get a fulsome picture of goals and outcomes across multiple sectors of the community (McDavid, Huse, & Hawthorn, 2013).

Bottom-Up – goal identification, experiential, action oriented

- Encourages a sense of ownership of the system
- Public sector and non-profit programs self-evaluate and share results
- Supports formation of goals and identification of problems
- Questions or seeks clarification of definitions, goals, and directions
- Identifies needed resources for action

Horizontal – round table, working groups, and coalitions data sharing

- Collaborative information sharing between sectors
- Forums, meetings, and collectives to share and develop indicators
- Supports collaborative action and common goal setting
- Provides examples, shares problem solutions, and offers informal supports
- Enhances understanding of the relationship between internal actions and external impacts

Top-Down – summary data sharing, coordination, leadership

- Governmental or decision-making bodies with access to coordination tools and data sets
- Provides overall summaries and collective reporting
- Identifies gaps
- Sets the direction of funding priorities
- Clarifies community goals, offer frameworks and timelines, affirms importance of goals, and clarifies what resources are available.

Through working together to identify goals and courses of action, this approach supports a culture of performance management and collective action. By treating information as a resource for communities, this method allows for community wide and intersectoral data management and goal setting. Through regular communication of information, real time information on how programs and policies are addressing intended goals can be utilized by all stakeholders. This supports program adaptability, pivots funding to critical needs, and allows for ongoing learning.

There are a few key factors that enable success of this method:

- View information as a resource,
- Be willing to speak truth to power through open discussion of needs, goals, resources, and outcomes
- Use performance information as a tool for change rather than a political tool.

Data Sources for Top-down (Government) Evaluation:

Below are potential data sources for measuring collective impact. The data sources are currently used and collected regularly. They can be used to measure specific outcomes, as well as assess via cross-referencing how action in one area is impacting other areas.

Programs for Families, Youth, and Children Outcome Measurements

Goal	Data Source	Measurement	Measurement Goals
Increase accessibility of childcare	UBCM child-care inventory, Island Health Licensing, Census for child population.	Number of childcare spaces	Increase ratio of childcare spaces to children
Improve affordability	UBCM child-care inventory, Island Health Licensing.	Childcare costs Non-profit versus for-profit childcare spaces Staff turnover rates	Decrease in annual average childcare costs
Improve quality of childcare	UBCM child-care inventory, Island Health Licensing.	20% of the childcare programs are delivered by not-for-profits or public agencies.	More consistent staff/ less turnover in child care facilities Increase in proportion of childcare offered by not-for-profits
Healthy child development	UBC Human Early Learning Partnership	Childhood vulnerability and development indicators	Decrease proportion of children scoring high on childhood vulnerability measures

Social Supports and Services Outcome Measurements

Goal	Data Source	Measurement	Measurement goals
Strengthen organizational capacity	RDN Recreation and Parks Online Registration Tool	Demographic data related to program registrants	<p>Increase usage of the online tool, ensuring there is a complete dataset</p> <p>Measurement of programs and services offered for recreation and leisure</p>
Strengthen collaboration for action	Local area health networks, Island Health, social service organizations, coalitions and working groups	Number of collaborations, annual reports	<p>Increase number of collaborative initiatives</p> <p>Increase number of networking, goal setting, and collective action events for collaboration</p>
Improve accessibility	<p>Regional and Municipal Building Policies</p> <p>Accessibility Audits</p>	RDN Northern Recreation Services Community Facilities and Program Accessibility and Inclusion	<p>Improve accessibility scores of public services, buildings, and new residential developments</p> <p>Improve accessibility of transit options</p>

Access to Housing and Reducing Homelessness Outcomes Measures

Goal	Data Source	Measurement	Measurement goals
Accessible and adaptable housing units	BC Housing and CMHA data on units and waitlists	Number of units available versus waitlists	Increase units Decrease waitlist
Non-market rental housing	BC Housing, CMHA	Number of units available versus waitlists	Increase units Decrease waitlist
Affordable home ownership options	CMHA, Census Data	Baseline purchase prices, mortgage rates, income levels	Increase units in affordable mortgage range
Market rental housing	CMHA, Census Data, Housing Needs Reports	Number of purpose-built rental units Number of people living in core housing need Incomes versus average rents	Increase purpose-built rental units Increase vacancy rates Decrease units in Core Housing Need
Transitional and low-barrier housing	BC Housing, Point-in-Time Count	Number of people experiencing homelessness Number of transitional and supportive housing units versus waitlists	Decrease number of people experiencing homelessness Increase units Decrease waitlist for units

Access to Healthy and Affordable Food Potential Outcomes Measurement

Goal	Data Source	Measurement	Measurement goals
Food bank services that meet community need	Food bank usage reports/ annual reports	Number of people utilizing food bank services Demographics of food bank users Communities from which people are coming	Decrease the number of people who cannot afford household costs and food based on their income
Access to fresh food	Usage of coupons provided by the Farmers Market Association at markets Community garden plots available, used, and number of people on waitlists Number of farmers markets and attendance levels	Availability versus demand for local or DIY agricultural activities Health of the local farming economy	Increase availability of programs Increase spaces for local community agriculture

Food literacy skills	Food literacy skills workshop registration	Program provider reports	Increase participation in food literacy and social food skills events
	Number of organizations providing formal or informal food literacy skills		

Safe, Affordable Transportation

Goal	Data Source	Measurement goals
Improved active transportation corridors	Geographic information systems mapping of current sidewalk, bike path and trail systems	Identify gaps in the active transportation systems
	Traffic incident reports	Identify problem areas for interactions between vehicles, pedestrians, and cyclists
Improved service delivery for public transportation	BC Transit and RDN transit reports	Identify gaps by tracking service usage, high use times, and survey users
	Stakeholder engagement	Identify user groups who may have additional needs and assess transit from an equity lens

Discrimination and Stigma Potential Data Sources for Measurement

Goal	Measurement	Data Source
Safety for everyone in the community	Discriminatory crime	RCMP Crime Reports and statistics
	Inclusionary spaces	Public and private spaces identified as safe places (for example, rainbow signs in windows) Public engagement Service providers and collaboratives reporting
	Integration and inclusion	Labour market statistics (Census and other studies) on employment rates, differences in income, access to employment Education rates (graduation rates, enrollment in post-secondary)
	Anti-racism and anti-oppression work	Number of workshops and/or courses offered
		Number of local government staff and program providers with anti-racism and anti-oppression work
		Ranking and scoring tools to identify potential unintended consequences of policies and programs (see GBA+ analysis and tools in Chapter 4)

A light blue map of the Cowichan Valley Regional District serves as the background. The map shows various geographical features and administrative boundaries. Labels include 'Bowser' in the northwest, 'Qualicum First Nation' and 'QUALICUM BEACH' in the north-central area, 'PARKSVILLE' to the east of Qualicum Beach, 'Cameron Lake' and 'Mt Arrowsmith' in the west-central area, 'Nanaimo' and 'Mt Benson' in the south-central area, and 'Gabriola Island', 'Snuneymuxw First Nation', 'Cedar', and 'Cassidy' in the southeast. The text 'COWICHAN VALLEY REGIONAL DISTRICT' is at the bottom right. Large, semi-transparent letters 'H', 'G', 'C', 'B', and 'A' are scattered across the map. A white rectangular box with a dark blue border is centered over the map, containing the word 'Conclusion' in a bold, dark blue font.

Conclusion

Conclusion

Building on the hard work already done by community members, local governments, First Nations, and CHN to understand and address social needs in and across the RDN, this Social Needs Assessment and Strategy puts forward 8 recommendations and 5 suggested core practices to continue and improve collaboration. These strategies focus on the role of the RDN as a leader in convening and communicating across various community stakeholders to create systems level changes and break down barriers to success for all residents.

This report summarizes and shares the work and words of hundreds of residents and key stakeholders to highlight:

- a) The work already being done to address social needs
- b) The gaps in addressing social needs
- c) The experiences of individuals contribute to those gaps

Engagement identified social services and opportunities are not equitably distributed across the region due to discrimination, differences in economic and social service capacity, geographical space, and the diverse needs of the unique communities throughout the region. It is understood that what will work in Errington or Qualicum Beach will not necessarily work in the City of Nanaimo or Gabriola Island. This diversity must be considered at all stages of planning and implementing solutions. Conversely, engagement highlighted the RDN functions as its own ecosystem in which people travel for work, housing, resources, and recreation across the entire region. The health and wellness of one community is not isolated from the health and wellness of the others. A regional plan to address social needs requires an understanding of this interconnection and must bring communities together.

Having a common goal is critical to success and this report used the data available and input from stakeholders to establish key targets, which will help the RDN meet the TogetherBC target of reducing local poverty by 25% by 2024.

This Strategy outlines why adopting core practices of systems change, conducting equity analysis, and convening and facilitating community partners are important to creating lasting change. The report also outlines strategies for monitoring success and outcomes through tracking a range of data sources. Measurement and accountability as core practices help the RDN communicate work being done both internally and in the community.

“The RDN functions as its own ecosystem in which people travel for work, housing, resources, and recreation across the entire region. The health and wellness of one community is not isolated from the health and wellness of the others.”

Applying the systems level approaches outlined in this Strategy's 8 recommendations and 5 suggested core practices means the RDN will improve its delivery of social planning services and better meet the social needs of residents in the region. Furthermore, the approaches will build relationships and collaborative efforts with the community to support the creation of specific actions focused on being responsive to the changing needs of the RDN's diverse residents.

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A light blue map of the Cowichan Valley Regional District serves as the background. It shows various geographical features and administrative boundaries. Labels on the map include 'Bowser', 'Qualicum First Nation', 'QUALICUM BEACH', 'PARKSVILLE', 'Horne Lake', 'Big Qualicum River', 'Qualicum River', 'Camel', 'Gabriola Island', 'Snuneymuxw First Nation', 'Mt Benson', 'Extension', 'Cedar', 'Cassidy', 'Nanaimo River', and 'COWICHAN VALLEY REGIONAL DISTRICT'. Large, semi-transparent letters 'H', 'G', 'C', and 'A' are also visible on the map.

Appendix A: Background Review

APPENDIX A

Regional Social Needs Assessment and Strategy

BACKGROUND REVIEW

July 22, 2021

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1. INTRODUCTION

The Social Needs Assessment and Strategy (Strategy) was guided by a four-step process – baseline assessment, community engagement, gap analysis, and strategy development. This background review is the baseline assessment that helped to define the Strategy’s understanding of social needs within the Regional District of Nanaimo (RDN). The review consisted of:

- Defining social needs and poverty locally
- Identifying community partners contributing to solutions
- Reviewing local initiatives and interventions underway
- Profiling demographic data to understand who lived in the RDN

This baseline review and resulting Strategy builds upon the findings of the 2020 Regional Housing Needs Report, 2020 Mid-Island Region Child Care Action Plan, and other key plans and initiatives (see section 4). It also contributes to meeting the main objectives of the Strategy:

- Provides recommendations for local government services to improve access for those living in poverty or at risk of poverty in the region.
- Provides recommendations for new or expanded local government initiatives to help reduce or prevent poverty at the local level, identifying where other levels of government or non-governmental organizations may play a leadership or partnership role in filling the gap.
- Builds on the RDN Regional Housing Capacity Assessment and provides additional poverty reduction lens to the issue of housing availability and affordability.

As defined in the Strategy, the following social needs reflect the priority areas investigated in the review and through all phases of the project:

- **Programs for families, youth, and children:** The RDN 2019-2022 Strategic Plan goal for social well-being and outcomes of the Mid-Island Child Care Action Plan (2020) focuses on children and families in planning and programming, acknowledging the high childhood vulnerability statistics for the region.
- **Social supports and services:** While most social supports such as health services, supportive housing, and family services are the responsibility of the provincial or federal government, the RDN can gain understanding as to where it may be uniquely positioned to enhance or refocus RDN programs and services to better support residents.
- **Access to housing and reducing homelessness:** Development of a Regional Housing Strategy is a strategic priority of the RDN in the 2019-2022 Strategic Plan, which will be informed by the 2020 Regional Housing Needs Assessment and the Social Needs Assessment and Strategy.
- **Access to healthy and affordable food:** The ability to access healthy and nutritious food is essential to a person’s growth and development. People experiencing social challenges face food insecurity; a lack of resources may limit secure access to foods that meet their nutritional needs.
- **Safe and affordable transportation:** In partnership with BC Transit, the RDN operates a regional public transit system. The Social Needs Assessment and Strategy project will be coordinated with the RDN transit system review launched in 2021.

- **Discrimination and stigma:** Discrimination and stigma are significant barriers preventing people from accessing opportunities and breaking the cycle of poverty. This strategy sought to identify areas where discrimination and stigma are barriers and how this can be addressed at the local government level.

2. DEFINING SOCIAL NEEDS AND POVERTY

There are strong commitments across the community to support vulnerable individuals and families who are experiencing poverty, through both individual supports and through overall community health and wellbeing. There are several community partners working within the RDN to provide support services and programs to address the current social needs in the region, including reducing the burden of poverty on the region's most vulnerable populations.

There is not a consistent definition and measure of social needs across the RDN. However, there is an understanding of poverty as a lived experience that has extended consequences in all facets of a person's life. Poverty is recognized as an absence or lack of resources to access the essentials required to maintain a healthy standard of living, which leads to a deterioration of health and wellbeing. Social needs are further exacerbated by a lack of accessible services and social supports, food insecurity, discrimination, and social exclusion.

The most common measure used to identify social needs across the community is the Statistics Canada Low-Income Measure (LIM). The LIM is most frequently used as a baseline to assess poverty, as well as the lived realities of community members who fall within equity groups.

REGIONAL CONTEXT

Long-term regional direction on growth and community development is established through the vision and goals set out in the RDN's Regional Growth Strategy (RGS). First adopted in 1997, the RGS provides the general framework to manage growth in the region. It is an agreement between the communities within the regional federation including the four municipalities of Nanaimo, Lantzville, Parksville, and Qualicum Beach, as well as seven unincorporated Electoral Areas. The current RGS, adopted in 2011, continues to provide a consistent and coordinated approach to foster socially, economically, and environmentally sustainable communities.

With respect to social needs, the regional Social Needs Assessment and Strategy serves as a key initiative to help advance six key goals including: facilitate the provision of affordable housing, enhance economic resiliency, provide services efficiently, concentrate housing and jobs in rural village and urban growth centres, regional food security, and enhance cooperation among jurisdictions.

REGIONAL GROWTH STRATEGY GOALS AND KEY INITIATIVES

Facilitate the Provision of Affordable Housing	Enhance Economic Resiliency	Provide Services Efficiently
<p>To support and facilitate the provision of appropriate, adequate, affordable, attainable, and adaptable housing.</p> <p><u>Key Initiatives</u></p> <ul style="list-style-type: none"> • Regional Housing Needs Report • Housing Action Plan • Social Needs Assessment and Strategy • Oceanside Task Force on Homelessness • City of Nanaimo Affordable Housing Strategy • Nanaimo's Action Plan to End Homelessness • Affordable Housing in the Islands Trust Area 	<p>To support strategic economic development and link commercial and industrial strategies to the land use and rural and environmental priorities of the region.</p> <p><u>Key Initiatives</u></p> <ul style="list-style-type: none"> • RDN Regional Economic Development Options Review • Northern Community Economic Development Grants 	<p>To provide efficient, cost-effective services and infrastructure.</p> <p><u>Key Initiatives</u></p> <ul style="list-style-type: none"> • Electoral Area A Recreation and Culture Services Master Plan • Recreation Services Master Plan for Oceanside • Oceanside Older Adult Recreation Assessment & Mapping • Northern Recreation Services Community Facilities and Program Accessibility and Inclusion • Regional Parks & Trails System Plan • Liquid Waste Management Plan • Solid Waste Management Plan • 2019 Asset Management Review and Implementation Report
Concentrate Housing and Jobs in Rural Village and Urban Growth Centres	Enhance Food Security	Enhance Cooperation Among Jurisdictions
<p>To establish distinctive activity centres that provide ready access to places to live, work, play, and learn.</p> <p><u>Key Initiatives</u></p> <ul style="list-style-type: none"> • RDN Land Use and Subdivision Bylaw • Electoral Area A Official Community Plan • Electoral Area B Official Community Plan • Electoral Area C - ABCB Official Community Plan • Electoral Area C - EWPV Official Community Plan • Electoral Area E Official Community Plan • Electoral Area F Official Community Plan • Electoral Area G Official Community Plan • Electoral Area H Official Community Plan • City of Nanaimo Official Community Plan • Town of Qualicum Beach Official Community Plan • District of Lantzville Official Community Plan • Transit Futures Plan 	<p>To protect and enhance the capacity of the region to produce and process food security.</p> <p><u>Key Initiatives:</u></p> <ul style="list-style-type: none"> • Food Security Action Guide • Food Security for School Aged Children in Oceanside • RDN Agricultural Area Plan Implementation 	<p>To facilitate an understanding of and commitment to the goals of growth management among all levels of government, the public, and key private and voluntary sector partners.</p> <p><u>Key Initiatives</u></p> <ul style="list-style-type: none"> • Regional Housing Needs Report • Oceanside Task Force on Homelessness • City of Nanaimo Affordable Housing Strategy • Mid-Island Child Care Action Plan • Affordable Housing in the Islands Trust Area - Baseline Report

3. COMMUNITY PARTNERS ADDRESSING SOCIAL NEEDS

Social supports and services for all residents are provided by a wide variety of organizations in the region. The social needs these organizations work to address for residents in the RDN include:

- Lack of adequate, safe, appropriate housing
- Financial strain and emergency relief
- Barriers to training and employment opportunities
- Food insecurity including emergency food access
- Lack of access to transportation
- Barriers to access recreation, family support, and childcare
- Increased negative impacts of physical and mental health
- Problematic substance use

Social, political, and economic conditions contribute to cycles of poverty within a community. In order to mitigate the negative conditions of poverty, a collaborative partnership among community members and organizations is critical. Combined, these organizations have the resources to implement the diverse interventions to reduce poverty experiences among residents. The following community groups are dedicated to meeting people's social needs:

Leading Community Partnerships

- Oceanside Health and Wellness Network
- Oceanside Task Force on Homelessness
- Nanaimo Area Health Network
- Nanaimo Homelessness Coalition
- Nanaimo Health and Housing Task Force
- Gabriola Health and Wellness Collaborative

Critical Social Supports

- Emergency Shelters: Friendship Lelum Youth Safe House, Salvation Army New Hope Centre, Samaritan House, Unitarian Shelter, Haven Society Transition House, The Centre Shelter;
- Food Banks & Community Kitchens: Loaves & Fishes Community Food Banks, 7-10 Food Club, Salvation Army, St Paul's Anglican Church, St Andrew's Presbyterian Church, Nanaimo Community Kitchens Society, Meals on Wheels; and
- Health Clinics: AVI Health Centre, Discovery Youth & Family Substance Use Services, Harris House Health Clinic, Vancouver Island Therapeutic Community, Youth Health Clinic.

Social Serving Organizations

- Society of Organized Services (SOS)
- Society for Equity, Inclusion, and Advocacy (SEIA)
- Boys & Girls Club of Central Vancouver Island
- Child Development Centre
- Rainbows Nanaimo
- Central Vancouver Island Multicultural Society Immigrant Welcome Centre

- Haven Society Outreach
- Nanaimo Region John Howard Society
- Mid-Island Abilities and Independent Living Society
- Seniors Outreach Team (SORT)
- Vancouver Island Vocational & Rehabilitation Services
- Paradise Island Seniors Society
- One Stop Youth Centre
- Nanaimo Disability Resource Centre
- Nanaimo Supportive Lifestyles Program
- Nanaimo and Areas Resource Services for Families
- Canadian Mental Health Association Mid-Island
- Island Integrated Counselling Society
- Nanaimo Family Life Association
- Nanaimo Men's Resource Centre
- Vancouver Island Crisis Society

First Nations Organizations

- Aboriginal Child & Youth Mental Health
- Nanaimo Aboriginal Centre
- Tillicum Lelum Aboriginal Friendship Centre
- Mid-Island Métis Nation
- Snuneymuxw First Nation
- Qualicum First Nation
- Snaw-Naw-As First Nation

Note: This is not an exhaustive list of all the community groups who are providing social support within the RDN. This is a brief list provided to highlight the depth of social supports available. This list does not include the support services provided by the provincial government that is largely responsible for the delivery of financial assistance and income support for families and individuals. There are also local recreational and learning programs offered by organizations and local governments at reduced fees to make them accessible for families in need of support.

The organizations noted above, and others, in partnership with all levels of government, provide essential services and supports for populations in need in the region. This assessment and strategy seek to expand and deepen these connections and partnerships.

4. LOCAL INITIATIVES AND INTERVENTIONS

Currently there are several local initiatives and programs underway in the RDN that inform the development of the Social Needs Assessment and Strategy. The Strategy will further serve as a cohesive framework to align the ongoing interventions in the community towards a collective mission and identify opportunities to leverage partnerships to effectively address social needs through collaboration and meaningful action.

The following table outlines the various initiatives previously and currently in place in the RDN that include guiding plans, strategies, and research. These initiatives respond to some of the priority areas identified in the Social Needs Assessment and Strategy that include housing and homelessness; social supports; access to services; and family, youth, and children. There remains a gap in initiatives that respond to the priority areas of safe, affordable transportation, and discrimination and stigma.

Priority Area	Initiative	Description / Key Takeaways
Programs for Families, Youth, and Children	Oceanside Health and Wellness Network	<p>Stakeholder group supporting health and wellness initiatives in Local Health Area 425, including Qualicum Beach, Parksville, and Errington.</p> <p>Focus on social determinants of health with current priorities centered on child wellness and seniors planning.</p> <p>Key initiatives include First 2,000 Days and Beyond, a program advocating for nutrition, early learning, and protection from trauma and stress for early childhood development.</p>
Social Supports and Services	<p>Surviving in Nanaimo Guide 2020 A Guide to Local Agencies and Services 2020 City of Nanaimo</p>	<p>A guide to local agencies and services in Nanaimo including emergencies, clothing and household items, disability programs, employment services, Indigenous services, health, housing supports, transportation, seniors programs, etc.</p>
Housing & Homelessness	<p>Nanaimo Affordable Housing Strategy August 2018 City of Nanaimo</p>	<p>The strategy highlights key goals, objectives, and actions to address affordable housing challenges in Nanaimo that meet the diversity of housing needs in the community, focus on low-to-moderate income households, and encourage diversity.</p> <p>Key policy objectives include:</p> <ol style="list-style-type: none"> 1. To increase the supply of rental housing 2. To support infill and densification in existing neighbourhoods 3. To diversify housing forms in all neighbourhoods 4. To continue to support low-income and special needs housing 5. To strengthen partnerships and connections <p>It defines affordable housing as “housing that includes a variety of housing types, sizes, tenures and prices and housing that supports a mix of incomes, ages and abilities. It includes housing across the entire housing continuum from temporary shelter to social or supportive housing, market rental and homeownership.”</p>
	<p>Nanaimo’s Action Plan to End Homelessness 2018-2023 Nanaimo Homelessness Coalition</p>	<p>Provides an overview of key issues and outlines ten strategies for service delivery to the homeless population and people at-risk of homelessness in Nanaimo.</p> <p>Homelessness in Nanaimo is driven by dynamic trends in the local housing and labour markets, and services need to be adapted to meet gaps identified by providers.</p>

Priority Area	Initiative	Description / Key Takeaways
Housing & Homelessness		As of the 2020 Point-in-Time Count, a minimum of 433 people experienced absolute homelessness, however that number is likely closer to 600.
	Technical Memo: RDN Population & Housing Projections November 2019 Vann Struth Consulting Group	Memo* outlines population and housing projections for the RDN until 2041, including individual communities and electoral areas. Baseline and high-growth scenarios were created, which projected between 32,000 and 54,000 additional people in the RDN by 2041. *Internal confidential memo
	Baseline report: Affordable Housing in the Islands Trust Area January 2019 Islands Trust	A reference document for the local trust committees of the Islands Trust and its planning staff, for Bowen Island Municipality, and for community groups working to address housing needs of residents on islands within the Trust Area. The report combines in one document the planning context of each Local Trust Area (LTA, including Bowen Island Municipality) and includes the Official Community Plan (OCP) policies, Land Use Bylaw (LUB) regulations and definitions used to address affordable housing on islands within the Trust Area. Appended is a summary of information with a “snapshot” of Trust Area policy approaches, as well as an inventory of all known community housing projects throughout the Trust Area.
	Resource pamphlets and lists available at RDN Affordable Housing Webpages	Central location for affordable housing resources in the RDN, including information on emergency shelters and food resources, supportive housing, and regional affordable housing initiatives. Links are also provided for community organizations working on operating housing and supporting people experiencing homelessness.
Access to Services	Health and Housing Action Plan, Nanaimo February 2021	The Action Plan highlights where the Nanaimo-specific problems are, what service and resource gaps exist, and where help is needed the most. The recommendations from the Action Plan include the: <ul style="list-style-type: none"> • Creation of a Health and Housing Governance Board to oversee the implementation of the plan. • Establishment of a Funders’ Table with the aim of securing the \$65.5M needed to meet Nanaimo’s health and housing needs over the next five years. Key funding partners could include Island Health, BC Housing, and the Canada Mortgage and Housing Corporation as these organizations have the appropriate mandates to support this work, and the Action Plan will equip the Funders’ Table to be more effective in demonstrating needs and advocating for additional investment in Nanaimo. • Formation of a Health and Housing Systems Planner Organization to help optimize current approaches and maximize return on investment.
	RDN Recreation Services Master Plan April 2018 RDN District 69	Provides strategic guidance for delivering recreation services and implementing capital projects in District 69. Recommends financial assistance and inclusion support programming should be maintained or expanded, while finding opportunities to promote these programs in the community.
	RDN Oceanside Older Adult Recreation Assessment & Mapping RDN Age Friendly Community Recreation Web Map (in progress) December 2019	Provides an inventory of recreational assets in District 69 for older adults and outlines recommendations for recreation programming along with an interactive mapping tool to search for recreation programs in the areas.

Priority Area	Initiative	Description / Key Takeaways
Access to Services	RDN District 69	Includes a summary of recreation programming by activity, location, and time. In general, programming was found to be well-rounded throughout the region.
	RDN Northern Recreation Services Community Facilities and Program Accessibility and Inclusion 2018	<p>Report reviews facilities and program spaces in School District 69 and evaluates their effectiveness as accessible and inclusive spaces, and how these facilities support residents with physical disabilities to be active and build a sense of belonging in the community.</p> <p>The report includes a social and demographic profile to understand the social and economic background of households that face potential barriers. This section describes the number of low-income children and households by geography, and the proportion of individuals reporting health or activity limitations.</p> <p>Further detail is provided on the key principles of inclusivity and the barriers faced by people with disabilities across Canada.</p> <p>Finally, the report outlines current RDN programs, initiatives, and suggestions to deliver inclusive and accessible recreation for children, youth, and older adults.</p>
	2020 Gabriola Health Report Gabriola Health & Wellness Collaborative	<p>Assesses overall health and wellbeing on Gabriola Island through a social determinants of health approach. Provides an overview of housing affordability, homelessness, low-income residents, and demographics on the island.</p> <p>Report outlines participation in programs available to low-income residents, including food and transportation support. It also acknowledges that Gabriola Housing Society also applied for 24 affordable rental housing units to address some of the local needs.</p>
	Regional Housing Needs Report June 2020 RDN	<p>Report analyzes current housing needs and conditions across the RDN to inform the RGS and affordable housing initiatives in the region, including the potential for a Regional Housing Strategy.</p> <p>Provides an in-depth assessment of the housing needs in the RDN. Core Housing Needs identify households in which more than 30% of income is allocated to rent. It is an indicator of lack of affordable housing options. Of the households in the RDN, 5.6% are in core housing need. Other relevant highlights include:</p> <ul style="list-style-type: none"> • The region has a steady growth rate; however, RDN's population is significantly older than that of BC with an average age of 51. The median age in BC is 42. • Generally, median income households cannot afford the average rental price that is 30% of gross income. • The average resale price for apartments and townhomes has risen 73% and 65%, respectively, between 2013 and 2018. • In 2018, 1,511 people accessed BC Housing's Shelter Aid for Elderly Renters (SAFER) and Rental Assistance Program (RAP). <p>Key considerations for report include addressing the gaps in market and non-market rental housing, affordable home ownership, transitional and low-barrier rental housing, and accessible and adaptable housing.</p>

5. COMMUNITY PROFILE

DEMOGRAPHIC SNAPSHOT

Population

The RDN consists of seven electoral areas, four municipalities, Qualicum First Nation, Snaw-Naw-As First Nation, and Snuneymuxw First Nation.

The population in the RDN grew by 6.2% between 2011 and 2016. This is above the provincial average, which was 5.6% over the same census periods. Statistics Canada Census data shows that all electoral areas and municipalities grew, except for Areas B and C.

Table 1 - Population Across RDN Communities, 2011-2016 - Source – Statistics Canada

Year:	2011	2016
RDN	146,574	155,698
Area A*	6,908	7,058
Area B*	4,045	4,033
Area C*	2,834	2,808
Area E*	5,674	6,125
Area F*	7,422	7,724
Area G*	7,158	7,465
Area H*	3,509	3,884
City of Nanaimo*	83,810	90,504
District of Lantzville	3,601	3,605
City of Parksville	11,977	12,514
Town of Qualicum Beach	8,687	8,943
Year:	2006	2016
Qualicum First Nation**	n/a	70
Snaw-Naw-As (Nanoose) First Nation**	230	195
Snuneymuxw First Nation**	560	725

* Statistics Canada. Census Profile. 2016 Census. Accessed 2020-11-27. Available: <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E>.

** Total population. First Nations On-Reserve Area. Available: https://fnppn.aadnc-aandc.gc.ca/FNP/Main/Search/FNPopulation.aspx?BAND_NUMBER=651&lang=eng; https://fnppn.aadnc-aandc.gc.ca/FNP/Main/Search/FNPopulation.aspx?BAND_NUMBER=649&lang=eng; https://fnppn.aadnc-aandc.gc.ca/FNP/Main/Search/FNPopulation.aspx?BAND_NUMBER=648&lang=eng

Age

The median age of the population in the RDN is 51.1 years, which is above the provincial median (43 years). Additionally, the median ages of each community within the RDN in 2016 were as follows:

- RDN = 51.1
- Area A = 49.1*
- Area B = 61.3*
- Area C = 47.6*
- Area E = 59.4*
- Area F = 48.1*
- Area G = 58.5*
- Area H = 58.8*
- City of Nanaimo = 45.9*
- District of Lantzville = 51.1*

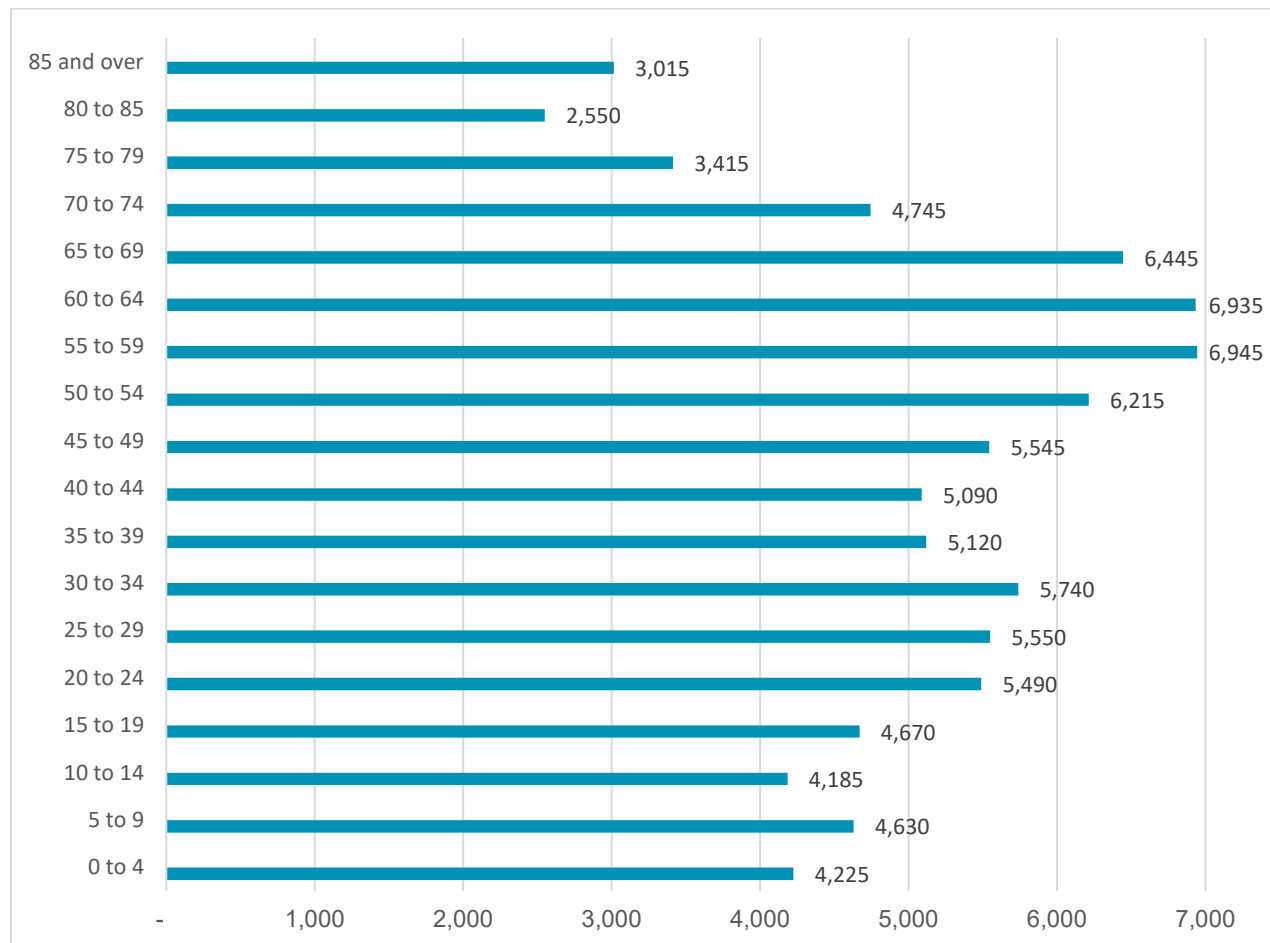
- City of Parksville = 60.9*
- Town of Qualicum Beach = 65.9*
- Qualicum First Nation = 30.4**
- Snaw-Naw-As (Nanoose) First Nation** = 29.1**
- Snuneymuxw First Nation** = 32.9**

Based on the 2016 Statistics Canada Census, the median population ages in some areas, such as Parksville (60.9 years), Area B (61.3), and Qualicum Beach (65.9), were higher. Whereas, median ages of on-reserve populations, such as Qualicum First Nation (30.4), Snaw-Naw-As (Nanoose) First Nation (29.1), and Snuneymuxw First Nation (32.9), were significantly lower.

* Statistics Canada. Census Profile. 2016 Census. Accessed 2020-11-27. Available: <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E>

** Total population. First Nations On-Reserve Area. Available: https://fnppn.aadnc-aandc.gc.ca/FNP/Main/Search/FNPopulation.aspx?BAND_NUMBER=651&lang=eng;
https://fnppn.aadnc-aandc.gc.ca/FNP/Main/Search/FNPopulation.aspx?BAND_NUMBER=649&lang=eng;
https://fnppn.aadnc-aandc.gc.ca/FNP/Main/Search/FNPopulation.aspx?BAND_NUMBER=648&lang=eng

Figure 1 - Population Age Distribution, 2016 - Source – Statistics Canada

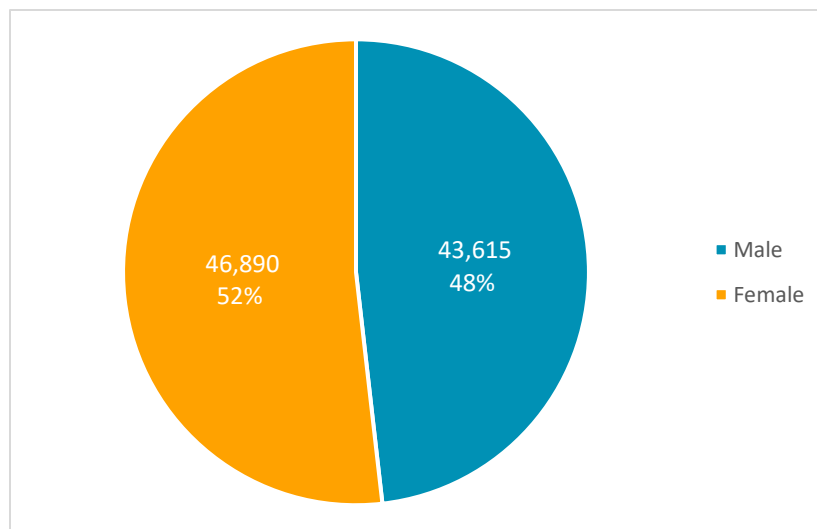


As seen in figure 1, the largest number of people in the RDN are between 50 and 70 years old; the second largest age group is between 20 and 35 years.

Gender

There are 3,275 (4%) more women in the RDN than men, corresponding approximately to provincial averages.

Figure 2 - Gender Distribution, 2016 - Source – Statistics Canada



Family Type & Income

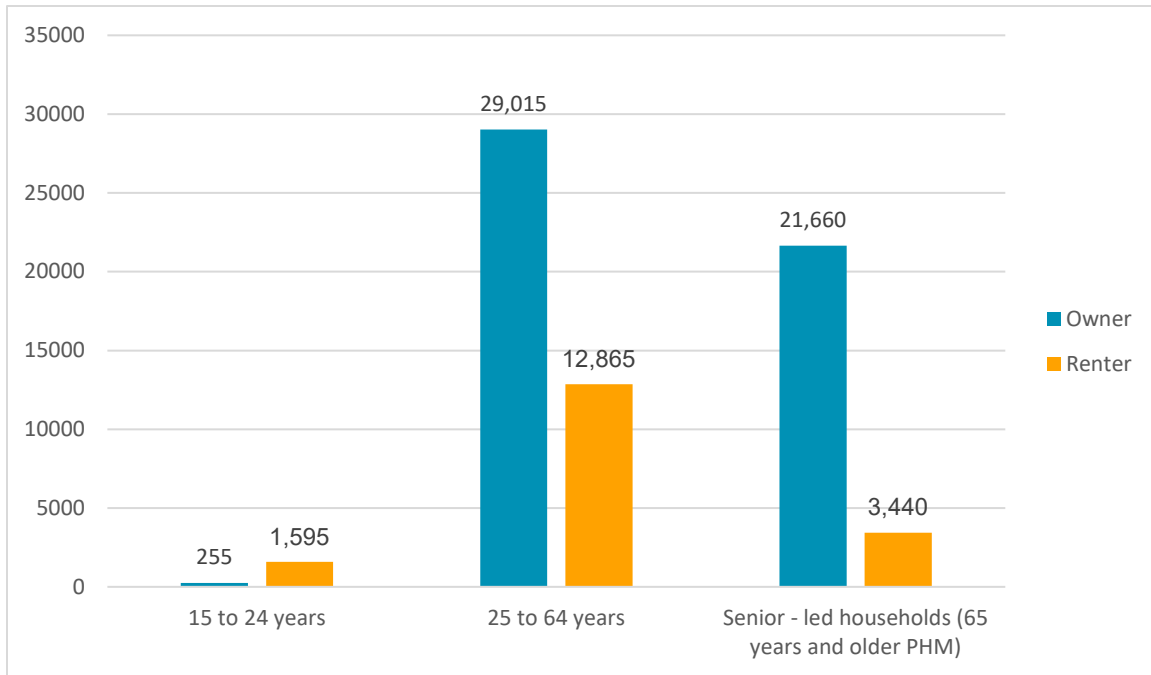
The 2016 Statistics Canada Census identified that the majority of private households (58%) in the RDN have one primary maintainer, with a smaller number of households having two maintainers (39%), or more (3%).

Table 2 - Private Household by Number of Maintainers, 2016 - Source – Statistics Canada

Number of Household Maintainers	Percent (%) of Total
One (1) Household Maintainer	58%
Two (2) Household Maintainers	39%
Three or more (3+) Household Maintainers	3%

Most primary household maintainers (both renters and owners) are between 25 and 64 years of age. There are 21,660 seniors who own their dwelling and 3,440 seniors who rent. For households where the primary maintainer is under 25 years old, 1,595 are renters and 255 are owners.

Figure 3 - Age of Primary Household Maintainer and Tenure, 2016 - Source – Statistics Canada Census Program, Custom Data Organization for BC Ministry of Municipal Affairs and Housing



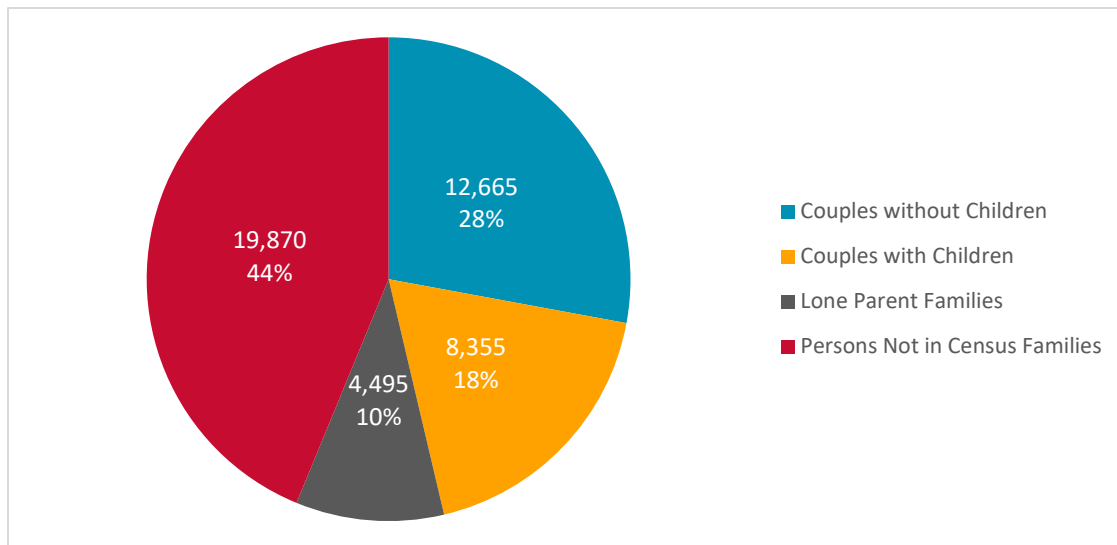
In 2016, most census families consisted of two persons (29,910) or one person (20,155).

Table 3 – Number of Census Families by Household Size, 2011-2016 –
Source: Statistics Canada Census Program, Data Table 98-400-X2016099

	2011	2016
1 person	18,450	20,155
2 persons	27,840	29,910
3 persons	8,470	8,790
4 persons	6,360	6,635
5 or more persons	3,345	3,420

Most individuals reported they were not part of a census family (44%), which may include living alone, living with other non-family persons, living with their married children, or living with their children who have children. Over a quarter (28%) of families reported living as couples with children, 18% reported living as a couple without children, and 10% reported living as lone-parent families.

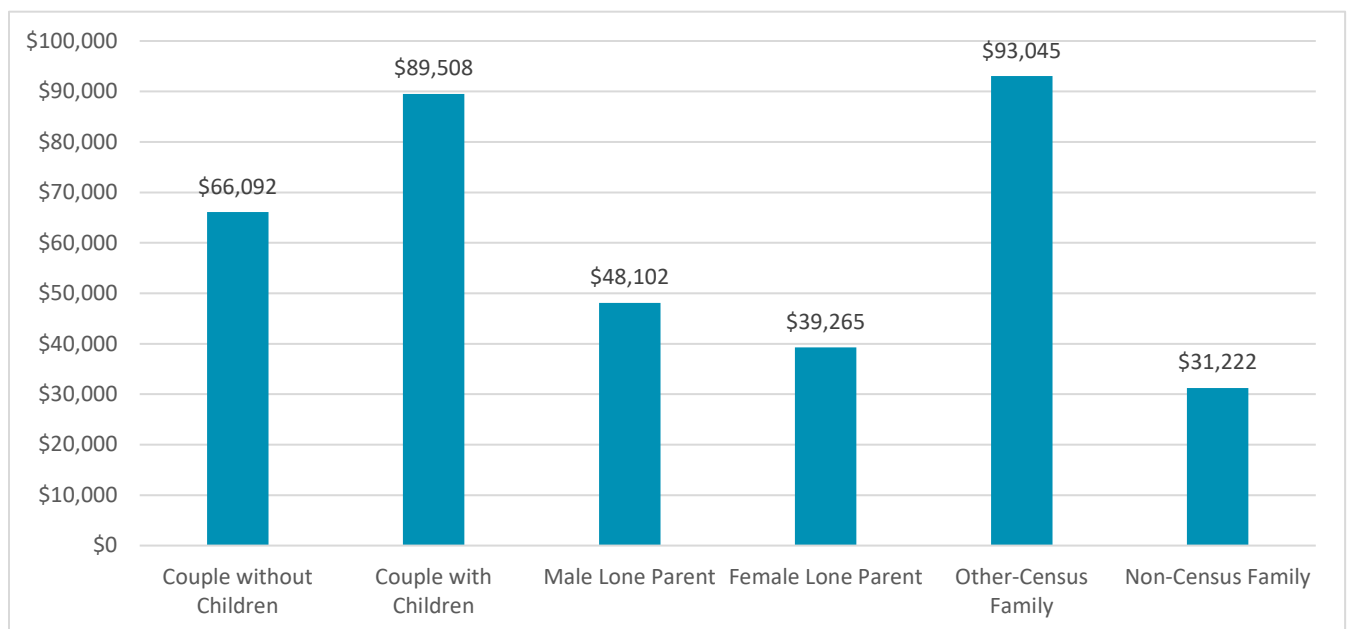
Figure 4 – Census Family, 2016 - Source: Statistics Canada Census Program, Data Table 98-400-X2016099



The median after-tax income for households by census family in the RDN is lowest for non-census families (\$31,222), after which female lone-parent households (\$39,265) and male lone-parent households (\$48,102) have the lowest household incomes.

Figure 5 – Median After-Tax Household Income by Census Family (Before Tax)

Source: Statistics Canada Census Program, Data Table 98-400-X2016099



Renter households earned about half of what owner households earned in the RDN in 2016. The median income for households by tenure in the RDN is \$73,338 for owners and \$37,502 for renters.

Table 4 – Total Income of Households by Owner and Renter, 2011-2016 - Source – Statistics Canada

	Total	Owner	Renter
Average total income of households in 2016 (\$)	\$77,868	\$88,747	\$47,083
Median total income of households in 2016 (\$)	\$62,448	\$73,338	\$37,502
Average total income of households in 2011 (\$)	\$71,212	\$78,939	\$44,889
Median total income of households in 2011 (\$)	\$58,419	\$66,882	\$34,911

Figure 6 – Median Total Household Income by Renter and by Owner in Comparable Communities, 2016 (Constant 2015 dollars (\$)) (Before Tax)
Source: Statistics Canada Census Program,
Custom Data Organization for BC Ministry of Municipal Affairs and Housing

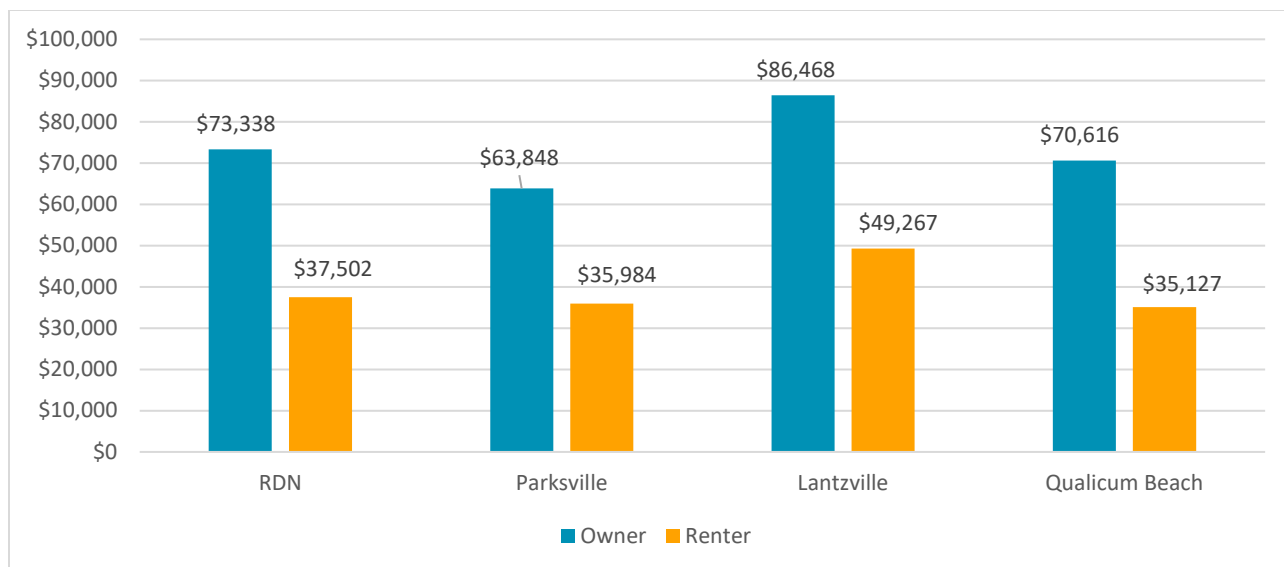
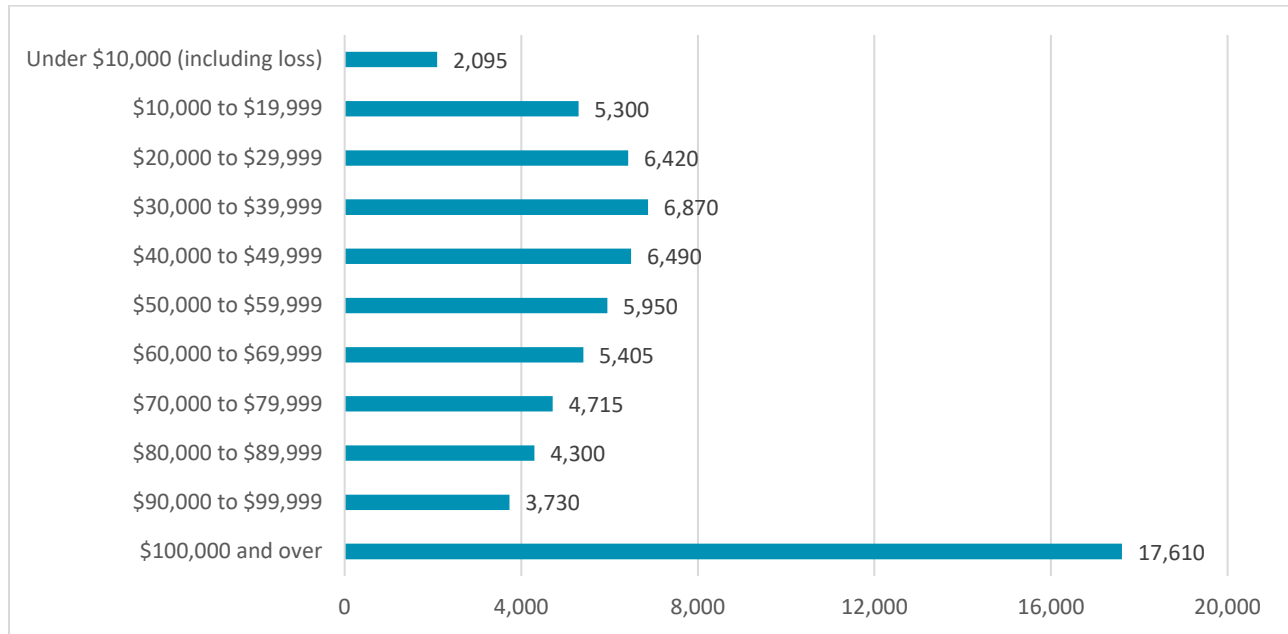


Table 5 - Census Families (In Private Households) 2011 - Source – Statistics Canada

	2016		2011	
	#	% of CFs	#	% of CFs
Couples Families without Children	12,665	50%	11,635	49%
Couples Families with 1 Child	3,660	14%	3,515	15%
Couples Families with 2 Children	3,485	14%	3,335	14%
Couples Families with 3 or More Children	1,210	5%	1,175	5%
Lone Parent Families with 1 Child	2,835	11%	2,615	11%
Lone Parent Families with 2 Children	1,290	5%	1,255	5%
Lone Parent Families with 3 or More Children	370	1%	370	1%
Number of Persons not in Census Families	19,870	n/a	17,700	n/a

The total number of employment income groups for the population aged 15 years and over in private households was \$68,900 in 2016. Notably, a large proportion of the population makes over \$100,000 a year (17,610). After which, the majority of people make between \$20,000 to \$50,000 per year.

Figure 7 - Income Distribution - Source – Statistics Canada



Seniors

Statistical data related to the family characteristics of seniors in the RDN is not available. The information provided in table 6 represents provincial statistics.

Table 6 - Family Characteristics of Seniors BC, 2016 - Source – Statistics Canada

Family characteristics of seniors (BC)	Total - income statistics	With total income	Median total income (\$)	Average total income (\$)
Total - Family characteristics of seniors (restricted to persons aged 65 and over)	770,045	768,280	28,155	41,694
Seniors living alone (one-person households)	191,355	191,350	30,224	42,887
Seniors living in private households of two or more persons	578,695	576,930	27,389	41,298
Living as a couple (married spouses or common-law partners)	489,205	487,445	29,195	43,221
Without a son or daughter present	429,540	428,115	29,705	43,561
With a son or daughter present	59,660	59,330	25,152	40,771
Not living as a couple, with a son or daughter present	32,330	32,330	23,914	34,393
Living with other relatives or with non-relatives only	57,160	57,160	20,198	28,799

Citizen Status, Ethnic Origin and Race

Overall, 7% of the RDN's population identifies as Indigenous (First Nations, Metis, Inuk). In total, around 10% of the population identifies as a visible minority. Approximately 15% of the population identifies as immigrants.

Table 7 – Indigenous Identity, 2016* - Source – Statistics Canada

	Number	Percent (%) of Total
Indigenous Identity	6,405	7%
First Nations	3,860	4%
Metis	2,340	3%
Inuk (Inuit)	40	0%
Multiple Responses	90	0%
Other	75	0%
Non-Indigenous Identity	81,250	93%
Total	87,650	100%

**Indigenous identity is commonly underreported in Census data. Population is likely larger.*

Table 8 - Visible Minority Population RDN, 2016 - Source – Statistics Canada

	Number	Percent (%) of Total
Visible Minority	8,685	10%
South Asian	1,900	2%
Chinese	2,295	3%
Black	625	1%
Filipino	940	1%
Latin American	465	1%
Arab	270	0%
Southeast Asian	775	1%
West Asian	175	0%
Korean	405	0%
Japanese	520	1%
Other	65	0%
Multiple Visible Minorities	255	0%
Not Visible Minority	78,965	90%
Total	87,650	100%

Table 9 - Citizenship status, 2016 - Source – Statistics Canada

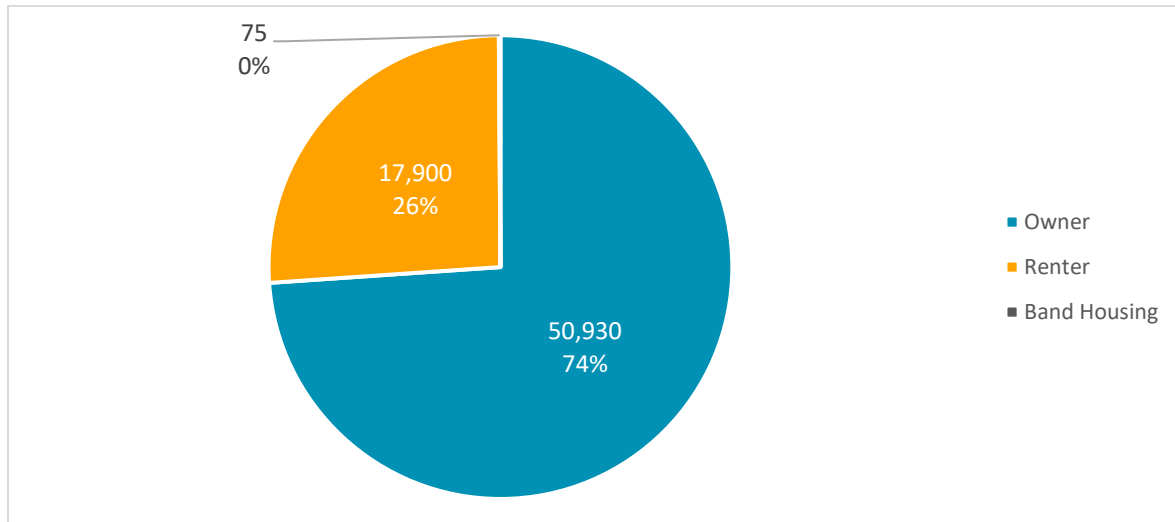
	Number	Percent (%) of Total
Non-Immigrants	73,100	83%
Immigrants	13,125	15%
Non-Permanent Residents	1,425	2%
Total	87,650	100%

Housing Security and Affordability in the Region

Based on Statistics Canada data from 2016, three-quarters of the households in the RDN (74%) own their homes, while one-quarter of households rent (26%). There are also a small number of band houses (First Nations housing units on reserve land) in the RDN (<1%).

Figure 8 – Household Tenure, 2016

Source – Source: Statistics Canada Census Program, Census Profiles 2006, 2016, NHS Profile 2011

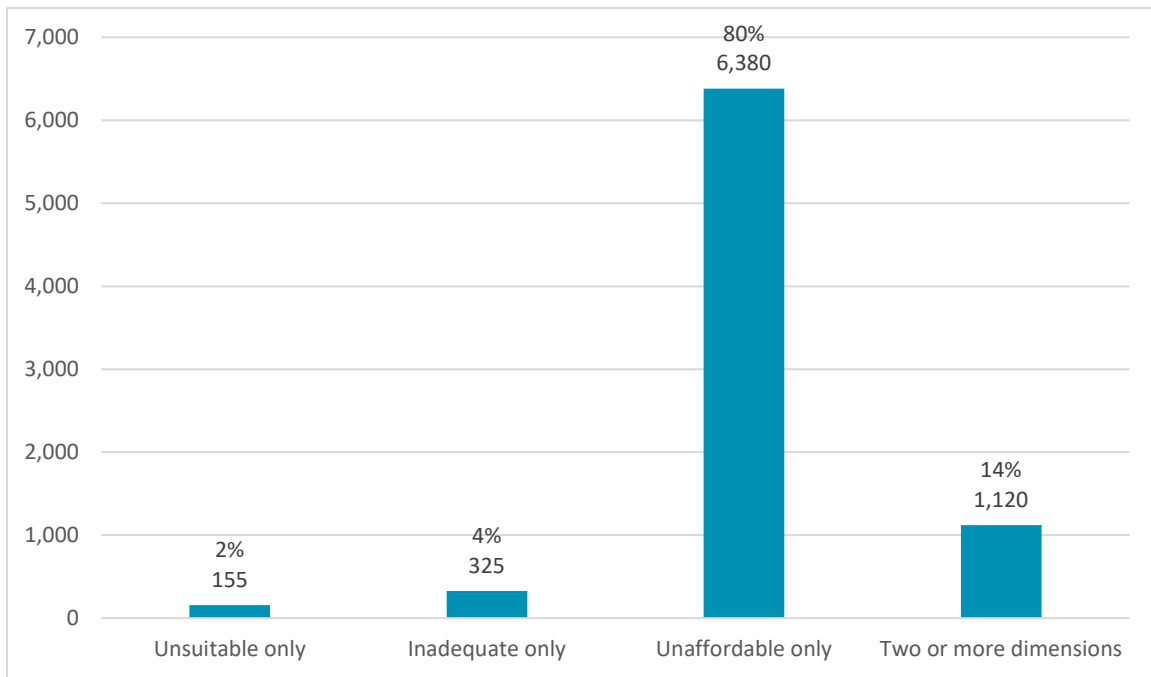


The 2020 Regional Housing Needs Assessment provided deep insight into the housing needs in the community. Key findings in the report found that 11.6% of households in the RDN are in core housing need. There were nearly twice the number of renters households (7.6%) than owners households (3.9%) in core housing need, highlighting the vulnerability of renters within the region.

The Housing Needs Report found that there were 5.6% of households in extreme core housing need, 1.9% of which were owners, and 3.7% were renters.

Of the households in core housing needs, 80% are due to lack of affordability.

Figure 9 - Households in Core Housing Need - Source - CMHC



The table below identifies the proportion of Households Spending 30% or More of Total Income on Shelter Costs by Tenure in 2016.

Table 10 - Households Spending 30% or More of Total Income - Source – Statistics Canada

Percent (%) of Total	
Total Households	24.4%
Owner Households	16%
Renter Households	48%

Table 11 - Core Housing Need, Housing Indicators RDN - Source – Statistics Canada

	Number	Percent (%) of Total
Not suitable	1,810	2.6
Major repairs needed	4,065	5.9
Spending 30% or more of income on shelter costs	16,625	24.4
Spending 30% or more of income on shelter costs (owners)	8,060	16.0
Spending 30% or more of income on shelter costs (renters)	8,560	48.0

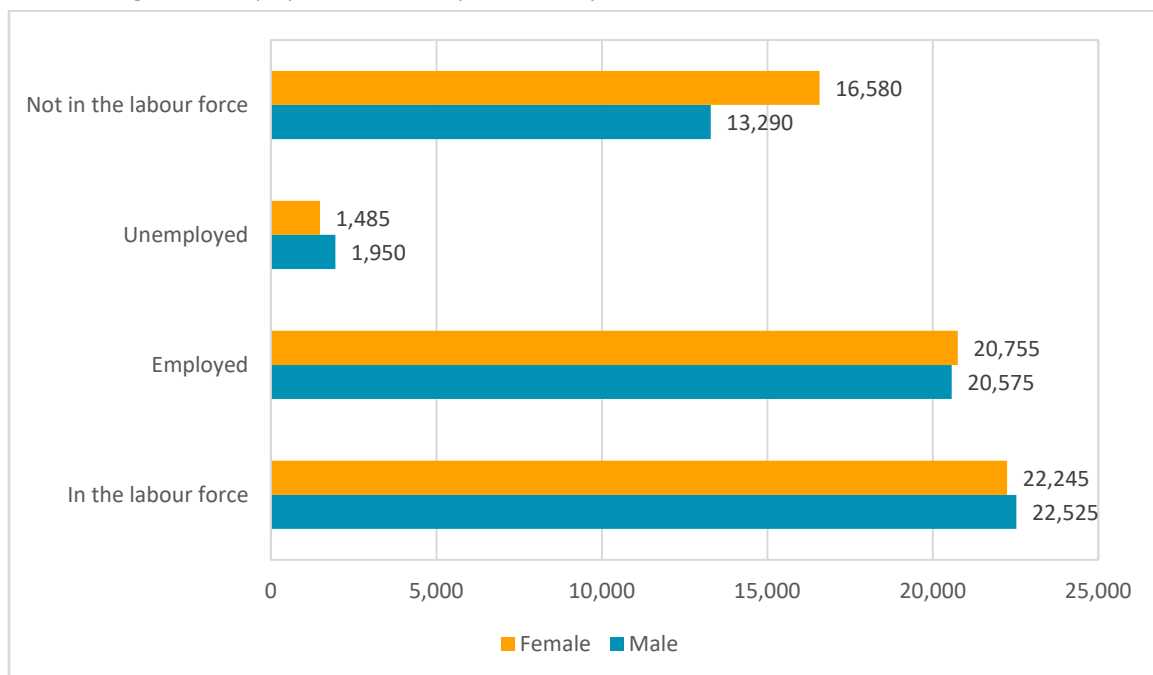
Employment

The unemployment rate in the RDN is 7.7%. While unemployment affects more men in the labour force, there is a larger number of women not in the labour force.

Table 12 - Employment and Participation Rate by Community - Source - CMHC and Statistics Canada

	RDN	Nanaimo	Qualicum Beach	Lantzville	Gabriola Island
Population 15 years and over by Labour force status	74,640		7,955	3,060	
In the labour force	44,770		2,785	1,805	
Employed	41,330		2,615	1,675	
Unemployed	3,440		160	125	
Not in the labour force	29,870		5,170	1,260	
Participation rate (%)	60.0		35.0	59.0	
Employment rate (%)	55.4		32.9	54.7	
Unemployment rate (%)	7.7		5.7	6.9	

Figure 10 - Employment and Participation Rate by Gender - Source - CMHC and Statistics Canada



POVERTY MEASURES

Market Basket Method (MBM)

- Statistics Canada MBM 2018 - British Columbia population 30,000 to 99,999 = \$42,829 threshold
- Statistics Canada's preferred method
- Threshold is determined by a basket of fairly priced market goods and services – shelter, food, clothing, transportation and other
- MBM and Low Income Cut-off (LICO) differ from Low Income Measure (LIM) because the basket of goods is determined by spending patterns of average family and is not a fixed amount

Low Income Cut Off

Figure 11 - Low Income Cut off BC Communities Population 30,000 to 90,000, 2018 - Source – Statistics Canada

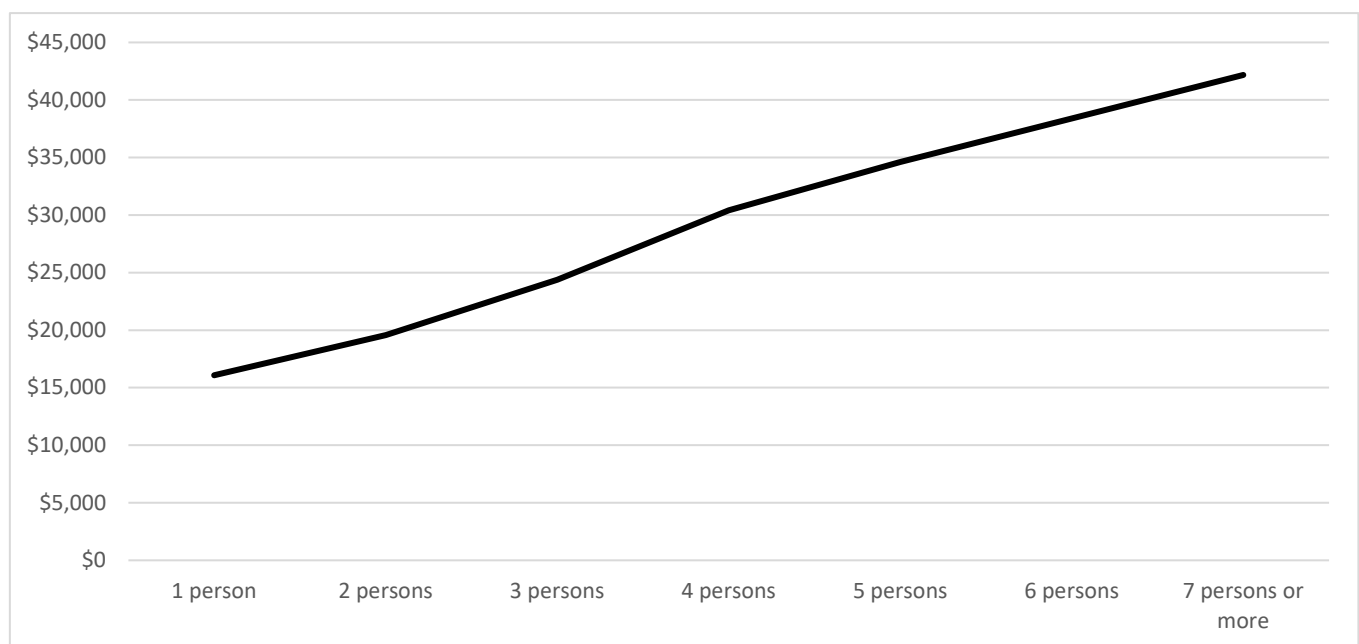


Table 13 - Low Income Based on LICO-AT 2016 - Source – Statistics Canada

Prevalence of Low-Income Cut-off Population Distribution RDN	
0 to 17	12.8%
18 to 64	12.7%
65 and over	2.5%
Total	10.6%

Low Income Measure in BC (LIM)

- Threshold is calculated on a fixed basket of goods and services
- Fixed percentage (50%) of median adjusted household income and adjusted" indicates that household needs are taken into account i.e. Number of members of a household

Table 14 - Low Income Measures in BC by Age - Source – Statistics Canada

	RDN	Nanaimo	Qualicum Beach	Lantzville	Gabriola Island
0 to 5	710		10	15	
0 to 17	2,015		50	40	
18 to 64	6,850		285	135	
65 and over	455		55	15	
Total	9,325		400	205	

Table 15 - LIM Regional District of Nanaimo - Source – Statistics Canada

	Number	Percent (%) of Total
Low-income status (concept applicable)	68,580	99.5%
In low income- LIM _AT (Low Income Measure After Tax)	13,185	19.1%
Total	68,905	100%

Food Banks

There are three food banks in the region: Nanaimo: The Salvation Army Foodbank, and Loaves and Fishes Food Bank and Warehouse; and one in Area B, People for a Healthy Community on Gabriola Society (PHC). Additionally the Nanaimo Food Share provides affordable produce, meals, food literacy programming, and local community agriculture initiatives.

In 2020:

- Nanaimo Food Share provided 17,800 meals and 6,803 good food boxes (subsidized weekly produce program). *
- The Loaves and Fishes program services all of the RDN, with a main depot and 11 satellite locations to provide access across the region. **
- The PHC provided over 5,500 meals to community members in 2019, as well as their gleaning programs, food depot and other food security services. ***

Sources:

* [2020 Year in Review – Nanaimo Foodshare Society](#)

** [Nanaimo Loaves and Fishes | Mission & History](#)

*** [Improving Food Security | PHC Gabriola](#)

Early Development Instrument (EDI Report)

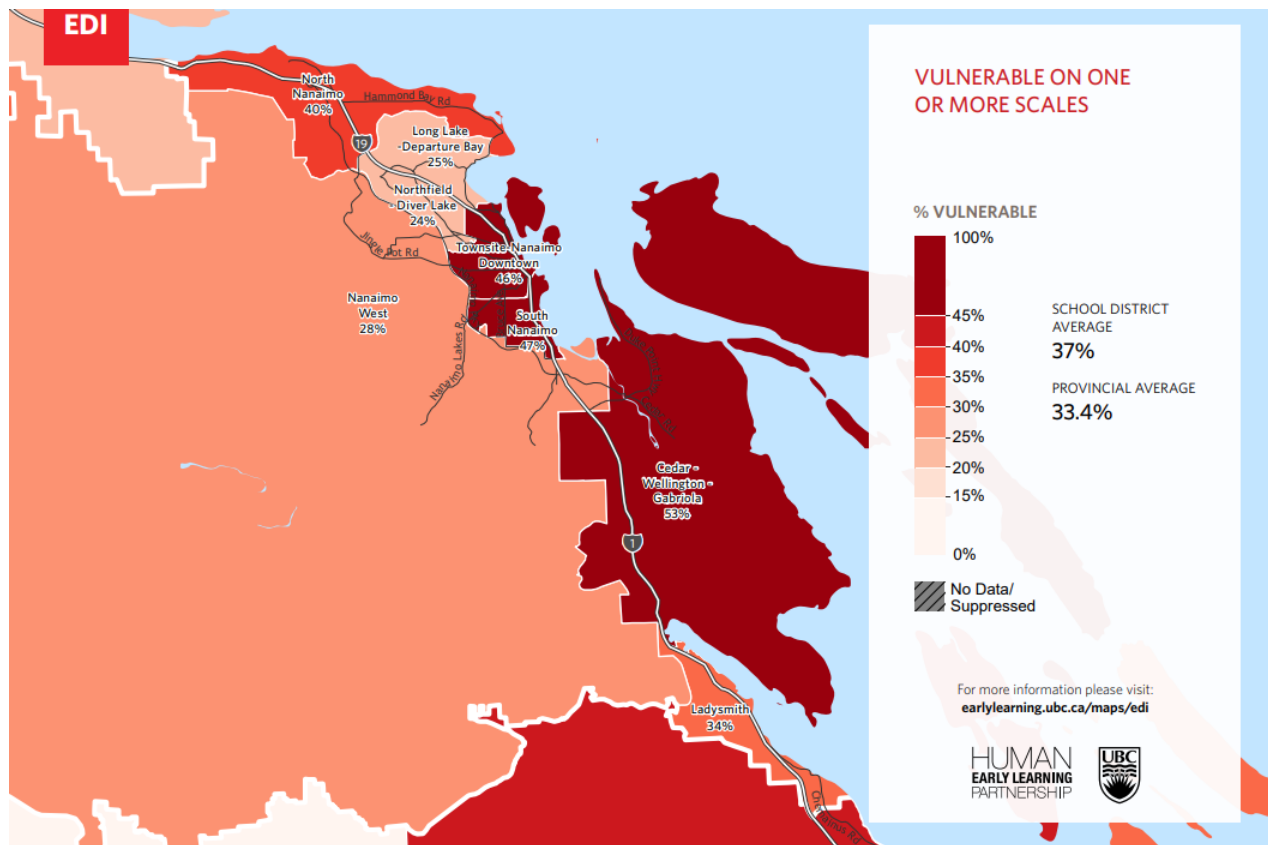
The Early Development Instrument (EDI) data is a long term provincially used indicator of a child's early development and health. The current vulnerability rate for children vulnerable on one or more of the scales is 37% in School District 68 and 31% in School District 69, while the provincial rate is 33.4%.

Table 16 - Early Development Instrument RDN School District 68 and 69 and BC

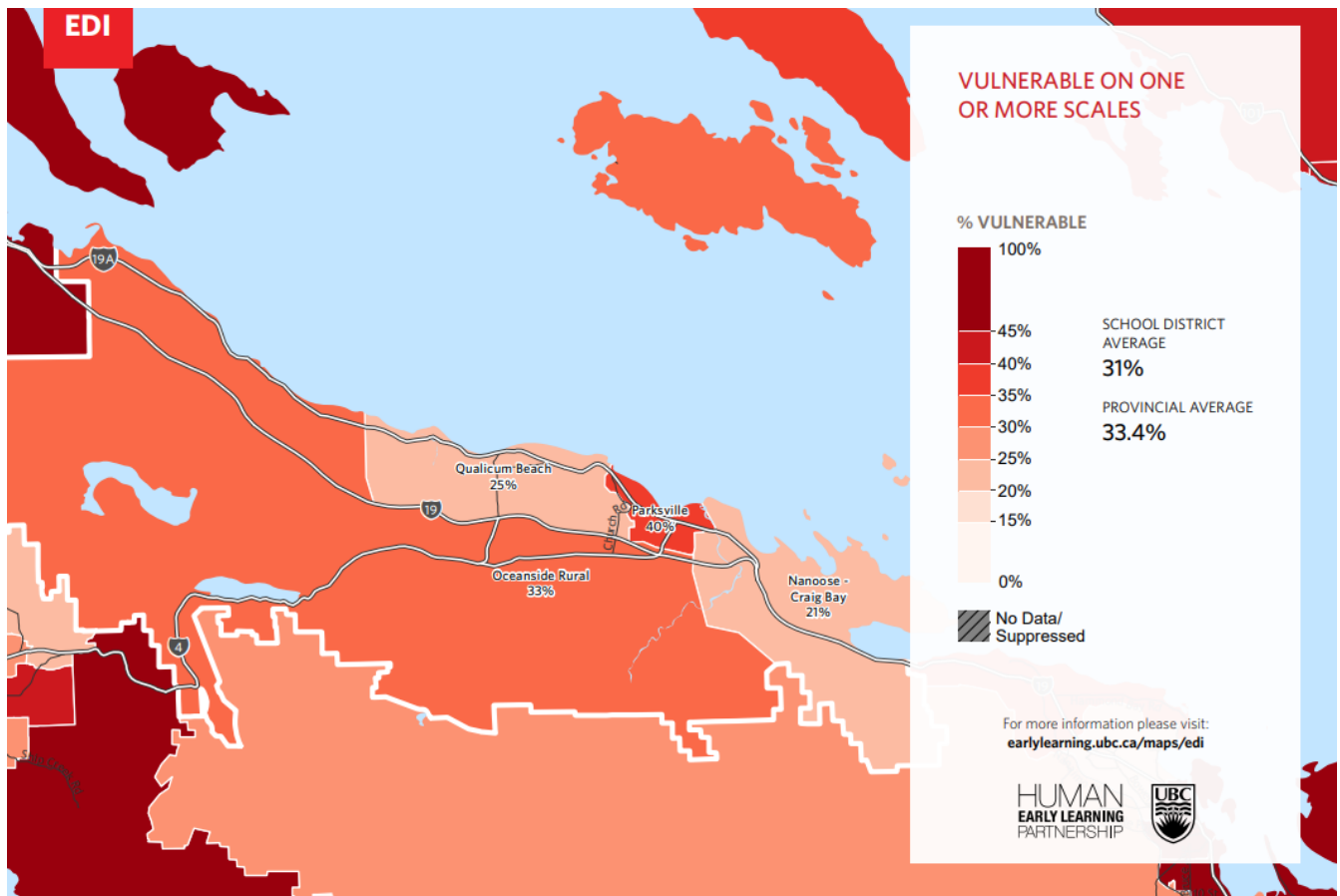
Source – UBC EDI Survey

Vulnerability Scale	School District 69 (Nanaimo-Ladysmith)	School District 69 (Qualicum)	Province
Physical health and well being	20%	17%	15.4%
Social competence	18%	18%	16.1%
Emotional Maturity	20%	19%	17.7%
Language and Cognitive Development	14%	10%	10.6%
Communication skills and general knowledge	11%	11%	14.3%

Map 1 - School District 68 vulnerability on one or more of the scales. - Source - UBC EDI Reporting



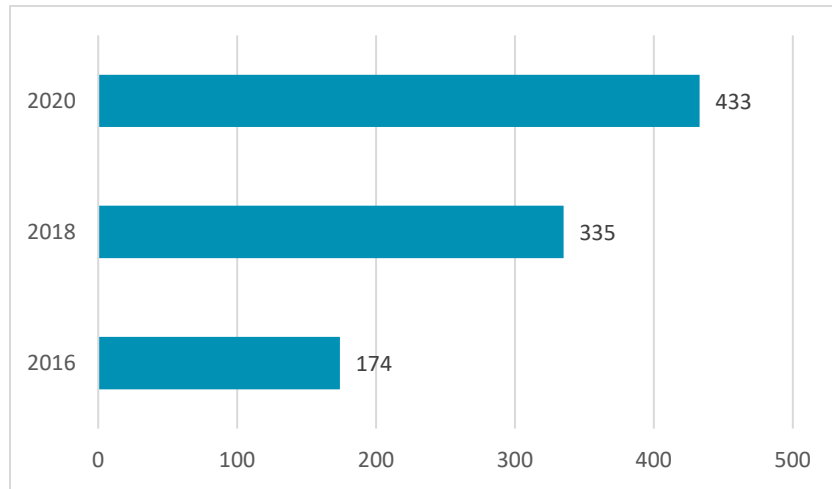
Map 2 - School District 69 vulnerability on one or more of the scales - Source - UBC EDI Reporting



Point-in-Time Count, Nanaimo, 2020

- There are estimated to be a minimum of 433 people facing homelessness in Nanaimo, but likely the number is closer to 600.
- People experiencing homelessness in Nanaimo, are from Nanaimo. 71.2% have lived here for more than five years and initially moved to Nanaimo for the same reasons as everyone else: work, school, and family.
- The majority of people facing homelessness identified as male (68.3 %).
- More than half (54.4%) were between the ages of 25 and 44.
- One-third (119) of those surveyed identified as First Nations, Métis or having Indigenous Ancestry, a notable increase from the 2016 survey figure of 24%.
- The length of time people are experiencing homelessness is increasing; 77.1% reported being chronically homeless (homeless for six months or more) which is a 5% increase from 2018.
- The number of people sleeping on the streets is much higher in Nanaimo than in other Canadian communities; 61.9% are sleeping in places not intended for human habitation.
- 75.7% of respondents have stayed in a shelter in the last 12 months, meaning that the total number of people staying in shelters has risen by 40% since 2018 (194 to 271).
- The total number of shelter spaces is approximately 150, which is far below the current need and has led to a high number of people being forced to sleep on the streets.

Figure 12 - Point-in-Time Count, Nanaimo, 2016 - 2020. - Source – RDN HNR Report, 2020



A light blue map of the Cowichan Valley Regional District serves as the background. It shows various geographical features and administrative boundaries. Labels on the map include 'Bowser', 'Qualicum First Nation', 'QUALICUM BEACH', 'PARKSVILLE', 'Horne Lake', 'Big Qualicum River', 'Qualicum River', 'Nanaimo River', 'Mt Benson', 'Extension', 'Cassidy', 'COWICHAN VALLEY REGIONAL DISTRICT', 'Snuneymuxw First Nation', 'Cedar', 'briola Island', and 'Snuneymuxw First Nation'. Large, semi-transparent letters 'H', 'G', 'C', and 'A' are also visible on the map.

Appendix B: Previous Engagement

APPENDIX B

Regional Social Needs Assessment and Strategy

PREVIOUS ENGAGEMENT SUMMARY

July 22, 2021

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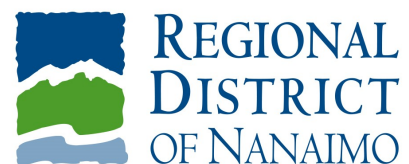


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INTRODUCTION

The RDN Social Needs Assessment and Strategy seeks to build on the good work that is already happening in the community. In order to hear from a broader range of perspectives, 25 recent community plan documents related to the 6 priority areas were reviewed. Reports that included public engagement were then identified and the results of the engagement are summarized below. By incorporating the engagement already completed by the community, this report incorporates more voices, honours past engagement, and supports engagement in the RDN as an ongoing conversation which expands on community ideas rather than creating silos between one topic or another.

This section summarizes the findings from recent engagements conducted in the RDN related to the key focus areas of the Social Needs Assessment.

EXISTING PLANS, REPORTS, ENGAGEMENT, AND STRATEGIES REVIEWED

Number of reports reviewed: 25

Reports with lived experience and community engagement: 19

Twenty-five community planning documents were identified as relevant to the Social Needs Assessment focus areas. Of these, 19 contained public and stakeholder engagement and were reviewed in detail. The table below identifies the reports, the regions they relate to, and the types of engagement conducted. The complete list of documents reviewed is at the end of this Appendix (page 11).

REGION	REPORT	FOCUS	ENGAGEMENT
Gabriola Health Network	Gabriola Beyond Recovery (Nov, 2020)	Social Supports and Services – Well Being During the Pandemic	Survey of residents of Gabriola Island: 363 respondents
	2020 Gabriola Health Report (July, 2020)	Social Supports and Services – Health and Wellbeing	Report based on 2016 Census data information supplemented by interviews with organizations/ stakeholders
	Gabriola “Stories from Home” Event Recap (Jan, 2020)	Access to Housing and Homelessness Supports	70-80 people participated in a housing knowledge sharing event

REGION	REPORT	FOCUS	ENGAGEMENT
Nanaimo Health Network	Nanaimo Health and Housing Action Plan Design Labs Summary (March, 2020)	Access to Housing and Homelessness Supports, Discrimination and Stigma.	Nine design labs with members of the public and invited stakeholders, maximum 40 participants each.
	Health and Housing Action Plan (Jan, 2021)	Access to Housing and Homelessness Supports, Social Supports and Services	Through several engagement activities approximately 300 people living in Nanaimo contributed.
	Nanaimo Integrated Needs Assessment (INA) (June, 2020)	Access to Housing and Homelessness Supports	
	Nanaimo's Action Plan to End Homelessness (2018-2023)	Access to Housing and Homelessness Supports, Social Supports and Services	
	Relmagine Nanaimo: Phase 1 Public Engagement Summary (Nov, 2021)	Access to Housing and Homelessness Supports, Social Supports and Services, Safe and Affordable Transportation	Phase one engagement had over 9000 direct inputs via 8 engagement methods
	City of Nanaimo Emergency Food and Nutrition Security Strategy (2020)	Access to Healthy and Affordable Food	Eleven key stakeholders from a range of government, social service, and non-profit organizations
	Nanaimo Affordable Housing Strategy (Sep, 2018)	Access to Housing and Homelessness Supports	The creation of the document involved extensive engagement with the community, as well as collaboration with government and non-profit partners
	Nanaimo Point-in-Time Count (2020)	Access to Housing and Homelessness Supports	Multiple community partners in data collection, people experiencing homelessness surveyed

REGION	REPORT	FOCUS	ENGAGEMENT
Regional (Oceanside)	RDN Recreation Services Master Plan (just Appendix G) (2017)	Social Supports and Services	Open houses and comment sheets.
	RDN Housing Needs Report (just Appendix A) (2020)	Access to Housing and Homelessness Supports	Stakeholder consultation was completed with representatives from social service organizations, developers, non-profit housing providers, local government, and other relevant community members Additionally, focus groups, key stakeholder interviews, and a staff workshop were held
	RDN Oceanside older adult recreation assessment & mapping (2019)	Social Supports and Services	Project guided by working group of recreation providers and community members
	RDN Northern Recreation Services (2019) Community Facilities and Program Accessibility and Inclusion	Discrimination and Stigma	Literature review of accessibility and disability access in Canada, review of regional studies, audit of recreational spaces
	Town of Qualicum Beach Age-Friendly Transportation Plan 2019 Update	Safe, Affordable Transportation	This report is an update on progress made towards a transportation plan. Engagement with the community was done at the time of the initial plan writing.
Indigenous Organizations			
BC Association of Aboriginal Friendship Centres	Indigenous Poverty Reduction Consultations: A Summary Report (2019)	Access to Housing and Homelessness Supports, Discrimination and Stigma	28 member advisory committee, 21 Friendship Centers hosted consultation, 1509 respondents participated in engagement through interviews, surveys, and facilitated sessions

REGION	REPORT	FOCUS	ENGAGEMENT
Native Women's Association of Canada	Poverty Reduction Strategy: The Native Women's Association of Canada Engagement Results (2017)	Discrimination and Stigma	Survey conducted with 128 First Nations, Inuit, and Metis participants from across Canada
Island Trust			
Northern Region of Islands Trust	Housing Needs Assessment (2018)	Access to Housing and Homelessness Supports	Stakeholder consultation on each island included in the report

SUMMARY OF FINDINGS BY FOCUS AREA

ACCESS TO HOUSING AND HOMELESS SUPPORTS

Key Points:

Several reports and studies have recently been completed to evaluate housing and homelessness in Nanaimo. Seven reports were reviewed in detail representing cumulative engagement with over 5000 people in the RDN. Throughout the engagements, several themes emerged and were consistently reinforced.

The Nanaimo Action Plan to End Homelessness reported “interviews for this Action Plan found consensus on one point: homelessness is becoming harder, more injurious, deeper, more complex, in a word, more acute (exemplified in the opioid crisis)” (p.27). Homelessness in Nanaimo is increasing, while shelter space is not, affordable housing units are disappearing, and cost of living is rising. Covid-19 has added additional stress to the homeless community as services have been limited or restricted due to closures or reductions in capacity. The Point-in-Time Count in 2020 estimated that 6000 people are living on the edge of homelessness, while there has been an increase of people living unsheltered of 29% since 2018 and 149% since 2016.

In addition to increases in homelessness, housing security is a major concern for community members. All housing reports in the region have identified that affordability, suitability, and security are concerns for renters. Many people also experience barriers to purchasing a home including lack of financing options, lack of income, and high prices.

Core Themes of Housing:

1. **Affordability of housing, both rentals and ownership, are a significant concern for Nanaimo residents.** In the RelImagine Nanaimo Engagement summary, homelessness, affordable housing, and affordable health services are noted as the top social equity priorities. 35% of their

questionnaire participants disagreed that progress was being made towards addressing homelessness, that everyone can feel safe and enjoy public amenities, and that they can find suitable housing.

2. **Working poor, young people, and seniors are particularly vulnerable to housing challenges.** Young families are priced out of the market. Seniors and young people with lower incomes are unable to afford units in the market. There is a lack of mid-to-lower range market rentals.
3. **Workforce housing.** Housing is unaffordable for working people, including professionals, which results in a lessened workforce and closures/ empty businesses.
4. **Cost of land and development driving up cost of housing units.** High cost of development and complicated development procedures are barriers to construction of new units, especially affordable ones.
5. **Need for a full service continuum for housing and other social services/ supports.**
6. **Adequacy and suitability of units for residents.** With high rents, it is not always possible to find a unit that is affordable and suitable to household needs.
7. **Desire for diversity of housing such as trailers/ RVs, town and row houses, tiny homes, etc.**
8. **Desire for greater security for rental tenure – renovictions and properties selling are a major concern.**
9. The Islands Trust Housing Needs Report identified **quality of housing as a core issue**. In addition to lack of supply, poor condition, improper insulation, insufficient heating systems, issues of mold, lack of potable water, and use of outhouses pose health risks. “Many homes on the islands were originally constructed as summer cottages and may not have been upgraded sufficiently for year-round living” (p. v).

Core Themes of Homelessness:

1. The Nanaimo Health Network Design Labs, which had over 200 participants, identified 5 core themes of issues/ actions that can be taken to address homelessness. These themes are echoed and supported by other engagement throughout the region.
2. Intensity and acuity of challenges faced by people experiencing homelessness are increasing.
3. Increased homelessness
4. Community wellbeing is negatively impacted by homelessness. Not only are people who are experiencing homelessness affected by poorer health, concerns for personal safety and fear of becoming homeless increases stress and anxiety and exacerbates health conditions.
5. There are not adequate services for mental health and wellbeing.
6. Lower life expectancy for people experiencing poverty and homelessness. (Nanaimo Health Network HHAP Design Labs)

Opportunities/ recommendations:

1. Coordinated access to a continuum of housing, services, and social safety nets.
2. Integrate transportation planning with developments to ensure access to public transit near affordable units.
3. Approve more diverse housing types such as RV/ trailers, tiny homes, and town and row houses.
4. Reduce complications/ fees and simplify processes for development permits.

5. Local not-for-profit organizations can acquire land through donation and apply for funding to construct affordable housing.
6. The Local Trust Committee recommends strengthening affordable housing policies and direction in the Official Community Plan (OCP) to support various forms of affordable housing.
7. Zoning bylaws could contain more flexibility for affordable housing.
8. The Local Trust Committee report encouraged consideration of entering into housing agreements with individual owners of housing and not-for-profit organizations to ensure affordable housing stays affordable in the long-term.

PROGRAMS FOR FAMILIES, CHILDREN, AND YOUTH

Two documents were reviewed which directly address childcare in the RDN: The **Mid-Island Region Child Care Action Plan** and **RDN Recreation Services Master Plan**. Together these reports discuss the needs expressed by the community for child and youth programming, and the impact that the current programs have on families. Comments from other engagement reports confirms these comments.

Core Themes:

1. Mid-Island Regional Childcare Action Plan engagement determined that the **childcare situation is considered a crisis by stakeholders**. There is a lack of services in general, with a particular lack in services outside of traditional operating hours.
2. **High cost of childcare services is prohibitive for many families.**
3. **Newcomers experience discrimination from operators when accessing services.**
4. **Children who need extra supports have an especially difficult time finding appropriate care.** There are long waitlists for the Supported Child Development funding, which sometimes means “children are not getting what they need when there are delays in development.”
5. **Operators experience challenges in recruitment and retention of qualified staff, as well as securing suitable facility spaces.** It is especially challenging to find spaces with outdoor area access. Recruitment of qualified staff is challenged by the narrow scope of a degree in Early Childhood Education, which does not have a clear path for career progression.
6. The RDN Recreation Service Master Plan (Oceanside Recreation Services Master Plan) identified the following priorities related to recreation in the community:
 - o **Trails, parks, picnic areas, and outdoor spaces are a priority.** Free, public access trails and parks form a key part of recreation services. There is a desire for increasing diversity of outdoor recreation such as outdoor skill development for children and youth, pickleball, etc.
7. Finding ways to bolster youth programming is a challenge given the area demographics and the spread out nature of the community. Stakeholders indicated that a challenge with providing youth programming is finding the “critical mass” needed to sustain and grow youth programs. **More affordable and accessible programming is needed for all ages, but especially youth and children.**

Opportunities/ Recommendations:

1. **Affordability of programming and ensuring access to low-income families needs to be expanded.** Financial support and sustaining the Financial Assistance Program and Inclusion Support Program; increased focused on generating awareness of existing accessibility programs; and supporting the start-up of a KidSport chapter were considered important.
2. Create a comprehensive childcare plan for the region.
3. Increase childcare spaces across the region.
4. Consider possibilities for local government or RDN owned childcare programs and services.
5. Make government owned land and buildings available for lease to childcare providers.

SAFE, AFFORDABLE TRANSPORTATION

Key Points

Many of the reports reviewed touched on transportation as an important part of affordability, access, and wellbeing for people living in Nanaimo, particularly related to people living with lower incomes. Two documents in particular highlighted transportation as a consideration: **Nanaimo Health Network Nanaimo Design Lab and Age-Friendly Transportation Plan 2019 Update: Town of Qualicum Beach**. The ReImagine Nanaimo engagement also discussed transportation, mostly in the context of neighbourhood level active transit.

Core Themes:

1. **Transportation is an important link between housing, services, employment, and community resources.** Lack of safe and accessible transit is a barrier to accessing services and employment.
2. **Qualicum Beach focuses on Age-Friendly Transit which views active transit from the perspective of vulnerable populations:** cyclists, people with disabilities, youth and children, seniors, etc.
3. **Aside from public transportation such as busses, integrated and safe walking/ cycling pathways are a fundamental part of local transit routes.**
4. **Community wellbeing is impacted when transportation is limited, unsafe, or inaccessible.**
5. ReImagine Nanaimo identified **a need for more biking and walking pathways for children to get to schools and recreation, public transportation, and more walkable neighbourhoods** (i.e., walkable access to stores and amenities). The city is perceived to be difficult to navigate without a vehicle.

Opportunities/ Recommendations:

1. **Planning for safe routes for multiple modes of transportation.** Many participants of ReImagine Nanaimo are in support of improving public transit (e.g., more extensive and frequent bus service, additional public transit options, incentivizing use of public transit, transitioning more buses to electric power)
2. **Focus development along transit routes.** Ensure that there is biking, walking, and transit access to community amenities.

SOCIAL SUPPORTS AND SERVICES

Nearly every report reviewed touched on the need for integrated social supports, especially programs for mental health and wellbeing and childcare.

1. **Covid-19 and related reductions or changes to services have added additional stress and accessibility challenges to using social services.** Many engagements identified closures, reduced programming, or the moving of programs online as barriers to continuing to access services. This is especially challenging to people who do not use or have access to the internet.
2. **Mental health services are limited and not integrated enough with each other and other services. Long waitlists and limitations to available programs are a barrier to access.** There is a lack of funding, staff, specialists, and access to counselling support in the community. There is a lack of integration, inter-agency coordination, and processes are over-complicated (especially application/ intake). There is work to be done to address navigation of services and access routes to care along a continuum of services.
3. Social support programs such as housing subsidies, shelters, transitional housing, MH and A programs, and other **supports are not meeting the demand.** Especially in the case of housing and mental health, there are gaps in the social support systems and long waitlists for services.
4. **Community members do not always feel safe.** Increases in crime, overuse of the criminal justice system rather than supporting individuals in crisis, systemic barriers to community integration once sentenced, and concerns for public safety were raised in the HHAP, Relmagine Nanaimo, ICA, INA and other reports. Relmagine Nanaimo surveys identified public safety as a top concern. Additionally, stigma and prejudice get in the way of people's ability or courage to access the services they need.
5. **Community programs could be more diverse, available, accessible, and inclusive.** Programs for seniors, children and youth are not meeting the full spectrum of needs/ desires of the community. Emphasis on daytime, weekday programs as a particular barrier.

Opportunities/ Recommendations:

Relmagine Nanaimo identified the following related to community programs/ activities:

1. Provide a range of cultural and recreational opportunities while protecting our natural areas.
2. Improve the quality/ availability of performance venues, arts and cultural spaces, community gardens, urban plazas, and waterfront parks.

Additionally, integrated, coordinated and wrap-around mental health, wellness, and other social support services were recommended/ mentioned in almost all reports.

DISCRIMINATION AND STIGMA

HHAP design labs, Integrated Needs Assessment. **Indigenous Poverty Reduction Consultations: A Summary Report**, and the Native Woman Association all spoke most directly to stigma and discrimination.

- **Indigenous women face additional barriers due to colonialist structures and discrimination.** Both being Indigenous and being a woman have stigmatization/discrimination associations.

- **People experiencing homelessness are stigmatized in the community.** There is a desire for better public education around trauma and humanization of people who are homeless. Positive media stories, more social inclusion, and constructive public dialogue/ education are needed.
- **Stigma around mental health and addictions prevents people from accessing services.**
- **Racism towards Indigenous peoples is experienced and a barrier to accessing services, housing, and community participation.** Indigenous peoples report experiencing racism by landlords and service providers.
- **Addressing poverty must take into consideration the intersectionality of identities and address marginalization, stigma, and social exclusion.**

Opportunities / Recommendations:

- Culturally appropriate programming for diverse communities, especially Indigenous cultures.
- Education, public awareness, and positive media to change the narrative about homelessness.
- Trauma-informed practices needed in public services and social supports.
- Anti-racism work on a community level is needed.

ACCESS TO HEALTHY AND AFFORDABLE FOOD

The Emergency Food and Nutrition Security Strategy by the City of Nanaimo worked to address food security as part of emergency response to Covid-19. The task force included diverse stakeholders for food security and the report identified key concerns and potential actions. Other reports, such as the HHAP, Indigenous Poverty Reduction Consultations: A Summary Report, and the Native Woman Association, also commented on the impacts of food insecurity.

1. **Food insecurity is increasing.** One in 25 people (3.8%) are identified in Island Health as food-insecure and food bank usage is increasing (HHAP).
2. **The food recovery and food bank programs are an important asset to the community.** Loaves and Fishes food recovery program is a success. A struggle in expanding the services is lack of warehouse space.
3. **Coordinated approaches to food security are lacking.** There are many groups working to address food security, but collaboration and integration of services are lacking. There is opportunity for a broader community plan that integrates access to free food, access to health food, local agriculture industry, and protection of farmland.

Opportunities/ Recommendations:

The Emergency Food and Nutrition Security Strategy recommends:

1. The initiation of a Nanaimo Food Policy Council (NFPC)
2. Food Policy Councils can provide support with emergency food responses, the integration of food security and outreach work, development of a food infrastructure strategy, increased partnerships and resources, as well as Indigenous-specific support.

SUMMARY:

There has been significant recent public consultation done on many of the key focus areas of the RDN Social Needs Assessment. In reviewing the engagement, it became clear that the focus areas are intrinsically linked: engagement on one topic raises issues and recommendations related to the other topics. The findings suggest the following community priorities:

- Integration of services
- Increased mental health and addictions services
- Stigma reduction
- Housing and homelessness
- More programs for children and youth, especially childcare services.
- Ensuring that public transit routes like busses, bicycle lanes, walking paths, and trails are available and well-connected to amenities and residential areas.

While recommendations for each key area are reported above, there are three overall themes that emerged as opportunities to improved service delivery and anti-poverty actions:

- **Service integration and coordination** All services need more integration. Planning for affordable housing, for example, must also consider transportation, social service, recreation, and employment needs. Many of the engagement reports recommend collaborative partnerships with stakeholders as key to addressing needs and improving the continuum of services. Additionally, several engagements mention the creation of ‘hubs’ or community centres with multiple services available and system navigation support as a way to improve services.
- **Individuals experience intersecting barriers and need multi-pronged approaches to reducing poverty.** There are no one-size-fits-all solutions. Poverty reduction requires preventions, early intervention, access to resources, and ongoing supports. Most people experiencing poverty experience more than one barrier such as food insecurity, lack of transportation, high cost of housing, and stigma at the same time.
- **Participation in decision-making is foundational to the success of actions.** People with lived experiences are important voices and desire more inclusion in the co-design of planning and action. There is a desire for governments to include people with lived experience in more forums and decision-making tables. **Additionally, action is needed. Communities express a desire to see more action, less talk.**

REPORTS REVIEWED FOR SUMMARY OF PREVIOUS ENGAGEMENT

ORGANIZATION	REPORT / RESOURCE TITLE	YEAR PUBLISHED
Gabriola Health and Wellness Collaborative and Sustainable Gabriola	Gabriola Beyond Recovery	November 2020
Gabriola Health and Wellness Collaborative	2020 Gabriola Health Report	July 2020
Islands Trust	Gabriola “Stories from Home” Event Recap	January 2020
City of Nanaimo	Nanaimo Design Lab Summary	March 2020
Nanaimo Community Health Network	Nanaimo Community Health Network Transition Team Minutes of Meeting	December 2020
Social Planning and Research Council of British Columbia (SPARC BC)	Mid-Island Region Child Care Action Plan (just Appendix C)	December 2020
Regional District of Nanaimo	RDN Recreation Services Master Plan (just Appendix G)	April 2018
Regional District of Nanaimo	RDN Housing Needs Report (just Appendix A)	June 2020
City of Nanaimo	Nanaimo Integrated Needs Assessment (INA)	2020
Regional District of Nanaimo	RDN Oceanside older adult recreation assessment & mapping	December 2019
Regional District of Nanaimo	RDN Northern Recreation Services Community Facilities and Program Accessibility and Inclusion	N/A
City of Nanaimo	Nanaimo Health and Housing Action Plan: Building our Path Forward	2020

ORGANIZATION	REPORT / RESOURCE TITLE	YEAR PUBLISHED
Nanaimo Homelessness Coalition & United Way Northern and Central Vancouver Island	Nanaimo's Action Plan to End Homelessness 2018-2023	2018
City of Nanaimo	ReImagine Nanaimo: Phase 1 Public Engagement Summary	November 2020
Regional District of Nanaimo	Building Our Community Together Public Engagement Strategy & Toolkit	N/A – no visible date
City of Nanaimo	City of Nanaimo Agenda: Health and Housing Task Force Item: Emergency Food and Nutrition Security Strategy	October 2020
City of Nanaimo	Nanaimo Affordable Housing Strategy	August 2018
Helpseeker.org & City of Nanaimo	Building a Path Forward - Task Force Meeting - Integrated Coordinated Access Design (Dr. Alina Turner)	June 2020
Helpseeker.org & City of Nanaimo	Surviving in Nanaimo Guide	January 2021
The BC Association of Aboriginal Friendship Centres	Indigenous Poverty Reduction Consultations: A Summary Report	April 2018
The Native Women's Association of Canada (NWAC)	Poverty Reduction Strategy: The Native Women's Association of Canada Engagement Results	July 2019
Town of Qualicum Beach	Age-Friendly Transportation Plan	2019
Islands Trust	BASELINE report: affordable housing in the Island Trust area	January 2019
Northern Region of Islands Trust	Housing needs assessment	June 2018

A light blue map of the Cowichan Valley Regional District serves as the background. It shows various geographical features and administrative boundaries. Labels on the map include 'Bowser', 'Qualicum First Nation', 'QUALICUM BEACH', 'PARKSVILLE', 'Horne Lake', 'Big Qualicum River', 'Qualicum River', 'Camel', 'Gabriola Island', 'Snuneymuxw First Nation', 'Mt Benson', 'Nanaimo River', 'Extension', 'Cedar', 'Cassidy', and 'COWICHAN VALLEY REGIONAL DISTRICT'. Large, semi-transparent letters 'H', 'G', 'C', and 'A' are also visible on the map.

Appendix C: What We Heard

APPENDIX C

SOCIAL NEEDS ASSESSMENT & STRATEGY

“What We Heard” – An Engagement Summary Report
Regional District of Nanaimo
July 2021



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ACKNOWLEDGEMENTS

We gratefully acknowledge that this work took place on the unceded traditional territory of the Coast Salish Peoples, particularly the nations of Snuneymuxw First Nation, Qualicum First Nation, Stz'uminus Peoples Traditional Territory (Chemainus), and Snaw-naw-as (Nanoose).

The RDN and project team would also like to thank the individuals and organizations who shared their experiences and stories that will undoubtedly shape this Strategy. A special thanks to the community champions on the project steering committee for making introductions and regional connections to service providers and community members.

INTRODUCTION

The Social Needs Assessment and Strategy is a partnership between the Regional District of Nanaimo (RDN), City of Nanaimo, Town of Qualicum Beach, District of Lantzville, Islands Trust, and the CHN of Oceanside, Nanaimo, and Gabriola Island.

The project builds upon insights from previous engagement activities within the Health Networks, the Regional Housing Needs Report and the Mid-Island Child Care Action Plan.

There were three phases supporting the development of the Social Needs Assessment and Strategy. Phase 2 focused on a community engagement process that confirmed previous engagement findings and surfaced ongoing and potential new gaps in social services throughout the region.

This What We Heard Summary provides the RDN and partners with a detailed understanding of social needs in the region highlighted by engagement with local government staff, elected officials, community partners, and residents. This summary forms the foundation of the Social Needs Assessment and Strategy.

PROJECT PHASES

A vertical flow diagram showing three phases. Each phase is represented by a colored circle with a white border. The circles are blue, green, and blue from top to bottom. To the right of each circle is a list of activities for that phase.

PHASE 1

PROJECT INITIATION AND BACKGROUND RESEARCH

PHASE 2

COMMUNITY ENGAGEMENT

- Community Survey
- One-on-one Community Partner Interviews
- Presentations and info gathering with Community Health Networks
- Small Group Sharing Circles
- Game Changer Workshop
- Elected Officials Workshops

PHASE 3

NEEDS ASSESSMENT & STRATEGY DEVELOPMENT

THE SIX PRIORITY AREAS

The following six Priority areas for the project are in line with the province’s TogetherBC: British Columbia’s Poverty Reduction Strategy priority areas. The resulting strategy will focus on each of these areas.

PROGRAMS FOR FAMILIES, YOUTH AND CHILDREN

The RDN 2019-2022 Strategic Plan goal for social wellbeing focuses on children and families in acknowledgement of the high childhood vulnerability statistics for the region.

SOCIAL SUPPORTS AND SERVICES

While most social supports such as health services, supportive housing, and family services are the responsibility of the provincial or federal government, the RDN can gain understanding as to where it may be uniquely positioned to enhance or refocus RDN programs and services to better support residents.

ACCESS TO HOUSING AND HOMELESSNESS SUPPORTS

Development of a Regional Housing Strategy is a strategic priority of the RDN in the 2019 - 2022 Strategic Plan, which will be informed by the Social Needs Assessment.

ACCESS TO HEALTHY AND AFFORDABLE FOOD

The ability to access healthy and nutritious food is essential to a person’s growth and development. People experiencing social challenges face food insecurity; a lack of resources may limit secure access foods that meet their nutritional needs.

SAFE, AFFORDABLE TRANSPORTATION

In partnership with BC Transit, the RDN operates a regional public transit system. The Social Needs Assessment and Strategy project will help inform the RDN transit system review planned to begin in 2021.

DISCRIMINATION AND STIGMA

Discrimination and stigma are significant barriers preventing people from accessing opportunities and breaking the cycle of poverty. This strategy sought to identify areas where discrimination and stigma are barriers and how this can be addressed at the local government level.

ENGAGEMENT OBJECTIVES

The community engagement process for the development of the Social Needs Assessment and Strategy started with the identification of the following objectives:

- To ensure broad awareness of, and inclusive participation in, the engagement process as measured through demographics collected during engagement activities.
- To build broader community awareness of social needs through storytelling from those with lived/living experience to reduce fear, bust myths and increase empathy.
- To ensure participants are equipped with the information they need to provide informed input and know how their input will be used in the decision-making process as measured through input on information needs/gaps and the information/engagement report provided to them.
- To establish and strengthen trusted relationships with First Nations, stakeholders, and community members by being accountable and transparent in all communications and interactions as measured through input from stakeholders.
- To ensure project engagement incorporates and builds off previous engagement the RDN and partners have had to prevent duplication or engagement burnout among residents.
- To build credibility for the project and its findings.

ENGAGEMENT OPPORTUNITIES

ENGAGEMENT OPPORTUNITIES



320
RESPONSES

COMMUNITY SURVEY

An online community survey launched on the Get Involved RDN webpage from March 17th to April 9th, 2021, reopening again from June 10th to July 2nd, 2021. A total of 320 residents responded from across the region. A full survey report and analysis is in **Appendix 1**.



11
INTERVIEWS

STAKEHOLDER INTERVIEWS

One-on-one stakeholder interviews were conducted with key community partners. These interviews provided additional depth into the experience of service providers who work with individuals who may experience poverty. A total of 11 interviews with 12 community representatives were conducted. A set of interview questions were used to support the interviews. The responses were then collated across all the interviews to see any patterns or variations in responses across the interviewees. Responses are given in full in **Appendix 2**. A full list of interview questions is listed in **Appendix 3**.



21
PARTICIPANTS

SHARING CIRCLES

Lived and living experience sharing circles focused on gathering stories and experiences of poverty within the region. Six sharing circles were conducted with members of the 2SLGBTQIA+ community, newcomers and refugees, youth, seniors, and people experiencing food insecurity. Due to the COVID-19 pandemic, some sharing circles were held virtually, while others were done via phone to support participation. Participants received honorariums consistent with the [BC Centre for Disease Control Peer Payment Standards](#). Sharing circles were conversations focused on the challenges and impacts related to each of the six priority areas identified for this strategy: Access to Housing and Homelessness Support, Programs for Families, Children and Youth, Safe, Affordable Transportation, Access to Healthy and Affordable Food, Discrimination and Stigma. A full list of sharing circle questions and responses is in **Appendix 4**.

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PARTICIPANTS

GAME CHANGERS WORKSHOP

The Game Changers workshop, using the Tamarack Institute Game Changers Approach, was an opportunity for community partners already working to address social needs in the community to share their priorities and identify game changing actions for the community. Discussion on current actions were explored to glean information on what is working and how these actions can be enhanced. This helped to support the participants shifting into potential future actions necessary to address gaps and support collaboration. All workshop information collected is in **Appendix 5**.

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PARTICIPANTS

ELECTED OFFICIALS WORKSHOP

Two separate workshops were held in June 2021 involving elected officials from the RDN Board of Directors. The following Directors were in attendance:

Vanessa Craig	Leanne Salter
Stuart McLean	Adam Fras
Zeni Maartman	Keith Wilson
Charles Pinker	Bob Rogers
Lehann Wallace	Leonard Krog
Ben Greselbracht	

The objectives of the elected official workshops were to:

- Build on the social needs identified through engagement for each focus area
- Identify opportunities and needs to advance proposed initiatives from a government perspective
- Create understanding of a systems-based approach to addressing social needs

Collated responses from the workshops are in **Appendix 6**.

WHAT WE HEARD

SURVEY SUMMARY

Community members within the region were invited to participate in a survey to better understand current and future needs across their communities. The survey was available online through the RDN’s engagement website from March 16th until April 9th, and again from June 10th to July 2nd, 2021. It was promoted through social media and other regional marketing and communications channels. **In total, 320 responses were received.**

Questions asked focused on how people are meeting their basic needs such as: housing, transportation, community and social supports, and food security. All survey questions and results can be found in **Appendix 1**.

Based on the survey results, the top gaps in the region that have negative impacts on the health and well-being on community members include:

- A lack of access to primary health care and high costs associated with many extended health care services
- Inaccessible and inconvenient public transportation networks
- Unsafe Active Transportation infrastructure such as sidewalks or cycling paths
- A lack of affordable housing availability
- The high costs and low quality of local mental health care services (especially for youth)
- The high costs and long waitlists for child care services
- Limited employment opportunities across various sectors that leave many professionals working for minimum wage

Figure 1 - From the following list, select the areas where you currently have negative experiences that present challenges in you/your families’ lives (select all that apply) (n=320)

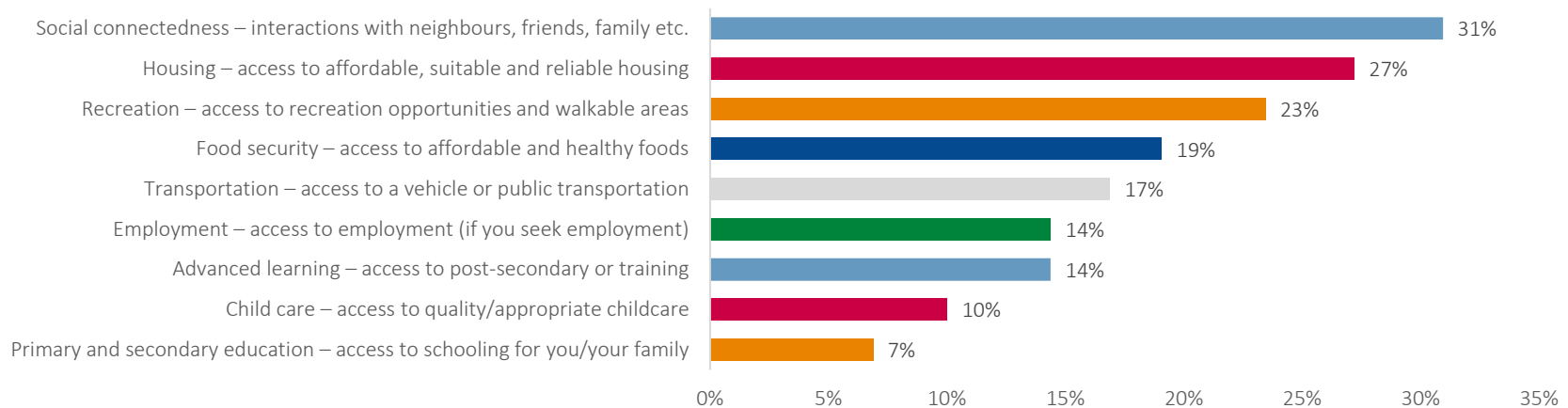
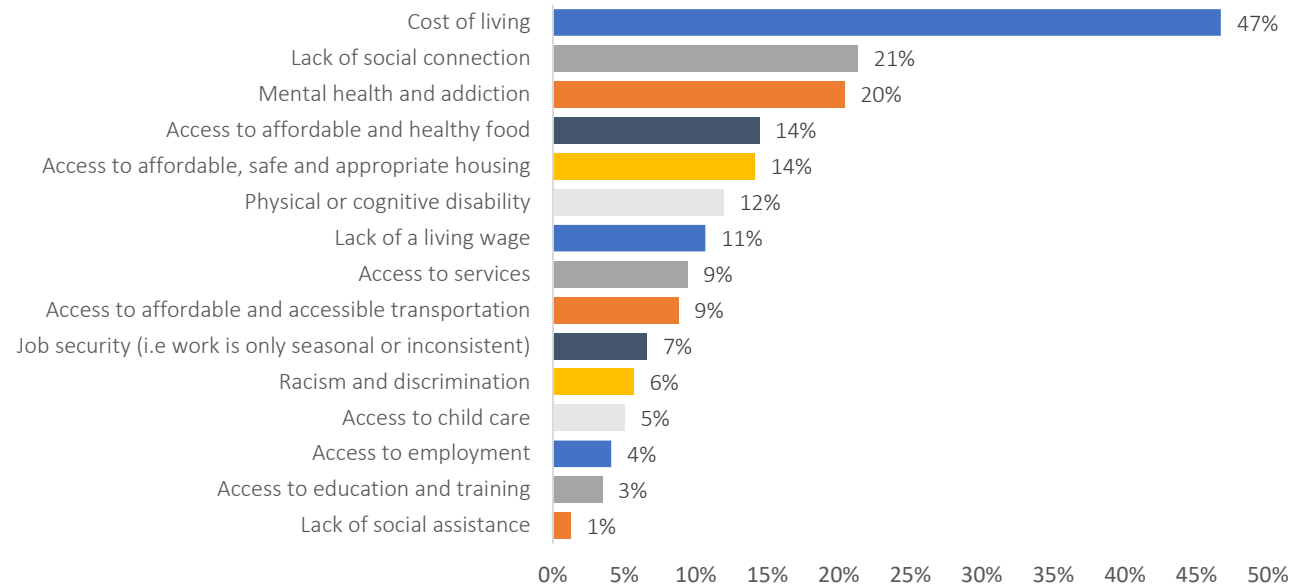


Figure 2 - Of the items below what are the greatest challenges you face on a day to day basis? Select your top three (n=320)



KEY THEMES:

Programs for families, youth, and children

Programs to accommodate a variety of family needs and circumstances were seen as lacking in the communities. 45% of respondents indicated that childcare was not affordable for their family.

When asked to elaborate on their concerns, participants noted that:

- Limited availability and long waitlists make child care expensive and inaccessible for families. Parents requiring after-school and evening child care have limited to no options. (33 Comments)
- Quality and safe child care for children with special needs is required. (3 Comments)
- Child care subsidies are not available to families slightly above income threshold. (1 Comment)

Figure 3 - Recreational and Sports Programs are affordable for myself and my family (n=246)

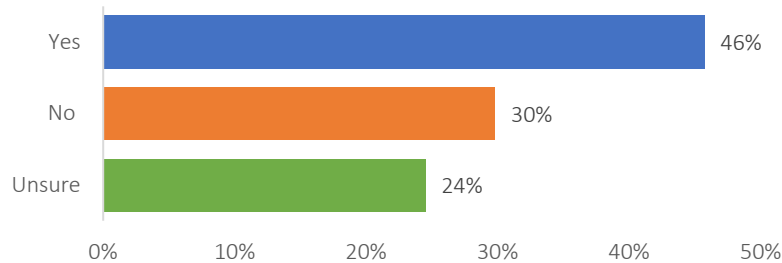
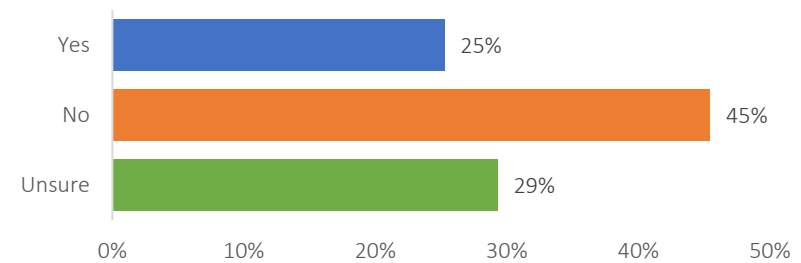


Figure 4 - Childcare services are affordable for my family (n=99)



Social supports and services

Participants in the survey were asked about their experiences engaging with their community, accessing services, and feeling supported. The Service gaps in primary health care, mental health and addiction services, and access to employment services and opportunities.

Figure 5 - I have found that primary health supports in my community are accessible to myself and my family when we have needed them (n=307)

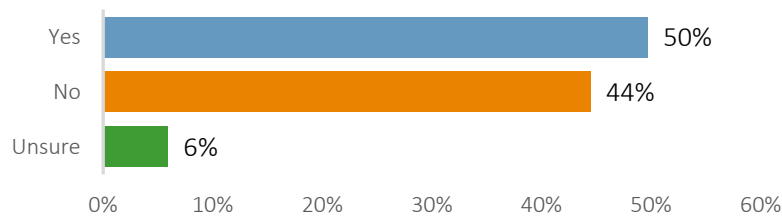


Figure 6 - I have found mental health and/or substance use supports available for myself and my family when we have needed them (n=209)

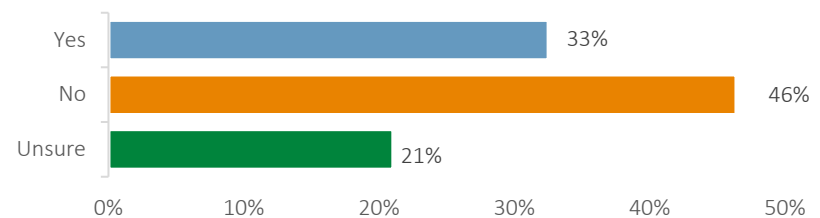
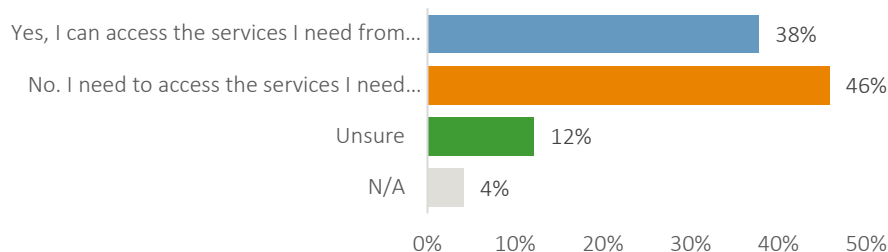


Figure 7 - Are you able to access the services you need within your own community, or do you have to access them from a neighbouring community? (n=313)



Access to housing and homelessness

Participants were asked to describe how their current housing either meets or does not meet their housing needs. They highlighted the following challenges:

Lack of affordable housing options – This creates housing insecurity among renters and forces people to overspend on housing, face food insecurity, and settling in inadequate and unsafe housing. *(51 comments)*

Overcrowding in housing – Families and renters are being forced to live in overcrowded homes due to unaffordability of larger homes. Adult children are unable to afford independent housing who continue to live with parents to manage costs. *(26 comments)*

Figure 3 - I need, but am not able to access the following services in my community (select all that apply) (n=320)

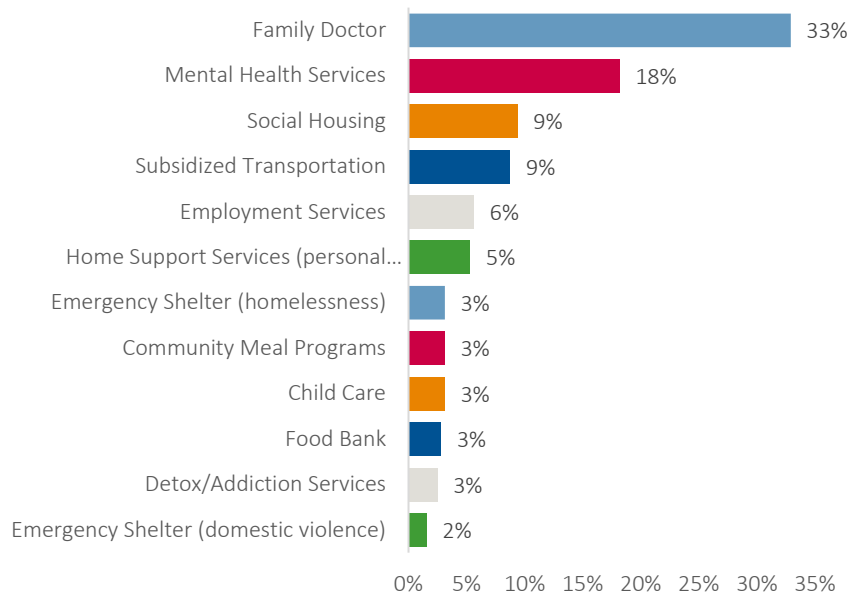
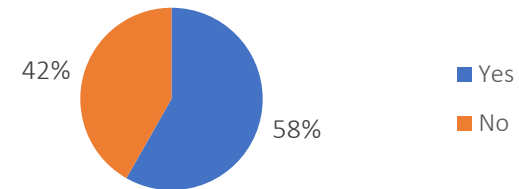


Figure 9 - I am able to find employment opportunities year-round in my community that meet my skill level. (n=170)



Inadequate rental housing options – Renters face limited suitable rental options as units are often distanced from amenities and lack accommodations for pets and people with disabilities. *(11 comments)*

Aggravated mental health – Mental health and substance use challenges increase as people continuously face housing insecurity. *(7 Comments)*

Figure 4 - I face challenges meeting my basic needs (shelter, food, clothing) or the needs of my family each month (n=317)

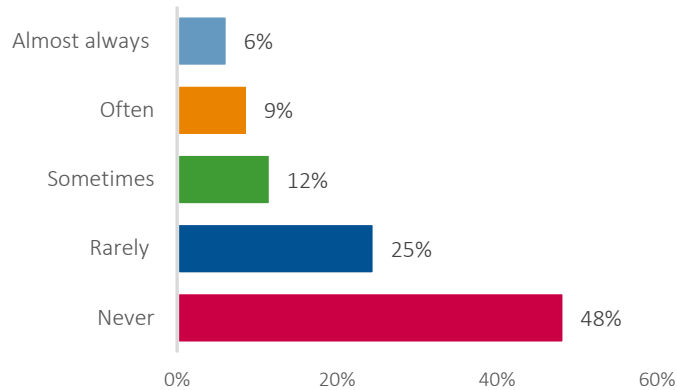
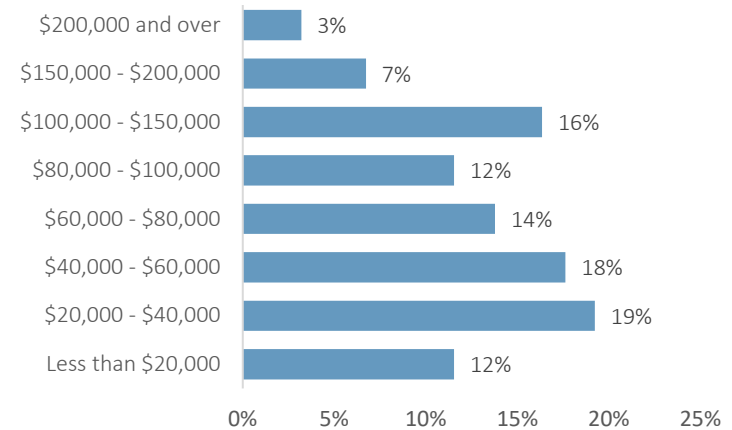


Figure 11 - What is your household yearly income? (n=312)



Access to healthy and affordable food

Ten percent (10%) of respondents indicated that they did not have access to nutritious foods all year round. However, for those living in poverty, the number was significantly higher as 30% indicated that nutritious foods are inaccessible.

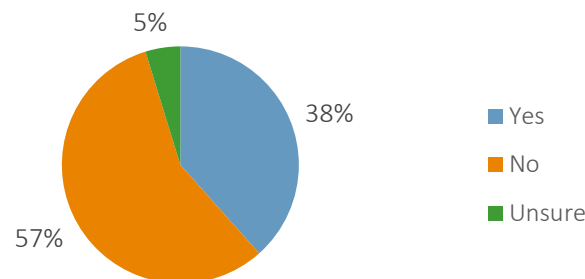
Overall, 38% of respondents indicated that they have had to choose between healthy foods and household costs (Figure 12). Similarly, this number was much higher (66%) for those who are living in poverty.

Participants were invited to provide details on the challenge of affording healthy food at the expense of other household costs:

High cost of housing and utilities – The timing of rent, bills, and utilities forces people to exhaust budgets leaving them with little to spend on healthy foods. Renters, seniors and people with disabilities face significant challenges in affording healthy foods. (46 Comments)

Insufficient incomes to purchase healthier foods – The cost of fresh fruits and vegetables pushes low-income families who are also often faced with unexpected costs and medical bills to settle for high-calorie, low quality processed foods. (45 Comments)

Figure 12 -Have you ever had to choose between healthy foods or other household costs? (n=316)



Safe, affordable transportation

Transportation on public transit and active transportation routes like sidewalks, bicycle lanes, and trail networks, were identified as insufficient for peoples need. Primary concerns were:

Lack of safe bicycle and walking path

Insufficient service – Limited routes and service options at extended hours including evenings, weekends, and holidays restrict mobility for those without cars. Limited service in early morning is major barriers for people seeking to access employment opportunities. (68 Comments)

Transit information gaps – Unreliable information on transit schedules and expected arrival times cause further deter ridership due to prolonged travel times and increases risk of being stranded and isolated. This is a considerable concern for people using wheelchairs and mobility aids. (29 Comments)

Insufficient transit infrastructure – Transit stops, and routes lack adequate bus shelters and street lighting that create safety and health concerns for transit users. (23 Comments)

Figure 53 What challenges have you experienced getting around the region? (select all that apply) (n=319)

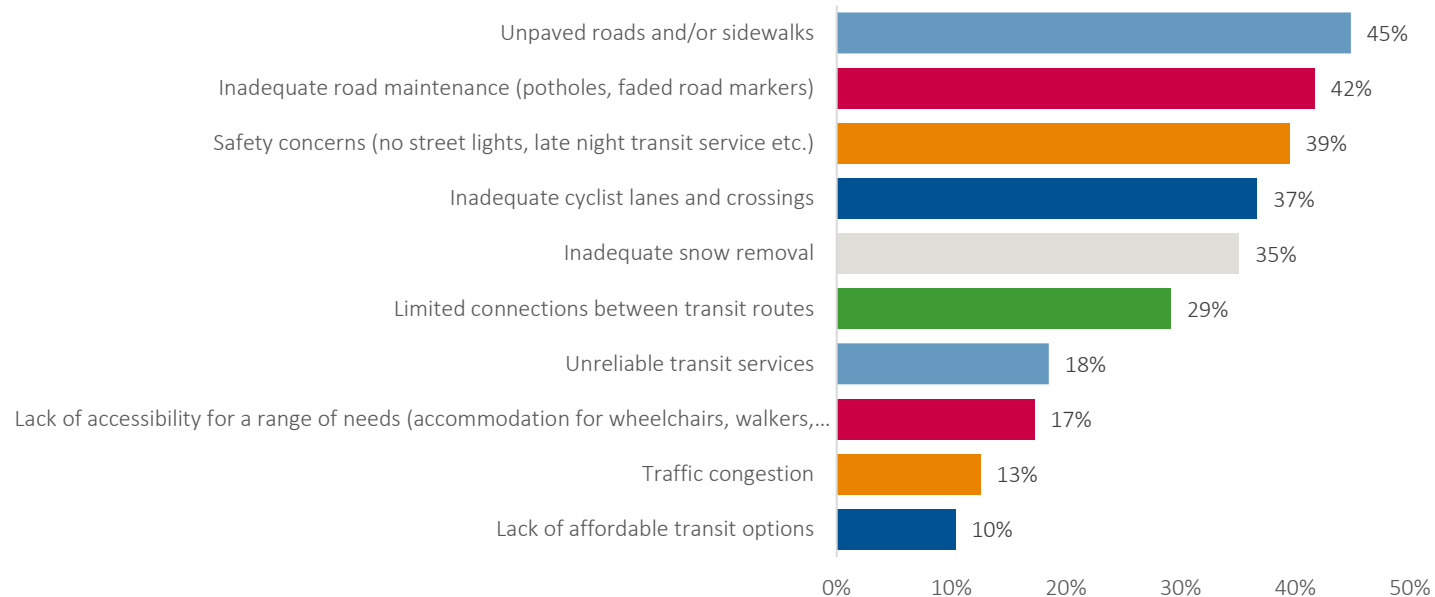


Figure 14 Do you use the public transit system to (select all that apply) cross referenced with people who answered yes to the question 'do you consider yourself to be living in poverty'.

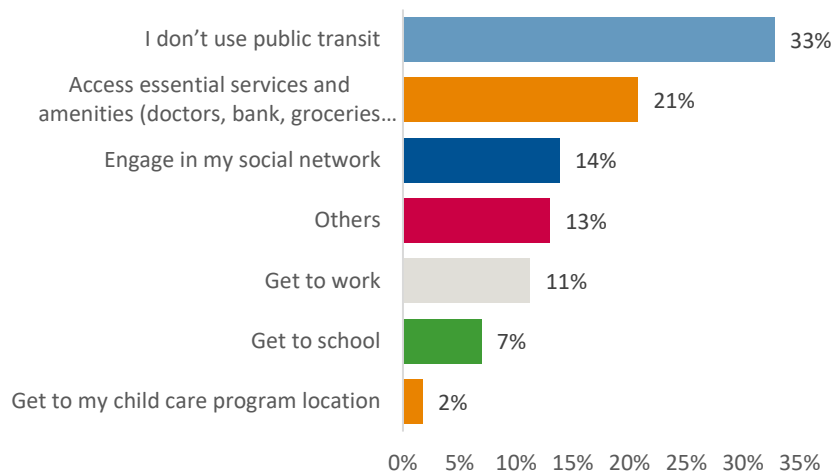
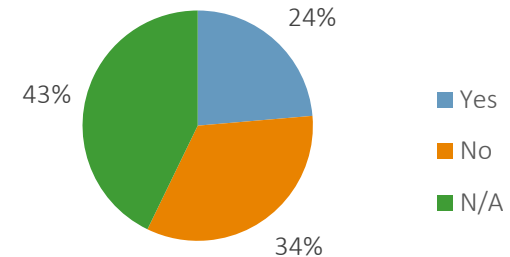


Figure 65 In general, the public transit system in my community meets my transportation needs (n=314)



Discrimination and Stigma

Feeling connected, safe, welcomed and engaged in one's community is a basic human need. People do better when they feel a sense of community around them and that they are welcome where they live. Ways of assessing this are through understanding how connected people feel with one another, whether they can access culturally and identity relevant programming, and if there are inclusive spaces for them in the community.

Survey respondents indicated that feeling a sense of social connection was a significant area of negative experiences.

The top three areas where people have had negative experiences that present challenges in their daily lives include:

- 1.Social Connectedness (31%)
- 2.Housing (27%)
- 3.Recreation (24%)

Another benefit of inclusive communities is that people create informal networks which can assist people in locating services, accessing resources, and knowing where to go for support. Nearly a quarter of survey respondents said it was challenging to find information on programs in their community, which can indicate lack of knowledge of how to search, but also that there is a lack of informal social networks which would provide this information (like a regular social activity, attendance at a community event, or connections with neighbours) (Davidson, 2014).

Figure 16 It is easy to find information about social programs and services available in my community. (n=294)

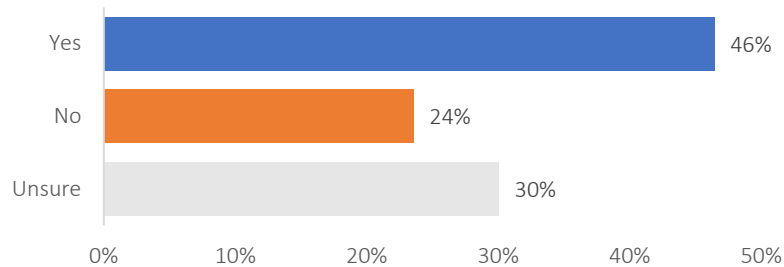
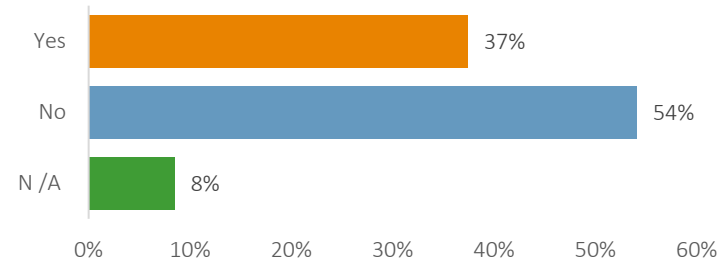


Figure 17 If you have access to housing, are you involved in activities or events in your neighbourhood that promotes neighbours meeting neighbours? (n=319)



Closing Comments

Survey participants were asked if they had any other comments or suggestions. The answers reinforce the priorities of housing, reducing barriers to supports, investing in wellbeing (poverty reduction), food security, and anti-stigma and discrimination work.

- **Increase diverse supply of affordable housing.** (130 Comments)
- **Continuously reduce barriers to social supports,** prioritizing needs of seniors and low-income families in accessing supports in mental health, transit services, and subsidized recreational programming. (107 comments)
- **Invest in community economic development** to create jobs that provide livable wages. (74 Comments)
- **Enhance supports in the full continuum of food security programs.** (37 Comments)
- **Address racism and discrimination** through adopting and advancing anti-racism initiatives in the community. (11 Comments)

STAKEHOLDER INTERVIEW SUMMARY

To better understand the experience of poverty in the RDN from the social serving organizations’ experiences, 11 interviews were conducted with 12 community representatives (Note: one interview had two participants). Participants all provide services in the community related to the six priority areas. Interview participants were asked about the effectiveness of services and supports provided, as well as the barriers and challenges different population groups have in accessing services. Interview participants were also asked to identify examples of successful programs as well as what they see as the role of local/regional governments in addressing social challenges in the region. This summary of the challenges, gaps in the social service system, and suggested actions are what emerged through interviews for each of priority area. The full interview summary and interview questions are in **Appendices 2 and 3**.

EFFECTIVENESS OF SERVICES AND THE LOCAL GOVERNMENT ROLE

Effective services are programs that demonstrate successes in fulfilling one or more social needs. This list of effective services supports the solutions stakeholders identified as needed social services for communities. Stakeholders confirmed that most of these services are currently present to one extent or another in the region. However, stakeholders identified that additional resources are required to expand and fully meet the needs of residents in the region.

- Employment support
- Interpretation services
- Language classes
- Mental health supports
- Farming and nutrition programs

PARTICIPATING ORGANIZATIONS:

Central Vancouver Island Multicultural Society
Nanaimo Community Action Team
Nanaimo Family Life Association
Nanaimo Foodshare Society
Oceanside Building Learning Together

- Transit subsidy programs
- Mobile medical service delivery
- Peer group programs
- Housing projects, including low and middle income housing

Barriers

Barriers to accessing social supports and services varied by region and by the people seeking access. Organizational barriers are viewed as: methods of service delivery, policies and practices determining who has access, and scheduling of service availability. These barriers can restrict the number of people and who could benefit from the service. This restriction could also include a limited availability contributing to long waitlists. In addition, accessibility barriers focus on how a person finds, gets to, and/or receives services. Below are examples of the barriers stakeholders provided.

Organizational barriers	Accessibility barriers
<ul style="list-style-type: none"> • Complex funding and reporting structures • Lack of spaces available in programs • Strained staff and volunteer capacity • Difficulty finding and keeping qualified staff in non-profits • Limited spaces in programs • Limited funding for subsidies and bursaries of activities • Challenges finding affordable spaces to expand into • Lack of communication between governments and service providers 	<ul style="list-style-type: none"> • Lack of awareness of services • Lack of access to reliable transportation • Lack of access to affordable technology (including internet access) • Physical barriers such as lack of proper ramps and sidewalks at facilities • Knowledge or skills to use technology • Mental and physical health needs • Services/forms offered in English only

There are known impacts as a result of these barriers, stakeholders highlighted a loss of funding support, missed community connections and resources, deteriorating health, death, mental health issues, suicide risk, overcrowded hospitals, and substance use, as important concerns. Job loss, lack of activities for children, vulnerability to abuse and neglect, physiological health issues, crime, and stigma can be linked to service exclusion as well. In addition, a lack of transportation was identified as a significant barrier that also limits access to educational and economic opportunities.

Success Factors

Stakeholders cited **innovation, technology, collaboration with partners** (including Indigenous communities and healthcare organizations), **dedicated staff for navigation support, and funding** increases and coordination across sectors as key success factors in meeting people’s social needs. These success factors also include mobilizing community connections and resources, having a long-term commitment to the community, and **giving people hope**.

Local government role

Stakeholders were asked to describe the role of local governments and the RDN in addressing social needs in the community. A complete list of identified actions can be found in the full data report (Appendix 1), the following represent the repeated themes captured:

- Include social needs as a factor in creating policies and community plans,
- Increase transportation (public and active modes),
- Include community members and service providers in decision-making, and
- Have ongoing committees and working groups on the priority areas.

LIVED EXPERIENCE OF POVERTY SHARING CIRCLE SUMMARY

Participants were identified by our partner community organizations:

- Salvation Army – Parksville Foodbank
- Nanaimo Family Life Association – Seniors Program
- Nanaimo Family Life Association – Gender Journeys Program
- Central Vancouver Island Multicultural Society

Together, the participants shared lived experience from the perspectives of:

- Newcomers and Refugees
- 2SLGBTQIA+
- Youth
- Seniors
- Food Insecurity

Sharing circle engagement opportunities provided experiential insights into individual focus area experiences from a variety of residents living in the region. Due to the restraints of COVID-19 pandemic, arranging group sharing circles was a challenge. For those who were unable to participate in an online video conference, the option of one-on-one calls was offered to ensure that anyone who wanted to participate was able to.

The project team was honoured to be gifted the personal experiential knowledge of 21 individuals. What follows is a summary of the conversations that collectively touched on each of the six priority areas. Engagement questions focused on the challenges and impacts felt in their day-to-day lives. The framework for the Sharing Circle and phone conversation questions can be found in **Appendix 4**.

PRIORITY AREA: ACCESS TO HOUSING AND HOMELESSNESS SUPPORTS	
CHALLENGES	QUOTES
<p>Affordability - affordability of housing units was a major concern. Specific issues include:</p> <ul style="list-style-type: none"> Finding an affordable unit that has enough rooms for families is a significant challenge. Newcomers identified additional barriers as families are often larger. Non-profit housing units are rented at market rental prices that makes them unaffordable to those who need them. Seniors living on single pensions or those dependent on their children are highly vulnerable and unable to live independently. For people on income assistance, the shelter allowance of \$375 does not cover even a room in a shared house. For people with children, this is especially hard. <p>Housing availability - There is a lack of housing available, makes finding a unit highly competitive and leaves room for discrimination by landlords.</p> <p>Housing insecurity - rental situations are not always secure. Experiences of moving into a home and it gets put on the market or sharing a unit with others and risk of roommate issues. Renters are at the mercy of the landlords who stop by whenever they want and threaten them with possible evictions if they don't comply.</p> <p>Discrimination:</p> <ul style="list-style-type: none"> Newcomers face discrimination in accessing rentals as they will seldom hear back when they make applications to landlords. Newcomers usually have larger families and have language barriers that make them vulnerable in the housing markets. International students face challenges finding temporary short-term rental housing. Families with children cannot access rooming situations that they could afford; there is stigma about parents sharing rooms with children. Seniors, people with disabilities, and people on income assistance face discrimination. People who have special needs or children with special needs are less likely to be rented to. <p>Stigma of social housing - Community concerns about building social and supportive housing is stigmatizing. The need for affordable housing is great, and it feels isolating and discriminatory when people protest proposed sites. People have concerns about social housing being built near schools, seniors centers, libraries, but these are the services that people benefit from access to.</p> <p>Limited knowledge to navigate housing agreements – Newcomers to Canada are unaware of the processes to access housing and enter into rental or ownership contractual agreements. Landlords and tenants who have language barriers are both vulnerable to fraud as they are unable to establish contracts and navigate system to seek remedial services.</p>	<p><i>"As newcomers, they are unable to access housing that they need they are often living in inadequate, poor quality housing that is in unsafe neighbourhoods. Then due to the discrimination they face they have no choice but to keep their children in unsafe conditions."</i></p> <p><i>"When a newcomer family finds housing, they hold on to it because they know there are a lack of options for them. They continue to stay in this housing even as the family outgrows the space. This leads to conflict and strain between partners and children."</i></p> <p><i>"Newcomers come to the Canada thinking they are prepared and have the ability to buy a house but as soon as they arrive, they realize that they are not able to achieve their goals."</i></p> <p><i>"I am a single parent, its impossible for me to find housing that I can afford. The only thing I can afford is a room and nowhere is going to rent to me."</i></p> <p><i>"Right now, I'm looking at living in an RV despite the fact that I am aware it is technically not legal, but it's the only option that I have. Other than, without that I am looking at homelessness."</i></p> <p><i>"The fear of homelessness and housing insecurity impacts my mental health significantly. I experience a lot of anxiety, when I'm feeling anxiety and feeling stressed, I...it makes it difficult to eat well, it exacerbates my other mental health, my other illnesses (mental) that I deal with. It sets me into survival mode."</i></p> <p><i>"When you go look at a place, there are a bunch of other people looking at the same time and the renters would give it to anyone else rather than a disabled 67-year-old."</i></p> <p><i>"Eventually, when you do get a lead or speak to someone, they make you find a place, but the representative from BC housing does not get to it on time and you lose it. There have been times when I have called or signed up and no one gets back to you."</i></p> <p><i>"Property renters feels like they can terrorize them, and I can't do anything about it for fear of being evicted."</i></p> <p><i>"I have a back injury and I am forced to sleep in my car worsening my condition. I am always in excruciating pain."</i></p> <p><i>"You are not allowed to date because the second you get a relationship, you have to declare it and when you do, you lose your disability check because the person living with you becomes responsible for you and nobody wants to do that."</i></p>

<p>Increased competition in housing market due to new market entrants – The pandemic has caused an influx of homebuyers from the mainland who have increased the competition in the Island’s housing market. Newcomers are unable to compete with the outside buyers who are able to pay in cash or 70-100K over the asking price. Newcomers also face significant challenges in securing bank loans to purchase homes.</p> <p>Housing support programs are restricted, have long waitlists, and information sharing is ambiguous and creates feelings of discrimination. BC Housing SAFER for seniors requiring rental income support eligibility is too restrictive. BC Housing RAP is only available to people with children, people new to the country and/or single are unable to access services. BC Housing waitlists for housing units are extremely long and lack transparency, with no guarantee that housing would be available through this option.</p> <p>Alternative Housing Restrictions – Lack of zoning for trailers are illegal on private properties, limitation to campsites, illegal suites and carriage houses etc. No zoning for tiny homes.</p> <p>Hospital being in residential area – youth reported that the apartments are too close to the hospital, creates noise and leads to exhaustion, not able to sleep. It affects your mental health.</p> <p>Homelessness: a key issue in the community. Lack of action being taken to support these communities.</p> <p>Pet Restrictions – Some places won’t allow pets thereby forcing people with emotional support animals to give them up increasing their anxiety and depression.</p>	
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IMPACTS

- Inability to find suitable and adequate housing at an affordable price.
- Discrimination means that ethnic minorities, people with disabilities, and people with children with special needs are less likely to access housing units.
- Rental subsidy and other programs are not serving everyone who would benefit as the thresholds are too low.
- Stress, anxiety, and fear of homelessness.
- Worsening health, physical and mental.
- Inability to cover life expenses – too large a portion of income goes to housing and food, medications, and recreation become unaffordable.
- Losing pets or companions due to lack of pet friendly housing.
- Fear of entering a relationship if it will change household status, it puts too much pressure on the relationship when it is young and contributes to feeling isolated and alone.

PRIORITY AREA: PROGRAMS FOR FAMILIES, CHILDREN, AND YOUTH

CHALLENGES	QUOTES
<p>Compromised health and wellbeing of newcomer and refugee families due to lack of relevant social supports for family units to navigate system together in a safe manner.</p> <ul style="list-style-type: none"> Newcomer families do not have information available on how to access childcare services, subsidies, and child tax benefits. Students who are newcomers or refugees face unique challenges in integrating into schools. There has been an increase in the number of supports needed and there is limited availability of multicultural workers and interpreters in schools across the region. Children are having to serve as interpreters for family members and accompany them for appointments regarding complex, sensitive issues. This is exposing children to concepts that are unsafe and inappropriate for children. <p>Childcare availability is limited, putting strain on finances, family life, and relatives.</p> <ul style="list-style-type: none"> Often one parent has to stay at home to look after children that can be a major loss of income for larger families. Or parents work on alternative shifts between nights and mornings so that someone can stay with the children. However, this reduces their family life as they are unable to spend time together as a family unit. Often seniors are required to provide childcare and supports that can be exhausting for the grandparents <p>Group mental health and wellbeing programs are not effective for parents – many of the programs are oriented towards supporting children that do not include adequate provisions for parents who are also facing considerable challenges.</p> <p>Many children face significant barriers in participating in distance online learning – As schooling has transitioned to largely online, distance online learning during the pandemic, many children did not have access to technology and other resources to participate in this learning modality.</p> <p>High costs and limited availability of programs for youth. Youth are focused on survival and rent, don't have money for extras. Difficulty finding programs that they're interested in. Interested in bike programs, computer coding classes, learning about indigenous lands, desire for more programs about culture and learning about new cultures. Not enough resources in the community.</p> <p>No LGBTQ access centres - Both youth and adult members of the LGBTQIA+ feel there is a lack of accessible, safe spaces and programs for their community.</p>	<p><i>"There is a high demand for mental health and emotional supports for newcomer students, but some schools are not comfortable in providing opportunities to settlement workers to conduct friendship circles in schools."</i></p> <p><i>"Kids who are 10 or 12 are having to translate for their families on issues they should not be exposed to. If there is a young mom experiencing mental health challenges or domestic abuse – who will she turn to? The child – who should not be exposed to this."</i></p> <p><i>"My daughter needed a referral for a specialist pediatrician but without a family doctor I kept going from walk-in clinics to trying to find support. After 2.5 years I was able to find a referral that I got through Telus Health."</i></p>
	<p>IMPACTS:</p> <ul style="list-style-type: none"> Loss of income opportunities for parents Children with additional needs do not get early interventions or the same level of care as others Online learning environment creating inequitable access to learning supports and opportunities LGBTQ youth feel unsupported and lack safe places to be Newcomers and refugees are not able to access programs and services they need Children are given undue stress as they interpret for parents

PRIORITY AREA: SAFE, AFFORDABLE TRANSPORTATION	
CHALLENGES	QUOTES
<p>Bus systems do not cover users needs.</p> <ul style="list-style-type: none"> Public transit isn't popular, it is expensive and bus routes are "terrible". There is a possibility of having to take multiple busses to go somewhere. T takes too long to take the bus – long duration of the ride and scheduling challenges. There is no service to Coombs and Errington, and limited routes to areas like Parksville. <p>Youth have concerns about their personal safety on the bus - They don't feel safe as some people on the bus are 'creepy'. Youth are not feeling supported by adults, drivers don't support them in times of need (they are not believed). People are not wearing masks on bus – this is a safety concern during Covid-19.</p> <p>Lack of infrastructure – No bus shelters, nowhere to sit, just out in the middle of nowhere. There is no lighting, no sidewalk, no nothing to keep transit users safe. Safe bike routes are not prevalent enough.</p> <p>Cost of service too high - The passes are \$5 one way and most people who are scrapping to get by cannot afford that. There are people who can't afford to go to the Soup Kitchen or Food bank because they can't afford to take the bus and walking is very far.</p>	<p><i>"You have to walk and bike long distances because you can't afford the bus passes. The bus won't let you on for a transfer, you have to take the day pass to get on. Going to job interviews and jobs would be cheaper. People have lost their jobs, because the transportation infrastructure, just isn't there. Most things aren't within walking or riding distance"</i></p> <p><i>"When my truck breaks down, it's a problem. It's (home) 11km from where everything is and it's a 1 mile walk to a bus, and I can't walk because of back pain and when I have to walk that distance it's an issue. During COVID, I have missed the bus a few times and because I am a slow walker and then have to wait till the next day to do what I want to do."</i></p>
<p>IMPACTS</p> <ul style="list-style-type: none"> Health Complications from exhausting walks Loss of income due undependable bus services Social Isolation Stress, anxiety and safety concerns. Lack of access to employment, amenities, and services 	

PRIORITY AREA: SOCIAL SUPPORTS AND SERVICES	
CHALLENGES	QUOTES
<p>Despite of a range of social supports in the region, the social infrastructure lacks capacity to support people who face language barriers.</p> <ul style="list-style-type: none"> Lack of interpretation services makes even basic social supports and services inaccessible to people facing language barriers. From accessing the RCMP, Services BC, accessing childcare subsidies, and housing agreements people with language barriers are unable to leverage these supports. There is considerable pressure placed on the individual to find an interpreter. Informal interpretation arrangements expose interpreters to trauma and discontinuity in service – The Multicultural Society or community members are required to provide interpretation services who are not trained. This increases risk for both the interpreter and the person requiring support. Interpreters often discontinue service during a process that leaves the person requiring support isolated and without support for years. Lack of services available for minority groups in the community. <p>Overall lack of variety, continuity, and availability of free or low-cost programs. The demand for services is higher than what is available through the public programs. Users experience long wait times to access services, and those services are not always comprehensive or suitable to their needs.</p> <p>Inadequate mental health supports for people with severe ongoing trauma and mental health challenges. Both emergency psychiatric services and ongoing community-based supports are limited and have barriers to access.</p> <ul style="list-style-type: none"> Newcomers and refugees hold severe trauma from their experiences with war, immigration, and culture shock that leaves them highly vulnerable. The scope of mental health supports is not comprehensive to meet these severe needs. People often feel their needs have been unmet after attending basic counselling services as they feel they have not been provided with appropriate interventions to manage their situations. Children and youth struggle to access ongoing supports like counselling and therapy. Available counsellors at free programs do not always have the right background to meet their needs. Psychiatric emergency services are limited, and when accessed they are not adequately integrated with ongoing care. Many services are group or short-term intervention oriented. “You get 10 visits and that’s it.” Services for people experiencing a mental health crisis experience being turned away if their suicide risk is not considered high enough. Not being “ill-enough” is a barrier to accessing services. Stigma attached to mental health restricts people’s willingness to access supports and services. 	<p><i>“I know a woman who could not express herself in English when she experienced during domestic abuse. The RCMP only took the information from the husband who spoke English and based on husband’s statement they recorded the woman victim as the abuser. So now she doesn’t trust the RCMP.”</i></p> <p><i>“There was a family from Thailand who needed to access critical supports but they interpretation supports. They had to look to Vancouver to find someone to provide interpretation to access services.”</i></p> <p><i>“Newcomers and refugees – who are also war survivors as I like to call them – have lots of trauma and no place for them to turn to for support. There is no way for them to be reunited with their community and families – and there is no one in the community with whom they can share their challenges.”</i></p> <p><i>“PEZ feels very much like a holding pen and only there if you are in immediate suicide risk. They just, they go there, and they put you in there and that’s it. You talk with a psychiatrist once or twice, and you are just waiting it out until they decide it is time to let you go. If you need to stay longer you go into psych, which is a bigger slightly more comfortable holding pen.”</i></p> <p><i>“My nephew was discharged less than 24 hours after a suicide attempt. It’s a very broken system. There is such a lack of beds. At PEZ there are 6, they are almost always full, if they are full and you are enough of a risk. They say go home, sleep in your own bed and if you still want to die in the morning come back.”</i></p> <p><i>“When it takes you 6 months to a year to see a psychiatrist, and then you don’t even get the psychiatrist you get a nurse practitioner....and they say that you are not quite ill enough...like if its not extremely severe than there is nothing for you.”</i></p> <p><i>“There are too many people in the groups, waitlists are too long, and there are no therapists. The psychiatrist told me to get a private counsellor.”</i></p> <p><i>“Going through what I have has made me realize that I get why people become homeless, become addicted to hard drugs, because the system is so broken, and you have to fight and fight and fight for the tiny scraps of social services that are there that sometimes don’t help you because its not designed to be a preventative thing or they turn you away. Its really disappointing and disheartening. I’ve had the privilege to have a solid support network behind me and there are others that don’t. The homelessness crisis and opioid crisis that is becoming very visible is just a symptom of bigger systemic failures.”</i></p> <p><i>“Left on your own if you are not in danger of harming yourself.”</i></p>

<ul style="list-style-type: none"> There are a lot of people being sheltered but not being helped with psychiatric and addiction support needs. <p>Lack of qualified professionals available through the public health systems.</p> <ul style="list-style-type: none"> The waitlists for therapists and counsellors are a barrier to accessing services. Waitlists for a psychiatrist can take 6 months to a year. Lack of Mental Health supports or Drop-in Medical Centre. Physician shortage means many people don't have a family doctor and have ad Hoc medical care as a result. Home Health Care for Seniors services do not meet the spectrum of needs. <p>The Covid-19 Pandemic and related closures have been a major barrier in accessing programming, recreation, education, and other services.</p> <ul style="list-style-type: none"> Resource centers, youth programs, counselling programs, health clinics and other services have been disrupted. Youth have found the limited access to support with online school and homework help a challenge. Disruptions to routine have proven challenging. People with disabilities and different learning styles are having additional struggles. Being online is not a solution for everyone. <p>Youth experience barriers to emergency and health services. Youth report experiences of not getting help from police or Ministry of Children and Families at times they needed help. The social workers offer little ongoing support past intake and referrals. The services are "irrelevant", and programs are "unresponsive". Youth are going to Vancouver to access medical treatment.</p> <p>Services identified as positive, low barrier supports were the rec center, PHC and SOS.</p> <ul style="list-style-type: none"> Having an advocate is found helpful Computer help and navigation online improves access to services/ benefits Accessible, easy to reach staff Flexible payment and/ or free programs Rec Center perceived to have good children's programming Junior youth spiritual empowerment program. Easy to access, and free. Boys and girls club is available but costs \$25 a month <p>Lack of awareness of government services. People may not be aware of the services that they qualify for. Registration for social support is onerous (tough task). The information is scattered and finding forms and services is a challenge. This is an extra barrier for people who do not have a phone to receive calls, or who do not have the internet to do searches.</p> <p>Budget Cuts – The government has cut funding for drugs people need and people who can barely make enough, are forced to go without important medication. Inadequate Funding</p>	<p><i>"There is a huge waiting list and it's hard to see the psychiatrist if you need that."</i></p> <p><i>"It's good to know that when you're going through a tough time, you have that program there to ease your mind and takes some of the stress away."</i></p> <p><i>"They are dealing with so many people, so you only have about 10 minutes before they kick you out and they have to deal with the next person. It feels like you are a commodity."</i></p> <p><i>"They don't give enough time for their services. They are on a time limit. The people who show compassion and spend extra time get in trouble for doing their job."</i></p> <p><i>"It takes months to get into and getting the right doctors is challenging."</i></p> <p><i>"The rec center staff are really nice and they watch over the pools diligently."</i></p> <p><i>"No income assistance office, you need to go to Nanaimo and that is too far for people to go because they cannot afford it."</i></p> <p><i>"I deal with a rare form of arthritis and cannot afford the drugs, so I do "RAKE and CHIDONG". My drugs are \$140 a month. My partner also goes without medicine for his fibromyalgia because he cannot afford it."</i></p> <p>IMPACTS:</p> <ul style="list-style-type: none"> Mental and physical Health goes untreated/ under treated Extra costs as people pay for private services when there are no free or subsidized programs available Loneliness, isolation, and depression Children and youth go without interventions which could improve their life prospects Choosing between health services and food/ medications Not having a family doctor means access to other care and supports (like referrals and medical exams) is ad hoc and doesn't meet people's needs. Depression and Anxiety about accessing services
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PRIORITY AREA: DISCRIMINATION AND STIGMA

CHALLENGES	QUOTES
<p>People belonging to visible minorities are subject to racist attacks.</p> <ul style="list-style-type: none"> Community members harbour racist and ill perceptions of those community members who belong to racialized communities. There are instances of verbal and racist attacks that have left many communities members feeling unsafe and unwelcomed in the community. There are considerable anti-Asian, Islamophobic and homophobic sentiments in the community. <p>Small business owners and people working in public facing occupations are vulnerable to ill treatment based on racism – Negative perceptions and racist attitudes towards certain cultures and ethnicities results in community members spreading false accusations of poor service or refusing services from people who belong to racialized communities.</p> <p>No clear, definitive legal frameworks or processes to deal with racist hate crimes – For community members who experience a hate crime they have no proper mechanism to deal with the issue. Underlying racist attitudes across community leads to little support for victims of hate crimes.</p> <p>Need for anti-racism education and bystander intervention training – Racism is a significant issue in the community and community members require knowledge of how to deal with incidents of racism.</p> <p>Transphobia and Homophobia are experienced in public places, people are scared to go new places and experience violence in the community.</p> <ul style="list-style-type: none"> For youth, even home can be an unsafe place if their parents are not supportive. Going into new spaces is scary if you are unsure who will be there and how they will treat you. Making decisions about washrooms is hard as people can mis-gender or be rude if you go into a washroom, they don't think you should be in. <p>Youth feel excluded and dismissed based on their age, they don't feel they are taken seriously by the community, health workers, school counsellors or adults in general.</p> <p>Disability Discrimination – People often do not understand how to deal with people with disabilities and often just avoid them totally.</p>	<p><i>"I was in the supermarket when someone approached me and said 'Chinese people everywhere are unpleasant.' I did not know what I do and say, and I was distressed because I am a regular person just like you."</i></p> <p><i>"Someone I know who wears a hijab had her hijab pulled off and food thrown at her."</i></p> <p><i>"In Nanaimo there are couple of schools where newcomers do not want to register their children there because there is community gossip that there are bad experiences there."</i></p> <p><i>"I have been trying to support a family who has been experiencing discrimination and racism from the neighbours in their complex. They have been hurt and abused both physically and verbally. I have tried to help them by connecting them with the authorities, but I realized there is no law to protect them. And the neighbours band together to protect each other. The RCMP, BC Hate Crimes, and the MP was involved but the incidents have only been intensified. The preparators do not like that the family is trying to protect them."</i></p> <p><i>"I have to decide which bathroom I am going to go into, and which one I am less likely to experience discrimination."</i></p> <p><i>"The stigma and threat of discrimination is ever present. For some queer people, especially queer youth, even being in your home isn't always safe."</i></p> <p><i>"I definitely feel like for the most part, that I'm not super welcome in society."</i></p> <p><i>"When you step out the door you never know what you are going to get. It might be people yelling threats."</i></p> <p><i>"It's a war in there, in my head. I just end up being stuck in bed and unable to do anything. I'm not able to take care of my health and hygiene, I miss medications, appointments, I miss meals, eat poorly. And then sometimes, sometimes you home isn't even safe because you're on the internet. So you can feel uncomfortable even in your own home."</i></p> <p><i>"I wish there was more queer friendly spaces and more places where myself and my friends and others can exist without fear."</i></p> <p><i>"I felt powerless and didn't understand why and I couldn't fight it because I didn't know how. I feel judged. People don't know what to do with kids with development challenges."</i></p> <p><i>"I feel stressed and fearful when it comes to doing anything with my kids."</i></p>

IMPACTS

- Experiencing ongoing stress can manifest as ongoing physical pain, headaches, changes in appetite, changes in sleep, and exacerbation of anxiety and other mental health.
- Discrimination against children with developmental disabilities can result in challenges accessing housing, services, day care, or public spaces.
- Feelings of powerlessness and exclusion.
- Recreation services that do not have trans-friendly change rooms or women's only swimming programs mean some people cannot/do not access services.
- Challenges to finding housing and employment.
- Threats to personal safety.

PRIORITY AREA: ACCESS TO HEALTHY AND AFFORDABLE FOOD	
CHALLENGES	QUOTES
<p>High cost of food is a barrier to healthy eating – groceries are expensive, and healthy food like fresh foods are particularly high. The extra cost of food being imported from the mainland is thought to contribute to this high cost. Because of high cost, people eat junk food because it is what they can afford.</p> <p>High cost of food leaves little to nothing left over for other needs. People must decide what else to cut, like accessing social and community programs.</p> <p>High cost of housing reduces access to healthy food. For some respondents, housing costs were so high that they access the foodbank, meal programs or other supports as they cannot afford groceries.</p> <p>There is a water problem on Gabriola Island. Certain neighbourhoods must buy water or have a cistern and certain places don't have water at all.</p> <p>Access to food services limited by transportation and service availability. People living in outlying areas and are dependent on walking, biking, or bussing are not able to attend services if busses are interrupted or unavailable, if they cannot walk, or if service hours don't align with transportation. During Covid-19 restrictions, services people depend on were interrupted.</p>	<p><i>"If you are not getting the right food in your body, you are undernourished and end up collapsing and damaging your body."</i></p> <p><i>"Kids are going to school without breakfast every day and that's just unacceptable. They won't be able to learn."</i></p> <p><i>"After paying rent, hydro and utilities, from your disability or social support cheques, there's not much left for groceries."</i></p>

IMPACTS

- Negative impacts on cognitive function and learning ability for youth.
- Reliance on foodbanks and other services.
- Inability to access food when transportation is a barrier, or when services closed (such as service reductions during Covid).
- Health issues related to nutrition and diet.

LOCAL GOVERNMENT SERVICES

Local governments provide a range of services that are critical to functioning of community life and significantly contribute to the livability, health, and well-being of communities. It is extremely important to continuously determine the effectiveness of services in meeting the needs of the community. As communities across the region continue to grow and diversify it is important to assess the perceptions and expectations of local government services. Central to this commitment to service excellence is an intentional effort to design and deliver services that are inclusive and equitable for all members of the community to access and enjoy.

However, not all community members are able to equally access and enjoy services that are designed for the overall community. Many individuals experience barriers and challenges in accessing local government services that require deeper inquiry into the lived experience of community members to understand how to better serve them. Through the sharing circles, community members with lived experience of belonging to a marginalized and underserved groups shared insights into their awareness and experience of using local government services. Through the feedback gathered, gaps and limitations of local government services were identified, in addition to a list of potential actions to enhance service delivery.

The sharing circles featured discussion on a range of local government services that included the following tangible and intangible services:

- Parks
- Recreation Centers
- Libraries
- Seniors programming
- Youth Programming
- Dog licenses
- Road and Sidewalk maintenance
- Community planning and development
- Building permits
- Fire emergency response
- Fire and life safety information
- Recycling and garbage collection

Prominent Quotes:

"I would use pools, common theme for trans people to not feel safe in the pool. You have to expose your body in a way you are not comfortable with. I would love to go to the pool, I go swimming outdoors like the river where I can feel more comfortable."

"When I came to Canada, I did not understand many things of about how society worked here – I did not understand why the fire trucks kept going and there were no fires. I didn't know how to set up a business or you have to file taxes even if you don't have an income."

"There are no services available because their mayor is against homeless people and drugs because they want to create a 'Malibu like' city. So, they have cut services that cater to the homeless."

AWARENESS	EXPERIENCE AND CHALLENGES	POTENTIAL ACTIONS
<p>Community members lack awareness on the depth of services provided by their local governments.</p> <p>Social and recreation programming and parks are the most relevant services for community members from marginalized and underserved groups.</p> <p>Limited awareness of community planning and business development services restrict opportunities for community members to access opportunities to enhance their standard of living.</p> <p>The needs of marginalized community groups are dismissed in community planning due to lack of inclusion in community planning processes. This restricts opportunities for marginalized communities to advocate for the services they need.</p>	<p>Lack of culturally safe and gender sensitive options to access recreational services – the recreational services are not designed to provide opportunities for women, 2SLGBTQIA+ groups, newcomers, and refugees to participate in.</p> <p>Accessibility concerns – The design and maintenance of public facilities and infrastructure is inadequate and inconsistent in supporting people with disabilities to access local government services.</p> <p>Transportation challenges – Physical distances and insufficient public transportation system creates barriers for accessing services.</p> <p>Lack of prioritization on the development of affordable and social housing – the absence of voices of people with lived experience of homelessness and housing insecurity in the community planning processes leads to the undermining of social housing projects.</p> <p>Lack of centralized and translated information for newcomers – Newcomers require support in navigating services to participate in community life and access economic and social opportunities.</p>	<ul style="list-style-type: none"> • Prioritize inclusive service delivery – Enhance programs and services to meet the needs of diverse community groups. This includes the creation of gender safe spaces, accessible infrastructure, and translation services. • Create gender safe spaces – Develop gender neutral bathrooms and changerooms in all facilities. • Deliver equitable community engagement process – Integrate equity into local planning processes to provide opportunities to marginalized groups to advocate for their needs. • Build capacity in community safety officials – Increase training for fire and police to better serve people with mental health and substance use challenges. • Ensure affordability of recreational programming. • Prioritize the development of affordable market housing and social housing projects regionally. • Enhance mental health supports. • Address water related issues.

GAME CHANGERS WORKSHOP SUMMARY

INTRODUCTION

The “Game Changer” Workshop serves as an opportunity to convene key local stakeholders, decision makers, and community partners to collectively map out strategic and specific “game changing” initiatives and actions to address social needs and supports in the RDN. For a full summary of notes and input, see **Appendix 5**.

The workshop objectives include:

- Identify priority areas / big ideas for improving social supports and services in the RDN
- Build relationships for working together to generate change and increase collaboration across organizations
- Build awareness of local poverty in the RDN
- Create understanding of a systems-based approach to addressing poverty

MAJOR CONCERNS

Participants in the workshop were asked to discuss what challenges they are facing and some game changing actions to address social needs. While all six areas of the strategy were discussed, the five main themes of the conversation were:

- Housing
- Food Security
- Youth Children and Families
- Opportunities for Collaboration
- Funding Coordination

Participants: 30 participants from the following organizations:

- City of Nanaimo Youth Advocates Table
- United Way Central & Northern Vancouver Island
- CMHA Mid-Island Branch
- SD 68
- BC Government - Social Development & Poverty Reduction
- Service Canada
- City of Nanaimo
- Gabriola Health & Wellness Collaborative
- Boys and Girls Club of Central Vancouver Island
- Nanaimo Division of Family Practice
- Forward House
- Island Crisis Care Society
- Gabriola Chamber of Commerce
- RDN
- City of Nanaimo
- Nanaimo and Oceanside Community Action Teams
- District of Lantzville
- Nanaimo Chamber of Commerce
- Nanaimo Loaves and Fishes
- Society of Organized Services (SOS) - bus programs
- People for a Healthy Community
- Oceanside Health Network
- Gabriola Health Network
- Sna-Naw-As First Nation

These priorities were seen as the most important areas for action to address root causes. They were also seen as the areas with the biggest gaps in action within the RDN.

KEY TAKE-AWAYS

Identifying gaps was only one part of the workshop. Most of the conversation focused on how to address these challenges. What became clear is the strong desire for more collaboration, common goals, and opportunities to work together. Participants recognized a deep need to see their challenges as part of an eco-system of services. To this end, participants expressed:

- A desire to **work collaboratively**. Participants are interested in sharing resources, identifying gaps and supporting each other's funding applications, and sharing strategies and learning together.
- **A need for support in collaboration**. Collaboration takes time and effort. To make the most of people's time and effort, there is a need for facilitation, funding, and platforms for collaboration. **A game changing action for the community would be a coordinating body** and facilitator for working groups, coalitions, and collaborations.
- All areas can benefit from an **integrated, intersectoral, equity, and social determinants of health lens**. Actions in one area need to be coordinated with actions in another area, and all key players need to be involved in community decisions.
- **Strong collaboration leads to strong advocacy**. When service providers, governments, community organizations, and other stakeholders (like people with lived experience) can align their goals, advocacy to provincial and federal funders is strengthened and focused.
- **No one-size-fits-all approach** will work for the RDN. Urban and rural needs are distinct from one another, but the social service system benefits when everyone works together. Plans made for the region need to take differences into account for effective planning but can also be improved by seeing the community to reduce duplication of efforts and learn from each other.

GAME CHANGING ACTIONS

Key Players identified several current game changing actions which they see in the RDN and elsewhere. These are projects or activities which could be used as models for other organizations, be the focus of shared learning and skills sharing, or ideas for launching new projects.

Focus Area	Current Game Changers	Potential Game Changers
Housing and Homelessness	<p>Collaborative groups such as CAT teams, Homeless Coalitions, and service provider organizations</p> <p>Funding Collaboration between service providers to identify community needs and support each other's funding applications</p>	<p>Alternative Housing such as tiny homes, RVs and others to increase housing stock and house people more quickly</p> <p>Review the OCPs and RGSs from a housing first lens: incentivize rental development through DCC and development application processes, increase density and secondary suite options, etc.</p>

	Coordinated Access to housing supports better outcomes for clients	Increase available lands for rental and non-market housing through partnering with non-profits to develop or re-purpose RDN and crown lands and setting up mechanisms for community members to donate land.
Stigma and Discrimination	Various agencies were identified as leaders in conducting anti-racism work and meaningfully working towards carrying out the TRC recommendations . Consultation with People with Lived Experience in decision-making and program planning.	Shift consultation with people with lived experience from 'consult' to 'empower' on the IAP2 scale. Enact recommendations from the TRC through internal and external reflection of processes and outcomes. Participate and reflect on anti-stigma and anti-racism work as individuals, organizations, and a community.
Families, Youth and Children	Online Programming for youth has offered a new platform to hold programming, especially in areas with less density. First 2000 Days and Beyond programming offers wrap around care for children and families.	Subsidized youth programming is more affordable to youth. Keeping older youth engaged with recreation while they transition to adult hood is best done through subsidies. Collaboration between service providers, recreation services, and school districts, especially for the purposes of advocacy and collective grant applications.
Safe and Affordable Transportation	Creative solutions for lower density areas, like the GERTIE bus system on Gabriola Island. Volunteer drivers are filling a need in Oceanside for rides. These services are community driven and responsive to local context.	Public transportation shuttles to meet needs of less dense, more rural areas. Family passes for bus systems help families bring children on public transit.
Social Supports and Services	Programming based on self-identified needs by people with lived experience is ensuring that programming meets people's needs. This includes youth programming, mental health and wellness programs, and housing supports.	Integrated approaches to social support system planning which consider equity, the social determinants of health, and sustainability as well as the bio-physical, social, economic, and environmental aspects of wellness.

Access to Healthy and Affordable Food	Good Food Box Programs are providing people with affordable, fresh food on a sliding scale. Community food programs like community gardens, gleaning programs, and agricultural professional development programs increase access to locally grown food and support the local food economy.	Regional community kitchens would increase access to amenities for food literacy, food gleaning, and food access programs. Coordinated and collaborative food waste reduction programs could divert food from landfills, as well as assisting food banks and community organizations to expand programs and support more people.
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COLLABORATION

Collaboration on actions is the cornerstone of addressing intersectoral social needs. Participants in the workshop were keenly aware of the need for working together. Throughout the region, several collaborations are already taking place, such as the CHN, CAT teams, homeless coalitions, service provider groups, and internal working groups to move forward anti-racism and reconciliation efforts. The ongoing work of collaborative bodies can be leveraged as a starting point for more collective action and common goal setting. To do this, participants had several suggestions.

Why Collaborate? What are the goals of collaboration?

- Move of crisis-based response to proactive action
- Break down siloes to move towards collective action
- Learn from each other and make strategic decisions as a community based on collective goals
- Create and act on common goals
- An aligned voice for advocacy

What are the key implementation steps to achieve the game changers? How can we collaborate?

- **Strengthen the CHN** individually and collectively.
- Have **stable sources of funding for collaborations** to hire facilitators. Have a regional facilitator to bring all the collaborations together.
- **Share resources.** Work together to get grants and allocate funding. Support each other's applications for funding and help other organizations fund their programs. This reduces competition and enables more services throughout the region.
- **Build relationships** with each other to improve trust. Willingness to stay committed through the tough conversations and hard work.
- **Having all parties at the table: local governments, health services, health networks, service providers, people with lived experience, community members, business, etc.**
- **Have a common vision for the RDN which recognizes differences across the region but creates a framework for collective action.**

ELECTED OFFICIALS WORKSHOP

June 6 and 14th 2021

11 participants

Two elected officials' workshops were held in June 2021 to discuss findings from the public engagement collected and discuss the role of the RDN in acting. Elected officials are important decision makers in setting direction related to creating a vibrant, safe, and inclusive communities. The insights shared from the elected officials in attendance are captured in this section.

The workshops sought to:

- Clarifying the roles and responsibilities of local government to help both the RDN and the community know what the elected official's role is in addressing social issues.
- Use this clarification to facilitate action-oriented conversations which focus on what you can do rather than what you are often requested to do.
- Focus on how to move forward actions that fit your elected official's role as community leaders.

Findings:

Defining the role of the RDN.

Many of the social needs were recognized as being too big for the RDN to address along and that a broader approach in collaboration with the community is needed. Concerns were expressed about the potential impacts of government downloading, since social needs such as housing, health care, social supports, and transportation are provincially held responsibilities. Funding limitations were another area of concern because the RDN has a limited means to raise funds (e.g., taxation). Participating elected officials did confirm the importance of identifying their roles and responsibilities in addressing social needs that fits with the RDNs scope and budget.

Barriers to action:

- Fear of downloading of responsibilities
- Lack of funding to effectively tackle the issues
- Uncertainty on the roles and responsibilities required
- Lack of a cohesive perception of the problem and solutions, how much responsibility we want to take
- There is a lack of awareness of RDN role
- Differences in opinion on the RDN role
- Lack of regional goals and strategies – they tend to be localized
- Split between north/ south and rural/ urban causes tension
- "Don't want to stop action looking for ways to do things perfectly" - participant

Need a regional strategy AND consensus on our role/ actions/ possibilities.

In order to take action, RDN staff and Board have work to do in defining their role and responsibilities related to responding to social needs in the region. Participants in the workshop stated this as a first step to action. Ongoing conversation amongst elected officials was seen as one way to do this.

To effectively have these conversations, there is a need to clarify the conceptual link between the roles of local government and opportunities that enable social change with local government involvement. Workshops and learning opportunities as part of the conversation on how to act can support learning and development of ideas which fit within the role of local government.

Actions/ Our Role:

"We have to look at "what is our goal" and then look at our power, our convening, and our advocacy" - Participant

- Pull apart siloes
 - Have a role as a convening and coordinating facilitator on action across the RDN
 - Support agencies and collaborations already happening
- Zoning and Development process
 - Look at ways to encourage more diversity and fast track projects that meet our goals
 - More alternatives like tiny homes and RVs
 - Advocate for more housing units on ALR lands for multiple generations of families
- Transit
- Recreation options
- Inform/ promote services
- De-stigmatize language and approach
- Explore housing corporations etc. Look for examples from other places
- EDI lens in local government policies
- Advocacy

Starting the conversation

- How do we have more conversations like today?
- How can we include these conversations in the budget process?
- Have ½ term check ins to "get to the nitty gritty of our strategic plan"
- Can this be part of the Board conversations moving forward? Can this be an agenda item? Can we discuss shared territory as a collective?

APPENDIX 1

SURVEY RESULTS

APPENDIX 2

STAKEHOLDER INTERVIEW RESULTS

EFFECTIVENESS OF SERVICES AND SUPPORTS (STAKEHOLDER INTERVIEWS)

Interview participants were asked about the effectiveness of services and supports provided, as well as the barriers and challenges different population groups have in accessing services. Interview participants were also asked to identify examples of successful programs as well as the roles of local/regional governments in addressing social challenges in the region. The summary of answers to these questions is provided below.

DEMOGRAPHICS

Respondents were asked to identify which demographics best represent the clientele they serve. The following groups were identified:

- Newcomers
- Refugees / asylum seekers
- Temporary foreign workers
- Skilled workers
- International students
- Naturalized citizens
- Individuals with substance use issues
- Individuals who require specialized medical support (e.g., HIV testing)
- Families
- LGBTQIA+ communities
- People with Financial difficulty
- Seniors
- Low income communities
- Those with disabilities
- Vulnerable communities
- Children
- Youth
- Single parents
- Single adults
- Transit users
- Those who do not own property
- Individuals on social assistance
- Unhoused communities
- Skilled trade workers
- Individuals experiencing, or at risk of homelessness
- Those with mental health issues

EFFECTIVENESS OF SERVICES & SUPPORTS

Respondents were asked to identify which services are available through their organizations to address key challenges. The following services were identified:

- Language programs
- Information and referral services
- Employment services
- Settlement services
- Educational courses / programs
- Income assistance
- Interpretation services
- Mental health assistance
- Funding for housing support
- Seniors' programs
- Mobile applications that provide information and support
- Detox centres
- Take home control naloxone programs
- Housing navigation programs
- LBGTQIA+ outreach programs
- LBGTQIA+ organizational training
- Food provision and food security programs
- Transportation for individuals with mobility issues
- Volunteer opportunities
- Cooking and gardening classes
- Inclusion program for those with disabilities
- Farmer's market programs
- Family focused services
- Child development
- Community advocacy services
- Data analysis to inform decision-making
- Adult day programs
- Home hospice care
- Caregiver support
- Health awareness programs
- Adult exercise programs
- School breakfast and lunch programs
- Transit subsidy services
- Meals on wheels programs
- Emergency food vouchers
- Intake and assessment services
- Children's programming
- Community discussions
- Peer support programs
- Informational e-newsletter
- Street-based outreach work
- Ride services (e.g. for appointments and groceries)
- Rental unit offerings

Participants were asked to elaborate on the effectiveness of services, and how effective social supports are in increasing the standard of living across the RDN.

It was noted that programs such as employment support, interpretation, language classes and mental health supports have been effective. Farming and nutrition programs have also been helpful and provide clients with transferable skills. Health and food programs are also important as clients

are often desperate to find support. The transit subsidy program is well used and relatively effective. Mobile medical service delivery programs and peer group programs have also been successful.

Housing and income assistance programs are less effective, as many people are not able to get help. Respondents explained that counselling programs are inadequate as they are out of touch and fail to provide ongoing support. Long wait times for specialized health programs impact service effectiveness, and overall, the needs in the community outweigh available services. The reality is that organizations are only able to take as many clients as they can handle. Lastly, there are partnerships with landlords to lease and offer rental units, but these partnerships can be precarious.

In terms of increasing the standard of living across the RDN, program offerings have increased, but clients face barriers in terms of safe access to those programs and services. It was noted that breaking down discrimination makes the entire community a better place to live. Programs which address multiple interventions and supports are effective. For example, taking part in farming programs provides benefits in terms of physical and mental health, as well as food security and creating social connection. Respondents indicated that community-based resources can make a difference. Social supports create positive outcomes, but they are fragile and dependent on funding. Neighbourhoods in the region may have experienced more poverty without social services.

BARRIERS AND EXCLUSIONS

Respondents were asked to identify community members who are left out from accessing supports. The following demographic groups were identified:

- Migrants with and without significant language barriers
- Individuals with mental health issues
- Individuals who have been noted as aggressive / present with behavioral issues
- Those who cannot access transportation services
- Individuals who are unhoused and isolated
- Marginalized communities
- Seniors
- Individuals with substance use issues
- Those who lack access to technology and internet
- Underserved communities
- Those who lack financial resources
- LGBTQIA2+ communities
- Those who are unaware of available social supports
- Skilled trade workers
- Individuals with brain injuries
- Individuals with complex medical needs / those who require tertiary care
- Youth

Participants were asked to elaborate on the challenges or barriers that limit outreach to these groups, and the impacts of this exclusion.

Lack of awareness, reliable transportation, and access to affordable technology (including internet access), along with limited availability of programs, and difficulty engaging those who have physical and mental health concerns, were noted as key challenges. In addition, it is difficult to locate and connect with those who are homeless or in transient housing situations, and individuals may feel shame and not seek support. There is an overall lack of funding as well. Staff and volunteer capacity is strained, it is difficult to build relationships with clients, and staff safety is a concern for organizations. In some cases, it is difficult to connect with seniors who are isolated, and family isolation can negatively impact child development.

In terms of impacts of this exclusion, respondents highlighted a loss of funding support, missed community connections and resources, deteriorating health, death, mental health issues, suicide risk, overcrowded hospitals, and substance use, as important concerns. Job loss, lack of activities for children, vulnerability to abuse and neglect, physiological health issues, crime, and stigma can be linked to service exclusion as well. In addition, a lack of transportation can limit educational as well as economic opportunities.

SUCCESSFUL PROGRAMS

Respondents were asked to identify examples of successful programs/services in the community or elsewhere. The following programs and services were identified:

- Campbell Rivers in North Vancouver (the use of technology has enhanced in their programs)
- The Point of Care testing for HIV
- Drug testing programs
- Mobile food provision services
- 'Pods' sleeping model
- Nanaimo warming centers
- Kwantlen Polytech University's data based on food policies
- Comox Courtenay food policy council and partnership with LUSH Valley
- Community hubs
- Partnerships with law enforcement and social work
- Drop-in centers for vulnerable seniors
- Public-private partnerships
- Primary Health Care networks
- The Oceanside Task Force on Homelessness
- Safer drug supply pilot project in Victoria
- The mini housing / village project in Cowichan
- Public shower programs
- BC Housing's small and effective community engagement meetings
- Hand Made for Hope craft and business program

In terms of identifying success factors for such initiatives, participants cited innovation, technology, collaboration with partners (including Indigenous communities and healthcare organizations), dedicated staff for navigation support, and funding from health authorities. In addition, mobilizing community connections and resources, having long term commitment to the community, and giving people hope were noted as key contributors to success.

In order to implement similar successful programs in the RDN, stakeholders identified a need for strengthened partnerships, trustworthy staff and community members who can build relationships, a will to implement effective programs and include the voices of those in need, providing support and stipends for community participants, and a continual focus on quality improvement.

ROLE OF GOVERNMENT IN POVERTY REDUCTION

Respondents were asked to describe the role of local governments and the RDN in reducing poverty in the community. Identified government roles include:

- Land use and zoning
- Development of an affordable housing strategy
- Undertaking economic assessments of the costs of poverty in RDN
- Community engagement
- Committee work focused on housing and homelessness
- RDN programs and recreation services
- Health and wellness programs
- Wrap around services
- Temporary housing
- Outdoor services
- Working with BC Transit to deliver transit services
- Determining transit priorities through the Board of Transit
- Development of housing policies
- Ensuring community representation on municipal task forces

Stakeholders anecdotally noted that the government is trying to make improvements in the areas of affordable housing, community development and childcare, but more action needs to be taken to support overall community development.

CHALLENGES, GAPS, AND POTENTIAL ACTIONS BY FOCUS AREA

COMMUNITY CHALLENGES	SERVICE DELIVERY CHALLENGES & IMMEDIATE GAPS IN THE SOCIAL SERVICE SYSTEM	POTENTIAL ACTIONS
ACCESS TO HOUSING AND HOMELESSNESS SUPPORTS		
There is a lack of affordable and accessible housing in the community.	The demand for safe and affordable housing in the RDN outweighs the supply of available units.	<ul style="list-style-type: none"> • Provide hotel room accommodations in the winter for those who are experiencing homelessness.

<p>There are long waitlists to access supportive housing in the region.</p> <p>There is a lack of shelters in the RDN.</p> <p>The shelter rate provided by Income Assistance or Persons with Disability assistance is inadequate / too low to access affordable housing. and shelter costs can restrict access / be a barrier.</p>	<p>There are difficulties finding staff, and an overall lack of funding and financial resources to support housing and homelessness programs.</p>	<ul style="list-style-type: none"> • Prioritize provision of affordable and (low barrier) accessible housing. • Encourage collaboration between housing providers, realtors, property owners, city and town councils, and businesses to address housing needs. • Secure housing units and land for affordable housing through new development processes. • Provide accessible laundry services and warming centres for those who are unhoused. • Increase service hours and offer secure storage areas for individuals to safely store personal items. • Provide transition supports for those moving out of homelessness. • Provide supports and guidance for renters. • Encourage collaboration between multiple levels of government to address land use and development bylaws. For example, revise bylaws to support in-law suites and mobile housing.
COMMUNITY CHALLENGES	SERVICE DELIVERY CHALLENGES & IMMEDIATE GAPS IN THE SOCIAL SERVICE SYSTEM	POTENTIAL ACTIONS
ACCESS TO HEALTHY AND AFFORDABLE FOOD		
<p>Community members face food insecurity and lack access to healthy foods.</p> <p>There is a lack of food literacy and knowledge about food sustainability.</p> <p>Low income plays a role in access to healthy food.</p>	<p>Food security is not a priority area in terms of government policy.</p> <p>Individuals and families may not be able to access food banks due to a lack of suitable transportation.</p> <p>Inconsistent, short-term and project-based funding impacts service provision.</p> <p>Limited space to deliver services safely.</p>	<ul style="list-style-type: none"> • Develop a food policy council to address community needs and key issues concerning food security, sustainability and nutrition. • Coordinate existing tools and resources within the community, relating to agriculture. • Convene stakeholders working on food and nutrition. • Leverage under-utilized community spaces for new food security initiatives.

COMMUNITY CHALLENGES	SERVICE DELIVERY CHALLENGES & IMMEDIATE GAPS IN THE SOCIAL SERVICE SYSTEM	POTENTIAL ACTIONS
PROGRAMS FOR FAMILIES, CHILDREN AND YOUTH		
<p>There is a lack of social connection and activities in the community (in some cases as a result of Covid-19).</p> <p>The region has a lack of support and engagement for families.</p> <p>Gender based inequality is a barrier for women in the community.</p> <p>Families have limited disposable income (which impacts access to services and limits choices).</p>	<p>Covid-19 created additional challenges for families in the RDN.</p> <p>There is an overall inaccessibility of resources and services for families.</p> <p>There is a lack of funding and financial support for family programs.</p> <p>There is a lack of relevant information available for families.</p> <p>There is a lack of funding and financial resources for community-based programs.</p>	<ul style="list-style-type: none"> • Increase collaborative partnerships between existing and new community partners. • Provide a subsidy for costly health and wellness services for families (e.g. speech pathology). • Develop a mentorship program for families in need of support. • Implement wrap around care services / a circle of care model to reduce strain on community members to access services through multiple service providers. • Prioritize preventative programs to build community health. • Offer childcare services where possible. • Encourage intergenerational interactions to combat isolation.

COMMUNITY CHALLENGES	SERVICE DELIVERY CHALLENGES & IMMEDIATE GAPS IN THE SOCIAL SERVICE SYSTEM	POTENTIAL ACTIONS
SOCIAL SUPPORTS AND SERVICES		
<p>Clients may have language barriers and have issues accessing services.</p> <p>There are limitations and restrictions to service access which create barriers for those in need of support.</p> <p>Organizations may have difficulties with data collection and management.</p> <p>Individuals have mental health concerns and there is a lack of</p>	<p>There are limited organizational resources, and a lack of consistent support (e.g. financial support).</p> <p>Organizations may decrease staff wages to manage overall costs.</p> <p>There is a lack of volunteers to provide support to communities and organizations.</p> <p>Organizations have difficulty securing funding and have experienced</p>	<ul style="list-style-type: none"> • Increase collaborative partnerships between existing and new community partners to encourage innovation and avoid duplication of efforts. • Improve community access to primary healthcare teams. • Maintain a data bank of all safe substance supply outlets. • Develop an online community newsletter devoted to social issues, as well as new and existing programs. • Support building organizational capacity through greater hiring and volunteer recruitment.

<p>mental health supports in the community.</p> <p>Individuals who are marginalized may have issues with technology access and have an overall lack of awareness of technology.</p> <p>Clients may lack necessities such as food and heat.</p> <p>Clients may not have internet access which may restrict access to services.</p> <p>There are varying community needs and priorities (e.g. some community members require improved transit, and others are concerned about housing).</p> <p>There is an unequal distribution of care and services in the RDN.</p>	<p>disruptions in revenue generating programs as a result of Covid-19.</p> <p>There is a lack of control and self-determination in terms of how to spend government funding.</p> <p>Organizations have difficulties funding management positions.</p> <p>There are staff capacity issues and a lack of adequate funding for staff positions.</p> <p>Organizations are unable to provide appropriate support for aging clients.</p> <p>There is a shortage of health care staff, and a lack of medical services for clients within organizations.</p> <p>There is a lack of coordination between service provider organizations.</p> <p>Organizations experience a lack of communication from governments.</p> <p>There is a lack of innovative and responsive counselling programs available for community members</p>	<ul style="list-style-type: none"> • Extend hours of service for organizations and community supports. • Increase opportunities to listen to frontline service providers. • Increase opportunities for community members to connect through forums and dedicated community platforms. • Enhance collaboration among social service agencies to reduce competition to acquire financial resources. • Create more meaningful employment in the community. • Build community awareness on governmental role in provision of social supports. • Enhance mental health supports and walk-in crisis interventions. • Provide a living wage for staff with regular increases. • Advocate to Province on provision of universal basic income. • Create a community coordinator position to support local task forces.
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COMMUNITY CHALLENGES	SERVICE DELIVERY CHALLENGES & IMMEDIATE GAPS IN THE SOCIAL SERVICE SYSTEM	POTENTIAL ACTIONS
SAFE, AFFORDABLE TRANSPORTATION		
Transit services in RDN can be infrequent in various neighbourhoods. Infrequency of	Inter-regional transit frequency needs to be increased as communities and neighbouring regions continue to grow.	<ul style="list-style-type: none"> • Conduct comprehensive assessments of the community's transit needs.

<p>transit deters individuals from using the service.</p> <p>The high cost of transit may create a barrier and deter people from utilizing the service.</p>	<p>Transit provision for both rural and urban areas is difficult, as it takes long amounts of time to cover transit routes.</p> <p>There is a lack of high-density residential areas, and an overall difficulty in servicing low-density areas.</p>	<ul style="list-style-type: none"> • Identify community need for financial support with transit fare products. • Invest in creating more transit connectivity between local municipalities. • Develop transit plans to align with community growth projections and changes in lifestyle (e.g., changes in travel patterns, and population growth in neighbourhoods). • Encourage collaboration between all levels of governments and transit-related agencies to develop common goals. • Collaborate with non-profit organizations to increase advocacy and identification of local community needs.
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COMMUNITY CHALLENGES	SERVICE DELIVERY CHALLENGES & IMMEDIATE GAPS IN THE SOCIAL SERVICE SYSTEM	POTENTIAL ACTIONS
DISCRIMINATION AND STIGMA		
<p>There is stigma and discrimination against various community members (e.g., against seniors, and those with substance use issues).</p> <p>Communities and families may have intercultural challenges (e.g., newcomers).</p> <p>There is a lack of awareness and understanding around substance use in the RDN.</p> <p>There are negative assumptions about individuals who experience homelessness (e.g., assumptions around criminality).</p>	<p>Programs and services may have overly strict eligibility criteria, which may restrict access.</p> <p>There is a lack of inclusive environments within all organizations.</p> <p>There is ongoing stigma and fear of those with substance use issues (e.g., safety fears).</p> <p>The RDN has a lack of safe inhalation sites and safe use sites for community members.</p> <p>The government makes it hard for individuals and communities to access services as a result of bureaucracy and</p>	<ul style="list-style-type: none"> • Enhance service delivery across social sector through increasing capacity to deliver translation and interpretation supports. • Reduce barriers in accessing programs through expanding eligibility requirements for programs and services. • Deliver anti-racism and anti-oppression education to community members and organizations. • Build community awareness of importance of immigration. • Create safe and inclusive opportunities for immigrants and ethnic minorities to participate in the community. • Enhance harm reduction initiatives in the community through provision of safe drug supply and the development of a supervised consumption site.

	<p>restrictions to service access (e.g., complicated forms and paperwork).</p> <p>Staff can misunderstand the individuals and demographic being served.</p>	<ul style="list-style-type: none"> • Prioritize the development of educational programs focused on individual empowerment.
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PARTICIPATING ORGANIZATIONS:

Central Vancouver Island Multicultural Society

Nanaimo Community Action Team

Nanaimo Family Life Association

Nanaimo Foodshare Society

Oceanside Building Learning Together

Oceanside Seniors Action Group

People for a Healthy Community on Gabriola Island

Regional District of Nanaimo

SOS – Society of Organized Services

Island Crisis Care Society

Nanaimo Salvation Army

APPENDIX 3
STAKEHOLDER
INTERVIEW QUESTIONS

Regional District of Nanaimo Social Needs Assessment and Strategy

STAKEHOLDER INTERVIEWS

Public Website: <https://www.getinvolved.rdn.ca/social-needs-strategy>

Length: 30-45 minutes virtual/phone interviews (up to 60 minutes for group interviews)

Format: Participants respond to questions examining challenges within the priority areas that best related to their organization's experiences.

Regional Context: The Regional District of Nanaimo along with partner local governments (Lantzville, Qualicum Beach, Nanaimo, Gabriola Island) and community organizations are developing a Social Needs Assessment and Strategy to better understand the region's social needs and identify actions to reduce barriers for people living in poverty in accessing essential services and social supports to reduce poverty and enhance wellbeing.

The priority areas of the Social Needs Assessment and Strategy:

- Access to Housing and Homelessness Supports
- Access to Healthy and Affordable Food
- Programs for Families, Children and Youth
- Social Supports and Services
- Safe, Affordable Transportation
- Discrimination and Stigma

Engagement Goal: Understand the experiences of community organizations in supporting people experiencing poverty, and those who identify as equity seeking groups in improving their standards of living and escaping poverty.

Note: Equity priority groups refers to individuals and populations who are collectively being under-served, mis-served or disadvantaged by policies, procedures and programs. These groups face barriers that impact their ability to participate in a society equally.

QUESTIONS

Name:

1. Organization Name:
2. Please briefly describe your role in your organization.

Which priority areas of the RDN Social Needs Assessment and Strategy relate most to your organization's mission?

Which demographics best represent the clientele you serve?

3. What are the most pressing challenges facing the community in relation to each priority area?
4. What supports/services are available through your organization to address these challenges?
 - a. How effective are these services in meeting your clients' needs and? (or)
 - b. How effective are these social supports in increasing the standard of living across the RDN?
5. Who is left out from accessing these supports?
 - a. What are the challenges or barriers that limit outreach to these groups?

What are the impacts of this exclusion?

- b. What challenges does your organization face in delivering supports/services?

What are some immediate gaps that exist within the social service system that allow for these issues to persist?

What are some examples of successful programs/services in the community or elsewhere?

- c. What contributed to the success of these initiatives?
 - d. For the ideas from elsewhere, what would it take to implement them here? (financial, organization lead, etc.).
6. What opportunities or potential actions could be created to improve the availability and effectiveness of social supports/services.
7. What role do you think local governments and the Regional District of Nanaimo play in reducing poverty in the community?
 - a. Are they playing some of this role currently?
 - b. What immediate contributions do you think they could make to help reduce poverty?

APPENDIX 4

SHARING CIRCLE QUESTIONS

APPENDIX 4: SHARING CIRCLE QUESTIONS

GROUP FORMAT & QUESTIONS

Length: 2 Hours (20 minutes presentation 1.5 hours facilitation)

Format: Low-barrier, trauma informed discussion with people with lived experience of poverty to understand their challenges in relation to the priority area and local government services.

Context: The RDN along with partner local governments (Lantzville, Qualicum Beach, Nanaimo, Gabriola Island) and community organizations are developing a Social Needs Assessment and Strategy to better understand the region's social needs and identify actions to reduce barriers for people living in poverty in accessing essential services and social supports to reduce poverty and enhance wellbeing.

The priority areas of the Social Needs Assessment and Strategy:

- Access to Housing and Homelessness Supports
- Access to Healthy and Affordable Food
- Programs for Families, Children and Youth
- Social Supports and Services
- Safe, Affordable Transportation
- Discrimination and Stigma

Facilitation Approach for Lived Experience Sharing Circle

Introduction – 5 to 10 minutes

Welcome the participants and provide background information on the project and inform of the purpose of the sharing circle in relation to the other engagement that has taken place so far. Establish a welcoming and comfortable environment for the participants. Create ease among the participants and provide guidance on the format of the sharing circle. Inform participants of the possibility of feeling sadness, frustration or distress due to discussion related to lived experience of poverty. Participants are not required to answer any question or discuss any topic they are not comfortable sharing. Participants can have their cameras off and use the chat feature if they prefer not to speak. Apart from a scheduled break at the midpoint of the sharing circle, they are welcome to take as many breaks as needed during the discussion. The honorarium is to be distributed by the host organization who will also provide a key contact who can also follow up with the participants after the sharing circle to collect feedback and check on everyone's health and wellbeing. Ask for consent to record the session to support note taking, however if participants do not consent then the session will not be recorded.

Part One – 1 hour

The first part of the sharing circle will dive into a discussion around the priority areas identified above. The participants are to be introduced to each priority area and given the opportunity to identify which priority area(s) resonate most deeply with their experience of living with poverty. The facilitator is to ask questions indicated under each priority area to guide the discussion. The participants are welcome to provide as much information as they are comfortable with sharing. **Break – 5 minutes**

Part Two – 45 minutes

The second part of the sharing circle is intended to understand the experience of participants in using local government services. The facilitator is to identify what is the level of awareness among participants of the services provided by local governments and what are any barriers or challenge they experience when accessing services.

Wrap Up – 2-3 minutes

Thank the participants for their support and sharing during the discussion. Recognize the frustration and pain that may have risen during the discussion. Take time to do a breathing exercise and recognize their resilience and strength.

ACCESS TO HOUSING AND HOMELESSNESS SUPPORTS

Note for Facilitator: Apply a poverty reduction lens to issue of housing availability and affordability to build upon the RDN Housing Needs Assessment. Gain insights into the barriers faced by people experiencing poverty in accessing affordable housing? Identify what has been working and/or not working in the community?

Challenges

Primary Question: What are some day-to-day concerns or challenges you experience in terms of housing?

Probing Question: Do you believe your current housing situation meets your housing needs?

Follow-Up Questions:

1. What barriers do you face in meeting your housing needs?
2. What available social supports have you found useful in meeting your housing needs?
3. What do you believe is causing some of these challenges to persist?

Impacts

Primary Question: How do these housing challenges impact your day-to-day life?

Follow-Up Questions:

1. How does your current housing experience impact your overall health and wellbeing?
2. What role do age, gender, abilities, and ethnicity play in a person's experience with housing?

PROGRAMS FOR FAMILIES, CHILDREN, AND YOUTH

Note for facilitator: The RDN 2019-2022 Strategic Plan goal for social wellbeing prioritizes the needs of children and families considering the high childhood vulnerability statistics in the region. Determine what are the barriers faced by families in supporting the healthy development of their children? What has been working and/or not working in the community?

Challenges

Primary Question: What are some day-to-day concerns or challenges you experience in terms of supporting your family's healthy growth and development?

Probing Questions:

- Do you believe your family is able to fulfill its household needs to support the healthy growth of all family members?
- Do children and youth have equal opportunities to learn, grow and pursue their interests?

Follow-Up Questions:

1. What available services and/or social supports have you found useful to support the healthy growth and development of your family?
2. What do you believe is causing some of these challenges to persist?

Impacts

Primary Question: How do these challenges impact your day-to-day life?

Follow-Up Questions:

1. How do these challenges impact your overall health and wellbeing?
2. What role do age, gender, abilities, and ethnicity play in a family's experience of these challenges?

ACCESS TO HEALTHY AND AFFORDABLE FOOD

Note for Facilitator: Gain insights into the barriers faced by people experiencing poverty in accessing healthy and affordable food housing? Identify what has been working and/or not working in the community?

Challenges

Primary Question: What are some day-to-day concerns or challenges you experience in terms of food?

Probing Question: Are you able to consume food on a regular basis that is healthy and affordable?

Follow-Up Questions:

1. What barriers do you face in accessing healthy and affordable food?
2. What available social supports have you found useful in accessing healthy foods?
3. What do you believe is causing some of these challenges to persist?

Impacts

Primary Question: How do these food related challenges impact your day-to-day life?

Follow-Up Questions:

1. How does your current experience impact your overall health and wellbeing?
2. What role do age, gender, abilities, and ethnicity play in a person's experience with food?

SAFE, ACCESSIBLE TRANSPORTATION

Note for facilitator: Identify the needs and barriers in terms of transportation for people experiencing poverty? What are some gaps that can be addressed through the RDN transit system review?

Challenges

Primary Question: What is your day-to-day experience using different types of transportation?

- Probing Questions: What forms of transportation do you rely upon?
- Do you believe you are able to travel within the region independently, safely and reliably?

Follow-Up Questions:

1. What do you believe is causing some of these challenges?
2. Have you observed/experienced any positive changes in the transportation system that has improved your travel experience?

Impacts

Primary Question: How do these challenges impact your day-to-day life?

Follow Up Questions:

1. How do these challenges impact your overall health and wellbeing?
2. How do age, gender, abilities, and ethnicity impact the way in which a person experiences transportation challenges?

SOCIAL SUPPORTS

Notes for facilitator: Gain an understanding of the potential actions to address gaps in social supports for people experiencing poverty.

Social supports refer to a range of supports to maintain a basic standard of living, including social housing, food banks, counselling, meal programs, mental health and substance use programs, transportation programs.

Challenges

Primary Question: What are is your day-to-day experience related to using social supports?

- Probing Questions: What forms of social supports are available to you?
- What are some local government services available to you and your family?

Follow-Up Questions:

1. In what ways, have social supports helped you improve your standard of living?
2. What gaps exist within the current system of social supports that limit your ability to improve your standard of living?

Impacts

Primary Question: How do these challenges impact your day-to-day life?

Follow Up Questions:

1. How do these challenges impact your overall health and wellbeing?

2. What role do age, gender, abilities, and ethnicity play in a person's experience of accessing social supports and/or local government services?

DISCRIMINATION AND STIGMA

Note for facilitator: Discrimination and stigma are significant barriers preventing people from accessing opportunities and breaking the cycle of poverty. Identify actions to address barriers attached to discrimination and stigma across the priority areas.

Challenges

Primary Question: In your day-to-day life, please describe the different ways in which you participate in the community?

Examples:

Social participation: using the recreation centers, volunteering, attending a faith-based service, celebrating cultural events, playing in a sports team, joining a book club, being part of a learning program.

Economic participation: employment, operating a business.

Political participation: engaging in political surveys, joining townhall meetings, writing letters to and/or interacting with the electing officials.

Follow-Up Questions:

1. What community spaces and connections are important to you? What value do they add to your life?
 - a. Are there other community spaces and interactions that may add value to your life?
2. What are some barriers or challenges you experience in terms of accessing community spaces, establishing connections, or in participating in the community in any way?
3. If facing barriers to your participation, what do you believe is causing some of these challenges to persist?

Impacts

Primary Question: How do these challenges impact your overall health and wellbeing?

Part Two

LOCAL GOVERNMENT SERVICES

Note for facilitator: Develop an understanding of the experience of people with lived experience of poverty in accessing and using local government services. Identify any barriers or challenges that limit the effectiveness of services for the most vulnerable members in the community.

Awareness

Primary Question: In your day-to-day life, please indicate what services do you use that are offered through your local government?

- Local governments deliver a range of public services that include parks, recreation centers, libraries, seniors and youth programming, transit services, business licenses, dog licenses, road and sidewalk maintenance, building permits, fire emergency response, fire and life safety information, recycling and garbage collection.
- Each local government may also provide additional services that are specific to their communities such as community gardens and policing.

Follow-up Questions:

1. Were you aware of the range of local government services available to you?

Challenges

Primary Question: If you access or have accessed any of these services how was your experience?

Follow-up Questions:

1. Please help us understand the reasons or challenges that restrict your access to local government services or why you would choose not to use them?
2. How can local government services be improved to make them effective for you?

MODIFIED PHONE CALL FORMAT AND QUESTIONS

Length: 30-45 Minute Phone Call

Format: Low-barrier, trauma informed discussion with people with lived experience of poverty to understand their challenges in relation to the priority area and local government services.

Context: The RDN along with partner local governments (Lantzville, Qualicum Beach, Nanaimo, Gabriola Island) and community organizations are developing a Social Needs Assessment and Strategy to better understand to reduce barriers for people living in poverty in accessing essential services and social supports to reduce poverty and enhance wellbeing.

The priority areas of the Social Needs Assessment and Strategy:

- Access to Housing and Homelessness Supports
- Access to Healthy and Affordable Food
- Programs for Families, Children and Youth
- Social Supports and Services
- Safe, Affordable Transportation
- Discrimination and Stigma

Facilitation Approach for Lived Experience Sharing Circle

Introduction – 2 – 3 Minutes

Welcome the participants and provide background information on the project.

Inform them of the objective of the call is to hear from people with lived experience to gain their insights into the:

- the barriers and challenges experienced by community members in each of the priority area,
- the impacts of these barriers and challenges, and
- what has been working or not in the community.

Create ease among the participants and provide guidance on the format of the phone call.

- The phone call is split in two parts, both lasting between 12-15 minutes.
- In Part One – the participants can choose the priority area they want to discuss that they find more relevant to their experience and life circumstances.

- In Part Two – the participants will be asked questions related to their experience in accessing local government services. (The interviewer will have to pace the conversation to ensure they are able to cover Part 2 of the conversation).

Note: As the interviewer remain mindful of the participants emotional health due to the possibility of feeling sadness, frustration or distress due to discussion related to lived experience.

Participants are not required to answer any question or discuss any topic they are not comfortable sharing. The honorarium is to be distributed by the host organization who will also provide a key contact who can also follow up with the participants after the sharing circle to collect feedback and check on everyone's health and wellbeing.

Wrap Up – 2-3 minutes

Thank the participants for their support and sharing during the discussion. Recognize the frustration and pain that may have risen during the discussion. Take time to do a breathing exercise and recognize their resilience and strength.

Part One – 12-15 Minutes

Priority Area Participant can pick priority area(s) they would like to discuss.	Challenges	Impacts
ACCESS TO HOUSING AND HOMELESSNESS SUPPORTS Note for Facilitator: Gain insights into the barriers faced by people experiencing poverty in accessing affordable housing. Identify what has been working and/or not working in the community.	Primary Question: What are some day-to-day concerns or challenges you experience in terms of housing? <ul style="list-style-type: none"> • Do you believe your current housing situation meets your housing needs? • Are there any social supports that you have found to be useful in meeting your housing needs? 	Primary Question: How do these housing challenges impact your day-to-day life? <ul style="list-style-type: none"> • How does your current housing experience impact your overall health and wellbeing?
PROGRAMS FOR FAMILIES, CHILDREN, AND YOUTH Note for facilitator: Identify the barriers faced by families in supporting the healthy development of their children? What has been working and/or not working in the community?	Primary Question: What are some day-to-day concerns or challenges you experience in terms of supporting your family's healthy growth and development? <ul style="list-style-type: none"> • Are there any services and/or social supports that you have found useful to support the healthy growth and development of your family? 	Primary Question: How do these challenges impact your day-to-day life? <ul style="list-style-type: none"> • How do these challenges impact your overall health and wellbeing?

<p>SAFE, ACCESSIBLE TRANSPORTATION</p> <p>Note for facilitator: Identify the needs and barriers in terms of transportation for people experiencing poverty.</p>	<p>Primary Question: What are your day-to-day concerns or challenges using different types of transportation?</p> <ul style="list-style-type: none"> • Are you able to travel within the region independently, safely and reliably? 	<p>Primary Question: How do these challenges impact your day-to-day life?</p> <ul style="list-style-type: none"> • How do these challenges impact your overall health and wellbeing?
<p>SOCIAL SUPPORTS</p> <p>Notes for facilitator: Identify gaps in social supports for people experiencing poverty.</p> <p>Social supports refer to a range of supports to maintain a basic standard of living, including social housing, food banks, counselling, meal programs, mental health and substance use programs, transportation programs.</p>	<p>Primary Question: What has been your experience in accessing social supports?</p> <ul style="list-style-type: none"> • What forms of social supports are available to you? Have you found these useful in improving your standard of living? 	<p>Primary Question: How do these challenges impact your day-to-day life</p> <ul style="list-style-type: none"> • How do these challenges impact your overall health and wellbeing?
<p>DISCRIMINATION AND STIGMA</p> <p>Note for facilitator: Discrimination and stigma are significant barriers preventing people from accessing opportunities and breaking the cycle of poverty. Identify actions to address barriers attached to discrimination and stigma across the priority areas.</p> <p>Examples:</p> <p><u>Social participation</u>: using the recreation centers, volunteering, attending a faith-based service, celebrating cultural events, playing in a sports team, joining a book club, being part of a learning program.</p> <p><u>Economic participation</u>: employment, operating a business.</p> <p><u>Political participation</u>: engaging in political surveys, joining townhall meetings, writing letters to and/or interacting with the electing officials.</p>	<p>Primary Question: Please describe any challenges or barriers you may experience related to discrimination or stigma that impact your ability to participate in the community and establish connections?</p>	<p>Primary Question: How do these challenges impact your overall health and wellbeing?</p>

Part Two – 12-15 Minutes (MANDATORY)

LOCAL GOVERNMENT SERVICES

Note for facilitator: Develop an understanding of experiences of people who have lived experience of poverty in accessing and using local government services. Identify any barriers or challenges that limit the effectiveness of services for the most vulnerable community members.

Awareness

Primary Question: In your day-to-day life, please indicate what services do you use that are offered through your local government?

- Local governments deliver a range of public services that include parks, recreation centers, libraries, seniors and youth programming, transit services, business licenses, dog licenses, road and sidewalk maintenance, building permits, fire emergency response, fire and life safety information, recycling and garbage collection.
- Each local government may also provide additional services that are specific to their communities such as community gardens and policing.

Follow-up Questions:

2. Were you aware of the range of local government services available to you?

Challenges

Primary Question: If you access or have accessed any of these services how was your experience?

Follow-up Questions:

3. Please help us understand the reasons or challenges that restrict your access to local government services or why you would choose not to use them?
4. How can local government services be improved to make them effective for you?

APPENDIX 5

GAME CHANGERS WORKSHOP

RESULTS

GAME CHANGERS ACTIONS

FOCUS AREA: HOUSING AND HOMELESSNESS						
SYSTEMS LEVEL INTERVENTION	GAME CHANGER	POTENTIAL ACTION	WHY IS THIS IMPORTANT?	WHAT IS CURRENTLY BEING DONE?		
Increase the appeal of building new housing units	Assess OCP and Development processes through incentive lens	Look at official community plans and bylaws in other communities to evaluate if they are limiting housing options	Policies can unintentionally limit building options. By diversifying what is allowed and where there are opportunities for more incremental development, as well as alternative and lower cost housing options.	**no specific local projects identified in game changers, ideas discussed as general actions - not individual programs or initiatives		
		Can rental housing be incentivized on private properties, funding for building a lane house or tiny home in rural areas if they will be rented affordably		Various	Collaborations	NHC, CAT Teams, and service provider organizations working together to establish collective goals and actions
		Diversify building options such as mobile homes, RVs and tiny homes		Various	funding coordination	discussions amongst service providers are seeking to ensure funding is distributed amongst many groups
		Increase density and secondary suite options		Various	shared funding applications	organizations supporting each others' applications or applying together for funding
		Incentivise development applications for rental units		Various	coordinated access	service providers for supportive housing reviewing applications collectively to triage individual applications

Make more land available for development	Create systems for more lands to be available to non-profits	Create a structure for people to donate land for community development	Land availability and affordability are often the biggest barriers to building community housing	Various	tiny homes and temporary housing	Participants talked about the inspiration they take from other communities who are building tiny home villages, using public facilities to host temporary shelters, and practicing other 'outside the box' ideas
		Make public lands (local government owned, school district) available for development of affordable housing				
Creating Partnerships	Community wide collaboration opportunities and discussion tables	Exploring innovative options for increasing collaborative partnerships	Breaking down siloes and bringing partners together allows for better, smoother processes and faster action			
		Have stable ongoing sources of funding for collaboration. Have a regional housing fund.				
Advocacy	Local governments can bring the community concerns (expressed through collaborative tables) forward to provincial and federal governments	lobby the provincial government to increase the IA and PWD housing rate. you can't rent a shed for \$357	Local governments and collaborations can provide a stronger, more coordinated approach to advocacy			

FOCUS AREA: STIGMA AND DISCRIMINATION

SYSTEMS LEVEL INTERVENTION	GAME CHANGER	POTENTIAL ACTION	WHY IS THIS IMPORTANT?	WHAT IS CURRENTLY BEING DONE?		
				ORGANIZATION	PROGRAM / INITIATIVE	DESCRIPTION
Increased involvement of people with lived experience in decision-making	Lived Experience Voices	Include at decision-making tables	People with lived experience know what they need and can offer first hand accounts of how programs and policies are making a difference			
		Establish a funding structure to provide stipends and fair compensation. Treat lived experience as consultation.		Nanaimo Cat	CAT action teams and funding programs	CAT supports peer-based services, and includes lived experience voices at the decision-making table
Improving wellbeing of Indigenous Peoples in the community	TRC	Actions on the TRC commission at all levels	New relationships and strengthening partnership are needed to create a successful Canada. It is the ethical thing to do.	Ministry of Social Development	Legislative Changes	the province has made changes regarding reconciliation and creating accessibility legislation
		Working groups				
		Relationships with Indigenous communities		Division of Family Practice	TRC Working Group	for the past 2 years has had a TRC working group which has had really meaningful conversations
		Changes to policies and procedures		RCMP	Anti-Racism	working with local anti-racism groups to conduct training of officers

FOCUS AREA: FAMILIES, YOUTH AND CHILDREN

SYSTEMS LEVEL INTERVENTION	GAME CHANGER	POTENTIAL ACTION	WHY IS THIS IMPORTANT?	WHAT IS CURRENTLY BEING DONE?		
Increases to services	increased childcare spaces	advocacy to the province	Childcare is a major concern in the community	ORGANIZATION	PROGRAM / INITIATIVE	DESCRIPTION
		work with school districts		Multiple	example: the Youth Lounge	free youth programs
	Increased youth programs	consult youth on their needs	Youth are an underserved population, particularly in outlying and rural areas, and the smaller/ older communities such	RDN recreation services, local community program providers	Online Programming	The Covid-19 pandemic has resulted in increased use of online opportunities for recreation and support services
		provide free or affordable programming		Gabriola (unknown service provider)	First 2000 Days and Beyond	
		Subsidize or offer free use of public facilities for youth programming		SD 68	Increasing child care spaces	
				RCMP	Mental Health Liaison Officer program	currently one position, opportunity for more

FOCUS AREA: SAFE AND AFFORDABLE TRANSPORTATION

SYSTEMS LEVEL INTERVENTION	GAME CHANGER	POTENTIAL ACTION	WHY IS THIS IMPORTANT?	WHAT IS CURRENTLY BEING DONE?		
Increase diversity of services	Shuttle services	Local area shuttle services which meet neighbourhood needs	Traditional bus services do not meet the needs of all communities	ORGANIZATION	PROGRAM / INITIATIVE	DESCRIPTION
				Gabriola Island	GERTIE Bus System	Free shuttle program, local initiative to address transportation
	Increase family access to public transit	Passes and free use for families/ children	Families with more than two children do not receive the full benefit of the fare structure	BC Transit/ RDN	Allow children to travel free with adult	up to two children can travel free with an adult - participants indicated increasing the number for larger families would be beneficial
	Medical appointment transportation	Enhance existing volunteer-based programs	Many people are not able to utilize transit services and handi-dart is limited	SOS	Volunteer driving program for medical appointments (SOS	

FOCUS AREA: SOCIAL SUPPORTS AND PROGRAMS

SYSTEMS LEVEL INTERVENTION	GAME CHANGER	POTENTIAL ACTION	WHY IS THIS IMPORTANT?	WHAT IS CURRENTLY BEING DONE?		
Improve Accessibility	more inclusionary spaces	Increase online programming	More people can potentially have access, and some of the issues of travel and facilities can be mitigated.	ORGANIZATION	PROGRAM / INITIATIVE	DESCRIPTION
		Diversify programming, focusing on excluded populations	Ensuring that programs meet a range of interests supports social connections and inclusivity.	Recreation at RDN	Online Programs and services	Recreation at RDN - in response to Covid there has been an expansion of programming opportunities as people are willing to go online
		Increase mental health and wellness services	Difficulty accessing mental health services when needed means responding to crisis rather than prevention and wellbeing.	Emergency Services	Taking an economic and social lenses approach to emergency planning	Emergency Services - working towards taking a more economic and social losses lens to the work, assisting displaced residents to get back on their feet - collaborating to offer more than 72 hours support
		Safe spaces for newcomers, LGBTQIA+, youth, etc.	People who face exclusion in the community need places where they feel safe to gain belonging and social capital.	SFN	Youth Driving Program	driving practice program developed from community engagement - supporting youth to get drivers license so they have more employment opportunities
	Integrated approach - biophysical, social, economic as intertwined (i.e. climate crisis).	Use an equity, social determinants of health and sustainability lens when assessing programs and policies	More comprehensive and integrated services lead to improved outcomes	Various	Lived experience voices	Increasing consultation with people who use or could benefit from programs to support development of initiatives based on their needs.

FOCUS AREA: ACCESS TO HEALTHY AND AFFORDABLE FOOD

SYSTEMS LEVEL INTERVENTION	GAME CHANGER	POTENTIAL ACTION	WHY IS THIS IMPORTANT?	WHAT IS CURRENTLY BEING DONE?		
Access to cooking facilities	Regional Community Kitchens	Identifying good places, facilities, and funding for staff.	Not all housing has adequate cooking facilities, limiting food options.	ORGANIZATION	PROGRAM / INITIATIVE	DESCRIPTION
Increase Food Literacy	Food Literacy Programs	Education for cooking/healthy cooking on a budget	Food skills promote healthy eating.	Gabirola and Nanaimo Food Share	Good Food Box program	cooperative purchasing of healthy vegetables for families, Technology transfer from org to org - learning and building local capacity to run the program
		Delivery of programs in social housing, schools, community centers and more		Nanaimo Foodshare	Good Food Box programs	working to provide mentorship with different communities to launch local programs
		Commercial kitchen in school was made available to community at night (ethnic groups cooking their food) and allowed to sell the food they made at the community market on site. Public facility installed, made available to wider community (Victoria)		?	Gleaners Program	volunteers come by to pick unused tree fruits
Increase access to food	Reduce Waste	Coordinated and collaborative approaches between food retailers, food banks, and community organizations to divert food away from landfill	More coordination and opportunity for local food sourcing reduces carbon footprint, supports local economy, and encourages social interactions.	BCAFM	Market coupon program - enhance and grow this program	Program to give coupons to low-income families for use at farmers markets
	Increase Local access	Expand farmers market coupon program		Various	Community Gardens	Utilizing under-used, private, and public lands to install community gardens
		Increase availability of land and programs to support local agricultural skills and entrepreneurship.		?	Food Navigators Program	1 to 1 support re navigating food system in the community. Health and nutrition information
		Built community gardens, make public lands available for community garden use.		?	Agriculture Professional Development Program	Assists potential farmers to learn skills and incubate business

GAME CHANGERS - COLLABORATION

KEY THEMES

Major Concerns

- Housing
- Food Security
- Opportunities for Collaboration
- Funding Coordination

Top take-aways

- Lots of interest in collaboration
- Need support for facilitation, funding, and platforms for collaboration - need a coordinating body
- All areas will benefit from an integrated, intersectoral, equity, and social determinants of health lens
- Address the differences between rural and urban needs and accommodate these needs in planning
- Aligned voices from organizations, pwille, lgs for advocacy to province

COLLABORATION

Organizations need support (collaboration opportunities - knowledge sharing) of communities to take risk and support those initiatives. Collaboration develops clear avenues of inter agency communication and relationships

How can we collaborate? Suggestions for Collaborative action

- Round tables
- Data sharing
- Identifying resources in the community and creating structures for sharing (land, funding, etc.)
- View wellness as a whole: take a social wellness and integrated approach
- Strengthen CHN
- Look and learn from other communities
- Get creative
- Having facilitators for networks, action teams, working groups, round tables etc.

Why is it important?

- Reduces siloes
- It is everyone's responsibilities
- Removes finger pointing
- Sharing and increasing understanding
- Expanding our frames and approach things by topic rather than area of responsibility

- Creating shared values, goals, ideas etc. Using collective impact evaluation
- Staying connected can offer opportunities to access more funding, reduce stigma, have resources more accessible as a group
- Not everyone can act on all the funding pots, collaborative approach we can spread out the work
- Collective impact, not doing things on our own
- Shared measurement, accountability and reporting
- need to work as an actual community because of artificial structures

WHAT ARE BARRIERS?

Understanding what collaboration is.

- True collaboration can be uncomfortable. Need to let go of control as an individual/silo/organization.
- Smaller groups can be easier to have everyone heard, but we need more people and the right representation at the table
- It is more than networking. Having a group understanding is important to move things forward.
- Understand core mandate of different organizations. Need to keep this top of mind as to help smooth/encourage collaboration - what are we trying to do together and how does this align to the core mandate of my organization...

Need a unified RDN strategy for taking action, shared values and goals

- We have a health network, primary care network, NHC, all have strategic plans and directions and when do we actually sit down and compare notes/ work together to identify community goals
- How can we bring the networks together and develop strategic plans for the whole region and on all areas?
- Need to put our individual agendas aside
- Round tables by region, we are often split up (ex-oceanside, Nanaimo, Gabriola Island health networks)

Ongoing system barriers need to be broken down

- Policy changes from funders - umbrellas such as the chamber, making one reporting agency and one grant writers - there are barriers to being collaborative like that as umbrella/ collaborative are not a common funding structure
- Collaboration key for life transition points - early years programs - schools. Schools as an important prevention opportunity. School - graduation transition.
- Early childhood - family services, health services and early learning, and transition. To school.
- Stop status quo
- System is crisis based
- We are addressing the things of 5 years ago rather than now and mitigating future issues

Rural and Urban Contexts need to be understood

- Urban and rural communities in same framework (urban solutions not applicable to rural settings and vice versa). Need to take this into consideration from the beginning
- Rural lens for the regional area. Also, different governance structure
- Funding for rural areas is swept into urban initiatives. Challenging for rural areas
- Create Rural Caucus to consider how to apply the directions from Social Needs Assessment & Strategy to rural areas

Having the right people at the table

- Long term commitment by individuals on behalf of an organization. Trust is the key to collaboration and that takes time. At minimal the organization having a written commitment on their involvement and what they will do to move the collaboration forward. Then, when people change, the commitment continues.
- Making the opportunities to collab fit for the person rather than asking them to be where I am
- Finding flexible ways to meet others where they are at
- Underrepresented groups need additional focus in the strategy or changes. Groups such as Indigenous communities and those with disabilities.

Jurisdiction

- Challenges to move big ideas forward with multiple partners
- provincial government - approachable, need to bring a unified voice

WHAT ARE FACILITATORS?

Governmental facilitators

- When working with "government" working with both staff and elected officials.
- Government - commitment to be at those tables and be part of the conversations
- RDN working in partnership with Island Health to support greater collaboration across organizations and in the region
- Mirrored orgs happening in other regions, quarterly check ins could help report back within other districts

Participation Facilitators

- Building personal relationship with others
- To me collaboration values needs to incorporate 'do no harm' reduction, trauma informed and valuing pwille
- Not about us without us. Need to involve lived experience in all solutions - inclusion
- Opportunities for people to network
- Willingness to stay through the tough conversations
- Coordination of individual community networks

Funding Facilitators

- Pass on opportunities as they can benefit others
- Be willing to support each others funding applications
- Funding sources need to support systems collaboration to reduce adversarial tension
- Share resources - provide equal power to collaborators
- Go for funding on behalf of community organizations for disbursement
- Collaborating on grants. Grants often unintendedly create competition between organizations both needing the same funding.

Structural Facilitators

- Using an equity lens whenever possible
- Getting more people involved in CHN, not linked, it allows people to be less siloed and more focused on addressing root problems

- Look at health and wellness as a whole: economy, housing, supports and services

Building on successes.

- Sometimes when get stuck in the hole of what is missing and have a hard time getting out and moving forward.
- Small successes allow for wins to build on. That builds trust. Trust is incredibly important for true collaboration.

EXAMPLES - WHAT IS BEING DONE

- Ministry of Social Development - Service Delivery Expansion Project to integrate specialists for services in each community is increasing partnerships
- Division of Family Practice - development of a primary care network looking at delivering primary care in a patient centered and team-based way - project just underway now
- Collaboration - example the primary care network and community integration specialists - need more networking and outreach programs, transition to zoom and online tools, regular meetings with networks and with groups of networks, more regional goal setting
- Covid Funding demonstrated how much can be done in a community with more funds, and more flexibility in those funds. Being able to fund FN work on Nation lands was a game changer - had ripple effects throughout the community
- Virtual interactions - people learned what can be done and it has broadened options for programs and activities
- Innovative community grants (\$500/grant) - for peer led and peer informed
- SD 68 Rec. 23 increase collaboration with local First Nations
- Enhance through additional community supports and foster compassion and inclusion.

APPENDIX 6

ELECTED OFFICIALS WORKSHOP

RESULTS

ELECTED OFFICIALS WORKSHOPS

Four questions were posed to guide the discussion:

1. What do you think is missing in addressing social needs within the region?
2. Given the understanding you have about social needs in your community, what action might you see the RDN or your community taking to address each of these challenges?
3. What are the barriers to realizing this action?
4. What is needed for the RDN to move this action forward?

The conversation launched from these questions and then became a free flow of ideas and considerations. The following are the notes captured by the facilitators with some quotes captured and not the verbatim contributions provided by the participants. Sessions were not recorded.

Responses:

What is missing?

Housing is the number one issue.

- Rental supply issues
- Affordable non-market housing lacking

Transit is important but hard to provide given the geography of the region.

Parks and Recreation has gaps.

- Tension between conservation and active use
- Lots of the rec is free (bike paths, playgrounds etc.)
- It doesn't address the need for supervised play and activities
- Only in northern area that RDN has recreation planning role

Other service:

- Childcare
- Counselling and mental health services
- Some areas have no homeless shelter

Funding

- Outside of our ability to fund, what can we do – we have limited financial resources
- Housing corporation may not be what the tax base would look like

- Explore tiny homes as an alternative solution
- Issue with lotteries as fundraisers for essential access to services
- Ability to fund and resource for the long term
- Need commitment and funding - Grants don't keep programs going – need ongoing
- Wrap around services are really expensive

Overall approach of service provision needs to take an equity lens

- Stop warehousing people
- Stigma and words hurt, and local government can commit to change their language

Clarity of the RDN

- Need a consolidated and agreed upon approach to priorities in the social plan
- Need clarity on issues/gaps/recommendations
- Need to hold government accountability
- RDN has no social planning or housing service, which limits scope and capacity of RDN
- North is different from the south – until you have buy-in politically...not much can happen
- Can we have an Urban and Rural split in the reporting? We have different needs/ perspectives

What is the role of the RDN?

“We have to change mindset – it’s all about cutting a ribbon in front of a camera, an attitude of ‘look what we’ve done for the poor people’. It has to just be normal and part of the work.” - Participant

Set goals for action

- Needs to be practical
- Play our role in what we believe that we can do
- What is our goal? What are we trying to achieve?
- Driving this has to be a start plan – in the Strategy Item #8 is we will develop a strategy to identify the RDN's role

Clarifying the RDN's role

- How do we define it and resource it over the long term?
- What is the role and what are the limitations?
- Clear and cohesive recognition of what the role of the RDN is
- Has to be paired with sourcing information – data, position the RDN to convene

Pulling the siloes apart

- More coordination is already happening than the LG knows about
- But much of the work happens in siloes – who is coordinating the big picture?
- Social services protect our turf, results in duplication of programs and end up competing for funding
- One program that Mayor Krog developed is a leader's table
 - Need projects like that
 - De-silo and work together

Communications role

- Support communication about services by helping to identify services available for people
- Nanaimo playing a coordinated role
- Support getting the message out
- Need to support communications
- People don't know where to get services
- If people need help, need to help people who looking for it find it

Advocacy

- Advocacy for increased level of services in the community
 - For increased income assistance
 - Health care accessibility
 - Providing 2 years post-secondary
 - Provide free upgrading at university
 - Transportation - Families should not have to pay to take the bus to school
- Data collection - \$ spend on bylaws, police etc. Assess the recurring costs and go to province and say does this make sense to spend this way, is there an alternative?

Collective Goals

- Avoid splitting our region into perceived borders like North and South
- We all go to each other's areas, services like recreation and transit are planned for regionally.
- We are not North and South, we are a region

Housing and development policies

- Tiny-homes and RVs – we have the jurisdiction over zoning, we can zone to support many different types of housing
- Look at other communities for examples.

- CRD Housing Corporation? Is this a model to consider? What would work here?
 - Look at policies and bylaws that support different forms of housing in RDN
- Support advocacy for housing developments that are meeting community needs
- There is a group on Gabriola Island with land and zoning, and draft plans but they didn't get the BC housing funding – it comes down to money...where does the money come from? How can we advocate and work together to support these programs?
 - Are there options within the development process to fast-track applications?
- How can we create this process? Need clear priorities to follow
- Can we promote and support alternative models of co-op housing?
 - Looking to support the start-up of self-sufficient projects
 - Example of the Bowser Seniors Housing Society

Food Security

- RDN could encourage local farmers markets etc.
- Food security – support local agriculture and consider the growth of community gardens
- Farmer's Market coupon program – to increase the purchase of local foods among people with lower incomes
 - Can be stigmatizing – is there another way of doing this that is not stigmatizing?
- Opportunity to support growth in learning opportunities related to food security
- ALC advocacy to support changes in housing allowances

Address Stigma in our own work

- Language is a huge contributor to stigma
- How do we talk about people? How do we word our communications?
- This is something we can start today to change

Support more integrated transit

- Some electoral areas don't have transit
 - Can we mandate it?
 - How do we support?
 - What is the brick wall?

Health Care

- Support doctor recruitment into rural areas

What are the barriers?

“What can we do on a grassroots level to help our community live better lives?” - participant

These are really big social issues – beyond the scope of the RDN in tackling this (alone)

- Mostly provincial issues – largely responses to symptoms
- It sounds like many of these issues are outside of our control
- We can influence the little symptoms
- We’re not the main resource but can bring people together

“Don’t want to stop action looking for ways to do things perfectly” - Participant

Funding

- Don’t have the needed funds to finance all the work
- Raising funds from taxes hasn’t been addressed enough to move forward – what do we tax from the homeowner – what is a reasonable sur-tax?

There is a lack of cohesion amongst the board

- We need to decide on our role
- There is a Deficit across the RDN on the ability to strategize and coordinate
 - Previous systems set up poorly
 - People are scrambling to know what to do
 - There is a role for LG to play in coordination
- Who coordinates is a big gap
 - Need a defined and practical role
- How does the RDN address competing demands?
 - How do we have more conversations like today?
 - CEO role – budget process has to include these larger issues as part of the discussion
 - Have ½ term check ins to “get to the nitty gritty of our strategic plan”
 - Can this be part of the board conversations moving forward? Can this be an agenda item? Can we discuss shared territory as a collective?
- We shouldn’t wait for the solution to be perfect to take action

Downloading

- We need to be careful what we take on from the province
- There is fear that if we take on too much, other levels of government won’t do their part.

Need for systemic change

- Example in Nanaimo on coordination of services
- Could take lessons learned and scale
- Concept of strengthening – what is happening in Oceanside is 99% volunteer driven, not local government.

What is needed?

Clarifying our role and setting a course of action

- Have to look at “what is our goal” and then look at our power, our convening, and our advocacy
- How to articulate the game changer actions that have already been enacted – show successes
- Board needs a vision session – *use this needs assessment and strategy to facilitate the discussion*
- Identify potential roles to respond to the various needs – order of magnitude needs to be identified.
- Need a workshop for RDN - *UBCM Action Planning Grants could support advancing or testing something*
- Need to recognize that electoral areas are part of the system and related to the economy
- Actions in Nanaimo has impacts outwards
- Support the SPO and look at a model to expand outwards and build out
- Coordinating, ID opportunities, leverage resources

Housing Policies

- Fast track application for affordable housing & process to waive development application fees is in place in RDN and member municipalities. Recent example Bowser Seniors' Housing project
- In the coming months, government expects to detail rules that will, in most circumstances, enable ALR landowners to have both a principal residence (that could include a secondary suite) and a small additional residence, whether there is farming activity on the property or not, and without having to apply and receive permission from the ALC.
 - Next steps – staff report will provide status update – what has already been achieved, and how to build on the strengths, leverage other information/engagements
- Landlords providing rentals – could we provide them a break if there are meeting an affordability threshold – could there be an incentive
- Are there other programs that can alleviate pressure?

Make stronger links across the region

- For example, show how housing and transit is connected to wellbeing
- Ensure that development planning looks at transit and housing together – ensure that new development is linked with transit

During the discussion, several examples of regional district opportunities for action were shared:

- Create a policy for including an EDI/ equity lens in policies and practices
 - Consider implementing a process of questioning that focuses on understanding:
 - Who is benefitting?
 - Who are we leaving out?
- Social procurement policy
- Sign onto TRC recommendations
- Front facing work on sustainability and resilience
- Assessment of policy tools – what do we need to ask to ensure that our actions meet our goals?
- Embedding Tools in practice
- Embed social needs in development assessment
- Cross-department actions
- Crime and lack of safety is a broad issue – if we don't deal with things, it will keep being a bylaw issue, needs to be investment in middle income housing
- The Community Connectors Value (they are gold)
- Have a Housing Planner and a Housing Fund
- RDN provides comprehensive web resources regarding full spectrum of housing needs/services in the region, could be expanded to promote other services via the RDN or other partners: <https://www.rdn.bc.ca/rdn-affordable-housing>
- Opportunity to enhance knowledge and awareness of recreation staff to support service navigation in the community
- Work plan to develop a regional housing strategy – effort to create a service
- Inclusive Language policies - *BCCDC language guide - opportunity*