



Central City Foundation presents
THE HOPE DIALOGUE SERIES

A facilitated discussion about the issues
impacting the inner city.



Women in the Inner City

OCT. 3, 2017

4:30 • 7:00 pm

TERMINAL CITY CLUB

**837 West Hastings St.
Vancouver, BC**

On the traditional and unceded ancestral
homelands of the Coast Salish peoples,
specifically the Musqueam, Tsleil Waututh
and Squamish First Nations

STUDY GUIDE

Together,
we build
hope.

WELCOME TO CENTRAL CITY FOUNDATION'S
Hope Dialogue Series

Thank you for taking part in our October 3rd dialogue session, the first of a series we are planning for the next year. Our purpose is multi-fold: to increase our knowledge and awareness; to foster dialogue; and ultimately to deepen our understanding of the issues and challenges faced by our neighbours in the inner city while imagining new and innovative solutions to improve lives.

We are excited to launch this series with a discussion led by the women leaders of our community focusing on women in the inner city, a conversation about how we got to the current situation, what is working and not working to improve things, and how we can work together to make substantial change to improve women's lives and build hope in our community.

Since 1907, **Central City Foundation** and our donors have worked with our neighbours to remove barriers, create opportunities and build human capacity in our community. We are funders, investors and builders, with a passion for sustainable, timely solutions for those in need. Together we can bring about the promise of a vibrant, healthy and prosperous future for all our neighbours.



At the event, you will be seated at a table with other participants, as well a leader from one of our community partner organizations (CCF grantees and community tenants), a member of CCF's Board of Directors, and a member of our team who will keep a record of the discussion at your table. Participants will have an opportunity to hear from a variety of community partner leaders, as they will rotate to other tables during the dialogue.

I'm so pleased you are joining us to kick off our Hope series. I look forward to talking with you and learning from you.

Jennifer Johnstone
PRESIDENT AND CEO

Central City Foundation

Linda Day

COMMUNITY PARTNER LEADERS

Aboriginal Mother Centre

Aboriginal Mother Centre provides housing for Aboriginal mothers and their children who are homeless, at risk of homelessness, or have had/are at risk of having their children apprehended. They support families in their goals to regain and retain their children and achieve self-sufficiency. They're dedicated to supporting Aboriginal families by providing cultural and traditional services through a holistic grassroots approach "Under One Roof."



Linda Day is a member of the Oneida Nation who has devoted her career to working for the advancement of First Nations people in a variety of disciplines, including health, education, employment and social welfare. She attained a Master of Arts degree in gerontology from SFU focused on healthy aging. She was the Senior Analyst with the Institute of Aboriginal People's Health with the Canadian Institutes of Health Research at the University of Toronto and the founding Executive Director of the Aboriginal Women's Health and Healing Research Group at UBC. Most recently, Linda was the Deputy Executive Director at Vancouver Native Health Society and since September 2015, is the Executive Director at the Aboriginal Mother Centre Society.

Supporting Aboriginal families
by providing cultural and traditional services
through a holistic grassroots approach

Janice Abbott

COMMUNITY PARTNER LEADERS

Atira Women's Resource Society

Atira Women's Resource Society is dedicated to supporting women and children affected by violence by offering safe and supportive housing and by delivering education and advocacy aimed at ending all forms of gendered violence. Atira is accessible to anyone who identifies and lives full time as a woman and who experiences gendered violence and misogyny, including trans, two spirit and intersex women and/or those who identify with a femme of centre non-binary gender, as well as women struggling with substance use and/or mental and spiritual wellness.



Janice Abbott has been the CEO of Atira Women's Resource Society since 1992. She has led the Society through its incredible growth from a single transition house located in South Surrey with a staff of seven to a large multi-service agency with two for-profit subsidiaries, a development arm and more than 500 staff. She has headed up numerous innovative capital projects including Canada's first multi-unit recycled shipping container housing development, which was completed in August 2013. Throughout Atira's herstory, Janice has championed barrier-free and low-barrier access to programs and services for women, ensuring Atira's programs are accessible to all women affected by violence including women who have traditionally been marginalized by mainstream society. She developed Atira's anti-oppression framework and works to honour it in her daily practice and in her life.

Supporting women and children
affected by violence

Angela Marie MacDougall

COMMUNITY PARTNER LEADERS

Battered Women's Support Services

Battered Women's Support Services (BWSS) provides education, advocacy, and support services to assist all battered women in the ultimate goal of elimination of violence and to work from a feminist perspective that promotes equality for all women. BWSS contributes to the freedom and liberation of girls and women from violence and empowers community through training and education programs. For over 35 years, they have provided counselling and healing spaces for those who have experienced abuse. To help women build strength and resiliency, Battered Women's Support Services implements systemic advocacy, law reform, and in-class youth engagement programs. In addition, BWSS supports community male counterparts by urging them to own their role in ending violence against girls and women. BWSS also operates a social enterprise called My Sister's Closet in British Columbia.



Angela Marie MacDougall takes action to end violence against women as an advocate, activist, and front-line worker. She has brought tangible transformation to service and program delivery as well as community development and partnerships in her almost 30 years of activism. Since 2003, Angela has been the executive director of Battered Women's Support Services (BWSS) where she has been strategic and proactive applying new media and related communications for social change, which has raised the profile of BWSS as an organization. Angela's impact includes development of empowerment and advocacy-based service delivery models grounded in strong theoretical frameworks and intersectionality that connect feminism, substance use, mental health, violence and women's leadership. In recognition of this important work, Angela was named a Remarkable Woman by the City of Vancouver in 2014 and in 2016, Vancouver Magazine named her one of Vancouver's most powerful people.

Jenny Morgan

COMMUNITY PARTNER LEADERS

The Indigenous Health Program

The Indigenous Health Program (IHP) at **BC Women’s Hospital and Health Centre** is a provincial program with a mandate to ensure that Indigenous women, girls, and their families receive optimal health care, advocacy, and support. Providing appropriate culturally safe health services and empowering Indigenous women to improve their health are two key goals of the IHP. This program provides services to Indigenous women and their families receiving care at BC Women’s. This program partners with other agencies, health authorities, organizations, and communities, throughout the province, leading in innovation and initiatives that fill the mandate of ensuring culturally safe care, organizational accountability, and other actions in the spirit of reconciliation.



Jenny Morgan, is the Director for the Indigenous Health Program at the BC Women’s Hospital and Health Centre. She is from the Gitksan First Nations. She is a sessional instructor at the UBC School of Social Work. Her academic background includes a masters degree in social work from UVic, and she is currently enrolled in the doctorate in education program with the University of Western Ontario, with a focus on organizational leadership.

Ensuring that Indigenous women, girls, and their families receive optimal health care, advocacy, and support

Shannon Skilton

COMMUNITY PARTNER LEADERS

Chrysalis

Chrysalis provides effective, long-term residential care and supports to adult women (including trans-women) seriously impacted by addiction, violence, poverty, homelessness, exploitation and untreated concurrent mental/medical health issues. Receiving referrals from throughout BC, Chrysalis serves women who are ready to commit to self-responsibility in their programs. Through education, group counselling, life skills development, holistic health care that includes yoga, and individual counselling and care plans, women will access the supports they require to achieve independence, health, wellness and long-term recovery.



Since 1995, **Shannon Skilton** has worked extensively in women's addiction services, and subsequently has a thorough understanding of the complex interdependence of women's experience of addiction, violence, homelessness, poverty and exploitation. From front-line, direct service to executive management, Shannon's comprehensive work history underpins her ongoing dedication to providing effective, respectful, ethical care and service to support women as they rebuild their lives. Shannon has been the Executive Director of Chrysalis Society for the past 10 years. She acquired a Substance Abuse Certificate in 1999 through VCC and her Residential Management Certification from the Justice Institute in 2005. She has maintained a working knowledge of current, best practices for the past 20 years through ongoing professional development.

Alice Kendall

COMMUNITY PARTNER LEADERS

The Downtown Eastside Women's Centre

The Downtown Eastside Women's Centre was founded in 1978 to support self-identified women and their children to make positive changes in their lives by connecting them to a continuum of low barrier services including basic needs such as daily nutritious meals, safe and clean showers, clothing and toiletries, phone and computer access, emergency drop-in shelter, as well as support services such as outreach, advocacy, wellness, recreation, housing, and skills development. Our mission is to provide a safe, non-judgmental environment for women from all walks of life, who live and/or work in the Downtown Eastside. The Downtown Eastside Women's Centre operates 7 days per week, providing services and supports to approximately 500 women and children each day.



Alice Kendall is currently the executive director at the Downtown Eastside Women's Centre where she has worked for over 20 years. Prior to the women's centre, she worked in the non-profit sector providing services to disenfranchised people, including seniors, youth, and women. Her experience working with people has led and developed her views and approach that being inclusive and ensuring meaningful participation of those accessing services is essential when developing effective programs, services and supports.

Providing a safe, non-judgmental environment
for women from all walks of life

Laura Dilley

COMMUNITY PARTNER LEADERS

PACE Society

PACE Society – “by, with and for sex workers” has provided peer-driven programs and services to sex workers for more than 20 years. Located in Vancouver’s Downtown Eastside neighbourhood, PACE operates under a rights-based, harm reduction model. Programs and services are based on a peer education model that recognizes that experiential knowledge is critical to culturally appropriate service delivery. PACE provides non-judgmental support services that reflect the self-identified needs of sex workers.



Laura Dilley is a non-profit leader and community-based educator whose work focuses on promoting health and social equity. Since 2013, Laura has been the Executive Director of PACE Society, a Vancouver-based organization employing a rights-based approach to addressing the needs of Sex Workers. Laura has been recognized as one of Business in Vancouver’s Top 40 under 40 (2015) and nominated for a YWCA Women of Distinction award (2016).

“by, with and for sex workers”

Alona Puehse

COMMUNITY PARTNER LEADERS

Tradeworks

Since its inception, **Tradeworks** has focused on providing services and support to residents living in Vancouver's Downtown Eastside, providing a combination of employment skill development and hands-on training in carpentry. While providing quality products, Tradeworks' social enterprise, called Tradeworks Custom Products, employs women living in Vancouver's Downtown Eastside. In addition, the Tradeworks Facility hosts carpentry employment programs in partnership with Open Door Group. The carpentry training program allows participants to build their skills and find meaningful employment.



Alona Puehse is Chief Operating Officer at Open Door Group, one of BC's largest employment services non-profits, where she has worked since 2009 after ten years of working globally in private sector business development. She has a Bachelor of Business Administration and a Diploma of Technology, International Trade and Transportation Logistics from BCIT and is currently completing her MBA. Alona is a director of the board of Buy Social Canada, a social impact purchasing company and a director of the Portland Hotel Society. She is also a member of the Employee Action Committee, which has a mandate to increase employment opportunities and outcomes for persons with disabilities, and the Disability Supports for Employment Advisory Committee with the Vancouver Foundation.

Providing a combination of employment skill development and hands-on training in carpentry

France-Emmanuelle Joly

COMMUNITY PARTNER LEADERS

The Vancouver Women's Health Collective

The Vancouver Women's Health Collective (VWHC) is a non-profit organisation helping self-identified women foster health, wellness and equity through feminist approaches to advocacy, shared knowledge and low-barrier programs and services.



Currently ED of the Vancouver Women's Health Collective, **France-Emmanuelle Joly** has been involved in French-speaking and English-speaking women's organisations in BC for over 12 years, as executive director and board member. She is a strong believer that women should (and will) have an equal say in all matters, and that the best way to reach equality is to nurture, educate and provide safe learning space for women to find their own voice – in other words, give women the tools to advocate for themselves. France-Emmanuelle strives to model positive and collaborative leadership for the volunteers, board members, staff and friends around her.

Helping self-identified women foster health,
wellness and equity

Mebrat Beyene

COMMUNITY PARTNER LEADERS

WISH

Working exclusively for self-identified women in street-based sex work, **WISH** has provided a safe and healthy environment focused on the well-being of women who are involved in Vancouver's street-based sex trade for the last 33 years. In a criminalized environment, sex-working women face alarming rates of violence and structural barriers to health care and other supports. Violence against sex workers often goes unreported. In an atmosphere of compassion, trust and dignity, sex-working women can thrive, find safety and connect with others who care.



Mebrat Beyene is a Montreal native who has made the Lower Mainland her home for the last 16 years. She is a mother, community developer, teacher, and singer known for her passion, enthusiasm, and energy. Mebrat has worked in social justice, and non-profit management and community development for close to 20 years. She has worked closely with women and women-serving organizations at Status of Women Canada and served as Executive Director of PeerNetBC (formerly the Self-Help Resource Association of BC). In a volunteer capacity, Mebrat has served on a variety of boards, committees, and roundtables. She was the Vancouver coordinator for the Black Artists' Networks in Dialogue's (BAND's) national Black History Month series, and has also been a popular early childhood music educator. In her spare time, Mebrat is an avid singer and performer.

Provide a safe and healthy environment
focused on the well-being of women involved
in Vancouver's street-based sex trade

FOCUS OF the discussion

Our Hope series event will centre around three big questions about women in the inner city of Vancouver:

How did we get here?

Where are we now?

Where can we go from here?

This study guide presents information, including input from our community partner leaders, focusing on the first two questions to help prepare you for the evening's discussions.

HOW did we get here?

To provide context for our discussions, we provide a brief account and analysis of the history of women in the inner city that highlights the most important factors and forces influencing the context of women's lives.

› History of Vancouver's inner city

The area of Vancouver's inner city, notably the Downtown Eastside (DTES), was originally part of the unceded traditional territories of the Squamish, Tsleil-Waututh, and Musqueam First Nations. Indigenous peoples have lived continuously in this area for many thousands of years.

Europeans began settling into the area in the mid 19th century, seizing lands and displacing Indigenous communities, entrenching racial divisions. Subsequent racist colonial laws and policies, including the Indian Act of 1876, were intended to control most aspects of Indigenous peoples' lives and attempted to eliminate their rights, sovereignty, titles and culture.

By the early 20th century, there were significant settlements by Japanese and Chinese immigrants as well in Vancouver's inner city. This was despite government policies that limited their rights to work and participate in Canadian society and policies that severely restricted Chinese immigrants such as the head tax levy in the 1885 Chinese Immigration Act and the 1923 Chinese Exclusion Act.¹

In the early 1900's, the DTES was the heart of the city of Vancouver and the stopping point for travellers on steamships and the railway, who filled the neighbourhood's quickly growing number of hotels and rooming houses. At the same time, the area saw a sharp increase in the number of bars and brothels, yet there was little or no social infrastructure. It was in this context that the handful of Vancouver

¹ An Overview Of Vancouver's Downtown Eastside For UBC Learning Exchange Trek Program Participants, Jodi Newnham, UBC Learning Exchange. 2005 <http://www.learningexchange.ubc.ca/files/2010/11/overviewdtes2016.pdf>



neighbours came together to form the Central City Mission Society Corporation and by 1910 had built the City's first residential and multi-service hub at 233 Abbott Street. This was the starting place of the Central City Foundation.

Eventually the railroad shifted west as did theatres and shops and the “central city.” During the 1930s the City began what would become a long tradition of “revitalization” projects in this community that repeatedly displaced people and targeted specific groups including Indigenous people, the black community centered around Hogan’s Alley (the final destruction of this neighbourhood would be effected by the building of the Viaducts in 1972) and the many residents and businesses of Chinatown. The entire Japanese population of the inner city was interned in 1942, decimating that part of the community.



“Racial segregation back then informed municipal policies in Vancouver. There are other factors that are about the policing, about the way that media portrays the communities of colour – Chinese communities, Japanese communities, the African community. . . Huge areas (of the city) were particularly vulnerable. I’m not talking about the 1800s here, I’m talking about 1960 (and moving forward). This is the history of white supremacy in the city of Vancouver.”

ANGELA MARIE MACDOUGALL • BWSS

Even today, among Chinese seniors and service providers in the inner city, discrimination and racism, along with language barriers, come up as their top concerns.²

2 <https://thetyee.ca/News/2013/04/02/Downtown-Eastside-Racism/>

Hotels became run down and were gradually converted to Single Room Occupancy (SRO) housing. Starting in the 1970s, the supply of low-income housing shrank in both the DTES and in other parts of the city, partly because of conversion into more expensive condominiums or hotels. In the years before Expo 86, an estimated 1,000 tenants were evicted from DTES residential hotels to make room for tourists.

The 1980s proved to be a particularly harmful era for the inner city with the deinstitutionalization of the mentally ill by the Province of BC without the concurrent development of community supports. In addition, the changes in drug use with the emergence of cheap non-injection drugs such as crack cocaine and the concentration of the drug market and street level sex work in the DTES through public policy and enforcement measures in other parts of the city contributed to the situation. In addition, the loss of inexpensive housing in other neighbourhoods in the city and the increasing costs of housing in Vancouver generally added to the problems.

Ongoing forms of systemic racism generated profoundly negative outcomes for many groups. Between 1980 and 2002, more than 60 women went missing from the DTES, most of them sex workers. Robert Pickton was charged with the murders of 26 of these women and convicted on six counts in 2007. He claimed to have murdered 49 women. Many more are still missing.



“The neighbourhood has been a neighbourhood where men have believed they can come and do violence against women with impunity.”

ANGELA MARIE MACDOUGALL • BWSS

In 1997 the local health authority declared a public health emergency in the DTES. Rates of HIV infection were worse than nearly anywhere in the world – 8.1 cases per 100 people. By 2011, this had fallen to 0.37 cases per 100 because of significant investments in the health care system that made Vancouver a global leader in HIV treatment.

Cuts to the provincial welfare program in 2002 caused further hardship for the poor and homeless. Citywide, the number of homeless people climbed, despite commitments and recent efforts to increase funding for social housing after decades of declining expenditures.

In the 21st century, governments and developers began investing in DTES services and infrastructure, including the redevelopment of the Woodward's Building and converting some SRO hotels into social housing. Many higher-end condo buildings have been opening in recent years, leading to more gentrification of the area. Proponents say that new developments revitalize the area, improve the quality of life, provide new social housing, and encourage a stronger retail environment and a sta-

bilizing street presence. Others oppose the addition of market housing and upscale businesses to the DTES, in the belief that these changes will drive up prices, displace low-income residents once again, and make poor people feel less at home.



“People get pushed to the margins because there is a lack of options. And then people sometimes choose to stay there, because that’s their network of support and if you tried to move them into a different neighbourhood or somewhere else they’d just feel isolated. It also fosters a lot of opportunity for resiliency because when you see how they watch out for each other and people in that area, everyone kind of knows who’s who.”

JENNY MORGAN • BC WOMEN’S

In the face of these daunting community challenges, and the disjointed and often misplaced efforts to reform damaging and discriminatory government policies, the DTES has become home to many community-based services including social housing, health care, free meals and clothing, harm reduction for drug users, housing assistance, employment preparation, adult education, children’s programs, emergency housing, arts and recreation, and legal advocacy.



Compounding challenges further, in the past few years, the influx of powerful and deadly opioids has had a severe impact on the community and caused a true epidemic of crisis proportions. In 2016 alone, fentanyl-related deaths claimed the lives of 922 British Columbians – an increase of 80% from 2015. The concentration of supervised injection sites and harm reduction initiatives like heroin assisted treatment, Suboxone and naloxone availability in the DTES has had a “measurable effect” on reducing fatalities, but this epidemic shows no signs of stopping. The fentanyl crisis compelled a marginal increase in available treatment beds for women, although there are still, on average, noticeably more beds for men.³

³ Annual Report, June 28, 2017, Chrysalis Society

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“In some ways you're institutionalized within a community, but for some people this is what works at this time. So I think it's necessary to maintain affordable housing and community services within this community, as well as expand from outside of the community.”

ALICE KENDALL • DEWC

> Colonialism and its continuing affects

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“The more we understand the historical context, the more that we can see the ways in which colonization – the processes of white supremacy as an ideology – informs every part of our human interaction. All the policies, from the systemic apparatus, the criminal and legal apparatuses, the health apparatuses, are all fused with very specific information about misogyny and white supremacy that then grinds down the lives of women in the inner city.”

ANGELA MARIE MACDOUGALL • BWSS

The history of women in the inner city is intertwined with Canada's history of colonialism and patriarchy. To understand the current situation of women in the inner city, any analysis must begin with an understanding of the intentional racist Canadian policy that was developed and maintained to remove Indigenous people from their land, and fully disenfranchise Indigenous people.

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“Pathologizing Indigenous people is blaming them for doing something wrong rather than looking at how did this happen. There's a lack of awareness and a lot of judgment that can happen where they start comparing them as though they are equal without looking at the history that's there, that there is something wrong with them rather than there is something wrong with the system.”

JENNY MORGAN • BC WOMEN'S

One of the most egregious examples of colonialism is evidenced in the history of residential schools, the last of which did not close until 1996. More than 150,000 Indigenous children were taken from their parents and placed into an institutional system in an attempt to isolate them from family and culture and forcibly assimilate them to the dominant culture. That resulted in the deaths of many thousands of children, the destruction of family and community ties and has had lasting, harmful effects through generations.



As a component of the Indian Residential Schools Settlement Agreement, in 2008 a Truth and Reconciliation Commission was launched with a five-year mandate to inform all Canadians about what happened in Indian Residential schools. In 2015, the Commission released its final report documenting the truth of survivors, families and communities and includes 94 calls to action urging all levels of government – federal, provincial, territorial and Aboriginal – to work together to change policies and programs in a concerted effort to repair the harm caused by residential schools and move forward with reconciliation.

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“Many of the young mothers (who access services through Aboriginal Mother’s Centre) themselves are the product of the foster care system, as their mothers and sometimes grandmothers were also. As a result of being either third generation foster children or residential school survivors, many have not learned effective parenting skills and their children are at risk of government apprehension. Not only that, but the mothers who come through our doors have experienced intimate partner violence, are at risk of homelessness and struggle with socio-economic barriers.”

LINDA DAY • ABORIGINAL MOTHER’S CENTRE

Geographic isolation, lack of access to services, lack of transportation and poverty are some of the daily challenges that Indigenous women in the inner city face because of systemic racism and sexism in the context of historic and ongoing colonization.

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“When you have any negative social outcome you can measure, Indigenous people are going to be over represented. It’s a time to start reflecting on that, to see what we can all do to take action to transform and change what is happening.”

JENNY MORGAN • BC WOMEN’S

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“Indigenous women are overrepresented in jails and underrepresented in employment, and community services, support systems, support services.”

ALICE KENDALL • DEWC

➤ Inequality and violence against women

“The first thing is that we can never separate the inner city, Downtown Eastside, Vancouver from the broader issues for women in Canada.”

ANGELA MARIE MACDOUGALL • BWSS

The inequality faced by women, especially women of colour and Indigenous women, is at the heart of our society and the inner city. This translates to unequal wages, discrimination against women on the job, and the unequal division of labour in the home.⁴

Battered Women's Support Services reports that the percentage of women who access BWSS who self identify as recent immigrants is 42% and the percentage of women who self identify as Aboriginal, Indigenous, First Nations, Native, Indian or Metis is 18%. These figures indicate the heightened risks for these groups of women.

The recognition of violence against women in relationships as a serious social problem in Canada was an achievement of the women's movement, starting in the late 1960s and early 1970s. Activists began shelters for women and children escaping violence and located the roots of the violence in the gender inequality in social relationships. Recently, violence against women in relationships has been clearly recognized as a criminal matter, not a private, domestic affair.⁵

For battered Immigrant women, the impacts of immigration policies place women in particularly vulnerable situations. Immigrant women are usually at a greater disadvantage than other women.⁶

Furthermore, women with mental health-related disabilities, a history of homelessness or minimal social supports, LGBTQ people, and Indigenous women are still much more likely to be victims of violence.

And the ongoing struggle of Indigenous women to address issues of violence against them is only beginning to be addressed. As a result of decades of advocacy by Indigenous women and front-line service providers, violence against Indigenous women has gained increasing public attention. However, current and past violence continues to seriously undermine the security, dignity and human

4 Trickle-down feminism? Elizabeth Schulte, March 20, 2013 <https://socialistworker.org/2013/03/20/trickle-down-feminism>

5 Violence Against Women in Relationships – Victim Service Worker Handbook, Ministry of Public Safety and Solicitor General, Victim Services and Crime Prevention Division January 2007

6 21st Century Practice – Transforming Women's Lives, Tessa Parkes, Battered Women's Support Services <http://www.bwss.org/wp-content/uploads/2008/09/21st-century-practice.pdf>

rights of Indigenous women and girls in BC. In the last year, BC made some improvements in its efforts to address violence against Indigenous women and girls, although its action remains inadequate.⁷



“We still struggle to ensure that a gendered analysis of policies, funding, spaces, and strategies exist, that women and women’s health and safety can’t be an add-on or afterthought. It is clear that women’s health and safety options are still compromised and still under-prioritized. Violence against women – particularly poor and racialized women – isn’t addressed with the necessary urgency, nor are the conditions that allow for that violence to exist, including poverty, lack of sufficient addictions services, lack of sufficient affordable housing, lack of sufficient mental health care, and racism and ongoing colonialism.”

MEBRAT BEYENNE • WISH

➤ Poverty and inequality

BC continues to have high rates of poverty, particularly among single senior women and single-parent families, which are predominately headed by women. The province has a high rate of working poverty, and Metro Vancouver had the second-highest working poverty level in Canada in 2012, and in Metro Vancouver, families led by lone parents are the most at risk. One in two BC children living in lone parent families lives in poverty. Nearly 24% of single parents in the province,



⁷ West Coast Leaf’s 2016 CEDAW Report Card <http://www.westcoastleaf.org/wp-content/uploads/2016/10/West-Coast-Leaf-CEDAW-2016-web-final.pdf>

again predominantly women, experience food insecurity. Children in those families were over six times more likely to experience food insecurity than children in two-parent families.⁸ The poverty rate for Indigenous children in Vancouver is 33 per cent.⁹

Today, people in the inner city continue to struggle with low incomes and poverty and, because of continued discriminatory government policies, Indigenous people are highly over-represented making up 38% of Vancouver's homeless population but only 2.5% of Vancouver's population overall.¹⁰



“Often it starts with the oppression of people living in poverty. There is a lot of stigma attached to that. A lot of times these community members are experiencing multiple challenges whether it be mental health, poverty or other issues. Add to that the Indigenous population who have inter-generational challenges, trauma that they are processing and healing from, and systems that are still colonizing Indigenous peoples, policies that perpetuate these barriers for this population.”

JENNY MORGAN • BC WOMEN'S

The availability of childcare services has a disproportionate impact on women. Over 80% of lone parent families in BC are headed by single mothers, many of whom struggle to cover the cost of childcare on one income.

Additionally, in dual-parent families, women tend to take on more childcare responsibilities. This unequal division often results in women having to choose more flexible work structures to accommodate their childcare responsibilities. Thus, the lack of affordable childcare forces women into precarious work arrangements and further entrenches them in poverty.¹¹

In terms of the availability of housing, rental vacancy rates across the province continue to be very low. While availability drops, the cost of housing continues to rise. The wait-list last year for social housing in Metro Vancouver has roughly 10,000 applicants.¹² In just one year, from April 2014 to April 2015, the average monthly rent for a one-bedroom apartment in BC increased by 3.4% to \$987.

8 Ibid

9 Long Overdue, Why BC Needs A Poverty Reduction Plan, Seth Klein, Iglia Ivanova and Andrew Leyland, January 2017 https://www.policyalternatives.ca/sites/default/files/uploads/publications/BC%20Office/2017/01/ccpa-bc_long-overdue-poverty-plan_web.pdf

10 Vancouver Homeless Count 2016, Matt Thomson <http://vancouver.ca/files/cov/homeless-count-2016-report.pdf>

11 West Coast Leaf's 2016 CEDAW Report Card <http://www.westcoastleaf.org/wp-content/uploads/2016/10/West-Coast-Leaf-CEDAW-2016-web-final.pdf>

12 Long Overdue, Why BC Needs A Poverty Reduction Plan, Seth Klein, Iglia Ivanova and Andrew Leyland, January 2017 https://www.policyalternatives.ca/sites/default/files/uploads/publications/BC%20Office/2017/01/ccpa-bc_long-overdue-poverty-plan_web.pdf

The average price of a Single Room Occupancy unit in Vancouver's Downtown Eastside increased by nearly 30% between 2009 and 2015, when it hit a high of \$517 per month. For a single person living on income assistance, paying \$517 in rent leaves \$93 to cover food, clothing and other necessities each month.¹³



“More and more we see women who are homeless and women who are putting children into care because they have nowhere to go. I've worked at the women's centre for 20 years so I can see how the streets look very different than they did even two years ago. Now people have set up camps on the streets. There are more people who have been displaced and less options. There are younger people living in tents on the streets. It's harder and harder to get people into treatments whether it's addictions or mental health.”

ALICE KENDALL • DEWC



The availability of childcare services has a disproportionate impact on women. Over 80% of lone parent families in BC are headed by single mothers, many of whom struggle to cover the cost of childcare on one income

¹³ West Coast Leaf's 2016 CEDAW Report Card <http://www.westcoastleaf.org/wp-content/uploads/2016/10/West-Coast-Leaf-CEDAW-2016-web-final.pdf>

WHERE are we now?

We asked each of our community partner leaders who will be guiding discussions at our events to tell us a bit about the current situation, or highlight some initiatives that are working and challenges being faced.

> What's working:

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“We have the collective impact of women's organizations challenging the public police, the public health, child protection services, the truth about the numbers of young women who are living in the neighbourhood who are abused. . . We continue to talk about the realities, to bring that important gender lens, what it means to live in the body of a girl, and all of what that entails.”

ANGELA MARIE MACDOUGALL • BWSS

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“Right now we have the housing outreach program where we're able to support women with the finances necessary to get reasonable housing and furnishings. It is quite amazing how successful women are once they get stable housing, that then they're looking at training programs or employment or other types of things.”

ALICE KENDALL • DEWC

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“What works for us at WISH are programs that are peer-based and peer-informed and that support women where they are and without judgement. The programs look and feel like customized support because individualized and ongoing support is what is needed to assist a woman who has fallen through multiple cracks in our system. It takes time, commitment, long-term trust-building and simply can't be a one-size fits all solution.”

MEBRAT BEYENNE • WISH

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“We know that strengthening the foundations upon which lasting health, wellness and situational stability can occur takes time, and we ensure women have the time they need to successfully achieve and make profound changes in their health and lives. Unlike time-bound, traditional ‘treatment’ programs, our programs are long-term and women can remain in each of the homes for 18+ months, or longer as their needs may warrant.”

CHRYSALIS SOCIETY

➤ Both a challenge and opportunity:

.....

“Reflect on the ongoing learning that one can do, because when it comes to the DTES and Indigenous peoples, people need to really understand all the complexities of what they’re looking at.”

JENNY MORGAN • BC WOMEN’S

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“I think that there’s movement, that the upper echelons of the VPD are invested in changing the culture of their members. I’m not sure that it’s trickled down as much as we would like it and we are constantly dealing with reports around abuse of police and inappropriate responses. But what does happen is that you now have somebody to talk to within that system.”

ALICE KENDALL • DEWC

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“Our organisation relies on volunteer time and effort, which is both a beauty and a challenge. The beauty is how volunteers learn as much as they give, and their experience at VWHC changes their view and understanding of our neighbourhood, city and community. Beyond retention of volunteers, the bigger challenge is that we sometimes create expectations that we are unable to keep up with – volunteers’ circumstances and availability change, and we’ve had to cancel some programs for lack of volunteer facilitators to keep them running. On the bright side, we are constantly contacted by women interested in sharing their expertise and time, so it might be a challenge to keep things running smoothly, but there is no shortage of enthusiasm and willingness to give, in our community.”

FRANCE-EMMANUELLE JOLY • VHWC

...so it might be a challenge to keep things running smoothly,
but there is no shortage of enthusiasm and willingness to give,
in our community

> Challenges:

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“The women who come to Aboriginal Mother Centre are dealing with the remnants of years of institutionalized racism and discrimination that has led to enormous socio-economic and health challenges for this vulnerable group. The number of children currently in care of the government now exceeds the number of children that were in the residential school system, the last of which closed in BC in 1996.”

LINDA DAY • ABORIGINAL MOTHER'S CENTRE

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“There is only limited capacity to engage in advocacy to influence policy decisions and address structural drivers of disadvantage among women. For example, while many agencies receive funding to address issues relating to housing instability among women, they are delivering these services in an environment in which there is a severe housing shortage and policies that undermine women's housing security. While this frontline work is crucial, it needs to be complemented by high-level advocacy to bring about policy changes (e.g., housing investments, changes to residential tenancy law) that address the underlying causes of these problems.”

LAURA DILLEY • PACE

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“Funding is always tricky and challenging, because it is still very much based on specific 'streams' or topics, and if your work doesn't fit the flavour of the year, or if your project isn't successful at securing funding...you might need to wait a couple years till a relevant call for proposals comes around.”

FRANCE-EMMANUELLE JOLY • VHWC



LET'S discuss

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““These amazing women leaders in the Downtown Eastside, fighting for resources to serve our people, are failing. This is why the self-medication is happening, this is what successive layers of policy and service oppression looks like in a wealthy Western country. This isn't solvable by this group alone, there must be a willingness to address Canadian, provincial and city policy, and a willingness for a high-level injection of equity.””

LESLIE VARLEY • EXECUTIVE DIRECTOR
BC ASSOCIATION OF ABORIGINAL FRIENDSHIP CENTRES AND CCF BOARD MEMBER

At the event, we will have engaging dialogues about possibilities, initiatives and collaborative actions that can be undertaken by you and Central City Foundation.

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““People are survivors, people have strength, people have resilience, people help each other and support each other, and find ways of moving forward despite all of the challenges and the barriers that they have to face.””

ALICE KENDALL • DEWC

Together, we build hope.



Women in the Inner City

THE HOPE DIALOGUE SERIES

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to bring about the promise of a vibrant,
healthy and prosperous future
for all our neighbours.



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