

Wednesday, September 12, 2007

Turning Point Recovery Society (1984)

**Re: Minutes of Neighbourhood Consultation Meeting
South Arm Community Centre, September 12, 2007**

Present: Neighbourhood: Kathy, Barb K, Walter, Kevin, Bob, Vera, Barbara R., Sharon
TPRS: Brenda Plant, Gary Schubak, Val Nay
Consultants: Doug Purdy, Jack Clerkson
Facilitator: Wendy Sage-Hayward

Introduction and Welcome: Doug Purdy – Consultant, Chair of Committee:

A report outlining the specific discussion points and relevant research for the five themes outlined at last month's meeting were distributed. Please find the report enclosed.

The City of Richmond will post the proposed rezoning sign on the Ash St. site early next week. This sign is just a formality, no decisions have been made. Turning Point will distribute information letters informing the neighbourhood about the new signage by September 17.

Doug introduced the evening's guest facilitator, Wendy Sage-Hayward. Wendy's role as an independent, objective overseer is to aid in the evening's discussion. She has familiarized herself with the NLC's prior minutes, and has reviewed the five key themes for discussion.

Introduction by Wendy, Facilitator:

The five key concerns to be discussed this evening are:

- Project density
- Safety
- Real estate
- Value to community
- Proximity to other organizations

Wendy suggested the five issues be addressed separately, using a pro/con format. She acknowledged the multiple perspectives in the room and suggested the group operate under the following principles:

- Open, honest, transparent debate
- Good, respectful dialogue
- Critique ideas, not people
- Everyone's voice needs to be heard

Project Density

Suggested

Cons:

- A 40-resident facility is just too big for the neighbourhood.
- There will be a significant increase in traffic.
- There will be a significant increase in noise.
- The size of the development will alienate people who might otherwise support a smaller development.
- Potential impact on water pressure to surrounding neighbours.
- Forty new residents do not *blend* into the neighbourhood they *become* the neighbourhood.

Suggested

Pros:

- There will be 11 parking spaces on the site (report available on TP's website).
- The residents will be busy – attending meetings, school and work, just like any other neighbours.

Wendy asked the group if the issue is really about density or is it more about the type of people – i.e. if it were a different “group” would that make a difference?

The general consensus was that the density of this facility is simply not in keeping with the neighbourhood. It was acknowledged, however, that there would always be people that would oppose this population, regardless of the number. The committee brainstormed possible concerns about the clientele and what measures could be taken to counter these concerns.

Population

Suggested

Cons:

- Proximity to liquor store and other temptations.
- Short term stays, rapid turnover of residents.
- There is a potential for domestic issues and disputes.
- Not good environment for children to be exposed to.
- Perception/negative feelings from those outside of the neighbourhood, about this neighbourhood – it reflects badly on us.
- A general, negative image of addiction - it's a failure of willpower, they are criminals, it is not a disease.
- Not like having townhouses on the property, there would be more residents just hanging around.

Suggested
Pros

- The typical residential stay in the recovery units (front units) is 4-6 months; in the independent houses (back units) it is approximately 12-18 months.
- There could be a real, positive impact on children; they can see people doing something constructive to change their lives.
- Addiction problems are all around us, the presence of a recovery house would help bring the issue out from behind closed doors – encourage dialogue with children, community members etc.
- The residents in the independent living units will be working or going to school, residents in the main houses will be in programming.
- The residents would be available to give talks at the local schools.

Real Estate

Suggested
Cons:

- There is more foot traffic on Ash than at the other sites.
- This is a very residential, family neighbourhood.
- No independent, in-depth research into property values and the effect this development could have on the neighbourhood.

Suggested
Pros:

- There are already a number of multiple residences in the area.
- Property already zoned for institutional use.
- Studies to date indicate no impact on real estate values.

Some members consider the Ash St. location more residential than Turning Point's Odlin and Vancouver facilities. A proposal of this size would be better suited in a more commercial vicinity, closer to amenities such as hospitals and other social services.

It was pointed out by one resident that the site has been zoned institutional since the 1980s, and neighbours would/should have known this when they bought into the area. All neighbourhoods in Richmond are undergoing change with townhouses, other multiple family dwellings and "monster" houses encroaching into single-family areas.

There was some scepticism regarding some of the findings from impact studies on the effects of institutional housing on surrounding real estate values. A suggestion was made to have a real estate agent come speak at an NLC meeting and discuss how this development might impact real estate prices in the area.

Turning Point was asked why, knowing that there would be opposition, they would have set the density so high, and if there was any room for negotiation. Brenda responded that there is an urgent need in Richmond for this type of supportive housing – in a four month survey conducted by Turning Point and other addiction providers in Richmond last year, there were 127 requests for supportive and recovery housing by Richmond

residents... There are only 9 beds... it is clearly not enough to accommodate the need. She added that there are currently no services of this type available for women. Because of this need, Turning Point's proposal was to maximize the use of this site within tolerable and reasonable limits.

If the City grants approval and there is still opposition, would you consider downgrading the density? As it stands right now, the application to the City is for 40 beds. No changes can be made until Turning Point receives feedback from the City. However, in response to feedback from the neighbours, Turning Point is reviewing the density issue.

It was suggested that the next meeting not be held until Turning Point had heard back from the City. Turning Point assured the group that their concerns were not "falling on deaf ears" and that their feedback has been extremely valuable.

Safety Issue

Suggested

Cons:

- Increased risk of accidents with increased car traffic.
- Perhaps drugs and/or drug dealers will be around.
- There is no data to support any claims of safety stats for a facility this size.

Suggested

Pros:

- Understanding the population may alleviate some of the concerns regarding drug activity.

A member of the group reported that there is no research available regarding safety issues for a development this size, and there was concern that Ash St. would become the test case. According to the Impact of Supportive Housing on Crime, there may be a negative crime impact in areas with large supportive housing complexes, i.e., large-scale units like apartments. Turning Point's experience is that there have been no issues of increased personal or property crime in the areas that they operate. Clients that relapse are discharged from the program and in TP's experience; those that relapse do not remain on site or in the area.

Where do we go from here?

We will be better equipped with information regarding timing and the next stages of this proposal after hearing back from the City. We will e-mail you with a tentative date for the next meeting as soon as we know more.

Turning Point will invite a real estate agent familiar with the Richmond area to come to the next NLC meeting to address neighbours' concerns.

Turning Point will also arrange to have a few residents from the Odlin Road residence attend the next NLC meeting.

Further comments

Anyone interested in having a tour of the Odlin or Vancouver properties is welcome to call Brenda at 604-303-6844 to arrange a date and time.

Demolition: Turning Point is not pursuing demolition at this time. Trees that had been a problem for one of the neighbours have been removed.

If anyone knows of past members of the committee that do not want to continue receiving our e-mails, please let us know.

The meeting concluded at 9:00 p.m.



Neighbourhood Liaison Committee Meeting
September 12, 2007

***Discussion points on the five themes proposed by the Neighbourhood Liaison
Committee (NLC)***

NLC – Discussion Points

Introduction

At the August 1, 2007 meeting of TPRS and the Ash Street area Neighbourhood Liaison Committee (NLC), the committee members put forward five themes regarding the proposed expansion of Turning Point. These themes were to be considered at following meetings.

The discussions on these themes are meant to explore how the proposed facility will interact within the neighbourhood. The themes include:

- the value of the proposal to the community;
- its proximity to other public amenities;
- the proposed project's density;
- the safety of current residents; and
- the potential impact on property values.

Following are the five themes with specific discussion points and relevant research. This information is intended to aid in the discussion process and should not be considered an exhaustive survey of all available information on the subject matter.

Theme #1: Value - what value will the proposed redevelopment bring to the community; and what are the current public policies regarding such a facility?

Research:

The economic and human costs of addiction in British Columbia

- The Canadian Centre on Substance Abuse (CCSA) reports that in terms of the burden on services such as health care and law enforcement, and the loss of productivity in the workplace or at home resulting from premature death and disability, the overall cost of substance abuse in Canada in 2002 is estimated to be \$39.8 billion. The estimate for British Columbia is \$6.1 billion.
- Direct health-care costs of substance abuse in 2002 approached \$9 billion in Canada, due primarily to overdoses, accidents and related illnesses. The CCSA notes that, “behind the dollar figures is a dramatic toll measured in tens of thousands of deaths, hundreds of thousands of years of productive life lost, and millions of days spent in hospital.”¹

The need for addiction services in Richmond

- According to the May 2002 Richmond Homelessness Needs Assessment and Strategy entitled, “It’s my City Too!” A study of the Housing Needs of Richmond’s Most Vulnerable Citizens, the city of Richmond has little housing and inadequate support for many of its most vulnerable citizens, including those individuals with addictions and mental health issues. Additionally there is no alternative housing for people seeking to transition from emergency shelters and treatment facilities to more permanent and stable accommodation. The report states that “Individuals and families have few alternatives except to search for accommodation in Vancouver, Surrey or further away”.²
- The Richmond Integrated & Comprehensive Mental Health and Addictions System (RICAS) planning committee, developed in January 2006 under the direction of Vancouver Coastal Health and Richmond Health Services, has identified a lack of supportive housing and the increase of individuals with mental health and addictions issues as the two most significant social issues affecting Richmond. A survey undertaken by the three largest providers of addictions services from July to October 2006 registered over 120 requests for addictions housing.
- “The City of Richmond’s Official Community Plan (OCP) recognizes the need for a more diversified range of housing choices and the need for increased affordable housing and supportive housing in the City.”³

Vancouver Coastal Health Region (VCH)

- Mental illness and addictions are health conditions which can affect people of all socioeconomic backgrounds and living in all city neighborhoods. [Vancouver City] Council policy is to locate supportive housing, which is a form of social housing, throughout the city. If supportive housing is located throughout the city, it provides opportunities for people to access this kind of housing where family and friends are nearby and where they are familiar with the services and the neighbourhood.⁴
- Vancouver strives to be a great city of communities in which people are well cared for. An important part of making this happen is to ensure that our vulnerable residents have decent affordable housing. Supportive housing provides the stability that allows people with mental illnesses and/or addictions to live healthier lives and to better participate in society. This form of housing has also been integrated successfully within neighbourhoods in Vancouver.⁵
- It is estimated that over the next 10 years about 2,200 additional supportive housing units will be needed for people with an addiction and/or mental health illness. VCH estimates that 1,540 units should be provided through rent supplements in existing market apartments, with the remaining 660 units in new dedicated or mixed buildings.⁶
- There is much evidence that supportive housing provides positive outcomes and is cost effective:⁷
 - Reduced emergency room visits by 32%
 - Reduced hospital bed use by 57% and reduced average length of hospital stays by 29%
 - Improved mental, physical health and reduced substance use – less negative community impacts
 - Increased residential stability with people staying in one place longer
 - Increased independence and empowerment and gains in role achievement⁸
 - Overall savings \$6,000 per person per year (from \$24,000 for homeless people to \$18,000 housed people)
 - Savings of \$950 per day or \$1,050 annually per person in hospital bed use
 - Savings of \$16,282 per year per unit of supportive housing. The savings were from reduced use of shelters, psychiatric hospitals, medical services, prisons and jails⁹
- Each dollar invested in substance abuse treatment saves taxpayers \$7.46 in societal costs. (RAND Corporation)
- Substance abuse treatment represents a greater than 7:1 ratio of benefits to costs. (California Department of Alcohol and Drug Programs, 2001)

Provincial policy documents

- Housing has been widely identified as a both a fundamental right and a critical determinant of a person's health. Individuals who are unable to access safe, secure, affordable and appropriate housing will have both a reduced quality of life and an increased need to access other social and medical support and treatment services. Evidence has clearly shown a relationship between inadequate housing and a broad range of health conditions.¹⁰
- There are many organizations and coalitions at the community level whose work is impacted by people living with problematic substance use and mental disorders. Enabling people and groups at the community level to be active participants in, rather than passive targets of, efforts to address problematic substance use is another component of an effective response.¹¹

Turning Point's Experience:

- Turning Point's proposed facility will improve health outcomes and foster healthier individuals, families and community.
- Our goal is to provide safe and supportive housing for vulnerable citizens in Richmond and the Lower Mainland while breaking the cycle of addiction, a root cause of homelessness.
- In doing so, Turing Point will assist these individuals to regain their independence and reintegrate into, and become contributing members of, our community, while reducing the cost of addictions and homelessness through reduced health care, policing, corrections, and social services costs, and productivity losses from disability and premature death.
- No other facility in the Vancouver Coastal Health Region will provide the type of innovative multi-level addictions programming that we propose to offer.

Theme #2: Proximity – is there cause to be concerned about the location of the proposed facility in relation to schools, parks, liquor stores etc.

Research:

- According to a January 2007 literature survey conducted by the Centre for Applied Research in Mental Health and Addiction at Simon Fraser University entitled, Housing for People with Substance Use and Concurrent Disorders: Summary of Literature and Annotated Bibliography, “the preponderance of evidence indicates that supportive housing is an essential component of an effective overall therapeutic and rehabilitation strategy ... and with careful planning and consultation, these programs can function well and be perceived as an asset to their communities and neighbourhoods.”¹²

- Based on an extensive review of literature, the survey found that:

“Proposals to establish supportive housing typically encounter some degree of neighbourhood resistance – often expressed as fears regarding increased crime or declining property values. The level of resistance varies by neighbourhood and also by the needs of the intended client group ... The opinions of neighbours have, however, been reported to change over time, with initial opposition being replaced by the view that residents of community housing facilities are good neighbours. Community studies suggest that there is no negative impact on safety or property values (Arens, 1993). Neighbours who live within one block of recovery homes have expressed significantly greater support for these facilities than neighbours living more than one block away (Jason et al., 2005). Most residents are unaware of the presence of community residences in their neighbourhood. A metaanalysis of 18 studies reported no observable relationship between residential recovery homes and either property values or crime rates (Aamodt and Chiglinsky, 1989).¹³

- The survey concluded that:

“Despite the diversity across studies, there is consistent support for the positive impact of housing on health and social outcomes for people with substance use and mental disorders. Moreover, evidence suggests that this type of housing can have a minimal (or even positive) impact on the neighbourhoods in which they are sited. There is not sufficient evidence to differentiate the effectiveness of any single model of housing. Rather, the available research suggests that housing should be made as accessible as possible, with the flexibility to add additional supports in response to the expressed needs and wishes of each individual.¹⁴

Turning Point's experience:

- Turning Point is a good neighbour that seeks to improve the quality of life in the communities we serve.
- Our successful 25-year track record in Vancouver and Richmond demonstrates our operations are aligned with the values of the communities which we serve.
- We've quietly operated on Odlin Road in Richmond for more than 8 years without incident. Many residents in the Odlin Road area are now our greatest supporters.
- Our proposed expansion project will build on our existing model to ensure it works for our residents, our neighbours and the community at large.

Theme #3: Density – is there cause to be concerned regarding the number of residents proposed to live in the new recovery and transitional housing?

Research:

- According to the January 2007 literature survey conducted by the Centre for Applied Research in Mental Health and Addiction at Simon Fraser University entitled, Housing for People with Substance Use and Concurrent Disorders: Summary of Literature and Annotated Bibliography, “Most residents are unaware of the presence of community residences in their neighbourhood. A metaanalysis of 18 studies reported no observable relationship between residential recovery homes and either property values or crime rates (Aamodt and Chiglinsky, 1989).¹⁵
- The SFU literature review states that in Galster G., Pettit, K., Santiago, A., & Tatian, P., “The impact of supportive housing on neighborhood crime rates,” *Journal of Urban Affairs, Vol. 24 (pp 289-315)*, 2002, a “modestly statistically significant relationship has been observed between larger supportive housing units (i.e., 53 or more residents) and an increase in crime rates.”¹⁶
- Yet Galster et al’s analyses of 14 supportive housing units of various sizes and types found no statistically significant relationship between facility operation and levels of reported crime within any distance of the facility. Large supportive housing units (53 or more tenants) evinced a higher rate of criminal mischief reports within 501-1,000 feet, but a reduction in such reports within 1,001 to 2,000 feet. The authors of the study interpret this effect as “a statistical anomaly.”¹⁷
- The results of Galster et al’s study “support the development of such units below 53 residents. They also underscore the need for public education concerning supportive housing in general, noting that conventional fears about crime rates are not justified. The authors conclude that their research supports results from national opinion polls showing that neighbours’ experiences with nearby supportive housing are much more satisfactory than they predicted.”¹⁸

Turning Point’s Experience:

- In Vancouver, a similar service provider to Turning Point — Pacifica — provides a residential addictions treatment program for approximately 30 individuals. Their model has proven effective, and to the best of our knowledge, Pacifica is well integrated within the community.
- Turning Point expects that its proposed residential support recovery and transitional housing units will also integrate well within the Richmond community, just as its other three locations have, including its Odlin Road residence.
- The proposed residences to be constructed on the Ash Street property will stay within the scale and design of the neighbourhood and will blend with existing homes while greatly improving the site’s current façade.

Theme #4: Safety – is there cause to be concerned regarding the safety of the current residences?

Research:

- In Vancouver, a review of complaints filed with the City's Licenses and Inspection Department and the Vancouver Police Department for existing addictions and mental health supported housing demonstrated that concerns about personal safety, increased property crime or drug activity have not been substantiated.¹⁹
- Results of [the] meta-analysis showed that the location of residential treatment facilities had no significant effect on either the sales price of homes in the neighbourhood or on the number of property sales. A single study observed a decrease in crime after the establishment of a residential treatment facility.²⁰
- In 25 years of experience with supported housing in Vancouver, there is no evidence that there has been an increase in crime in areas around these buildings.²¹

Turning Points Experience:

- Turning Point has been operating in Vancouver since 1982 and for more than 8 years in Richmond, without incident. There is no cause for concern with respect to the safety of the residences in the Ash Street neighbourhood.
- Turning Point has developed good relationships with our neighbours and we make an important contribution to the health and well-being of the communities where we operate. We are part of the solution, not the problem.

Theme #5: Real Estate – Will Turning Point’s proposed facility negatively impact housing prices in the area?

Research:

- In most of the communities, the value of homes in the impact area did not decrease after the non-market development was occupied. Most often, the average prices increased more in the impact area than the adjacent control area, without non-market housing.²²
- “Pacific Court is a 34-unit family townhouse project in the Harewood area of Nanaimo which was first occupied in 1991. Over the period of investigation, 58 sales were recorded - 29 in each of the impact and control areas. From 1989 to 1993, average house sale prices increased by a total of 95.1 per cent in the impact area, and by 88.8 per cent in the control area.”²³

Pacific Court - Property Values Comparisons²⁴

Year	Average Sale Price Impact Area	Average Sale Price Control Area
1989	\$62,000	\$59,912
1990	\$69,000	\$63,480
1991	\$90,000	\$89,750
1992	\$106,956	\$89,250
1993	\$120,929	\$113,129

- A literature review by CARMHA (Centre for Applied Research in Mental Health and Addiction) at SFU indicates that property values have not declined with supportive housing. The report looked at 18 different studies and found there was no significant effect on either the sales price of homes in the neighbourhood or on the number of sales.²⁵

Turning Point’s Experience:

- Our experience supports the results of various studies that demonstrate that housing values do not decrease due to the siting of a group residence or facility similar in nature to that being proposed by Turning Point.

¹ Rehm, J., D. Baliunas, S. Brochu, B. Fischer, W. Gnam, J. Patra, S. Popova, A. Samocinska-Hart, and B. Taylor. March 2006. *The Costs of Substance Abuse in Canada 2002 Highlights*. (<http://www.ccsa.ca/NR/rdonlyres/18F3415E-2CAC-4D21-86E2-CEE549EC47A9/0/ccsa0113322006.pdf>) Page 3.

² City Spaces Consulting Lt. May 2002. *Richmond Homelessness Needs Assessment and Strategy. "It's My City Too!" A Study of the Housing Needs of Richmond's Most Vulnerable Citizens*. Page 1.

³ City Spaces Consulting Lt. May 2002. *Richmond Homelessness Needs Assessment and Strategy. "It's My City Too!" A Study of the Housing Needs of Richmond's Most Vulnerable Citizens*. Page 9.

⁴ Davidson, Jill. January 16, 2007. *City of Vancouver Policy Report Social Development. "Subject: Supportive Housing Strategy for Vancouver Coastal Health's Mental Health & Addictions Supported Housing Framework"*. (<http://vancouver.ca/ctyclerk/cclerk/20070130/documents/p1.pdf>) Page 7.

⁵ Davidson, Jill. January 16, 2007. *City of Vancouver Policy Report Social Development. "Subject: Supportive Housing Strategy for Vancouver Coastal Health's Mental Health & Addictions Supported Housing Framework"*. (<http://vancouver.ca/ctyclerk/cclerk/20070130/documents/p1.pdf>) Page 11.

⁶ City of Vancouver. June 2007. *Supportive Housing Strategy for Vancouver Coastal Health's Mental Health and Addictions Supportive Housing Framework*. (<http://www.city.vancouver.bc.ca/commsvcs/housing/supportivehousingstrategy/pdf/StrategyJune2007.pdf>) Page 1.

⁷ City of Vancouver. June 2007. *Supportive Housing Strategy for Vancouver Coastal Health's Mental Health and Addictions Supportive Housing Framework*. (<http://www.city.vancouver.bc.ca/commsvcs/housing/supportivehousingstrategy/pdf/StrategyJune2007.pdf>) Page 6.

⁸ City of Vancouver. June 2007. *Supportive Housing Strategy for Vancouver Coastal Health's Mental Health and Addictions Supportive Housing Framework*. (<http://www.city.vancouver.bc.ca/commsvcs/housing/supportivehousingstrategy/pdf/StrategyJune2007.pdf>) Page 6.

⁹ City of Vancouver. June 2007. *Supportive Housing Strategy for Vancouver Coastal Health's Mental Health and Addictions Supportive Housing Framework*. (<http://www.city.vancouver.bc.ca/commsvcs/housing/supportivehousingstrategy/pdf/StrategyJune2007.pdf>) Page 6.

¹⁰ Vancouver Coastal Health. April 2006. *Vancouver Community Vancouver Coastal Health A Mental Health and Addictions Supported Housing Framework*. (<http://vancouver.ca/commsvcs/housing/supportivehousingstrategy/pdf/VCHSuppHouFramework.pdf>) Page 3.

¹¹ British Columbia Ministry of Health Services. May 2004. *Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction*.http://www.housing.gov.bc.ca/ptf/framework_for_substance_use_and_addiction.pdf) Page 47.

¹² The Centre for Applied Research in Mental Health and Addiction, Faculty of Health Sciences, Simon Fraser University. January 2007. *Housing for People with Substance Use and Concurrent Disorders: Summary of Literature and Annotated Bibliography*. Page 2.

¹³ The Centre for Applied Research in Mental Health and Addiction, Faculty of Health Sciences, Simon Fraser University. January 2007. *Housing for People with Substance Use and Concurrent Disorders: Summary of Literature and Annotated Bibliography*. Page 3.

¹⁴ The Centre for Applied Research in Mental Health and Addiction, Faculty of Health Sciences, Simon Fraser University. January 2007. *Housing for People with Substance Use and Concurrent Disorders: Summary of Literature and Annotated Bibliography*. Page 4.

¹⁵ The Centre for Applied Research in Mental Health and Addiction, Faculty of Health Sciences, Simon Fraser University. January 2007. *Housing for People with Substance Use and Concurrent Disorders: Summary of Literature and Annotated Bibliography*. Page 4.

¹⁶ The Centre for Applied Research in Mental Health and Addiction, Faculty of Health Sciences, Simon Fraser University. January 2007. *Housing for People with Substance Use and Concurrent Disorders: Summary of Literature and Annotated Bibliography*. Page 4.

¹⁷ The Centre for Applied Research in Mental Health and Addiction, Faculty of Health Sciences, Simon Fraser University. January 2007. *Housing for People with Substance Use and Concurrent Disorders: Summary of Literature and Annotated Bibliography*. Page 7.

¹⁸ The Centre for Applied Research in Mental Health and Addiction, Faculty of Health Sciences, Simon Fraser University. January 2007. *Housing for People with Substance Use and Concurrent Disorders: Summary of Literature and Annotated Bibliography*. Page 7.

¹⁹ City of Vancouver. June 2007. *Supportive Housing Strategy for Vancouver Coastal Health's Mental Health and Addictions Supportive Housing Framework*. (<http://www.city.vancouver.bc.ca/commsvcs/housing/supportivehousingstrategy/pdf/StrategyJune2007.pdf>) Page 17.

²⁰ Aamodt, M. G. & Chiglinsky, M., A meta-analytic review of the effects of residential homes on neighborhood property values and crime rates, *Journal of Police and Criminal Psychology*, Vol. 5 (pp 20-24), 1989.

²¹ City of Vancouver, Housing Centre, Frequently asked Questions.
(<http://www.city.vancouver.bc.ca/commsvcs/housing/supportivehousingstrategy/faq.htm>)

²² British Columbia. November 2000. *Fact Sheet Housing Policy Research Counters NIMBY*. (<http://www.housing.gov.bc.ca/housing/NIMBY.html>)

²³ August 1995. *Towards More Inclusive Neighbourhoods. Property Values Unaffected by Non-Market Housing*. Social Housing Market Impact Study.
(http://www.housing.gov.bc.ca/housing/NEIGHBOUR/p_value1.html)

²⁴ August 1995. *Towards More Inclusive Neighbourhoods. Property Values Unaffected by Non-Market Housing*. Social Housing Market Impact Study.
(http://www.housing.gov.bc.ca/housing/NEIGHBOUR/p_value1.html)

²⁵ City of Vancouver, Housing Centre, Frequently asked Questions.
(<http://www.city.vancouver.bc.ca/commsvcs/housing/supportivehousingstrategy/faq.htm>)