CENTRAL OKANAGAN POVERTY & WELLNESS STRATEGY

Background Report

urban **matters**

Regional District of Central Okanagan

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INTRODUCTION

The Central Okanagan Poverty and Wellness Strategy (COPAW) contributes to a determined effort by local governments and community organizations to address issues of poverty across the Regional District of the Central Okanagan (RDCO). Recognizing that poverty is complex and has many factors, this strategy aims to identify key factors and indicators to generate shared understanding and goals of poverty reduction among the many stakeholders involved. The strategy, once completed, will be used to articulate the role of the RDCO, local governments, and other stakeholders in addressing root causes of poverty and a collaborative approach to action.

Project History - Timeline

2017 - The Central Okanagan Poverty Reduction Committee (COPRC) was created with the goal of developing a regional poverty reduction strategy with an upstream focus.

2018 – Kelowna's *Journey Home Strategy* was created through collaboration between local service providers and local governments to drive aggressive targets for reducing homelessness. The work of this project led to setting community wide targets and activating shared responses to community wide needs.

2019 – COPRC created a regional poverty analysis known as the *Central Okanagan Poverty and Wellness Analysis*.

2020 – The RDCO Regional Board collaborative grant application to the Union of BC Municipalities was approved, providing funding for the creation of the *Regional Poverty and Wellness Strategy*.

The *Central Okanagan Wellness Analysis* completed in 2019 laid the groundwork for a regionally focused *Poverty and Wellness Strategy* by providing context to various interrelated systems, including housing, income, employment, food security, transportation, and access to education. The *Central Okanagan Wellness Analysis* used data to paint a picture of the current state of poverty in the Central Okanagan and tease out root causes contributing to poverty. Interviews and stakeholder workshops provided further insights into the local area context as well. Additionally, the Wellness Analysis provided definitions of affordability and other terms common within the community wellness and poverty reduction spheres and identified key indicators of poverty in the Central Okanagan for shared measurement and evaluation of work to reduce poverty across the region.

Based on the *Central Okanagan Community Wellness Analysis*, the following eight priorities were identified through community engagement and feedback to help inform the development of a regional wellness and poverty strategy. The definitions and reasons for their importance were also identified in the Wellness Analysis.

Priority Areas from the Wellness Analysis

Upstream Focus - Focus on root causes and upstream measures in addition to acute issues/solutions.

Community Activation During Strategy Development - Undertake a Regional Wellness Strategy process that activates community from the start and that builds capacity and interest with community partners, people with lived experience, and citizens at the outset.

Reconciliation - Systemic and ongoing racism is present in all areas of analysis undertaken for the Wellness Analysis. For this reason, it is critical that the subsequent Regional Poverty and Wellness Strategy

prioritize understanding and activate meaningful reconciliation priorities to support Indigenous people and communities to thrive.

Youth Poverty and Wellness - Gaining a clearer regional understanding of key issues impacting youth is included as a priority since there is a critical data gap about youth in the region.

Regional Housing and Homelessness - Building on the work of the RDCO's *Regional Housing Needs Assessment, City of Kelowna Healthy Housing Strategy, Journey Home* and the work of other local government and Indigenous partners, there is an opportunity to align priorities and actions on housing affordability, accessibility, and homelessness within the regional context. Key priority areas from a regional context include Indigenous homelessness and housing, youth, and seniors.

Transportation - Getting around the Central Okanagan can be challenging for all populations, however, it plays an important role in supporting solutions for other poverty indicators, including youth, housing, and isolation. There is significant transportation work occurring in the region through the *Regional Transportation Master Plan*, the Sustainable Transportation Partnership of the Central Okanagan, and others. However, through these initiatives, there has been little focus on how transportation contributes to supporting or detracting from wellness, particularly for those in vulnerable circumstances.

Isolation and Inclusion - is a significant barrier to wellness for all populations. It is consistently one of the top barriers for people with lived experience – whether they are trying to access help and supports, move into employment, or move forward in their healing journey. Affecting change in isolation and improving inclusion has much to do with stigma and discrimination – how individuals in marginalized and challenging circumstances are viewed and treated by their community.

Child Development and Care - Many of the upstream tactics to impact the priority areas above might relate to our system of care and development in children. For these reasons, it is a critical priority area for the region. Through the *Care for Our Kids Childcare Action Plan* there is ongoing work to understand the needs of childcare in the Central Okanagan. Subsequent work in a Regional Wellness Strategy can build on the collaborative work underway.

The above priorities represent both specific areas (indicators) of poverty, and a collaborative method for approaching complex, interrelated, and deeply rooted causes. The indicators are areas that can measure impacts of the collaborative methods of addressing poverty. The collaborative methods represent best practices for collective action. As such, the eight priorities can be split into two categories: indicators and collaborative methods. The indicators are areas that can be measured to understand impacts of the collaborative methods of addressing poverty, and that are a priority for gathering information and engagement. The collaborative methods represent best practices for collective action and set guiding principles for the creation of a Strategy.

Indicators	Collaborative Methods
- Youth Poverty and Wellness - Regional Housing and Homelessness - Transportation - Isolation and Inclusion - Child Development and Care	- Upstream Focus - Community Activation During Strategy Development - Reconciliation

This Background Document

This background document provides research supportive of achieving improved outcomes in the priorities above. The contents focus on poverty reduction policy context, best practices, and data collection including:

- An overview of the federal and provincial policy contexts for reducing poverty
- A summary of poverty reduction policy work that has been done to date, or is ongoing, in the region
- A literature review on key demographic links to poverty
- A review of key indicators of poverty
- An overview of best practices for collective action
- Regional and local area data to provide a baseline 'snapshot' of Poverty in the region

This information will provide the foundation for the final COPAW Strategy by helping to identify service and policy gaps and summarize what is currently known about the state of poverty in the RDCO.

FEDERAL AND PROVINCIAL POLICY CONTEXT

Federal Poverty Reduction Strategy

In 2018, the Federal Government issued its first poverty reduction strategy: *Opportunity for All*. The strategy established aggressive reduction targets with a deadline of 2020 to obtain 20% reduction and 2030 to obtain 50% reduction from 2015 levels. These targets were later set through legislation (Canada's Poverty Reduction Strategy Act).

The main levers the Federal Government implemented to support these goals were:

> 1) The Canada Child Benefit
>
> 2) Guaranteed Income Supplement
>
> 3) Canada Workers Benefit

Collectively, these actions address some of the Nation's most vulnerable populations: children, seniors, and adults earning a low-income.

Provincial Poverty Reduction Strategy

Passing of the Federal Poverty Reduction Strategy Act led to the development of *TogetherBC: British Columbia's Poverty Reduction Strategy* in 2019, which outlined actions to meet Federal targets. As of 2020 these targets were met, and overall poverty in BC decreased 29% (above the 25% mark). The *2020 Together BC Annual Report* recorded meeting these targets in 2019, reducing overall poverty from 15.3% to 10.8% (a change of ~29%) and child poverty from 17% to 7.2% (a change of ~57%). The province credits the Canada Child Benefit program with contributing to much of this change. However, in their *2021 BC Child Poverty Report Card*, First Call BC notes improvement of the child poverty rate diminished between 2017 and 2018 indicating continued barriers to accessing funding.

Guiding Principles for Poverty Reduction

TogetherBC[1] outlines four Guiding Principles for Poverty Reduction in BC, which were used to guide the *Central Okanagan Wellness Analysis*. These will also be used as a basis for determining actions as part of the COPAW Strategy.

These four Guiding Principles are:

Affordability – Establishing Financial security starts with addressing affordability. Key components of affordability include the cost of living, housing affordability, and access to income.

Opportunity – Opportunity is critical to breaking the cycle of poverty. It means giving people access to education and skills training, focusing on regional economic development, and ensuring workers of all kinds have fair wages and working conditions.

Reconciliation – Government policies that worked to suppress Indigenous culture, language, economies, and systems of governance have had lasting effects on the health, well-being, and wealth of Indigenous

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[1] Province of British Columbia. (2019) *Together BC: British Columbia's Poverty Reduction Strategy*. Government of British Columbia, 16-17. Retrieved February 16, 2022 from: https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/poverty-reduction-strategy/togetherbc.pdf.

peoples in BC. Despite these inequities, Indigenous communities remain strong and resilient. Ongoing systemic racism continues to be a barrier to opportunity and economic security and needs to be collectively tackled.

Social Inclusion – A large part of community wellness is about belonging. People living in poverty indicate they feel cut off from their communities, and stigma makes it harder for them to thrive. Inclusion is a fundamental principle – it starts with creating a culture where people who find themselves in need of supports feel welcome.

THE RELATIONSHIP BETWEEN EQUITY AND POVERTY

The following section delves into detail around patterns in poverty distribution that emerged from the literature review. Poverty is not experienced equally, and despite progress on an overall reduction of poverty in BC since the enactment of the *TogetherBC Strategy*, some groups still see high levels of disparity in income and wellbeing.[2] In the *TogetherBC 2020 Annual Report*, several key groups were identified as still being at higher risk and experiencing greater depths of poverty: children and youth, women, Indigenous peoples, people with disabilities, racialized communities, and immigrants. COVID-19 has exacerbated many of these disparities. Each of these groups has one thing in common: discrimination and stigma affect their (or their family's) ability to fully participate in and benefit from the economy.

Children in Poverty

Poverty in BC has traditionally been more prevalent in children than among the general population. However, in 2019 the child poverty rate and the all-ages rate became level (around 18%, or 1 in 5 children experiences poverty).[3] This fact is a critical issue, not solely because children are vulnerable members of society, but also because child and youth poverty can create long-lasting effects. A host of literature exists linking prolonged childhood poverty to reduced opportunities for higher education, meaningful employment and wage earning potential, and increased instances of psychological and physical health complications. Childhood experiences of poverty reduce opportunities for upward social mobility and increase the potential of an impoverished child growing into an impoverished adult.

Childhood poverty is not experienced evenly. It differs by age, family composition, community, and ethnicity. For example, in BC, children under the age of six experience a higher rate of poverty than older children. Children belonging to lone-parent families (especially to female lone-parents) are more likely to experience poverty than children of two parent families (50.4% compared to 10.2%).[4] First Nations children living on reserve also experience high instances of poverty: approximately one in three children in urban reserves and half of all children in rural reserves.[5] The risks to Indigenous populations are exasperated by a colonialist establishment that has left many Nations in Canada with limited infrastructure and capacity to address the consequences of childhood poverty.

The effects of discrimination and social inequity are further displayed in trends where children belonging to visible minorities are more likely than Caucasian children to experience poverty—23% compared to 15.8%. The rates are even higher in specific ethnicities such as Arabs (59%), Koreans (45%) and West Asians (30%).[6] In addition, a 2016 study revealed disproportionate numbers of LGBTQIA2S+ youth (between 20% and 30%) experiencing homelessness.[7]

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[2] Province of British Columbia. (2020). *TogetherBC 2020 Annual Report.* Government of British Columbia. Retrieved February 16, 2022, from https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/organizational-structure/ministries-organizations/social-development-poverty-reduction/togetherbc-report-2020.pdf.

[3] First Call Child and Youth Advocacy Society. (2021*) 2021 BC Child Poverty Report Card.* First Call BC. Retreuved February 16, 2022, from https://still1in5.ca/wp-content/uploads/2021/11/First_Call_Report_Card_2021_Nov_23_web.pdf.

[4] Note that female lone-parent families face challenges to accessing adequate childcare. This is a substantial hinderance to single mothers to remain employed. Data were extracted from Statistics Canada. (2021). Table 11-10-0011-01 Census families by age of older partner or parent and number of children.

[5] First Call. *2021 BC Child Poverty Report Card.*

[6] First Call. *2021 BC Child Poverty Report Card.*

[7] Gaetz, S., O'Grady, B., Kidd, S., Schwan, K. (2018) *Without a Home: The National Youth Homelessness Survey.* Toronto: Canadian Observatory on Homelessness Press.

Compared to other regional districts and the provincial average, the RDCO has a slightly lower instance of childhood poverty compared to the provincial average (16.3% in the RDCO compared to 19% at the provincial level). At 16.3%, the number of children living in poverty is nearly 6,000.[8] However, the distribution of children living in poverty is disproportionately concentrated in a few areas. Areas within the RDCO experiencing the highest rates of children living in poverty are the South-Central neighborhood, just outside Kelowna's downtown core, and portions of Westbank First Nation's Tsinstikeptum IR #9. In these areas between 20% and 30% of children and youth under the age of 18 are living in low-income families.[9]

Youth experiences of poverty may also contribute to encountering homelessness at an early age. A survey conducted in West Kelowna in 2018 identified that of 64 participants actively experiencing homelessness,

Gender Dynamics & Poverty

Gender and Homelessness

According to a summary of the state of homelessness in Kelowna provided by the Journey Home Strategy, men are more than twice as likely than females to experience homelessness in Kelowna. A 2018 homelessness survey completed in West Kelowna revealed that 62% of respondents experiencing homelessness were male compared to only 38% of females. In addition, the majority of respondents had first experienced homelessness as a teenager.[10] However, it is important to note that homelessness appears to manifest differently between men and women, girls, and gender-diverse people. Women are more likely to turn to informal support networks to secure housing (i.e., friends and family) than men are. This means that women often appear to have secure housing when they are often in unstable, precarious, and sometimes dangerous positions.

The primary factor driving women into homelessness is domestic violence and subsequent relationship collapse,[11] a trend reflected in a recent Canadian study where nearly half of respondents identified a breakup as the cause of their housing loss.[12] In contrast, regionally specific data from the City of Kelowna identified inability to pay rent as the primary contributor.[13]

Additionally, the 2021 *Pan-Canadian Women's Housing & Homelessness Survey* highlighted other challenges faced by women and gender diverse people. 500 women and gender diverse respondents shared the difficulties they faced with homelessness including having difficulty accessing emergency services such as shelters, being discriminated against, and facing exclusive housing eligibility criteria. In total, a third of respondents revealed they were unable to gain entry to a shelter when needed, and as a result turned to tenuous living arrangements.[14] While this finding likely reflects the capacity strain many shelters face, it is a clear reminder of the importance to integrate a gendered lens and intersectional approach to issues of housing in the Central Okanagan.

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[8] First Call Child and Youth Advocacy Society. (2021). 2021 *BC Wide Census Tract Maps*. Retrieved February 16, 2022, from https://still1in5.ca/2021-regional-census-tract-maps/.

[9] First Call Child and Youth Advocacy Society. (2021). *Child Poverty Rates in Kelowna Census Tracts*. Retrieved February 16, 2022, from https://still1in5.ca/2020-census-tract-maps/.

[10] Westbank First Nation and City of West Kelowna.(2018). *Westside Point-in-Time Count*. Retrieved February 16, 2022 from https://www.westkelownacity.ca/en/our-community/resources/Documents/2018-point_in_time_count_edited_report_-_web.pdf

[11] Baptista, I. (2010). Women and homelessness. *Homelessness research in Europe*, 4(1), 163-186.

[12] Schwan, K, Vacarro, M-E., Reid, L., Ali N., & Baig, K. (2021). *The Pan-Canadian Women's Housing & Homelessness Survey*. Women's National Housing and Homelessness Network. Retrieved February 16, 2022, from EN-Pan-Canadian-Womens-Housing-Homelessness-Survey-FINAL-28-Sept-2021.pdf (womenshomelessness.ca).

[13] City of Kelowna. (2018). *Journey Home: Kelowna's Journey Home Strategy -Technical Report*. Retrieved February 16, 2022, from *https://www.journeyhome.ca/wp-content/uploads/2019/04/journey_home_technical_report.pdf*.

[14] Schwan et al. *The Pan-Canadian Women's Housing & Homelessness Survey.*

Gender and Income

A 2018 StatsCan analysis of the wage gap between men and women in Canada identified that despite a considerable decrease in the size of the gap between 1998 and 2018, women still earn $0.87 per $1 earned by men.[15] The two largest factors in this wage gap are 1) the distribution of men and women across occupations and 2) the higher likelihood that women work part time. While a third of the disparity can be accounted for from these two factors, the other two-thirds of the wage gap are unexplained, though most likely due to a combination of unobservable factors like gender-based bias and work experience. While the wage gap does appear to be closing, further work remains in eliminating gender-based biases in the workplace, supporting women to obtain full-time, year-round employment in a wider range of industries, and paying better for work in which women are more highly represented (such as childcare).

In addition to a Canada-wide wage gap, women are more likely than men to become lone-parents: 80% of lone-parent families are led by females.[16] Additionally, female-led lone-parent families earn less than male led lone-parent families, on average making only 66% of what male lone-parent households make.[17]

The COVID-19 Pandemic has exacerbated disparities between genders income. Women are more likely than men to work in hospitality, service industry, and childcare work, all of which were highly affected by the pandemic and public health and safety measures. Overall, women's employment dropped 17% since March 2020.[18]

Indigenous Peoples – The legacy of Colonization

Indigenous communities across Canada have demonstrated remarkable resilience and capacity in managing adversity. Despite policies and practices rooted in colonization which have caused direct harm and restricted Indigenous people's rights to language, culture, lands, economic opportunity, and justice, First Nations, Inuit, and Métis communities continue to celebrate their culture and language and prove their strength. One indicator of this strength and resilience is the increasing score of First Nations, Inuit, and Métis on the Community Well-being Index. This index measures income alongside other metrics for wellness such as educational achievement, housing quality and quantity, and labour market activity. Across Canada, First Nations increased 12 points between 1981 and 2011.[19] However, their 2011 rating was still below the Canadian average.

The legacies of colonial policies are deeply rooted and the effects of programs such as the Residential School system are still felt. In Canada, Indigenous people are still at a higher risk of poverty, food insecurity, and lower-than-average incomes compared to other Canadians. The wage gap between Indigenous and non-Indigenous peoples in Canada was close to 30% in 2006, even when considering the economic differences between rural and urban communities.[20] There are a host of economic barriers

[15] Pelletier, R, Patterson, M, & Moyser, M. (2019). *The Gender Wage Gap in Canada: 1998 to 2018*. Retrieved February 16, 2022, from https://www150.statcan.gc.ca/n1/pub/75-004-m/75-004-m2019004-eng.htm.

[16] First Call Child and Youth Advocacy Society. (2017). 2017 BC Child Poverty Report Card. Retrieved February 16, 2022, from https://www.sparc.bc.ca/wp-content/uploads/2017/12/2017-BC-Child-Poverty-Report-Card.pdf.

[17] First Call. *2017 BC Child Poverty Report Card.*

[18] Province of British Columbia. (2020). *TogetherBC 2020 Annual Report*. Retrieved February 16, 2022, from https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/organizational-structure/ministries-organizations/social-development-poverty-reduction/togetherbc-report-2020.pdf.

[19] Wien, F. (2017). *Tackling Poverty in Indigenous Communities in Canada.* Prince George, BC: National Collaborating Centre for Aboriginal Health. Retrieved February 16, 2022, from https://www.nccih.ca/docs/determinants/FS-TacklingPovertyCanada-SDOH-Wien-EN.pdf.

[20] Wilson, D., Macdonald, D. (2020). *The Income Gap Between Aboriginal Peoples and the Rest of Canada.* Ottawa, ON: Canadian Centre for Policy Alternatives. Retrieved February 16, 2022, from http://www.policyalternatives.ca/sites/default/files/uploads/publications/reports/docs/Aboriginal%20Income%20Gap.pdf.

experienced by Indigenous peoples in Canada, such as racism and discrimination, access to education and health care in their home communities, and the impacts of adverse childhood experiences.[21] Work remains to be done in partnership with Indigenous communities to create opportunities for economic development, employment, and training, and addressing the root causes of Indigenous poverty.

TogetherBC and other government policies recognize the importance of centering reconciliation in poverty reduction work. Building and maintaining meaningful partnerships and relationships with Indigenous peoples, with an emphasis on the right to self-determination, is a core part of poverty reduction and ethical governance practices.[22]

People with Disabilities

Over 2.3 million Canadians (close to 14%) live with a disability. Poverty rates among people living with a disability are higher than the Canadian average, with an overall poverty rate of 14%. This rate increases to 25% when a disability restricts or limits one's ability to communicate.[23] The connection between disability and poverty in Canada is deep. The Council of Canadians with Disabilities observes that "*poverty can lead to disability and disability can lead to poverty.*"[24] Not only does having a disability create a higher risk of poverty for individuals and families, but poverty itself puts people at higher risk of developing a disability in the first place. Poverty increases negative health outcomes such as higher risk of disease, death due to illness, and chronic health problems.[25] There are several theories on this connection, but ultimately an individual's income shapes their opportunities, their sense of their own capabilities, living conditions, diet, health-relevant behaviors, and ability to make choices to avoid scenarios which may lead to poor health (such as ability to choose housing away from environmental hazards).[26]

It is well documented that people living with a disability not only tend to have less income, but also incur higher costs as part of their daily life.[27] People with disabilities face barriers to economic and work force participation such as inaccessible workplaces, lack of workplace accommodations, and discrimination. People with disabilities have significantly lower employment rates than other Canadians and get paid less for the work they do. In 2011 Census data, the unemployment rate for people living with a disability was 32% for people with a mild disability, 45% for people with a moderate disability, and 58% for people with a severe disability, compared to only 21% for people with no disability.[28]

Mental Health is an even more prevalent challenge. In the Central Okanagan, as much as 37% of the population experiences depression and/or mood and anxiety disorder.[29] In 2015, there were 15 case managed clients per 1000 population in the Okanagan Health Services Delivery Area. This value indicates that 1.5% of people required in-home support for acute, chronic, palliative, or rehabilitative health care

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[21] Wien (2017). *Tackling Poverty.*

[22] Province of British Columbia. (2020). *TogetherBC 2020 Annual Report*.

[23] Herbetko, J. (2021). *Poverty and Disability in Canada*. The Borgen Project. Retrieved February 16, 2022, from https://borgenproject.org/poverty-and-disability-in-canada/.

[24] Council of Canadians with Disabilities. (n.d.). *Poverty.* Retrieved February 16, 2022, from http://www.ccdonline.ca/en/socialpolicy/poverty.

[25] Davidson, A. (2015). *Social Determinants of Health: A Comparative Approach.* Oxford University Press: Don Mills, Ontario.

[26] Davidson, A. *Social Determinants of Health*.

[27] Council of Canadians with Disabilities. (n.d.). *Review of Extra Costs Linked to Disability.* Retrieved February 16, 2022, from http://www.ccdonline.ca/en/socialpolicy/poverty-citizenship/income-security-reform/extra-costs-linked-to-disability.

[28] Government of Canada. (2016). *A Backgrounder on Poverty in Canada*. Retrieved February 16, 2022, from https://www.canada.ca/content/dam/canada/employment-social-development/programs/poverty-reduction/backgrounder/backgrounder-toward-poverty-reduction-EN.pdf.

[29] Interior Health Department of Strategic Information. (2020). *Health Service Delivery Area Profile – Okanagan.* Retrieved February 16, 2022, from https://www.interiorhealth.ca/sites/default/files/PDFS/okanagan-hsda.pdf.

needs.[30] In creating a Poverty Reduction and Wellness Strategy, health measures and projects to support people with disabilities to have livable incomes should consider people with both physical and mental health needs.

Racialized Immigrants and Communities

Racialized communities face higher levels of poverty than non-racialized people in Canada. In the 2011 Census the average earnings for working age visible minorities were $5,600 less than people who were not visible minorities.[31] Overall poverty levels for racialized communities are double non-racialized Canadian poverty rates (22% compared to 9%). Racialized people living in poverty are more likely to be young (46% are under 25), living with family (81% compared to 58% of non-racialized people living in poverty), and married (44% compared to 19% non-racialized people living in poverty).[32]

Most of the racialized community living in poverty are recent immigrants, with 61% being recent immigrants (arriving within the previous 10 years), and 66% overall having immigrated in their lifetime. Ninety percent (90%) of racialized immigrants living in poverty are first generation Canadians.[33] Racialized recent immigrants are more likely to experience a range of barriers including language, discrimination, difficulty getting their professional and educational credentials recognized, lack of work experience or references in Canada, and difficulty with building social networks.[34] As an example, even though a study estimated that in the late 1990s, 41% of chronically poor immigrants had degrees, employment rates in professional jobs were low for immigrants. The overall post-secondary educational levels of racialized Canadians are significantly higher than non-racialized Canadians, at 31% compared to 13%. Despite having higher education levels racialized Canadians are more likely to work in service industry, manufacturing, retail, and hospitality.[35] Racialized Canadians are over-represented in minimum wage jobs and industries with less job security and fewer benefits.

Racialized immigrants and visible minority communities are also more susceptible to declines in earnings and rises in rates of poverty during recessions and other economic downturns.[36] The COVID-19 pandemic and subsequent job losses or reductions in hours in service industry jobs had a disproportionate impact on recent immigrants.[37] The January 2021 Labor Market Survey highlighted that employment amongst Southeast Asian and Black Canadians increased sharply during the COVID-19 Pandemic. For Southeast Asian Canadians, unemployment increased by 7.6 percentage points to 20.1%, and for Black Canadians unemployment increased by 5.5 percentage points to 16.4%.[38] For Canadians who are neither Indigenous nor part of a group designated as a visible minority, unemployment rose only 1.7 percentage points to 8.9% in the same period.[39]

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[30] Interior Health (2020). *Health Service Profile.*

[31] Government of Canada (2016). *Backgrounder on Poverty.*

[32] National Council of Welfare. (2012). *Poverty Profile: Special Edition.* Retrieved February 16, 2022, from https://www.canada.ca/content/dam/esdc-edsc/migration/documents/eng/communities/reports/poverty_profile/snapshot.pdf.

[33] National Council. *Poverty Profile.*

[34] Government of Canada. *Backgrounder on Poverty.*

[35] National Council. *Poverty Profile.*

[36] Picot, G., Hou, F. (2020). *Immigration, Poverty, and Income Inequality in Canada.* Institute for Research on Public Policy. Retrieved February 16, 2022, from https://irpp.org/research-studies/immigration-poverty-and-income-inequality-in-canada/.

[37] Province of British Columbia. *2020 Annual Report.*

[38] Statistics Canada. (2021). *The Daily – Labour Force Survey, January 2021.* Retrieved February 16, 2022, from https://www150.statcan.gc.ca/n1/en/daily-quotidien/210205/dq210205a-eng.pdf?st=ZlOJIB_n.

[39] Statistics Canada. *The Daily*

UNDERSTANDING POVERTY INDICATORS

Poverty has many contributing factors and intersects with many dimensions of an individual's life. Therefore, no one individual measure can represent the culmination of factors that indicate poverty experiences uniformly. Measuring poverty, and therefore the outcomes of interventions, requires the consideration of groupings of statistics. When creating poverty reduction strategies, carefully considering how to measure impacts of interventions in advance has several benefits:

- Creates a shared understanding among stakeholders of goals
- Provides information for sharing outcomes with the public
- Generates engagement and buy-in as people see changes tracked over time
- Prepares stakeholders for evaluation processes
- Reduces the duplication of work

Types of Poverty Measures

Aggregate measurements of poverty generally follow one of two approaches: income-based metrics, and non-income considerations. Income-based metrics use costing exercises and basket-of-goods pricing strategies to calculate a community's threshold level of poverty, based on its discrepancy to income levels. Income-based metrics measure the difference between incomes and cost of living to establish whether individuals can reasonably afford basic needs and sustain themselves in their communities. Non-income-based poverty metrics emphasize the non-monetary deprivation measures. These are indicators such as opportunities for cultural expression, engagement in their community and social inclusion, access to resources that reduce the cost of living, and the type and variety of resources available in the community.

Income-Based Metrics in Canada

One of the challenges about poverty in Canada is that until recently, there was no official definition of poverty or consistent indicators of poverty. Statistics for "poverty lines" are based on several measures of low-income, often the Low-Income Cut off (After Tax) (LICO-AT); the Low-Income Measure (LIM); and the Market Base Measure (MBM).

Market Base Measure (MBM)

In 2018, the Government of Canada released *Opportunity for All,* Canada's first poverty reduction strategy which includes baseline metrics and indicators to track progress in poverty reduction.[40] *Opportunity for All* establishes the use of the "Market Basket Measure" (MBM) as an income-based threshold for poverty to establish the "official poverty line". MBM reflects the cumulative cost of a basket of goods and services that individuals and families require to meet their basic needs and achieve a modest standard of living.[41] The MBM is comprised of five major components: food, clothing, transportation, shelter, and other necessities. According to this metric, a household that incurs disposable income less than the cost of the MBM basket relative to the size of the family and the region is deemed to be living in poverty.[42] Canada reviews the threshold values to adjust for price inflators, and currently uses a 2018 as a base line MBM,

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[40] Government of Canada (2018). *Opportunity For All – Canada's First Poverty Reduction Strategy.* Retrieved February 16, 2022, from https://www.canada.ca/content/dam/canada/employment-social-development/programs/poverty-reduction/reports/poverty-reduction-strategy-report-EN.pdf.

[41] Government of Canada. *Opportunity For All.*

[42] Djidel, S., Gustajtis, B., Heisz, A., Lam, K., McDermott, S. (2019). *Defining disposable income in the Market Basket Measure.* Statistics Canada. Retrieved February 16, 2022, from https://www150.statcan.gc.ca/n1/en/pub/75f0002m/75f0002m2019014-eng.pdf?st=2lP7e7u-.

adjusting annually using the Consumer Price Index.[43] Table 1 outlines the MBM thresholds established for base year 2018.

Table 1- Market Basket Measure Threshold for the Reference Family (4-Person Family)

	2015	2016	2017	2018
British Columbia, population 100,000 to 499,99	$ 47,606	$ 47,563	$ 47,267	$ 47,111

Low-Income Measure (LIM)

The LIM utilizes income inequality as the determinant of poverty. This indicator operates on the principal that a household's income is "low" if it is less than half the median income of all households (adjusted for household size). The LIM is a fixed percentage (typically 50 percent) of the adjusted median household income. Anyone at or below the threshold of the LIM is considered low income. The LIM is a purely relative measure of low income and is categorized according to the number of persons present in the household.[44]

Low-Income Measures (LIM) uses a set of thresholds calculated by Statistics Canada that identify Canadians belonging to a household whose overall incomes are below 50 percent of median adjusted household income. "Adjusted" refers to the idea that household needs increase as the number of household members increase. For all low-income measures, the threshold amount for a one-person household is multiplied by the square root of another household size to obtain the threshold for that corresponding household size. Statistics Canada emphasizes that the LIM is not a measure of poverty but identifies those who are substantially worse off than the average.

Table 2 - LIM After-Tax Income Canada by Household Size, 2018

Household Size	LIM After-Tax Income[45]
1	$24,183
2	$34,200
3	$41,866
4	$48,366
5	$54,075
6	$59,236
7	$63,982
8	$68,400
9	$72,549
10	$76,473

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[43] Djidel, S., et al. (2019). *Market Basket Measure.*

[44] Citizens for Public Justice. (2018). *Poverty Trends 2018.* Retrieved February 16, 2022, from https://cpj.ca/wp-content/uploads/Poverty-Trends-Report-2018.pdf.

[45] Statistics Canada. (2021). Table 11-10-0232-01. Low-income measure (LIM) thresholds by income source and household size.

Other Federal Poverty Reduction Indicators

In addition to the MBM and LIM indicators of poverty, the federal government created twelve indictors of poverty, under the three pillars of their poverty reduction strategy. Cumulatively, these indicators identify individual and household income, access to resources, and ability to live in their communities on their income. They also identify other factors of poverty related to opportunities for social mobility and access to economic activity, and resilience to changes and life events.

Table 3 - Poverty Indicators, Opportunity for All (2018)

Dignity	Opportunity & Inclusion	Resilience & Security
1. Deep Income Poverty* (MBM)	5. Relative low income* (LIM)	9. Median hourly wage
2. Unmet housing needs and chronic homelessness*	6. Bottom 40% income share (LICO-AT)	10. Average poverty gap
3. Unmet health needs	7. Youth engagement	11. Asset resilience
4. Food insecurity	8. Literacy and numeracy	12. Poverty entrance and exit rates
* Local Central Okanagan data is available for these 3 indicators		

Gender Based Analysis of Poverty (GBA+)

Not everyone is equally susceptible to living in poverty. At considerably higher risk are Indigenous people, recent immigrants and refugees, people with mental and physical disabilities, elderly individuals, lone parent households (especially single mothers), and racialized communities.[46] *TogetherBC* features the Gender Based Analysis Plus (GBA+) as an analytical tool that considers peoples' multiple intersecting identity factors such as gender, race, and socio-economic status in understanding the varied experiences of poverty across each group.[47] As a result of GBA+, the BC government considers 13 distinct population groups upon development and updating of a poverty reduction strategy:

- Children
- Youth
- Women and persons of all genders
- Indigenous Peoples
- Persons living with disabilities
- LGBTQ2S+ persons
- Seniors
- Persons living in rural and remote communities
- Immigrants and refugees
- Persons and families working and earning low incomes
- Persons living with or fleeing abuse
- Persons living with mental illness or addiction
- Persons of colour

Wherever possible, reporting on poverty indicators should include a breakdown of information by the above population groups to ensure continual tracking of efforts to reduce poverty in a way which recognizes the intersectoral, social, and equity aspects of poverty.

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[46] Canada Without Poverty (n.d.). *Poverty*. Retrieved February 16, 2022, from https://cwp-csp.ca/poverty/.

[47] Canada Without Poverty (n.d). *Poverty.*

POVERTY REDUCTION WORK IN THE CENTRAL OKANAGAN

The RDCO is home to a dedicated collection of local governments, service providers, and organizations who have spent the last several years working toward eliminating instances of poverty and homelessness. This has been done through developing innovative policy to prevent people from entering precarious housing situations. Collectively, these strategies, reports, and plans work toward a shared vision of reducing poverty and improving wellbeing for people living in the RDCO—a vision that has been developed in partnership with community members, at every opportunity including Indigenous voices, advancing opportunities for reconciliation, and providing a platform for lived experience. These documents will shape the direction of the COPAW Strategy.

A visual summary of the documents reviewed for this background report is presented below.

Figure. 1: Summary of document review
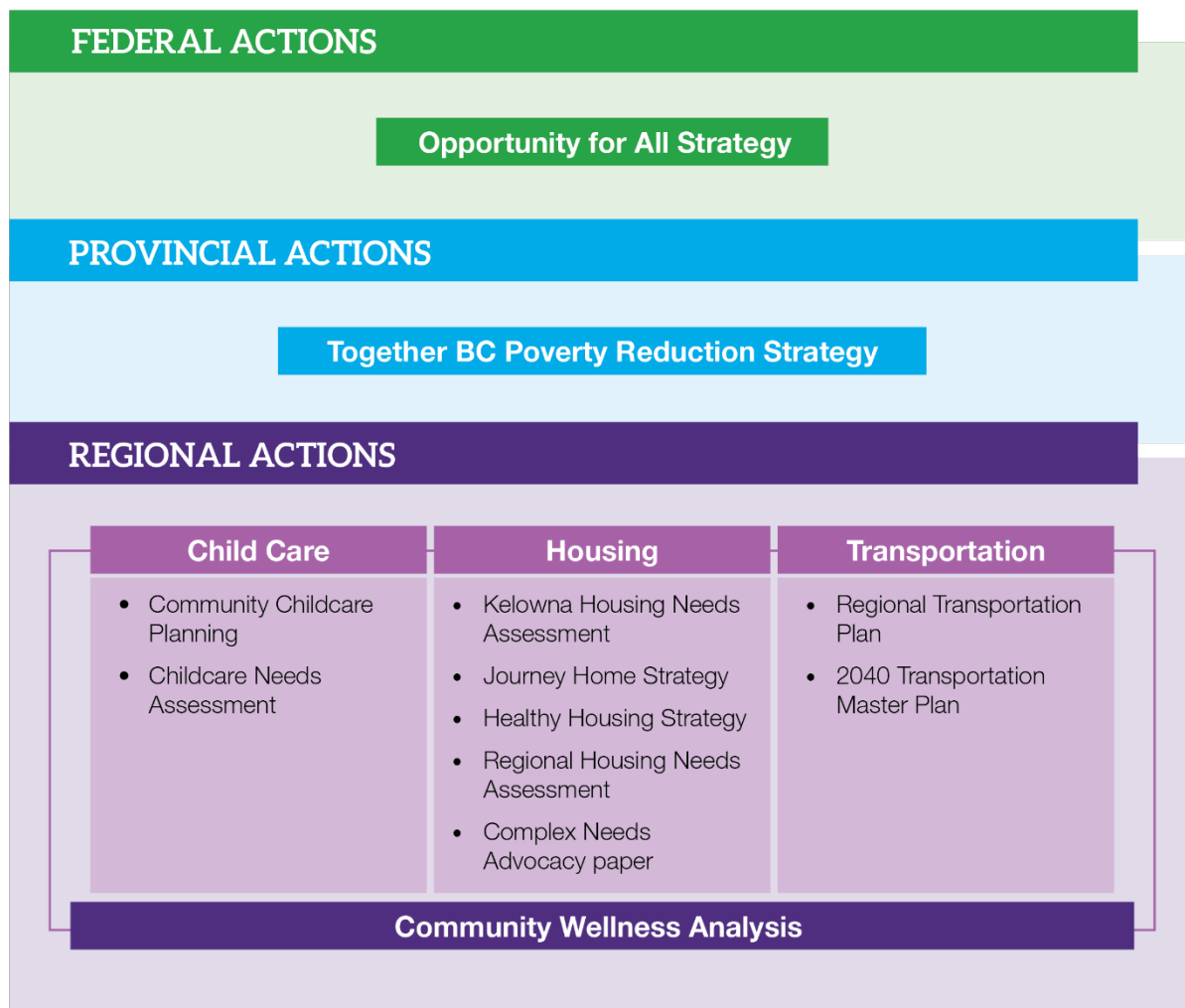
In general, the reviewed documents fall into three categories: childcare, housing, and transportation. However, the *Community Wellness Analysis* is intersectional and spans all categories including others that influence poverty such as income, employment, education, food security, etc.

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Ensuring that COPAW builds on these efforts, the following section identifies the goals and targets of these past reports, as well as community partners and stakeholders who were engaged in those processes. This research helps identify what the community of the Central Okanagan is already using as indicators of success and who is involved in the work. Report summaries are also provided in this section as a reference guide.

Indicators

Data collected for these reports and strategies paint a picture of key needs in the Central Okanagan. These indicators and statistics offer a base line for measuring impacts of the COPAW Strategy. A range of indicators used in previous reports are captured in the table below.

Previous Work – Goals and Targets

Table 4 - Previous work - goals and targets.

Area	Strategy/ Report	Geography	Goals Identified	Targets or Indicators
Youth Poverty and Wellness Child Development and Care	Childcare Needs Assessment (2018)	RDCO	To build an understanding of childcare demand, affordability, accessibility, and service provider capacity.	Number of children on a wait list; Number of spaces; Cost of childcare; Staff experience
	Community Childcare Planning (2020)	Kelowna, Lake Country, Peachland, West Kelowna	To identify access to childcare for families and the capacity of service providers to supply it.	Number of children on waitlists; Number of spaces; Distance from home to service provider; Number of childcare waitlists a family is on
Affordable Housing	Housing Needs Assessment (2017)	City of Kelowna	To address City priorities of homelessness and housing diversity, and to identify how people's housing needs will change and what the areas of greatest concern are.	Median income; Housing & rental supply; vacancy rate; households in core housing need; house prices
	Journey Home Strategy (2018)	City of Kelowna	To prevent homelessness and create a coordinated approach to ending homelessness; To reduce number of households in core housing need	Emergency shelter counts; households in core housing need;
	Healthy Housing Strategy (2018)	City of Kelowna	To identify action items that will unify municipal progress on	Median income; projected units needed;

Area	Strategy/ Report	Geography	Goals Identified	Targets or Indicators
			rental housing, affordability, housing supply and relationship building (focus development on medium/high density options)	number and type of new buildings
	Regional Housing Needs Assessment (2019)	RDCO	To develop a unified approach to growth management; to prepare the groundworks for a Regional Affordable Housing Strategy	Housing supply; housing starts; housing tenure; age of housing stock; housing condition; sales price; home condition; vacancy rate
Transportation	Regional Transportation Plan (2020)	RDCO	To provide overarching direction on priorities for improving transit (make it more reliable, connected, affordable, and accessible).	Stats Canada population; Households in core housing need; employment rates; trip mode share; transit service use; walk score;
	2040 Transportation Master Plan (2021)	City of Kelowna	To improve connectivity of the transit network by 2040: improving roads and creating dedicated space to develop a dependable, fast transit system; To improve housing affordability by improving transit accessibility	Travel demand; travel patterns by age group; trip mode share by region; service use metrics; collision record; commute times;
Isolation and Inclusion

Reconciliation | Complex Needs Advocacy Paper (2021) | City of Kelowna | To identify the necessary supports for people with complex needs to transition to stable housing | Number of people with complex needs; available local housing supports |
| | Community Wellness Analysis (2020) | RDCO | To build a foundation for the creation of a regional Wellness Strategy that will address contributors to poverty | Households in core housing need; Stats Canada Census data; BC Stats; Central Okanagan Economic Development Commission, Canadian Rental Housing Index |

Childcare

Childcare Needs Assessment - 2018

The *Childcare Needs Assessment* was developed through the long-running Central Okanagan Childcare Action Team in close partnership with members of the childcare community: specifically, parents and service operators. The most prevalent issue to emerge from survey responses is that parents (over 50% of respondents) are experiencing lengthy wait times (averaging 7-12 months) to gain entry to childcare programs, indicating there are not enough spaces for current child populations to receive the support they need.

These challenges are in place even with families having access to the Affordable Childcare Benefit. Forty-six percent (46%) of parents reported paying between $500 and $1,100 a month to access childcare—a number that increases for infant-toddler programs. This cost is not sustainable for many families. In fact, the 2018 Living Wage estimates costs associated with childcare account for 21% of household expenses.

Community Childcare Planning – 2020

This needs assessment was conducted for the Central Okanagan to gain a better understanding of childcare supply and demand over the next decade. Over 1,500 new spaces will be required by 2030.[48] Current childcare program locations are concentrated in Kelowna and West Kelowna. The Assessment determined based on community engagement feedback that there is significant difficulty finding care for children—most pronounced in the infant to toddler age. In addition, all childcare providers who participated in the survey reported being at maximum capacity with a wait list up to 200 individuals.

The gap in childcare services is currently being filled by family and friends who can act as part time care givers. However, there are many negative reuslts of not having dependable care, such as not having equitable access to employment. Stress was revealed to be a major experience of all parents, caregivers and families involved.

Wellness

Community Wellness Analysis - 2020

The most comprehensive information currently available on the state of poverty in the Central Okanagan comes from the Central Okanagan Community Wellness Analysis, 2020. The Analysis revealed that most housing in the Central Okanagan is unaffordable for renter households with annual income below $50,000—a situation that clearly affects younger adult populations (15-29) and seniors over the age of 64, as these are the two groups most likely to be experiencing core housing need in the Central Okanagan (18% and 42% of renters respectively).

The main objective of the Community Wellness Analysis was to prepare a foundation for developing a Central Okanagan Wellness Strategy to align priorities and resources across the region. The intention is to take a unified approach to issues of housing affordability, accessibility, and homelessness. Access to affordable public transportation and childcare, along with identifying causes of social isolation were identified as key issues leading to homelessness and discrimination.

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[48] This report was unable to engage with Westbank First Nation due to constraints on the Nation's part, so this figure is not inclusive of future childcare space needs for Westbank First Nation.

Housing

Kelowna Housing Needs Assessment - 2017

Amid a growing housing crunch in Kelowna in 2017, City Council identified two priorities: "homelessness" and "housing diversity". Stemming from these priorities was the creation of two targeted strategies: The *Healthy Housing Strategy* and The *Journey Home Strategy*. Together, these strategies work cohesively to address the many faceted challenges of housing in the city of Kelowna.

Prior to these documents being developed, the Kelowna *Housing Needs Assessment* (HNA) was conducted to identify the scope of housing needs and urgent focus areas. Data reviewed in the HNA clearly reveals the precarity of renter households, with 47% spending more than 30% of their income on housing (in comparison to only 19% of owner households). This clear lack of affordability is coupled with an incredibly low rental rate—which has hovered around 0 % over the past decade. Together, these factors are putting an immense amount of pressure on vulnerable populations.

A strategy the HNA presents to mitigate these challenges is to focus new development on medium to high density housing options like apartment buildings and low-rise condos.

Several findings of the HNA identified gaps in the support services shelter providers were able to offer. These gaps involved limitations accommodating people with complex needs. Following the publication of the HNA and aligned strategies, a Complex Needs Advocacy paper was designed to determine how support services in the region could address this gap. Since this time, Ellis Place, an innovative support facility for individuals with complex needs, was constructed in 2020.

Though the HNA, Healthy Housing Strategy, and Journey Home Strategy were all developed for the City of Kelowna, there are valuable lessons that should be applied to the creation of COPAW Strategy.

- Communicate with local providers and partners to identify current service gaps
- Incorporate reconciliation efforts by supporting Indigenous rightsholders in leading conversations about Indigenous experiences, needs, and capacity.
- Invest in developing new partnerships or expanding established partnerships to help align problem solving approaches

Journey Home Strategy - 2018

In 2018, Kelowna introduced an aggressive 5-year plan to combat homelessness. The Strategy relies on partnerships between the Central Okanagan Journey Home Society and other working groups to coordinate funding, influence policies, and develop partnership to address regional homelessness.

Community consultations conducted as part of the *Journey Home Strategy* revealed a clear disconnect between service providers resulting in many individuals experiencing service gaps. An outcome of this finding was the need to develop a more coordinated system that will enable a concerted approach to ending and preventing homelessness.

This systems approach is also evident in the co-development of the *Healthy Housing Strategy*, which contains policies that align and intersect with the *Journey Home Strategy*—a purposeful decision to ensure targeted investment in Strategy priorities. Where the *Healthy Housing Strategy* diverges from the *Journey Home Strategy* is a more specific focus in market housing (individual housing ownership, and rental housing) over investment in housing support services and safety nets that is the focus of the *Journey Home Strategy*.

Work completed as part of the *Journey Home Strategy*'s creation provides a clearer picture of homelessness in Kelowna compared to the 2016 Stats Canada data. From this information, the Journey Home Strategy identified an increase in homelessness of 20% from 2016, totaling nearly 2,000 people.

However, this proportion is only a small amount of the roughly 5,000 people who are at risk of experiencing homelessness in any given year.

The numbers of homelessness captured in the *Journey Home Strategy* reveal diverse experiences. Homelessness in the RDCO consists of 4% armed forces, 3% other adults, 26% Indigenous, 9% Youth, 31% Female, and 68% Male. These numbers reveal a clear overrepresentation of Indigenous people and males. The overrepresentation of Indigenous people can be tied to historic colonial violence and ongoing intergenerational trauma caused from events tied residential schools, sixties scoop and pervasive racism and marginalization. Journey Home research has shown that men tend to experience homelessness at a higher rate than women as women tend to rely on informal and social supports for housing during a crisis.

Critically examining the state of poverty and housing in the region led to service providers advocating for additional strategies that address vulnerable individuals with complex needs (leading to the *Complex Needs Advocacy Paper*), and youth homelessness (resulting in the creation of targeted action items in the *Journey Home Strategy*). Among gaps noted for youth experiencing homelessness is that youth services are often terminated at 19—an age that still leaves them vulnerable and without sufficient support.

Healthy Housing Strategy - 2018

The *Healthy Housing Strategy* outlines 4 key directions for the City of Kelowna

1. Promoting and protecting rental housing
2. Improving housing affordability and reduce barriers for affordable housing
3. Building the right supply
4. Strengthening partnerships and align investments

Together, these items aim to improve the available housing stock, ensuring it will address current and future demand for affordability and quality.

The *Healthy Housing Strategy* notes an overall shift from majority secondary rental market options (i.e., rented houses, suites etc.) to primary rental market (i.e., purpose-built rentals) in recent years. This change is encouraging as primary rentals tend to offer people a greater sense of security and long-term stability. Purposeful investments in bolstering the rental market are a key part of activating this shift, although the Healthy Housing Strategy notes that there will still be an insufficient number of units to adequately provide for community members at risk of becoming houseless (an additional 500-600 units will be needed).

Critically, the *Healthy Housing Strategy* draws attention to the type of development being erected in recent years, development that is not affordable to median community incomes (an average family in Kelowna may be able to afford a house up to $550,000, but the average price of a newly constructed single-detached home is more than double: $1,131,410). These costs will continue to present barriers to Kelowna residents well into the future.

Regional Housing Needs Assessment – 2019

The Regional *Housing Needs Assessment* (HNA) for the RDCO emerged from a need to consider the future of growth management. Trends over the previous decade have compounded problems: the aftermath of the 2008 recession slowed housing starts, while increased population growth has ramped up demand for housing. These realities have led to a drastically low vacancy rate and lack of affordable housing, which could worsen without significant intervention.

The Regional HNA emphasizes that lack of affordable housing has multi-faceted impacts, ranging from people moving away from employment centers, opting for smaller homes, increasing reliance on public transportation, and making trade-offs with other costs (childcare, food). Because of the interconnected nature of housing, the Regional HNA works to consider other plans such as the Central Okanagan's

Regional Growth Strategy, City of Kelowna's *Healthy City Strategy*, *Journey Home Strategy*, and especially focuses on aligning with transportation policies.

A homeownership affordability analysis completed as part of the Regional HNA showcases that the average home sale price for many communities in the Regional District is already unattainable for lone-parent and single-person households. A solution the Regional HNA suggests is to improve access to transportation thereby freeing up household spending for mortgage payments. Ultimately, the Regional HNA suggests strategies for aligning a future regional Affordable *Housing Strategy* with the *Regional Transportation Strategy* to maximize opportunities for future transportation (and by extension, housing) cost savings.

Point in Time Counts - 2020

Point-in-time counts of the number of people experiencing homelessness in Kelowna was 233 in 2016, 286 in 2018 and 297 in 2020. 71% of people experiencing homelessness in Kelowna were men, 21% were Indigenous or had Indigenous ancestry, and 1% were transgender. The top five most common reasons for homelessness were household conflict, inadequate income, substance abuse, conflict with the landlord, and health conditions.[49]

A point-in-time count in West Kelowna in 2018 revealed that at least 72 people were experiencing homelessness, with 2.8% below the age of 18, 61% were Indigenous, and 62% were male. A staggering 48% reported that they came from foster homes or group homes. 45% of the people experiencing homelessness were unsheltered.[50] No data were found for the District of Peachland and District of Lake Country.

Complex Needs Advocacy Paper - 2021

The *Complex Needs Advocacy Paper* was developed because of community partners identifying a gap in the available supports for individuals with complex needs in moving from homelessness to housing. These complex needs include (but are not exclusive to): mental health, alcohol, and substance dependency, FASD, developmental delays, and brain trauma injuries.

Unfortunately, in Canada there is a strong correlation between people with mental illness and/or addiction and people experiencing homelessness. According to a 2007 Ministry of Housing report, of nearly 130,000 people in BC with mental illness and/or addiction issues, nearly 9% were experiencing homelessness, and, startlingly, 14% were on the verge of becoming homeless. While this information is clearly out of date, the general trend of people with complex needs being at high risk of becoming homeless, has only been exasperated by rising issues of housing affordability, and in recent years, by the massive instability caused by the COVID -19 pandemic. Indeed, a host of recent literature describes increasing accounts of COVID-19 triggering a mental health emergency—something Mark Henick, a mental health strategist, refers to as an "echo pandemic".[51] A survey of 1,803 Canadians completed in the early days of the COVID-19 pandemic revealed increased rates of anxiety, depression and self-medication through alcohol and cannabis compared to pre-pandemic levels.[52]

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[49] Central Okanagan Foundation. (2020). *Community Report Point-in-Time Count*. Retrieved February 17, 2022, from COF_PiT_Report_FINAL_for_WEB2_2020.pdf (centralokanaganfoundation.org).

[50] Homeless Hub. (2018). *Westside Point-in-Time Count*. Retrieved February 17, 2022, from Point in Time Count Edited Report (v5 updated)[4].pdf (homelesshub.ca).

[51] Favaro A., Philip, E.S., & MacLeod, M. (2020, April 2). *Is an 'echo pandemic' of mental illness coming after COVID-19?* Coronavirus. Retrieved February 16, 2022, from https://www.ctvnews.ca/health/coronavirus/is-an-echo-pandemic-of-mental-illness-coming-after-COVID-19-1.4878433.

[52] Dozois, David J.A. (2021). Anxiety and depression in Canada during the COVID-19 pandemic: A national survey. *Canadian Psychology/Psychologie Canadienne*, 62(1), 136–142. https://doi.org/10.1037/cap0000251.

Among many other findings, interviews conducted with local service providers in the Central Okanagan identified a service gap in the available housing supports - there is no housing specifically designed to help those with complex needs. Beyond the lack of a framework, service providers also signaled a lack of organizational capacity, qualifications, and resources to provide for people with complex needs.

The establishment of Ellis Place in Kelowna in 2020 began the process of addressing this gap. Ellis Place provides supportive housing for some of the area's most vulnerable residents. The housing is specifically designed to address a gap in Kelowna's available housing services, by providing a dedicated place for people with complex needs. Ellis Place represents an integrated approach to housing where housing and expert staff are provided together.

Transportation

Regional Transportation Plan - 2020

The *Regional Transportation Plan* (RTP) provides unifying policies to direct the region in planning for the future of travel within the region. Working to a 2040 timeframe, the RTP primarily focuses on methods to improve connectivity of the transit network: improving roads and creating dedicated space to develop a dependable, fast transit system.

While issues of poverty and homelessness are not directly addressed in terms of their connection to transportation, the RTP does introduce affordability and accessibility goals that will have an impact on reducing peoples' financial burdens. Primarily, the RTP connects a decrease in transportation spending to increased capacity to pay for rent and housing. Another goal that will have positive ramifications for vulnerable populations is the RTP's goal to focus growth along strategic corridors to enable future expansion of the transit network. Only 17% of the Central Okanagan's population currently lives within 10 minutes walking distance of a bus stop—making car ownership necessary for the majority of the population.

Over the next 25 years, however, the RTP anticipates an increase to 27% access within 10 minutes. Meanwhile, accessibility and equity goals highlight the need to connect affordable housing to affordable transportation, specifically focusing on increasing service in low-income neighborhoods.

Transportation Master Plan - 2021

One of 12 goals in the *Transportation Master Plan* (TMP) is to enhance travel affordability. Part of the rationale underpinning this goal is that making travel more affordable to low-income residents will decreasing the amount of money spent on vehicle use, thereby freeing up funds for other necessities. The three main levers the TMP supplies to achieve this are: 1) Expansion of the transit pass program with the possibility of offering discounted passes to low-income residents; 2) Encouraging densification along key corridors to eventually create a demand for public transportation, and 3) Investing in active transportation improvement projects (e.g., sidewalks, bike lanes). These levers will ultimately work to improve access to public transit for more residents, make it a more convenient and attractive as a transit option, as well as make it more affordable.

ENGAGEMENT

Creating the plans and reports discussed above involved considerable community and stakeholder engagement. The table below shows the levels and types of engagement for each report. Evaluating recent engagement with the community will help the COPAW Strategy focus engagement on those less heard from, and consider the current challenges imposed by the ongoing COVID-19 pandemic respecting the capacity of stakeholders to participate. Reviewing past engagement also ensures that this strategy focuses on action planning rather than re-asking communities the same questions.

Table 5 - Engagement conducted during previous work reviewed for this project.

Project	Stakeholders	Engagement Methods	Participant Numbers
Community Wellness Analysis	• United Way Southern Interior of BC • BC Poverty Reduction Strategy • Interior Health—Health Communities, Aboriginal Early Childhood Table • District of Lake Country—Health and Sustainability • City of Kelowna—Social Planning • City of West Kelowna—Long Range Planning	• Workshop with early childhood educators from Westbank First Nation • Stakeholder workshops • Service provider interviews • Empathy interviews	6 people with lived experience, 4 service providers (+ mass email); 7 stakeholders
Housing Needs Assessment	• BC Housing • Canadian Home Builders Association • Interior Health • School District #23 • Seniors Outreach and Resource Centre • Society of Hope • United Way • Urban Development Institute • UBC	• In-person interviews • Stakeholder & lived experience interviews	8 stakeholders 7 Lived experience

Journey Home Strategy	• Journey Home Task Force -- representatives:
	  › BC Housing
	  › Central Okanagan Foundation
	  › Interior Health Authority
	  › Ministry of Social Development & Poverty Reduction
	  › Okanagan Nation Alliance
	  › Ki-Low-Na Friendship Society
	  › Westbank First Nation
	  › RCMP
		• Online public survey
		• 3 community summits
		• 23 design labs
		• lived experience circle
		• Youth focus-groups
		• One-on-one interviews
			2,000 + points of contact

Healthy Housing Strategy	• Adaptable Living • BC Housing • Canadian Home Builders Association • Canadian Mental Health Association • Canadian Mortgage and Housing Corporation • Central Okanagan Early Years Partnership • Central Okanagan Foundation	• Stakeholder workshops • Online community surveys • Public open house	30 + stakeholders; 1,563 survey responses

Project	Stakeholders	Engagement Methods	Participant Numbers
	• Community Living BC • Evangel Housing Society • FortisBC • Habitat for Humanity • High Street Ventures • Honomobo • Interior Health • Kelowna Intentional Communities • KNEW Realty • Landlord BC • Mama's for Mama's • Okanagan Boys & Girls Club • Okanagan College • Pathways Abilities Society • People in Motion • Regional District of the Central Okanagan • Seniors Outreach and Resource Centre • Society of Hope • Tenant Resource and Advisory Centre • United Way • UBC • Urban Development Institute • Urban Matters • Vantage Living and Woman Homes		
Regional Housing Needs Assessment	• District of Peachland • City of West Kelowna • City of Kelowna • District of Lake Country • Westbank First Nation • Okanagan Indian Band • Habitat for Humanity – Okanagan Chapter • Urban Development Institute – Okanagan • Interior Health – Okanagan Office • Canadian Mental Health Association • School Board District #23 (Central Okanagan) • Childhood Connections • Highstreet Ventures • Society of Hope • NOW Canada • Kelowna Gospel Mission • Members of the community at large	• Utilized previous report engagement results	Points of connect are reflected in the previous reports. No new engagement was conducted
Complex Needs Advocacy Paper	• Canadian Mental Health Association • ARC Community Centre, Foundry • John Howard Society • Karis Support Society • NOW Canada • John Howard Society • A Way Home Kelowna • Okanagan Boys and Girls Club • Ki-Low-Na Friendship Centre	• Verbal survey with service providers • stakeholder phone interviews • Vulnerability Assessment	Kelowna stakeholders (9), Vernon stakeholders (8), West Kelowna stakeholders (5), Lake Country

Project	Stakeholders	Engagement Methods	Participant Numbers
	• Community Living BC – Kelowna • The Canadian Mental Health Association • Turning Points Collaborative/Street Clinic • Interior Health • The City of Vernon • The Ministry of Social Development and Poverty Reduction • Vernon Community Corrections • The RCMP • Upper Room Mission • West Kelowna Shelter Society • PIERS (Partners in Resource) • Central Okanagan Food Bank – Central Office • Turning Points - West Kelowna Shelter • Westbank First Nation • Interior Health • Lake Country Food Assistance Society • Lake Country Health Planning Society • Society of Hope • Lake Country Church	Tool dataset (249 people)	stakeholder (1)
Regional Transportation Plan	• Sustainable Transportation Partnership of the Central Okanagan • Ministry of Transportation and Infrastructure • BC Transit	• Online survey • Pop-up open houses • UBC event • Video consultation panels	1,550+ comments received
2040 Transportation Master Plan	• Interior Health • School District #23 • Urban Development Institute • Kelowna Chamber of Commerce	• Online survey • Open houses • Interactive exhibits • Neighbourhood Expos • Interactive storybook • Stakeholder workshop • Follow up survey	**Phase 1:** 489 survey responses, 33 open house responses. **Phase 2:** 577 questionnaire, 350 online survey, 449 hard copy. **Phase 3:** 740 in-person & online participants

Areas for Further Engagement

Creating a regional poverty reduction strategy hinge on the successful exploration of the topic with all stakeholders and community partners. Significant work identifying a baseline understanding of poverty and its indicators has already been done with the community.

The table below summarizes the gaps in engagement for each of the priority area for action. The engagement strategy for the Central Okanagan Poverty and Wellness Strategy has been built on these identified gaps. Special attention was paid to how to reach demographics who were not able to participate in the previously done reports and strategies across the region.

Table 6 - Engagement gaps by priority area

Priority Area	Engagement Done	Gaps
Youth Poverty and Wellness	Child and youth care service providers, school district, Foundry, health care providers	Youth Foster care providers Young adults (18-25)
Regional Housing and Homelessness	Housing providers, social service agencies, housing related government and business organizations, people with lived and living experience, First Nations	Rural and small community residents Low income working households Households in Core Housing Need
Transportation	General public, high school students, university students, transportation partners	People with diverse abilities Seniors Low-income individuals and families
Isolation and Inclusion	Mental health professionals, youth clubs, Friendship Centre, shelter support services, food shelters, childhood educators	Recent immigrants and refugees LGBTQIA2S+ Community members People with varying abilities Indigenous peoples
Child Development and Care	Child and youth care service providers, school district, Foundry, health care providers, parents	Indigenous peoples Families with children with varying abilities Low-income families Foster parents Families with youth in care

Other Knowledge Gaps

While there has been thorough data collection and analysis at both a regional level and within the City of Kelowna, finding information on smaller communities has been more difficult. Rural areas across Canada face challenges with finding disaggregate data for their communities due to small populations and density. Indigenous communities and First Nations have further barriers to collecting meaningful data due to problematic policies and practices of research and data collection. Collecting and using data on Indigenous peoples requires consensual collection and sharing, and published data should not be assumed to be representative unless confirmed with the First Nation (or published directly by them). Collecting information to inform the baselines and ongoing evaluation of impacts of the Strategy on Indigenous peoples requires additional attention and relationship building.

INDICATORS BY RDCO PRIORITY AREA

The priorities areas of the RDCO each have specific indicators and measures which can be used to track progress on poverty reduction. Five priorities (which align with the *TogetherBC Strategy*) identifying areas of need in the RDCO were selected for the focus of data collection for this strategy. As part of creating a baseline for research, indicators for each priority area are identified. The additional three priority areas are process focused and explored in the next chapter. Table 7 presents the indicators for each priority area and their application in poverty reduction and community wellnesses promotion.

Youth Poverty and Wellness

The RDCO identified critical data gaps in the Wellness Analysis, specifically, there is a lack of understanding of how the various youth service systems interact to support or detract from wellness. Additionally, there has been a gap in engaging with youth on these issues. Identifying and mapping services, while also engaging youth can support improved data collection.

Regional Housing and Homelessness

Housing and homelessness are regularly reported on by several levels of government. This presents an opportunity for ongoing evaluation of housing policies to determine whether they are creating different outcomes for households.

Transportation

Data on transportation is collected by Statistics Canada in the quinquennial Census of the population. Data are available for the RDCO and its subdivisions. Therefore, indicators are readily available for analysis and comparison.

Isolation and Inclusion

Data on isolation and inclusion is available through various Statistics Canada products such as the Census, Labour Force Survey, Canadian Income Survey, and Canadian Community Health Survey. However, publicly available data sets are generally not disaggregated, so independent analyses by demographic identity is not generally possible. It should be noted that the master files for many of these surveys are disaggregated but are only available for a large fee. Most datasets are released after a few years so datasets are not recent – with the sole exception of the Labour Force Survey. Furthermore, most datasets do not have data available at the subdivision level, although some master files may have this information.

Child Development and Care

Data on the indicators listed are likely available in administrative data. Health and food security data are available through the Canadian Community Health Survey, but only at the Okanagan Health Services Delivery Area level.

Table 7 - Indicators and Their Application

Indicator	Application
Youth Poverty and Wellness	
• Number of youths in foster care or independent living*	Tracking the number of youths in foster care or independent living may reveal insights into their experiences which may affect their socioeconomic status into adulthood. Poverty can intensify the stressors that could lead to youths moving into foster care, running away, or being emancipated (e.g., poor housing conditions, food insecurity, family crises, neglect).[53] Thus, the supports these youths need must also be understood. In the Okanagan, as of December 31, 2020, there were 349 children and youths in care, 160 of whom were Indigenous.[54]
• High School graduation rates* • College/university entry rates*	Education, level of income, and health outcomes are connected. A higher level of education is associated with higher earnings and improved health outcomes. Tracking educational achievement in a community can help assess economic opportunities for individuals.
• Utilization rates of youth-related services	Service utilization rates for youth can indicate what services are being used and how frequently youth are relying on them. For example, understanding how many youths under the age of 30 are using a food bank service can help in understanding the level of food security youth have.
• Youth living in a low-income household (including older youth ages 18-25)*	In 2019, 20.4% of children in the Central Okanagan-Similkameen-Nicola region were in low-income.[55] Thus, youth poverty persists in the region. Tracking how many youths and young adults experience poverty in the RDCO can identify trends and solution in moving children out of poverty.
Regional Housing and Homelessness	
• Core housing need*	The number of households experiencing core housing needs is an important indicator of the housing market in the region. Moreover, this indicator can also reveal how much of a household's budget is spent towards housing, instead of other necessities.
• Mean and median sales prices* • Property assessments* • Price per unit*	The mean and median sales prices tell different stories. If the region's mean sales prices are much higher than the median, then it may indicate that there are very expensive units near the upper end of the price distribution. Understanding the sales prices and property value distribution may also reveal income inequality across neighbourhoods. The price per unit may also indicate how much living space households

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[53] OACAS. (n.d.). *Poverty and Child Welfare*. Retrieved February 17, 2022, from Child welfare and poverty - Poverty and child welfare - OACAS Library Guides at Ontario Association of Children's Aid Societies (libguides.com).

[54] Province of British Columbia. (n.d.). *Permanency for Children & Youth in Care*. Retrieved February 18, 2022, from Child Protection Services (gov.bc.ca).

[55] Randy Robinson. (2021). *All Across Canada, Children Are Growing Up in Poverty*. The Monitor – Canadian Centre for Policy Alternatives. Retrieved February 17, 2022, from All across Canada, children are growing up in poverty | The Monitor (monitormag.ca).

Indicator	Application
	really pay for. Tracking these indicators may reveal why some households are forced to experience core housing needs and whether newer units "price out" certain groups out of the housing market.
• New registered homes*	Given the shortage in housing supply, it is important to track how many new units are built, their prices, and location. Moreover, the type of units should also be tracked to ensure that the sippy for types of units being built match the demand.
• Market rent statistics*	The supply and demand for rental units should be tracked to understand the trajectory and affordability of rental prices. As elaborated further on, a large proportion of renters in the RDCO are experiencing core housing needs. Furthermore, the median household income among renters in the RDCO are significantly fewer than owners.[56] It is also significant to disaggregate these statistics by key demographic indicators such as race/ethnicity, LGBTQIA2S+, etc., when possible.
Transportation	
• Transportation usage rates* • Public transit ridership* • Travel demand • Trip mode share*	Public transportation connectivity is weak in the RDCO, compared to BC, making car ownership a necessity.[57] However, not all households can afford adequate or reliable private transportation. Therefore, indicators relating to the demand for public transportation should be tracked, especially by location.
• Travel patterns by age	Daily activity that requires local travel differs by age. Youths are more likely using transportation to go to school or socialize whereas adults are more likely using transportation to go to work. As different age groups have different budgets as well, it is important to track which age groups use which transportation methods. Understanding these trends may identify service gaps by age and trip (e.g., are there enough routes going to educational institutions?).
• Commute times*	Commute times greatly affect an individual's willingness to use public transportation.
Isolation and Inclusion	
• Equity analysis of health outcomes* • Equity analysis of employment and income rates*	It is imperative to track the health, employment, and socioeconomic outcomes of different groups to mitigate inequalities. Disaggregated data in the RDCO is scarce which can lead to less efficient analyses. It is well known that equity-seeking groups face barriers to upward mobility and better outcomes. These statistics should be routinely tracked to ensure that the COPAWS is not a one-size-fits-all strategy, but instead facilitates evidence-based and direct approaches.

[56] This information can be found on Statistics Canada (n.d.). Table 46-10-0047-01 Total income and characteristics of owners and tax filers who do not own residential property and Statistics Canada (n.d.). Table 46-10-0049-01 Total family income and owner characteristics at the residential property level.

[57] Statistics Canada (n.d.). Table 23-10-0286-01 Proximity to Public Transportation in Canada's Metropolitan Cities, and related Commuting Data.

Indicator	Application
• Demographic distribution* • Identity related service use records • Demographic mobility*	The demographic distribution and size of equity-seeking groups need to be monitored to understand the experiences of these groups. For example, are certain demographics geographically isolated? Are there service gaps in these areas? How do equity-seeking groups access services and why? It is also important to understand the inflow and outflow of certain demographics as these may reveal opportunity gaps and other disparities.[58]
• Sense of belonging to the community*	There is a negative association between sense of belonging to the community and poverty. People experiencing poverty have greater feelings of isolation and exclusion which can hinder efforts to access resources and services.[59]
• Job satisfaction and retention*	Job satisfaction and retention can identify the challenges faced by certain demographics. For example, racialized immigrants are well documented to be underemployed due to pay discrimination and the non-recognition of credentials. Understanding the determinants of job dissatisfaction and retention in the RDCO can help identify potential solutions that could create more opportunities for vulnerable populations (e.g., social procurement, workforce development, reducing discrimination in the workplace).[60]
• Income and demographic distribution among neighbourhoods*	Tracking the disparities between neighbourhoods can reveal divergent outcomes such income inequalities and service gaps which may persist along demographic lines.
Child Development and Care	
• Number of available spaces and waitlist length • Average household childcare expenditures* • Distribution of caregiving duties* • Distance from home to service provider	The availability and accessibility of childcare are important to factor in the household's budget constraint and behaviour. Expensive or inaccessible childcare may require one parent to work while the other provides caregiving duties. Moreover, lone-parent households face even greater stress due to relying on one parent to provide employment income. Lone-parent families are especially vulnerable as they require childcare for every hour they work. It is therefore imperative that childcare facilities are both accessible and affordable to especially vulnerable family types.
• Staff experience	Highly skilled staff is beneficial for parents and children, especially in vulnerable populations. Highly skilled staff can induce meaningful development for children which can reduce stress for parents and promote more positive interactions between parents and their children. In context to poverty reduction, staff experience plays an even greater role as literature has found that children experiencing poverty tend to have poorer health and educational outcomes.[61]

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[58] For example, the Thompson-Okanagan Region has a lower retention rate for immigrants, compared to the rest of Canada. Statistics Canada (n.d.). Table 43-10-0024-01 Mobility of immigrant taxfilers by economic regions and tax year.

[59] Stewart, M.J., Makwarimba, E., Reutter, L.I., Veenstra, G., Raphael, D., & Love, R. (2009). Poverty, Sense of Belonging and Experiences of Social Inclusion. *Journal of Poverty* 13(2), 173-195.

[60] Deloitte. (2019). *Uncovering Underemployment: Tapping into the Potential of Our Workforce*. Retrieved February 17, 2022, from UNCOVERING UNDEREMPLOYMENT - Tapping into the potential of our workforce (deloitte.com).

[61] Center on the Developing Child. (2007). *A Science-Based Framework for Early Childhood Policy*. Harvard University Center on the Developing Child. Retrieved February 17, 2022, from Policy_Framework.pdf (harvard.edu).

Indicator	Application
• Childhood health indicators* • Maternal health indicators*	Children from low-income households are more likely to face unmet healthcare needs, little to no insurance coverage, and a higher incidence of chronic illnesses.[62] Adults who experienced childhood poverty are still more likely acquire and die earlier for chronic diseases. Moreover, even after escaping poverty, better circumstances do little to improve the effect of chronic illnesses.[63] Infant mortality has been linked to low maternal education, inadequate housing, inadequate (access) to healthcare, food insecurity, poverty, and unemployment.[64] Thus, tracking these metrics are necessary to understand the health effects of poverty which also affect socioeconomic outcomes.
• Household food security*	Food security is an important determinant of health as it affects one's mental and physical wellness. Food insecurity (including unhealthy foods) have long-lasting implications on youth and adult health, such as the prevalence of chronic illnesses. Children who experienced poverty are more likely to also be in poverty in adulthood, leading to intergenerational implications (e.g., the long-term health and wellbeing of communities). Indigenous people are much more likely to face food insecurity, especially among lone-parent families and larger families.[65]
Indicators marked with an asterisk (*) are collected by various levels of government which may or may not be available at the subdivision level. All other indicators may require public engagement or obtaining data/records from organizations.	

[62] Newacheck, P.W. (1994). *Poverty and Childhood Chronic Illnesses*. Arch Pediatr Adolesc Med 148(11), 1143–1149. doi:10.1001/archpedi.1994.02170110029005.

[63] Raphael, D. (2011). *Poverty in Childhood and Adverse Health Outcomes in Adulthood*. Maturitas 69(1), 22-26. https://doi.org/10.1016/j.maturitas.2011.02.011.

[64] Government of Canada. (2019). *Inequalities in Infant Mortality in Canada*. Retrieved February 17, 2022, from Infographic: Inequalities in infant mortality in Canada - Canada.ca.

[65] Willows, N.D., Veugelers, P., Raine, K., & Kuhle, S. (2009). *Prevalence of Sociodemographic Risk Factors Related to Household Food Security in Aboriginal Peoples in Canada*. Public Health Nutrition 12(8), 1150-1156. Retrieved February 17, 2022, from Prevalence and sociodemographic risk factors related to household food security in Aboriginal peoples in Canada | Public Health Nutrition | Cambridge Core.
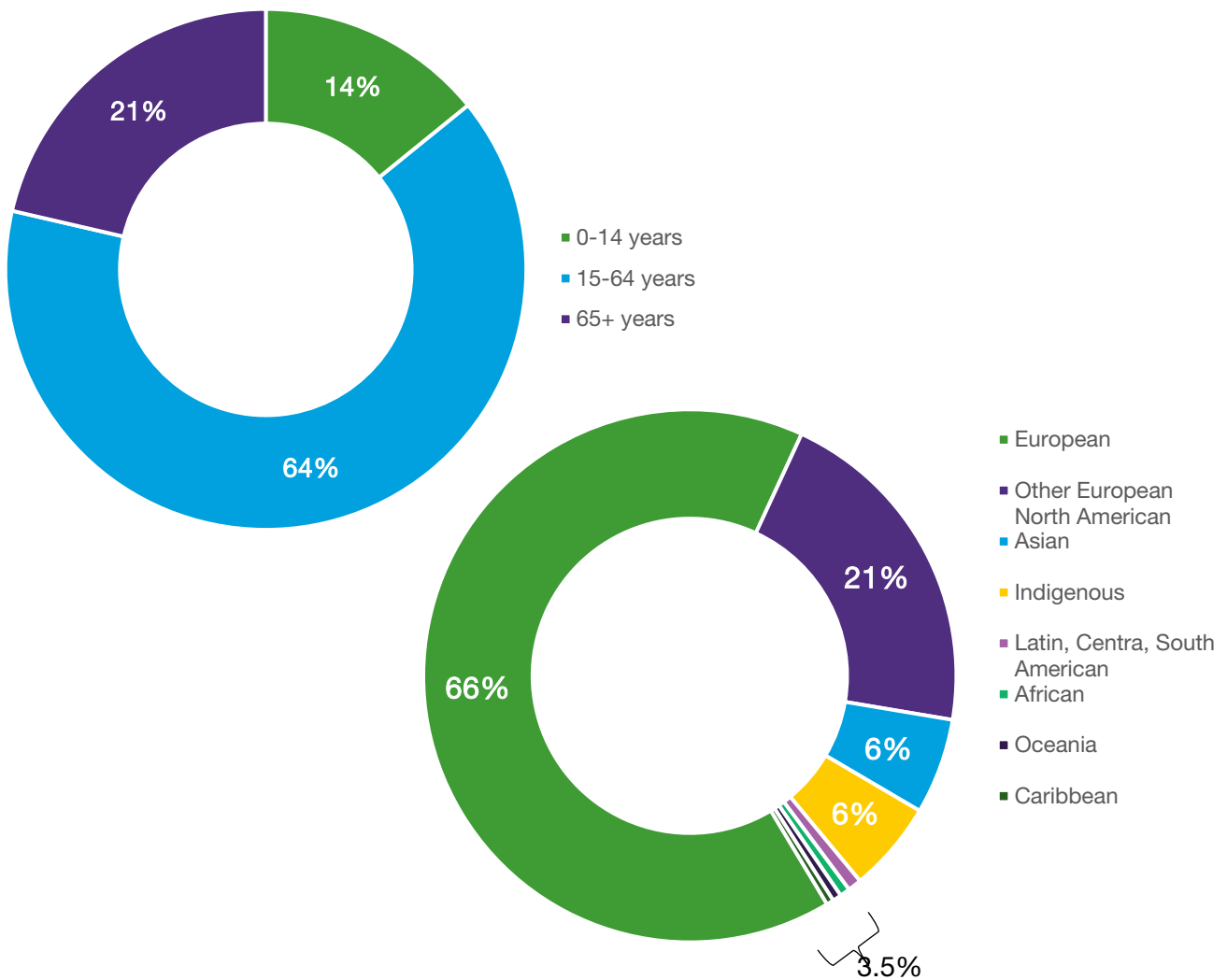
REGIONAL AND LOCAL AREA DATA

The following data presents a snapshot of the RDCO based on most recently available data from Statistics Canada. Further information on baseline analysis is well presented in the *Wellness Analysis*, and not repeated here.

Population and Demographics

The RDCO has a robust adult population with a median age of 45.5 years old. In addition to this, there is also a large proportion of older adults and a growing youth population. Most of the population (over 80%) identifies as having European heritage. Indigenous people are 6% of the population. Other identities in the community are Asian (6%) and countries in Latin America, Central America, South America, Africa, Oceania, and the Caribbean make up the other 3.5%.[66]

Figure 2: Average Age (left) and Ethnic Origin (right)

Age chart:
- 14% 0-14 years
- 64% 15-64 years
- 21% 65+ years

Ethnic origin chart:
- 66% European
- 21% Other European North American
- 6% Asian
- 6% Indigenous
- 3.5% Latin, Centra, South American
- African
- Oceania
- Caribbean

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[66] Statistics Canada. 2017. *Central Okanagan, RD [Census division], British Columbia and British Columbia [Province]* (table). *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001.Ottawa. Released November 29, 2017. https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E.

Figure 3: RDCO Population, 2021 - Source: Stats Canada, 2016
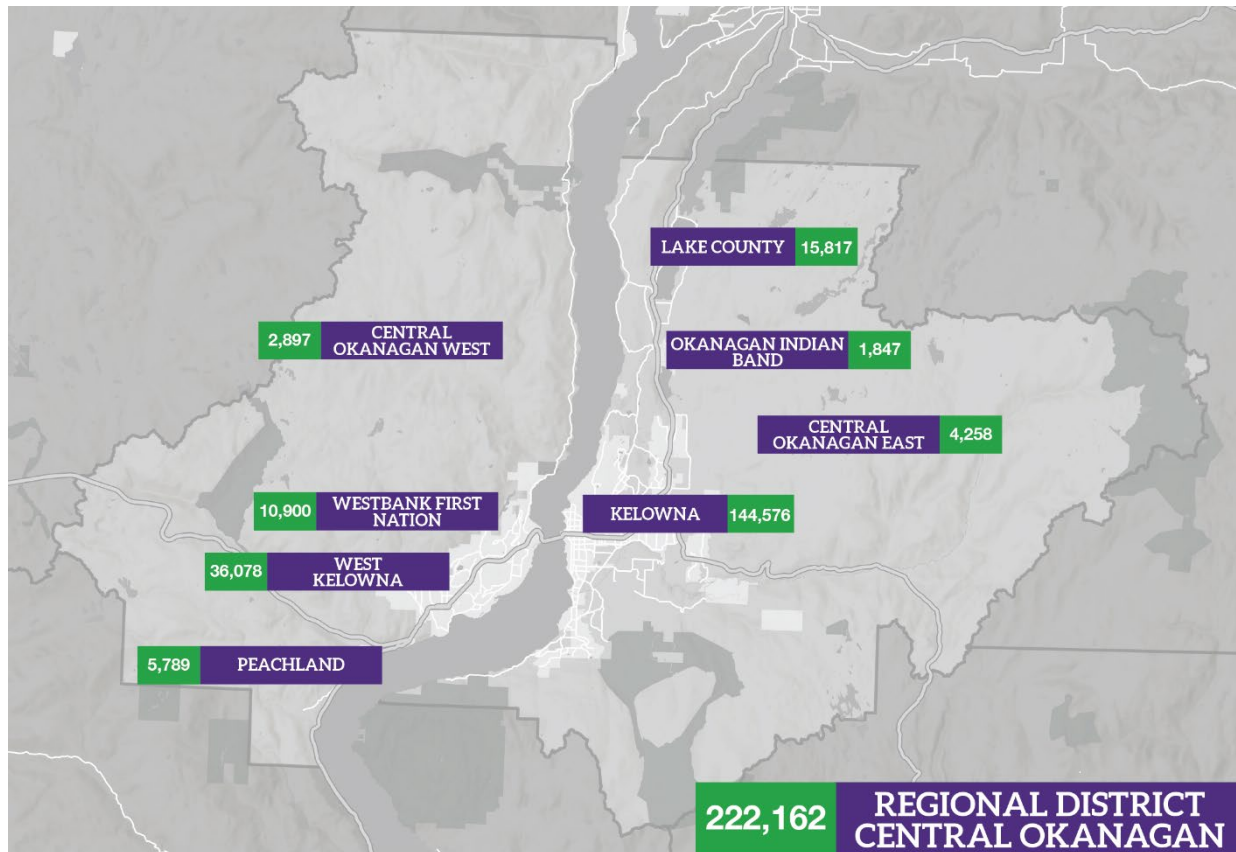
Preliminary census data for 2021 revealed the population of the RDCO increased almost 14% from the previous census. This growth rate makes the region the fastest growing community in Canada, outpacing both provincial and nation-wide growth (see Table 8). While the City of Kelowna remains the largest, most dense, population centre in the district, the top three fastest growing communities are: Central Okanagan West (which grew by 46%), Lake Country (22% growth) and Westbank First Nation (21% growth).[67] While information is not yet published on demographics, in previous census years (between 2011 and 2016) high growth occurred in the following cohorts:

Central Okanagan West – older adults were the fastest growing population (people 55-59 and 65 years and older).[68]

Lake Country – most of the growth occurred among children (5-9 years old), people in their 30's (people 30-39 years old) and older adults (60 years and up).

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[67] Statistics Canada. (2022). Census of Population. Retrieved February 16, 2022, from https://www12.statcan.gc.ca/census-recensement/index-eng.cfm..

[68] Statistics Canada. (2017). *Central Okanagan J, RDA [Census subdivision], British Columbia and British Columbia [Province]* (table). *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017 Retrieved February 16, 2022, from https://www12.statcan.gc.ca/census-recensement/2016/dppd/prof/details/page.cfm?Lang=E&Geo1=CSD&Code1=5935020&Geo2=PR&Code2=59&SearchText=central%20okanagan&SearchType=Begins&SearchPR=01&B1=All&TABID=1&type=0.

Westbank First Nation – significant growth (43%) occurred among the population of children (aged 5-9) and older adults (54% growth among people aged 55 to 59, and 70% increase among people aged 65-69). Other quickly growing cohorts included people in their 30's (30-39 years old).[69, 70, 71, 72]

Sudden growth in cohorts that have been historically linear (e.g., a sudden influx of young children) can stress existing services and may require increased investment in social and physical infrastructure. Communities may also face additional challenges in their ability to provide these services (human resources, ability to raise taxes and access funding per capita, etc.).[73]

Table 8 - Population growth since previous census

	RDCO	BC	Canada
2011	10%	7%	6%
2016	8%	5%	5%
2021	14%	7%	5%

[69] Statistics Canada. (2012). *Tsinstikeptum 10, British Columbia (Code 5935803) and Central Okanagan, British Columbia (Code 5935)* (table). *Census Profile*. 2011 Census. Statistics Canada Catalogue no. 98-316-XWE. Ottawa. Released October 24, 2012. Retrieved February 16, 2022, from https://www12.statcan.gc.ca/census-recensement/2011/dppd/prof/details/page.cfm?Lang=E&Geo1=CSD&Code1=5935803&Geo2=CD&Code2=5935&Data=Count&SearchText=Tsinstikeptum&SearchType=Begins&SearchPR=01&B1=All&Custom=&TABID=1.

[70] Statistics Canada. (2012). *Tsinstikeptum 9, British Columbia (Code 5935802) and Central Okanagan, British Columbia (Code 5935)* (table). *Census Profile*. 2011 Census. Statistics Canada Catalogue no. 98-316-XWE. Ottawa. Released October 24, 2012. Retrieved February 16, 2022, from https://www12.statcan.gc.ca/census-recensement/2011/dppd/prof/details/page.cfm?Lang=E&Geo1=CSD&Code1=5935802&Geo2=CD&Code2=5935&Data=Count&SearchText=Tsinstikeptum&SearchType=Begins&SearchPR=01&B1=All&Custom=&TABID=1.

[71] Statistics Canada. (2017). *Tsinstikeptum 9, IRI [Census subdivision], British Columbia and British Columbia [Province]* (table). *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. Retrieved February 16, 2022, from https://www12.statcan.gc.ca/census-recensement/2016/dppd/prof/details/page.cfm?Lang=E&Geo1=CSD&Code1=5935802&Geo2=PR&Code2=59&SearchText=Tsinstikeptum&SearchType=Begins&SearchPR=01&B1=All&TABID=1&type=0.

[72] Statistics Canada. (2017). *Tsinstikeptum 10, IRI [Census subdivision], British Columbia and British Columbia [Province]* (table). *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. Retrieved February 16, 2022, from https://www12.statcan.gc.ca/census-recensement/2016/dppd/prof/details/page.cfm?Lang=E&Geo1=CSD&Code1=5935803&Geo2=PR&Code2=59&SearchText=Tsinstikeptum&SearchType=Begins&SearchPR=01&B1=All&TABID=1&type=0.

[73] Statistics Canada. 2017. *Central Okanagan*.

Population growth in the RDCO exhibits a distinct pattern of an aging population (see Figure 4).

Figure 4 - Population distribution by age and sex of the RDCO, 2016
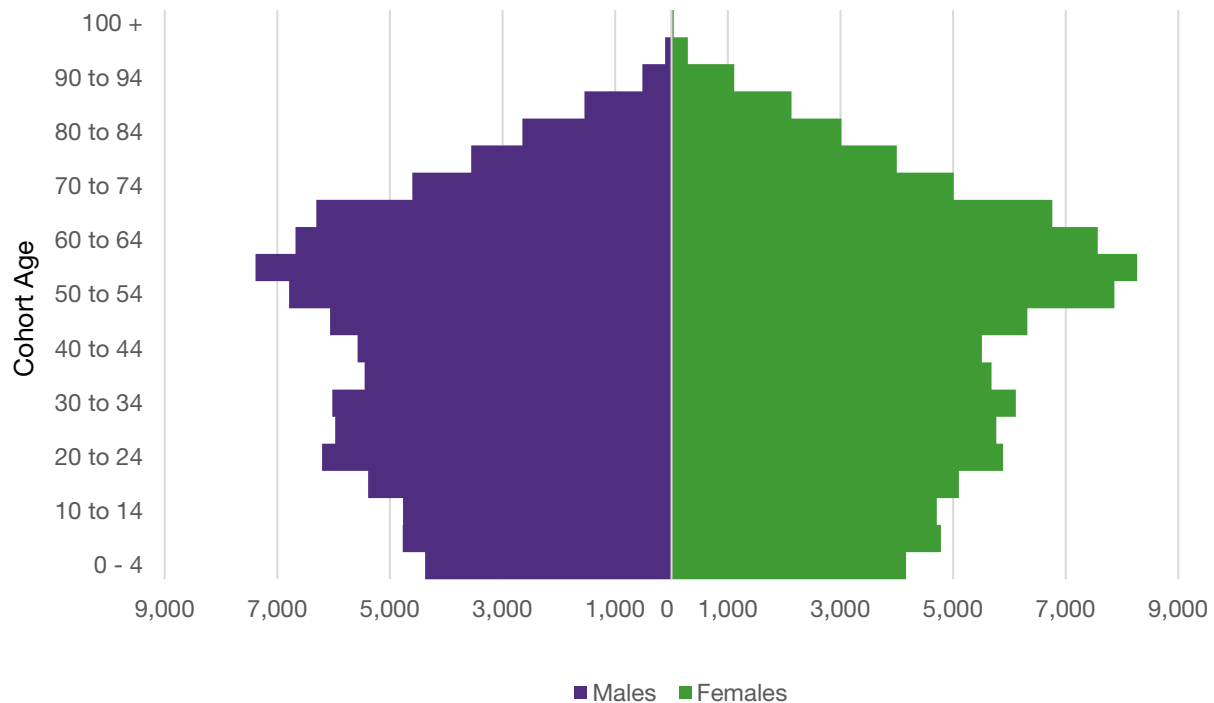
Among residents of the RDCO, the two largest age cohorts are people in their mid-20's to mid-30's and older adults (people aged 55-75). These groups also represent some of the fastest growing populations in the Central Okanagan. The largest cohort by far is an older age cohort of people aged 55+, who make up 30% of the population.[74] The high proportion of older adults in the RDCO is in-line with an overall aging population in British Columbia, and Canada. However, given that this population is higher in proportion than the provincial average, this can also reflect the RDCO's popularity as a retirement destination.

Young adults aged 20 - 34 make up 18% of the RDCO population.[75] Young adulthood is an age when many people begin persuing significant life-changing ambitions, such as finding housing outside their primary family unit, starting a career or education for a career, and creating their own families. Their growing presence in the Central Okanagan might be indicative of employment and housing opportunities that would permit young professionals to raise families. Kelowna's technology sector plays a particular role in this. Kelowna hosts more than 600 tech companies including several major players (Disney Interactive, QHR Technologies). These tech companies have young workforces, 55% of workers are under the age of 35.[76] In addition, the trend could also reflect increasing house prices in the Lower Mainland and the general movement of this younger generation to alternative city centers.

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[74] Statistics Canada. *Central Okanagan*.

[75] Statistics Canada. *Central Okanagan*.

[76] Accelerate Okanagan. (2017). *Economic Impact of the Okanagan Tech Sector.* Retrieved February 16 from:
https://accelerateokanagan.com/wp-content/uploads/2021/04/EconomicImpactStudy2018-FinalWEB.pdf

Housing

Several indicators provide insight into the state of housing in the RDCO and reveal the destabilizing influence of colonization.

On average, First Nations residents on reserve earn less than their off-reserve counterparts regardless of their family status (with the exception of Tsinstikeptum IR 10).[77] It is crucial to underscore patterns like these reflect a legacy of deliberate systemic attempts to destroy Indigenous people and their culture—the long standing effects of which have generally hampered on-reserve infrastructure, economic opportunities, and have levelled a host of additional physical and mental health challenges.

Figure 5 - Household Median Income (single-parent and multi-parent households)
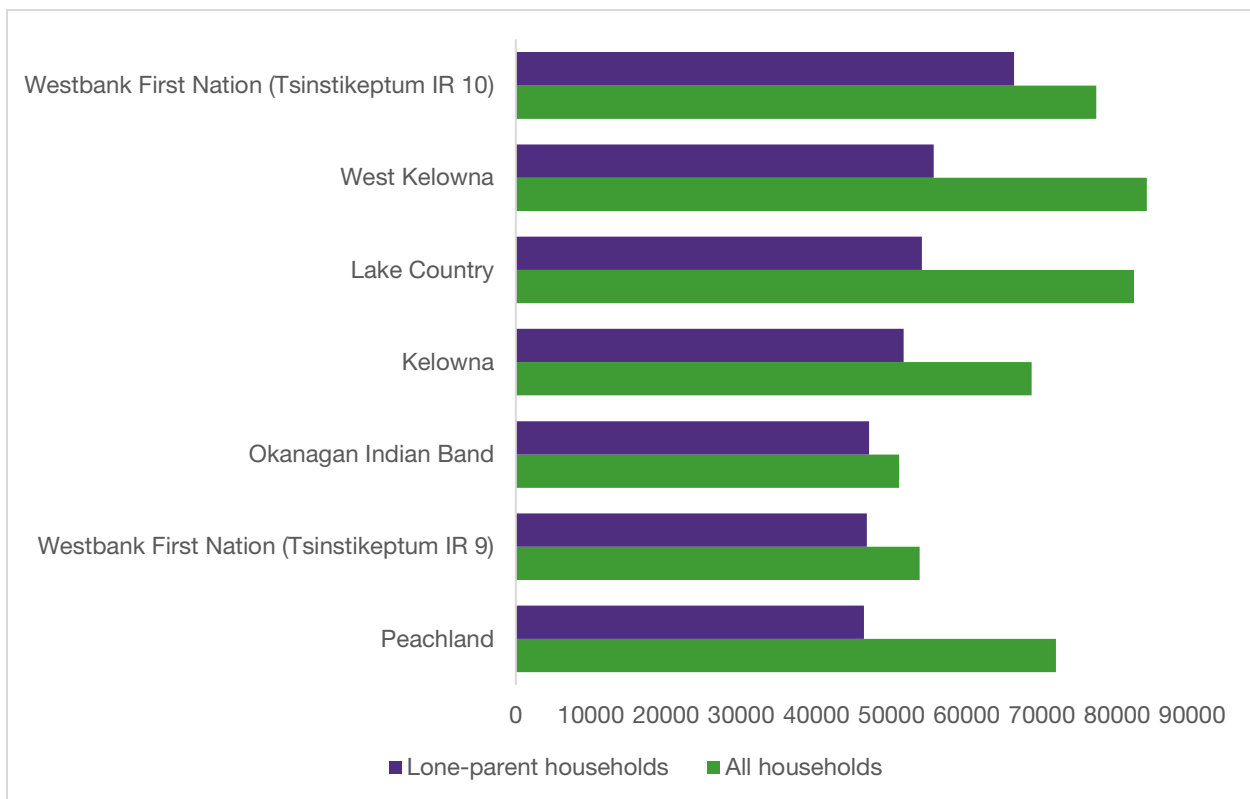
Core Housing Need is an indicator used by the Canada Mortgage and Housing Corporation to identify people who are living in housing that is not affordable,[78] not adequate (in need of major repairs), or not suitable (does not have enough rooms). In the case of the RDCO, the leading factor for households being in core housing need is affordability. Table 9 below reveals that renters are much more likely than owners in the RDCO to experience core housing need.

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[77] Statistics Canada. *Central Okanagan*.

[78] The CMHC classifies housing as affordable when it costs less than 30% of their income on housing.

Table 9 - Core Housing Need, Owners and Renters, RDCO

	Owners		Renters	
Total Households	56,995		21,700	
Proportion of Households in Core Housing Need	2,640	4.9%	4,795	24.5%

This information is further disaggregated by community to reveal that Peachland has the highest recorded instance of Core Housing Need among renter households.[79]

Table 10 - Core Housing Need, Renter Households, RDCO

Community	Renter Households in Core Housing Need
District of Peachland	48.5%
City of Kelowna	47%
West Kelowna	41.9%
District of Lake Country	39%

Beyond belonging to a renter household, other factors can increase an individual's likelihood to experience core housing need. These include immigrant households, aboriginal households, lone-parent households (especially female-led), and seniors over the age of 65. Children were not included in the CMHC's metrics.

Poverty

Table 11 – Relative Poverty by Age, LIM-AT, RDCO (2015)

Community	Persons in Relative Low-Income[80]	
District of Peachland	All	11.8%
	0-17	18.4%
	18-64	12.1%
	65+	9.0%
City of Kelowna	All	13.4%
	0-17	16.0%
	18-64	12.7%
	65+	13.2%
West Kelowna	All	10.0%
	0-17	14.0%
	18-64	8.9%
	65+	9.1%

[79] This information is not definitive as data was not available for either Westbank First Nation or Okanagan Indian Band.

[80] Data were extracted from the Statistics Canada 2016 Census Profile by searching for the community profiles. Retrieved February 17, 2022, from https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E.

District of Lake Country	All	10.7%
	0-17	11.4%
	18-64	9.8%
	65+	13.8%
RDCO	All	12.5%
	0-17	15.3%
	18-64	11.8%
	65+	12.2%

From Table 11 above, it is apparent that the RDCO faces challenges in youth poverty. The District of Peachland and City of Kelowna both have youth poverty rates above the RDCO average. The City of Kelowna and District of Lake Country both had significantly higher rates of old-age poverty than the RDCO average. Unfortunately, no data on how many households are in poverty according to the MBM measure is currently available in these communities, except Kelowna which had a rate of 12.6% in 2015.[81]

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[81] Statistics Canada. (2019). 2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016147. Retrieved February 17, 2022, from Individual MBM Low-income Status (6), Age (14) and Sex (3) for the Population in Private Households of Canada, Provinces and Territories, Census Metropolitan Areas and Census Agglomerations, 2016 Census - 25% Sample Data (statcan.gc.ca).

BEST PRACTICES FOR COLLECTIVE ACTION

The priorities selected by the RDCO for the COPAW Strategy are focused on building community capacity through a process that focuses on:

- Upstream Focus
- Community Activation
- Reconciliation

These three priority areas focus on the process and implementation aspects of this strategy. Prioritizing upstream focus ensures that the RDCO and its partners look at root causes rather than the outcomes of poverty. This means facing systemic and large-scale causes of poverty in their actions such as access to medical care, equitable opportunities, and economic, development and social policies. To address systemic, upstream challenges requires collective action which means that multiple stakeholders from multiple sectors work together towards common goals. Activating community through building networks, shared goals, shared evaluation, and deep listening and engagement can ensure that the process of creating this strategy brings diverse people together to identify solutions. Reconciliation is a foundational aspect of rebuilding relationships and providing equitable opportunities for Indigenous peoples in Canada. It is both a federal and provincial priority, and also the responsibility of all Canadians.

This final section of the Background Review covers best practices for creating lasting change through collective action, focusing on the three priorities of Upstream Focus, Community Activation, and Reconciliation.

Community Activation During Strategy Development

Priority for Action from Community Wellness Strategy:

Undertake a Regional Wellness Strategy process that activates community from the start. Partners are less interested in starting a 20+ month strategy process, and instead in starting a strategy process that begins to build capacity and interest with community partners, lived experience and citizens at the outset.

Opportunity: The Strategy can become a catalyst for action instead of a drain on resources and energy.

To activate community from the outset, this Central Okanagan Poverty and Wellness Strategy will seek to engage and involve community in all aspects of generating an action and evaluation plan.

Creating Lasting Change

There are many approaches towards creating lasting, systemic change in communities. One approach, called Collective Impact, is a proven method of creating lasting change[82]. This process has five main components:

- Developing a common agenda,
- Using shared measurement to understand progress,
- Building on mutually reinforcing activities,
- Engaging in continuous communications, and
- Providing a backbone to move the work forward.

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[82] Tamarack Institute. (n.d.). *Collective Impact* Retrieved February 16, 2022, from https://www.tamarackcommunity.ca/collectiveimpact.

The following table displays the 5 phases of Collective Impact identified by the Tamarack Institute. The strategy for completing the Central Okanagan Poverty and Wellness Analysis has much of the core components of this approach built in. The final Strategy, to be most effective at catalyzing action, will work toward moving the community of the Central Okanagan towards Phase IV and V. This Background Review has identified many ways in which the Central Okanagan has already succeeded in Assessing Readiness (Phase 1) and Initiating Action (Phase 2). Further engagement and action planning completed during the Strategy development will support community level Organization for Impact (Phase III) and result in a plan for the work of Beginning Implementation (Phase IV). With this work complete, the Central Okanagan Regional District and its partners will be in a good place to implement the plan and move into the final Phase of Sustaining Action and evaluating outcomes.

Table 12 - Phases of work for Collaborative Action

	Phase 1 Assess Readiness	Phase 2 Initiate Action	Phase 3 Organize for Impact	Phase 4 Begin Implementation	Phase 5 Sustain Action & Impact
Governance & Infrastructure	Convene Community Leaders	Identify champions & form cross-sector Steering Committee to guide effort	Determine initial workgroups and plan backbone organization	Launch work groups and select backbone organization	Build out the backbone organization, evolve work groups to meet emerging strategy
Strategic Planning	Hold dialogue about issue, community context, available resources	Map the landscape and use data to make a case	Create common agenda, clear problem definition, population level goal	Develop blueprint for implementation and identify quick wins	Refine strategies and mobilize for quick wins
Community Engagement	Determine community readiness; create community engagement plan	Begin outreach to community leaders	Incorporate community voice, gain community perspective and input around issue	Engage community more broadly and build public will	Continue engagement and conduct advocacy
Evaluation & Improvement	Determine if there is consensus / urgency to move forward	Analyze baseline data to ID key issues and gaps	Develop high level shared metrics and or strategies at Steering Committee level	Establish shared measures (indicators & approach) at Steering Committee & working group levels	Collect, track, and report process (process to learn and improve)

The following tables show the work that has already been done or is in progress towards the five Phases of Collective Impact.

Table 13 - Identifying progress on Collaborative Action in the Central Okanagan, by phases of work.

Phase I – Assessing Readiness		
Government and Infrastructure	Convene Community leaders	**2017 -** The Central Okanagan Poverty Reduction Committee (COPRC) was created with the goal of developing a regional poverty reduction strategy with an upstream focus.
Strategic Planning	Hold dialogue about issue, community context, and available resources	Completed as part of the work of the Central Okanagan Poverty Reduction Committee and the Journey Home process.
Community Engagement	Determine community readiness, create a community engagement plan	The various reports reviewed for this Background Report demonstrate the extensive work already done by local government, stakeholders, and community collaborations to identify needs and develop strategies. These reports also showed a high level of community engagement. Together, they show a sincere desire on the part of the Central Okanagan community to act towards improving the living conditions of all residents.
Evaluation and Improvement	Determine if there is consensus/ urgency to move forward	The Central Okanagan Poverty Reduction Committee determined that action was required to understand the interrelated systems which contribute to poverty/ poverty reduction as a first step to action.
Phase II – Initiate Action		
Government and Infrastructure	Identify champions and form cross-sector Steering Committee to guide the effort	**2017 -** The Central Okanagan Poverty Reduction Committee (COPRC) was created with the goal of developing a regional poverty reduction strategy with an upstream focus.
Strategic Planning	Map the landscape and use data to make a case	**2019 –** COPRC contracted Urban Matters to create a regional poverty analysis known as the Central Okanagan Poverty and Wellness Analysis. This analysis provided context to various interrelated systems, including housing, income, employment, food security, transportation, and access to education.
Community Engagement	Begin outreach to community leaders	The RDCO and member municipalities convened to submit a collaborative grant application to the Union of BC Municipalities for funding to create a Regional Poverty and Wellness Strategy. Leadership from the RDCO Board, District of Peachland, Lake Country, West Kelowna and Kelowna all participated in creating the

		application and committing to the associated work of completing the Strategy. Engagement during the creation of the Wellness Analysis also convened stakeholders to identify issues and assess which are priorities for action.
Evaluation and Improvement	Analyze baseline data to ID key issues and gaps	The Central Okanagan Poverty and Wellness Analysis identified Priority Areas for Action based on identified gaps in the community. It also provided definitions of affordability and other terms common within the community wellness and poverty reduction spheres and identified key indicators of poverty for the Central Okanagan for shared measurement and evaluation of work to reduce poverty across the region.
Phase III – Organize for Impact		
Government and Infrastructure	Determine initial workgroups and plan backbone organization	2020 – The RDCO Regional Board collaborative grant application to the Union of BC Municipalities was approved, providing funding for the creation of this Regional Poverty and Wellness Strategy. A Leadership Committee of local stakeholders and a Governance Committee of representatives from the municipalities were created.
Strategic Planning	Create common agenda, clear problem definition, population level goal	**THIS STRATEGY –** Engagement for this Strategy creation seeks to engage with a wide range of stakeholders. Key goals of engagement are to identify key challenges, solutions, and a vision for what reducing poverty would look like for the Central Okanagan.
Community Engagement	Incorporate community voice, gain community perspective and input around issue	**THIS STRATEGY** – Engagement for this Strategy includes connecting with key stakeholders, peers, and people with lived and living experience, local leadership, First Nations and Indigenous peoples, and the general public. Engagement aims are to identify core goals and strategies to realize them.
Evaluation and Improvement	Develop high level shared metrics and/or strategies	**THIS STRATEGY** – Based on best practices and publicly available data, this strategy will attach metrics to the priority areas for action for ongoing evaluation. Additionally, community identified goals developed during engagement will be used during Implementation Planning Sessions as a starting point for creating strategies for action.

Phase IV – Begin Implementation		
Government and Infrastructure	Launch work groups and select backbone organization	NEXT STEPS
Strategic Planning	Develop blueprint for implementation and identify quick wins	**THIS STRATEGY** – This Strategy will form the outline of a blueprint for action. As working groups and stakeholders take on aspects of the work, this will be refined to suite organizational needs.
Community Engagement	Engage community more broadly and build public will	NEXT STEPS
Evaluation and Improvement	Establish shared measures (indicators and approach)	**THIS STRATEGY** – The metrics and strategies developed in Phase III will be the starting point for shared evaluation. As stakeholders and working groups take action, their data collection and sharing will support shared measures for tracking progress.

Upstream Focus

Priority for Action from Community Wellness Strategy:

"Focus on root causes and upstream measures in addition to acute issues/solutions."

Upstream determinants of wellness are those aspects of socio-economic conditions which have far reaching and sometimes indirect effects on individuals. They are often called 'root causes' and are not easy to identify. However, without addressing root causes, any action taken to address poverty and wellness is topical rather than affecting sustained and meaningful change. To embed upstream measures, comprehensive evaluation of impact metrics which consider multiple factors will be identified. Measurements such as the Childhood Vulnerability Index and the Market Based Measure of poverty both create a single measure or baseline which reflects a range of aspects and can help demonstrate the impacts of interventions across multiple sectors. For example, because Childhood Vulnerability Scores are tied to the children's home environment, improvements on this score can show increased security and wellbeing amongst families. The Market Based Measure, because it considers various aspects of cost of living and wages can show whether interventions across one or multiple areas of economy are improving affordability.

Reconciliation

Priority for Action from Community Wellness Strategy:

Systemic and ongoing racism is present in all of the areas of analysis undertaken for this Wellness Analysis. For this reason, it is critical that the subsequent Regional Wellness Strategy prioritizes understanding and activate meaningful reconciliation priorities to support Indigenous people and communities to thrive.

Opportunity: Wellness Strategy can support an integrated, systems lens to wellness that reflects Indigenous world views and meaningfully embeds reconciliation.

Working alongside First Nations and Indigenous peoples when setting goals and strategic directions helps promote shared direction setting and action which can improve outcomes for all residents, but especially support the self-determination of First Nations. 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.

Embedding reconciliation efforts in the process of creating a regional poverty reduction strategy respects the autonomy and self-determination of First Nations, while also ensuring that Indigenous communities have opportunities to influence and shape the regions, they live in outside of reserve lands.

Dialogue with Indigenous and First Nations in the RDCO is embedded into the engagement process. To allow for the most meaningful conversation, multiple options on the location and format of these dialogues are to be provided which recognize and validate Indigenous ways of sharing knowledge. It is recognized that this work is only one step in building relationship. Questions to be raised in engagement focus on Indigenous priorities and definitions of poverty and wellness, how this strategy can complement, or support work the communities are doing, and invite participation.