

OUT IN THE COLD 2017 Homelessness Survey

FRASER VALLEY REGIONAL DISTRICT

Findings, Conclusions and Recommendations



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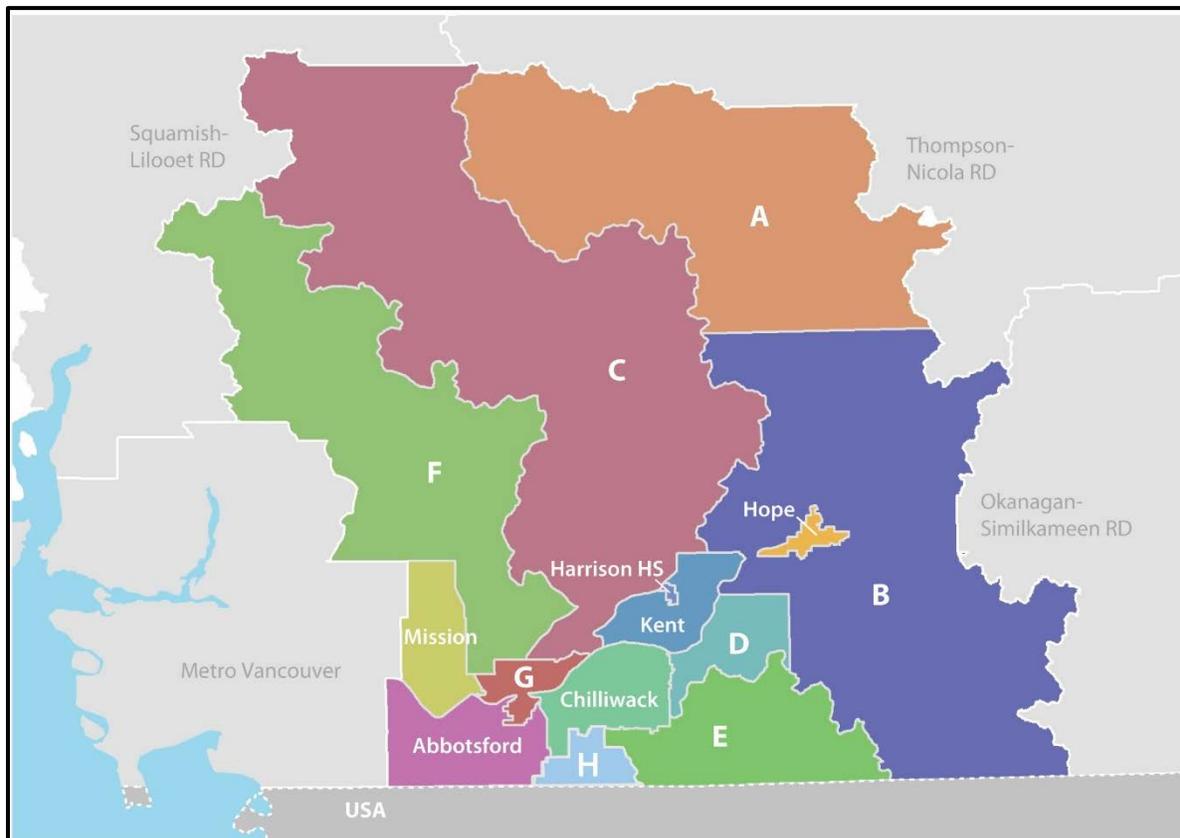


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"In the context of this survey, homeless persons are defined as persons with no fixed address, with no regular and/or adequate nighttime residence where they can expect to stay for more than 30 days."

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Executive Summary

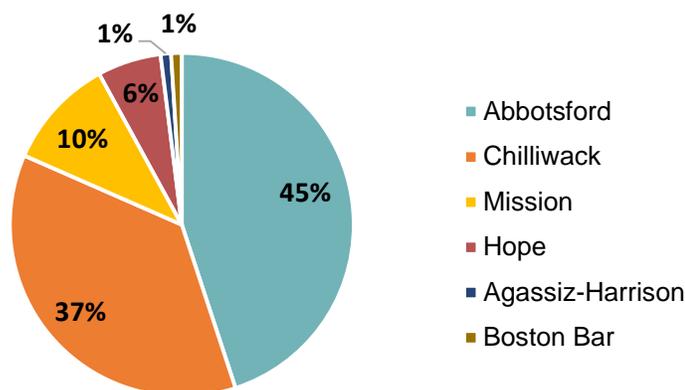
Background

This 2017 report on homelessness in the Fraser Valley Regional District (FVRD) documents the process and findings, with analysis, of a 24-hour point-in-time survey conducted March 7 and 8, 2017 in the communities of Abbotsford, Mission, Chilliwack, Agassiz–Harrison, Hope, and Boston Bar. The successful completion of the survey was made possible through the work of more than 140 volunteers, monetary and in-kind contributions from the FVRD, and in-kind contributions, mainly through staff time, from collaborating community agencies. These are:

- Abbotsford Community Services
- Abbotsford Police Department
- Agape Street Ministry
- Agassiz-Harrison Community Services
- Boston Bar North Bend Enhancement Society
- Chilliwack Community Services
- City of Abbotsford Housing & Homelessness Coordinator
- Cyrus Centre (Abbotsford & Chilliwack)
- District of Mission
- Fraser Health
- Hope and Area Transition Society
- Lookout Society
- Mamele'awt Qweesome & To'o Housing Society
- Mission Community Services
- Mission Friendship Centre
- Pacific Community Resources Society
- Positive Living Fraser Valley
- Raven's Moon Resources Society
- Royal Canadian Mounted Police (RCMP)
- Ruth and Naomi's Mission Society
- Salvation Army
- SARA for Women
- The 5 & 2 Ministries

“In the context of this survey, homeless persons are defined as persons with no fixed address, with no regular and/or adequate nighttime residence where they can expect to stay for more than 30 days.”

FIGURE 1: 2017 FVRD Homeless Population as Surveyed by City/Town (%)



Findings

- 606 persons were found to be homeless
 - 274 in Abbotsford
 - 221 in Chilliwack
 - 63 in Mission
 - 36 in Hope
 - 6 in Agassiz-Harrison
 - 6 in Boston Bar (Electoral Area A)
- This represents a 75% increase over the 346 persons interviewed in 2014 who were living homeless.
- The number surveyed in official shelters was 230, those outside totaled 165, whilst those “couch surfing” totaled 122.
- Canadian research data indicate that in general, Canadian newcomers are more likely to spend more than 50% of household income on housing in addition to sharing accommodation and relying on broader social networks to provide shelter. In FVRD community’s newcomers to Canada, with the exception of one respondent have not featured among people living homeless.
- Respondents who served in the Military or as First Responders constitute 5% of the persons who live homeless in the FVRD.
- The most common cause of youth homelessness in general is family conflict. LGBTQ youth leave home at nearly double the rate of non-LGBTQ youth. Those identifying with a non-straight sexual orientation in the FVRD homeless population, although relatively low in actual numbers and small in proportion, were spread throughout all age groups, with the majority in the 30-39 year old age group.
- As indigenous people constitute approximately 4% of the general population, they are disproportionately represented in the homeless population. In the FVRD, 35% of homeless persons identify with some form of Aboriginal ancestry. Hope has the highest proportion of homeless persons identifying as Aboriginal, followed by Chilliwack and Mission, with Abbotsford having the lowest percentage of persons identifying as Aboriginal.
- Aboriginal youth are overrepresented in the child welfare system and are the fastest growing population in Canada.
- A significant proportion of homeless persons interviewed had experiences with foster or other institutional care, bringing to the fore the role of “system failure” as a cause of homelessness. Nearly half (49%) of respondents indicated having been in Ministry Care. Higher percentages of people in the 30-59 age cohort have experienced Ministry Care and 39 people experiencing homelessness in the FVRD and who reported experiencing Ministry Care, are 19 year of age and younger.
- In the FVRD, 68% of homeless persons could be considered chronically homeless in terms of the Federal Government’s Homelessness Partnering Strategy definition. Not only are there more people living homeless, but more people are homeless for longer periods of time.
- 68% of respondents reported addiction; 49% a medical condition; 47% mental illness and 29% disability. The disproportionality of those individuals reporting health issues compared to the percentage who report receiving treatment presents a challenging problem. Also, a greater proportion of individuals who are homeless for longer than one year do not receive treatment for health issues.

- Gender breakdown among the 2017 FVRD homeless population is 64% male, 35% female and 0.8% transgender/other.
- 61% of homeless persons surveyed are between the ages of 30 and 59 years compared to 21% between the ages of 20 and 50 years in 2014. Thus, a change in age composition to be compared to subsequent tri-annual surveys on homelessness.
- While the proportion of youth homelessness has gone down slightly since 2014 (15% compared with 18%), the actual number of homeless youth has gone up.
- Persons who live homeless in FVRD communities are typically unemployed and rely primarily on government assistance. Homeless persons in the FVRD receiving income from employment has seen a significant decline over the past years, from 29% in 2014 to only 5% in 2017.
- Nearly half (41%) of respondents reported that they had been impacted by a change or withdrawal of services in FVRD communities. Examples relate to being refused welfare, reduced service hours, or long waiting periods. This is an increase from 26% who reported they had been impacted in 2014.
- The most used community service is meal programs, followed by emergency room visits, food bank, extreme weather shelters, drop-in, out-reach services, harm reduction, etc.

Conclusions and Recommendations

The lack of affordable housing as a contributor to homelessness is not a new issue in the FVRD as it has been highlighted by more than one report over the past decade with households continuing to face affordability challenges which in turn continue to put pressure on monthly costs of rental housing stock.

The causes of homelessness demonstrate the challenging intersection of structural factors, system failures, and individual circumstances. Most people do not choose to be homeless and the experience is generally negative, unpleasant, stressful and distressing. People do not become homeless overnight; instead, it is the result of a constellation of risk factors, which, when combined, may lead to homelessness. The research conducted by the Canadian Observatory on Homelessness (COH) and past FVRD homeless survey findings confirm the extent to which systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination contribute to a greater or lesser degree to homelessness.

The overrepresentation of people who identify as Aboriginal among those living homeless and the overrepresentation of aboriginal youth in the child welfare system are causes for concern and policy rethink. The findings and calls to action in the final report of the Truth and Reconciliation Commission is quite instructive. Special attention should be given to the content of this report and it will be an act of reconciliation for regional, and local governments to publicly recognize the multi-generational impacts of the residential school system and the manifestation of these impacts in the form of over-representation of Aboriginal people among those living homeless and to work collaboratively with First Nations communities to mitigate these impacts over time.

Another cause for concern and perhaps, policy and practice rethink, is "system failure" as a cause of homelessness as manifested through experiences with foster care and other forms of institutional care.

More than two thirds of people who live homeless in the FVRD could be considered as chronically homeless and this pushes to the fore the need for policy and practice rethink and changes related to homeless outreach programs and housing options. Future policy development would benefit from noting the diversity among homeless individuals and implementing strategies to target specific populations. What should be considered is the introduction of a multi-faceted approach related to securing housing and lengthening intense social service support. In doing so, street entrenched persons could move into stable, long-term housing, freeing up emergency shelter beds for temporary stays. Furthermore, housing and ongoing social support would assist the episodically homeless, while quick rehousing strategies can reduce transitional homelessness. To this end the Coordinated Intake and Referral model developed and now being piloted by the City of Abbotsford in collaboration with existing service agencies holds much promise.

The prevalence of mental illness and addiction to substance use is a cause for great concern as the response to this reality asks for new ways of thinking of and providing housing, treatment and ongoing support that can facilitate community integration. To this end the notion of “housing first” as advocated for in the past, needs to remain an integral part of strategies to prevent and reduce homelessness in communities.

Given the aforesaid, the following **National Housing Strategy Considerations** are put forward:

National Housing Strategy Considerations

- Homelessness Partnering Strategy (HPS) “Designated Community” status for Fraser Valley communities;
- A need for long-term and consistent funding stream(s) to address homelessness and related issues in the Fraser Valley
- Integration and utilization of the Truth and Reconciliation Commission’s findings
- The expansion of affordable housing, whilst aiming to utilize policy rethink to reduce social barriers such as discriminatory practices. Furthermore, policy adaptations to combat “system failure within foster care and other forms of institutional care.
- Developing strategies with multifaceted approaches with the objective to have diverse approaches to target specific populations of people living homeless.
- Operate under the “Housing First” model, which recognizes the reality that substance abuse is a grave concern but providing housing is of the utmost importance.

1. Introduction

1.1 Survey Background

Homelessness in the Fraser Valley Regional District (FVRD) has been empirically confirmed in 2004, 2008, 2011, 2014, and again in 2017 through tri-annual surveys of people who live homeless. The 2017 homelessness survey in the FVRD was completed with the collaboration of the following organizations:

- Abbotsford Community Services
- Abbotsford Police Department
- Agape Street Ministry
- Agassiz-Harrison Community Services
- Ann Davis Transition Society
- Boston Bar North Bend Enhancement Society
- Chilliwack Community Services
- City of Abbotsford Housing & Homelessness Coordinator
- Cyrus Centre (Abbotsford & Chilliwack)
- District of Mission
- Fraser Health
- Hope and Area Transition Society
- Lookout Society
- Mamele'awt Qweesome & To'o Housing Society
- Mission Community Services
- Pacific Community Resources Society
- Positive Living Fraser Valley
- Raven's Moon Resources Society
- Royal Canadian Mounted Police (RCMP)
- Ruth and Naomi's Mission Society
- Salvation Army
- SARA for Women
- The 5 & 2 Ministries

The same communities included in the 2004, 2008, 2011, and 2014 surveys were included in the 2017 survey namely:

- Abbotsford
- Chilliwack
- Mission
- Agassiz-Harrison
- Hope
- Boston Bar

See Appendices at end of this report for community-specific survey reports for analysis and recommendations for Abbotsford, Mission, Chilliwack, and Hope in the Appendices.

1.2 Survey Objectives

The objectives of the survey are as follows:

- Determine whether homelessness is increasing or decreasing in the region
- Provide reliable data to support the work by the FVRD, municipal governments and the social services sector in working toward solutions regarding homelessness--including the need for additional affordable and supportive housing in the region
- Continue to increase awareness and understanding of homelessness, services and approaches to service delivery that are needed to continue to constructively respond to homelessness by preventing and reducing it
- Inform all levels of government, policy makers, community based organizations about the extent of local homelessness and the need for continued investment by both provincial and federal governments in social housing and concomitant support services in FVRD communities

1.3 Defining Homelessness

Homelessness has been a systemic Canadian problem since the 1980s (Gaetz, 2011). Prior to this, there were homeless persons, but the issue intensified following economic and policy changes regarding the social safety net, housing provision and the role of the Canadian Mortgage and Housing Commission (CMHC). Since significant issues with homelessness in Canada developed later than in other countries around the world, policy development has lagged.

While numerous definitions of homelessness exist worldwide, it was not until 2012 that the Canadian Observatory on Homelessness (COH) introduced a national definition. This was an important step because the definition of a problem shapes how it is to be solved (Gaetz, 2011). Consequently, the COH defines homelessness as “[describing] the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it.” (Canadian Observatory on Homelessness [COH], 2012, p. 1). Furthermore, the COH identified a typology with four physical living situations: “1) Unsheltered, or absolutely homeless and living on the streets or in places not intended for human habitation; 2) Emergency Sheltered, including those staying in overnight shelters for people who are homeless, as well as shelters for those impacted by family violence; 3) Provisionally Accommodated, referring to those whose accommodation is temporary or lacks security of tenure, and finally, 4) At Risk of Homelessness, referring to people who are not homeless, but whose current economic and/or housing situation is precarious or does not meet public health and safety standards” (COH, 2012, p 1).

Since 2014, both Abbotsford and Chilliwack’s municipalities developed Homelessness Action Plans (2014 and 2016, respectively). Abbotsford defines homelessness as “when an individual/family lacks a safe, fixed, regular and adequate place to sleep, or who regularly spends the night in an emergency shelter, similar institution, or a place not intended for human habitation” (City of Abbotsford, 2014). In addition, the action plan also specifically defines absolute, sheltered, at-risk, chronic, episodic, cyclical, and invisible homeless populations. Chilliwack’s plan does not define homelessness and instead outlines at-risk and chronic homelessness (City of Chilliwack, 2016). In Metro Vancouver, the Greater Vancouver Regional Steering Committee on Homelessness (RSCH) defines homeless people as individuals that do not have a place of their own where they can expect to stay for more than 30 days and if they do not pay rent (Greater Vancouver Regional Steering Committee on Homelessness [RSCH], 2014).

This report on the 2017 homelessness survey considers two major factors in defining homelessness: the importance of maintaining consistency with previous FVRD surveys and similar research in Metro Vancouver to make useful comparisons, and the desire to include the variety of situations in which homeless persons can be found. Therefore, in the context of this survey, **homeless persons are defined as persons with no fixed address, with no regular and/or adequate nighttime residence where they can expect to stay for more than 30 days.** This includes persons who are in emergency shelters, safe

houses, and transition houses. It also includes those who are living outside and “sleeping rough,” in reference to people living on the streets with no permanent physical shelter of their own, including people sleeping in parks, in nooks and crannies, in bus shelters, on sidewalks, under bridges, or in tunnels, vehicles, railway cars, tents, makeshift homes, dumpsters, etc. It also includes those who “couch surf”, meaning they sleep at a friend’s or family member’s place for a night or two or three, then move on to another friend, etc. In this regard, it is important to note the difficulty in accurately counting the more hidden homeless population --such as those who couch surf or who may be trading sex for temporary shelter (Layton, 2008). While this survey includes these situations in its definition of homelessness, people in these more hidden situations would most likely be significantly under-counted.

The COH definition of homelessness sheds some light onto the reasons behind homelessness, noting “systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household’s financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. It also notes that most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing” (COH, 2012). The causes of homelessness demonstrate the challenging intersection of structural factors, system failures, and individual circumstances (Gaetz, Donaldson, Richter, & Gulliver, 2013). People do not become homeless overnight; instead, it is the result of a constellation of risk factors, which, when combined, may lead to homelessness.

1.4 Methodology and Ethical Considerations

A 24-hour snapshot survey method, known as a Point-in-Time (PiT) count, was used to enumerate as accurately as possible the number of homeless people in the FVRD. The survey was conducted on March 7 and 8, 2017, and coincided with a similar survey conducted in Metro Vancouver. Following the research methodology utilized in the 2004, 2008, 2011, and 2014 FVRD surveys and prior research in other communities, this survey included nighttime and daytime components for data collection.

1.4.1 Methodological Challenges

Gathering data on individuals living homeless has inherent challenges and although the PiT method is generally regarded as an acceptable method, it has limitations related to reliability and validity. Thus, it is important to note that a 24-hour snapshot survey provides at best only an **estimate** of the number of homeless people at a point in time. It does not capture each and every homeless person. As far as could be ascertained, no known ethical method exists that will provide a 100% accurate number of homeless people in a given region. Surveys to determine an estimate of the number of homeless people are known to “undercount”.

The homeless estimate in this survey represents only the number of homeless people who were identified by the interviewers over a 24-hour survey period on March 7-8, 2017 and the responses are based on interpretation of the meaning of questions by the respondent, further complicated by the respondent’s physical, psychological, emotional state at the time of the interview.

Although the number of respondents enumerated is in all probability an undercount of the number of homeless people residing in the FVRD, it nevertheless does provide an overview of the current context, as well as numbers for longitudinal data analysis. The localized portrait that emerges from the numbers also assists with community planning at the municipal government level and provides data for continued advocacy with provincial and federal governments. **It is reasonable to assert that in all likelihood there are more homeless people in the FVRD than the number determined by this survey.**

For purposes of further comparison, estimates derived from snapshot surveys may be compared with HIFIS data (Homeless Individuals and Families Information System). As far as could be determined, HIFIS data is not currently available for FVRD communities included in this survey.

1.4.2 Ethical Considerations

In keeping with the principles of the Tri-Council Policy Statement (TCPS): Ethical Conduct for Research Involving Humans, this project recognizes that “the end does not justify the means”. In other words, carrying out the survey should not harm any of the people involved (both interviewers and interviewees) physically, emotionally, or financially. The survey should in no way compromise the dignity of the persons surveyed or jeopardize their ability to receive services. The TCPS is guided by three principles, including respect for persons, concern for welfare, and justice. Accordingly, volunteer training included an ethics component and incorporated a discussion of appropriate conduct pertaining to respect, consent, fairness, equity, privacy, and confidentiality. Interviewers applied the following approach to ensure that the survey was conducted in accordance with accepted ethical guidelines:

- Interviewers had to agree to keep shared information confidential, assure anonymity of interviewees, and only interview persons if they freely complied, based on informed voluntary consent.
- Interviewees were clearly informed about the nature of the project and were not deceived in order to elicit a response.
- Interviewers were selected from among people who have experience with people living homeless, an awareness of the realities contributing to homelessness, empathy for persons in this situation, and ease in relating to homeless persons.

2. Extent of Homelessness in the FVRD in 2017

2.1 Number of Homeless People in FVRD Communities

The FVRD communities included in the survey were Abbotsford, Chilliwack, Mission, Agassiz– Harrison, Hope, and Boston Bar. The total number of homeless people surveyed during the 24-hour period on March 8, 2017 was **606 persons**. The distribution across the region is shown in Table 1. It should be noted that this percentage distribution does not automatically reflect the proportionality of the issue from a baseline community perspective. Census data from the 2016 census allows for a calculation of per capita rates, and while the per capita rate of homelessness is less than 1% in all communities, it is slightly higher in Hope and Boston Bar than in Abbotsford and Chilliwack, which have a higher number of homeless individuals.

TABLE 1: Number of Respondents Surveyed by Community Compared to Relative Population Size

Community	2017 (n) Homeless Persons	2017 (%) Homeless Persons	2017 (n) Population	2017 (%) Population
Abbotsford	274	45%	141,405	51%
Chilliwack	221	37%	83,800	30%
Mission	63	10%	38,830	14%
Hope	36	6%	6,190	2%
Agassiz-Harrison	6	1	7,540	3%
Boston Bar	6	1%	283	0.1%
Total	606	100%	278,048	100%

Comparing this result with the 2014 survey that found 346 persons as living homeless, the overall number of homeless persons surveyed in the FVRD increased 75%. This is the highest recorded number of homeless persons, surpassing the 465 homeless persons surveyed in 2008. Abbotsford, Chilliwack, Hope, and Boston Bar all saw increased numbers of homeless persons, while Mission and Agassiz-Harrison saw decreased numbers.

FIGURE 2: Percentage of Homeless Persons Compare with Population per Community

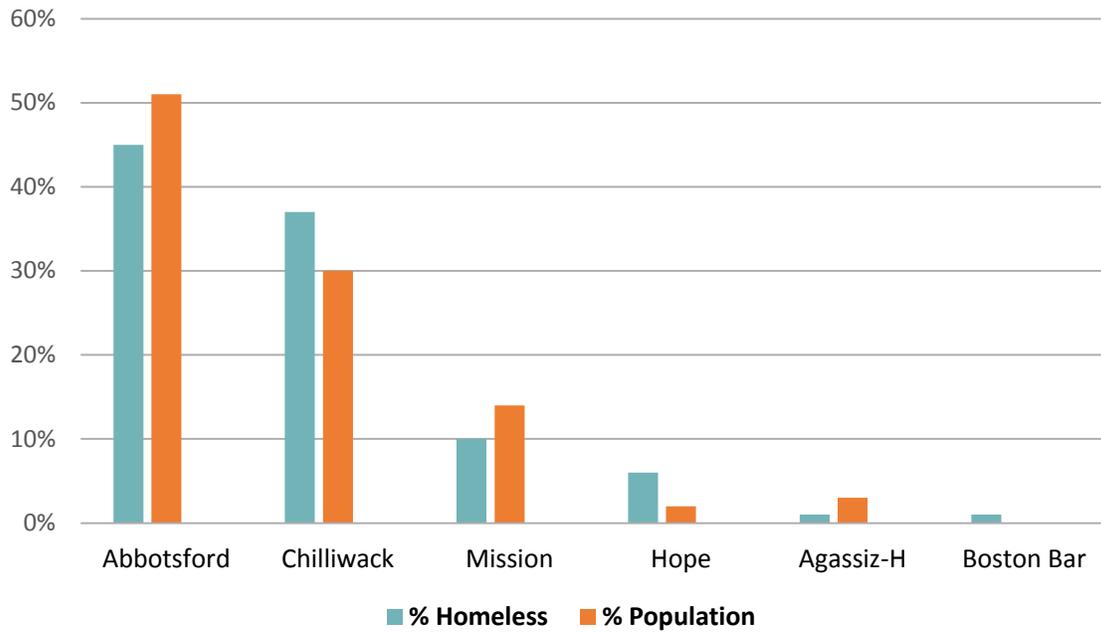


FIGURE 3: FVRD Homeless Count Percentage Increase/Decrease from 2014-2017

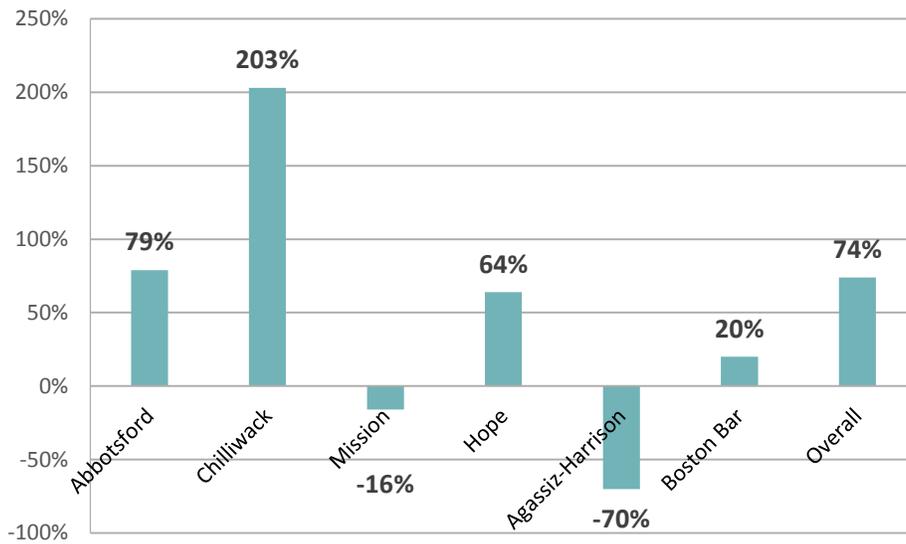
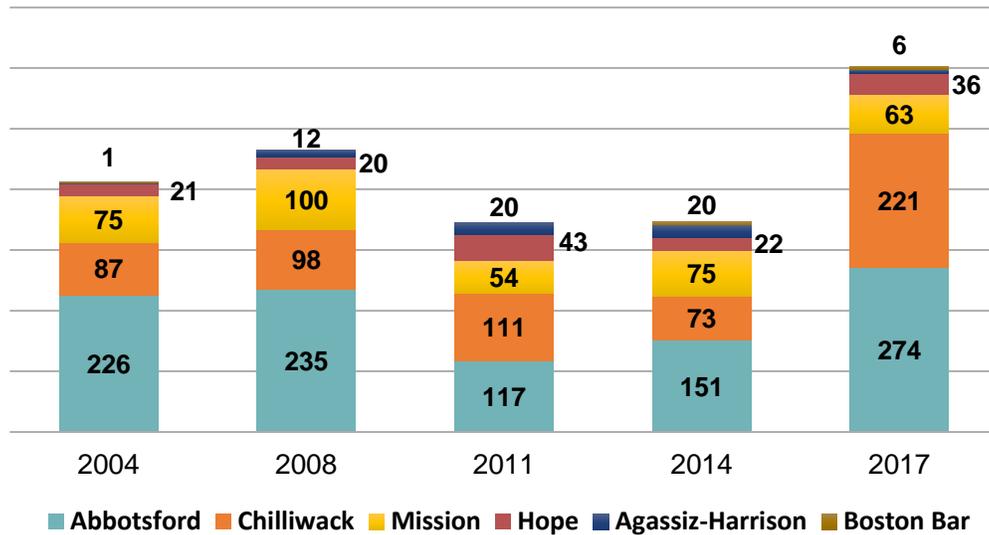


FIGURE 4: FVRD Homeless Count Totals by Municipality 2004-2017



2.2 Reasons for Homelessness

This section focuses on structural, systemic and individual factors of homelessness—all of which impact access to housing. In some cases, the issues overlap with data presented further below in Section 3.

The reasons for being homeless cited by respondents in this survey are reflected in Table 2. Notably, the top three reasons reflect access to housing, with high rents and low income representing 34% of responses, and the lack of suitable housing representing 12% of responses.

TABLE 2: Reasons for Homelessness

Reason Given	2017 (N)	2017 (%)
Rent Too High	297	17%
Income Too Low	293	17%
Lack of Suitable Housing	201	12%
Addiction(s)	156	9%
Discrimination	111	6%
Family Breakdown, Abuse, or Conflict	102	6%
Other	92	5%
Criminal History	84	5%
Mental Health	85	5%
Poor Housing Conditions	82	5%
No Income	76	4%
Disability Issue	66	4%
Conflict With Law	43	3%
Pets	33	2%
Total	1721	100%

2.2.1 Structural Factors

Gaetz et al (2013) define structural factors as economic and societal issues that minimize opportunities and social environments. Precipitated by shifts in the economy, this may include a lack of income, affordable housing, health supports, or experiences of discrimination (Gaetz et al., 2013). Fundamentally, Gaetz and colleagues argue that a lack of affordable housing is the single most important element in creating homelessness.

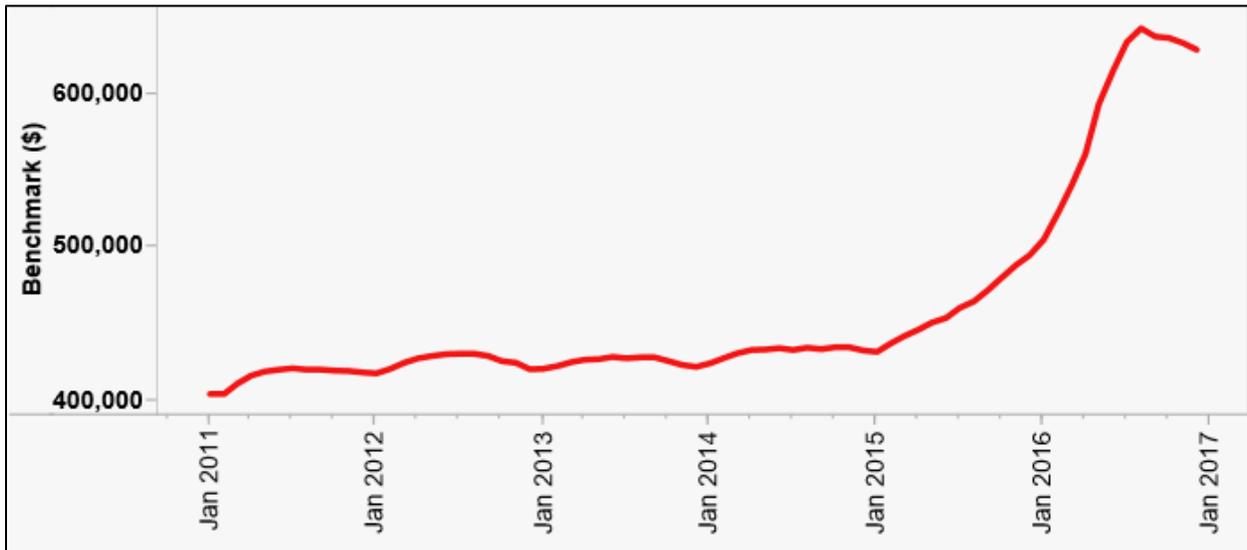
Affordable Housing

The lack of adequate affordable housing is not a new issue in FVRD communities as highlighted in a 2009 report *Gaining momentum: Affordable housing in the Fraser Valley* (Van Wyk, Van Wyk, McBride, Jonker, & Franklin, 2009). The report stated that the biggest pressures in the housing market include providing long term and/or permanent supportive housing and affordable housing options (Van Wyk et al., 2009). Single parents, seniors on fixed income, persons in recovery, Canadian newcomers, homeless persons, persons with mental, physical, and/or emotional disabilities, and persons on income assistance are disproportionately affected by unaffordable housing prices (Van Wyk et al., 2009). Households that spend over 30% of income on housing and utilities face greater affordability challenges, which increase substantially for individuals spending over 50% of income on housing costs.

This issue has not abated. Housing prices have risen sharply in the Fraser Valley since 2011, as shown in Figure 5 (Canadian Real Estate Association [CREA], n.d.). In January 2011, the composite housing benchmark price was \$404,500, and this peaked in August 2016 at \$642,800 (CREA, n.d.). The biggest increase occurred between January 2015 and August 2016 when the benchmark price rose from \$431,900 to \$642,800, an increase of 48.8% (CREA, n.d.). The causes for the lower mainland affordability crunch are complex, including the supply of available units, historically low interest rates spurring local demand, and foreign capital inflows pricing local buyers out of the market.

Although comparatively more affordable than other parts of the lower mainland, analysis by VanCity Credit Union has shown that the search for affordable housing in the lower mainland core communities has created a ripple effect in the Fraser Valley with “prices rising in step with demand”. (VanCity, 2017, p. 5). Homeowners appear to be taking advantage of the high prices to cash out and buy elsewhere- where housing prices are lower. This in turn increases housing costs in these areas- such as the Fraser Valley. For new construction in the FVRD, price increases accelerated in 2015. Between Q1 2015 and Q2 2017 the median price of absorbed new units increased by 40 % in the Chilliwack CA and 63% in the Abbotsford-Mission CMA (Canadian Mortgage and Housing Corporation [CMHC], n.d.). As of Q2 2017 the median price of newly absorbed homeowner and condominium units was \$670,000 in Chilliwack CA and \$880,000 in Abbotsford-Mission CMA (CMHC, n.d.).

FIGURE 5: Fraser Valley Housing Benchmark (Jan 2011-Dec 2016) Source: CREA, n.d.¹



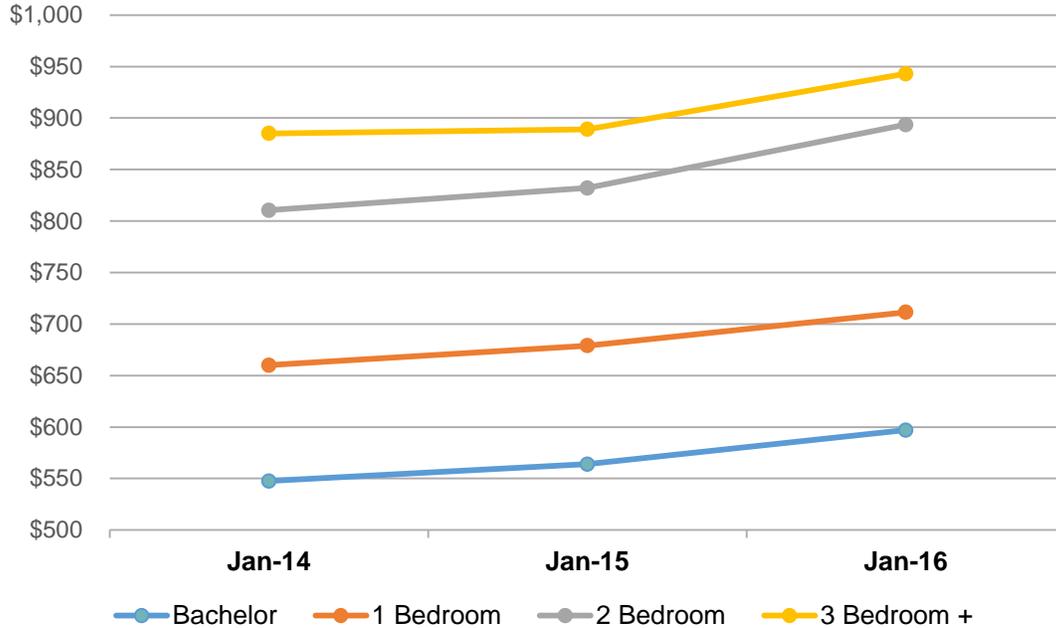
Data from the Canadian Rental Housing Index, run by BC Non-Profit Housing Association and VanCity, highlights the pressure on the rental market. The index shows the percentage of renter household income that is spent on rent and utilities; Fraser Valley renters who earn between \$0 and \$18,886 spend an average of 73% of their income on rent and utilities each month. (Canadian Rental Housing Index, n.d.). Income assistance rates have not changed in ten years, since June 1, 2007. Qualifying single individuals receive \$610 per month, despite rising costs in housing (MacLeod, 2015; Province of BC, n.d.).² In the fall of 2015, the average rental apartment cost \$712 per month in Abbotsford (Davidson, 2015) Rental rates in the Fraser Valley have continued to increase over the past few years, with the biggest change seen in a 10% increase in two-bedroom apartments (Canadian Mortgage and Housing Corporation [CMHC], n.d.). Bachelor suites, one bedroom, and three or more bedroom suites increased by 9%, 8%, and 7%, respectively (CMHC, n.d.). As of October 2016, a bachelor suite had risen to \$597 per month, but for a single individual on welfare, that leaves only \$13 for any other expenditure (CMHC, n.d.; Province of BC, n.d.). See also Figure 6 below.

Low vacancy rates contribute to increasing rental rates as demand outweighs supply. Vacancy rates in the FVRD rental market are at historically low levels. Where the vacancy rate in the City of Abbotsford sat at 6.1% in 2010, the rate has fallen dramatically to 0.6% as of October 2016. In the City of Chilliwack the vacancy rate has fallen from 6.4% in 2010 to 1.5% as of October 2016 (CMHC, n.d.). Vacancy rates are indeed at a historical low. Older, less desirable units generally have high vacancy rates, but even these “less desirable units” in terms of consumers are seeing low vacancy rates, squeezing those who are most vulnerable out of the market rental housing universe.

¹ The Fraser Valley Real Estate Board serves North Delta, Surrey, White Rock, Langley, Abbotsford, and Mission. Although Chilliwack and the eastern Fraser Valley are not included, the trend is similar.

² At the time of writing this report the new Provincial NDP Government announced a \$100 per month increase on welfare rates in the province.

FIGURE 6: Fraser Valley Average Apartment Rents, CMHC, n.d.



2.2.2 Systems Failure

Another cause of homelessness occurs when the system breaks down, forcing vulnerable individuals to turn to the homelessness sector because mainstream services are unable to meet their needs (Gaetz et al., 2013). This may include transitions out of institutional care, inadequate discharge planning, and lack of support for Canadian newcomers (Gaetz et al., 2013).

Foster and Institutional Care

As evidenced by the data discussed further below in Section 3, significant proportions of people experiencing homelessness have had experiences with foster or institutional care. Many studies have demonstrated the high prevalence of childhood experiences with foster care among homeless adults, with numbers ranging from 10.2% to 38.6% (Zlotnik, 2009). One two-year, peer-reviewed study in a large midwestern urban centre in the United States found that 20% of adolescents leaving foster care ended up chronically homeless (Fowler, Toro & Miles, 2009).

The foster care system cares for children from birth to age 18, and in BC, there are an average of 700 youth a year who age-out of care (Representative for Children and Youth, 2016). In addition to the typical challenges facing adolescents, many youth aging out of care have undergone adverse and traumatic life experiences that can affect social, emotional, cognitive, and physical development (Representative for Children and Youth, 2016, p. 11). Without proper supports, youth leaving care are less likely to attend post-secondary, and more likely to experience difficulty finding work, become homeless, come into contact with the criminal justice system, and have mental health or substance use issues (Representative for Children and Youth, 2016). These issues attracted public attention in 2015, when a teen in provincial care died after falling from a hotel window in Abbotsford (“Teen in BC”, 2015). The data discussed further below will give a more detailed delineation of the age of homeless persons in the FVRD who have had experiences with Ministry Care.

Veterans

According to Gaetz et al. (2016), there are approximately 697,000 veterans in the general population, with nearly 3,000 using shelter beds across Canada (p. 48; Brewster, 2016). Although research on homeless veterans in Canada is sparse, a 2011 study interviewed homeless veterans to understand their homeless experience. (Ray & Forchuk, 2011). They found that veterans first experience homelessness an average of 15 years after leaving the Forces, demonstrating a long and difficult reintegration pathway for veterans. Veterans reported alcohol and substance misuse, mental health challenges, and strenuous transition to civilian life, eventually ending up without a home (Ray & Forchuk, 2011).

Representing 3.6% of the FVRD homeless population (see data in Section 3.0), the number of veterans experiencing homelessness is slightly less in the FVRD than in Metro Vancouver and other Canadian cities, where numbers range from 5% - 7% (Aleman, 2012). Veterans make up approximately 2% of the overall population, thus they are somewhat overrepresented in the homeless population.

Another point of note is that veterans—along with First Responders—are more likely to experience post-traumatic stress disorder (PTSD), discussed at length below.

Canadian Newcomers

Canada is a diverse nation, with a range of cultural, linguistic, and religious groups. Statistics Canada data from 2011 shows that approximately one in five Canadians is foreign-born, representing 20.6% of the total population—one of the highest proportions among G8 countries (Statistics Canada, 2016). Between 2006 and 2011, Canada accepted over 1.1 million foreign-born immigrants (Statistics Canada, 2016) and welcomed nearly 40,000 Syrian refugees between November 2015 and January 2017 (Canadian Immigration and Citizenship [CIC], 2017). While Canadian newcomers do not form a significant population group in the FVRD homeless count data (see Section 3.0), the analysis is important given the geographical proximity of the region to Metro Vancouver, where significant numbers of Canadian newcomers settle.

In general, newcomers are more likely to spend more than 50% of household income on housing, placing many at-risk of homelessness (Preston et al., 2009). Others suffer from hidden homelessness, sharing accommodations, couch surfing, and relying on their social network to provide shelter (Preston et al., 2009). Most Canadian newcomers settle in Vancouver, Toronto, or Montreal, and one HPS-funded study compared newcomer housing needs in these cities; the study noted that the supply of affordable housing is inadequate to meet the needs of newcomers, with 90% paying at least 30% of their income for shelter (Francis & Hiebert, 2011). Compounding matters, some landlords refuse tenants on income assistance or Resettlement Assistance Program (RAP), a problem further exacerbated by restricted access to subsidized housing (Francis & Hiebert, 2011).

2.2.3 Individual and Relational Factors

Homelessness occurs because of a variety of risk factors, some of which are individual and relational factors. This may include traumatic events, personal crisis, mental health or addictions challenges, family violence and abuse, and extreme poverty (Gaetz et al., 2013).

Sexual Identity

The overwhelming majority of studies examining the intersection of sexual identity and homelessness focus on the youth population. According to a 2016 literature review, LGBTQ youth represent between 8% and 37% of the homeless youth population in Canada (Ecker, 2016). Even the lower estimates are considerably higher than LGBTQ youth in the general population (Ecker, 2016).

The most common cause of youth homelessness in general is family conflict (Abramovich, 2016, 2012; Public Health Agency of Canada, 2006). LGBTQ youth leave home at nearly double the rate of non-

LGBTQ youth (Wilson & Kastanis, 2015). They are also more likely to leave because of physical, sexual, or alcohol abuse in the home and become homeless at an earlier age than heterosexual youth (Ecker, 2016). Furthermore, LGBTQ youth are more likely than non-LGBTQ youth to experience mental health challenges, including depression, suicide, and self-harm (Representative for Children and Youth, 2017; Tunåker, 2015).

LGBTQ youth with a history of abuse are more likely to access services than non-LGBTQ youth, demonstrating the need for sensitive, trauma-informed services (Ecker, 2016, p 351; Abramovich, 2012). Unfortunately, research into shelter services shows that many shelter staff receive inadequate sensitivity training and fail to intervene during homophobic or transphobic incidents because they lack awareness toward delicate issues (Abramovich, 2016; 2012).

Post-Traumatic Stress Disorder (PTSD)

Homelessness is the culmination of complex risk factors, and when compounded by chaotic and traumatic experiences, some individuals find themselves without a permanent place of residence and a mental health diagnosis (Mackelprang et al., 2014). Post-traumatic stress disorder (PTSD) is not an unusual disorder in Canada, with 10% of Canadians at-risk to develop lifelong PTSD (Van Ameringen, Mancini, Patterson, & Boyle, 2008). The *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition* (DSM-5) names PTSD as a trauma and stressor-related disorder, characterized by the onset of psychiatric symptoms. It occurs following exposure to one or more traumatic events, which may be experienced directly, witnessed, or learned about. Symptoms include intrusion, avoidance, and alterations in cognition, mood, arousal, and reactivity (Veteran Affairs Canada, 2016). PTSD can develop following any traumatic event, but researchers have found military personnel and first responders are more likely to suffer its effects (Brewster, 2016; Bowe & Rosenheck, 2015; Haugen, Evces, & Weiss, 2012; Taylor & Sharpe, 2008; Marmar et al., 2006).

A 2008 survey of the Canadian population found that 76.1% of respondents experienced at least one traumatic event in their lifetime, with most symptoms clearing up within six months (Van Ameringen, Mancini, Patterson, & Boyle, 2008). The study identified PTSD risk factors to include being female, prior psychiatric disorder, family psychiatric history, being abused as a child, or early age of trauma occurrence (Van Ameringen et al., 2008). Any individual who experienced a traumatic event may develop PTSD, including those who regularly experience disturbing or debilitating events as part of their employment (Haugen, Evces, & Weiss, 2012). Military personnel and first responders are considered to be at higher risk of experiencing PTSD because their duties involve frequent encounters with traumatic stressors. A 2009 Canadian study of police officers found 7.6% of participants had full PTSD and 6.8% had partial PTSD (Haugen et al., 2012). Given that childhood abuse is a significant risk factor in the development of PTSD, considering PTSD alongside the intersection of homelessness and prior experience with Ministry Care could help shed light on preventative approaches and solutions.

Aboriginal Ancestry

Gaetz et al (2016) note that 28-34% of the shelter population across Canada is Indigenous; as Indigenous people represent approximately 4% of general the population, they are disproportionately represented in the homeless population. The National Shelter Study (Employment and Social Development Canada [ESDC], 2016) found Indigenous peoples to be ten times more likely to use a shelter and overrepresented in each community where data was available. In the FVRD, 35% of the homeless population identifies as Aboriginal, although that number is higher or lower depending on the specific communities (see discussion in Section 3.0 below).

The Final Report of the Truth and Reconciliation Commission of Canada, a Commission established as part of the Indian Residential Schools Settlement Agreement, recognizes the role of residential schools and related political and legal policy and mechanisms in the challenges facing many Aboriginal people to this day.

“Current conditions such as the disproportionate apprehension of Aboriginal children by child-welfare agencies and the disproportionate imprisonment and victimization of Aboriginal people can be explained in part as a result or legacy of the way that Aboriginal children were treated in residential schools and were denied an environment of positive parenting, worthy community leaders, and a positive sense of identity and self-worth” (Truth and Reconciliation Commission of Canada, summary of the Final Report, p 135).

Because of the significant overrepresentation of Aboriginal people in the homeless population, some have argued for the recognition of an Aboriginal-specific housing and homelessness crisis. In a recent, comprehensive literature review of Aboriginal homelessness, Caryl Patrick writes that “as a population, Aboriginal Peoples are the most materially, socially and spatially deprived ethno-cultural group in Canada. ... This situation stems from a variety of reasons including the historical dispossession of Aboriginal lands, colonial and neo-colonial practices of cultural oppression and erosion, intergenerational traumas, systemic racism, governmental policies, the current economy and housing markets” (Patrick, 2014, p.10).

The findings and calls to action in the final report of the Truth and Reconciliation Commission is quite instructive (Truth and Reconciliation Commission of Canada, 2015). Special attention should be given to the content of this report and it will be an act of reconciliation for regional and local governments to publicly recognize the multi-generational impacts of the residential school system and the manifestation among others of these impacts in the form of over-representation of Aboriginal people among those living homeless. In addition to publicly recognizing these impacts, a further act of reconciliation will be to work collaboratively with First Nations communities to mitigate these impacts over time.

Patrick highlights a number of Aboriginal-specific issues, including on reserve housing conditions that severely impact residents’ quality of life, the complexity of Aboriginal access to the private and public housing market, the issue with a growing Aboriginal youth population faced with immense challenges, and the unique experiences of Aboriginal women who face oppression through gendered, racialized, sexualized, and colonialist forces (Patrick, 2014).

The situation faced by Aboriginal youth bears further mention. Aboriginal youth are overrepresented in the child welfare system and are the fastest growing population in Canada (Patrick, 2014). Aboriginal youth commonly travel to urban areas to find new economic opportunities or higher education. They likely leave behind families in extreme poverty, inferior housing, or substance abuse and have few economic or social supports (Patrick, 2014). Unfortunately, many encounter difficulty securing a well-paying, stable job because the majority (68.5%) do not complete high school (Patrick, 2014). Patrick puts it this way:

“By the time Aboriginal youth find themselves homeless, it is likely that many of them have survived extreme poverty, racism, unsafe or inferior living conditions, pervasive dysfunction or mental health issues in families and communities, disconnection from their birth families and/or child welfare agency placements, violence, sexual abuse or neglect to varying degrees early in life” (Patrick, 2014, p 33).

2.3 Duration of Homelessness

2.3.1 Homelessness Typologies

Under the national Homelessness Partnering Strategy (HPS), the federal government defines two types of homelessness, chronic and episodic.

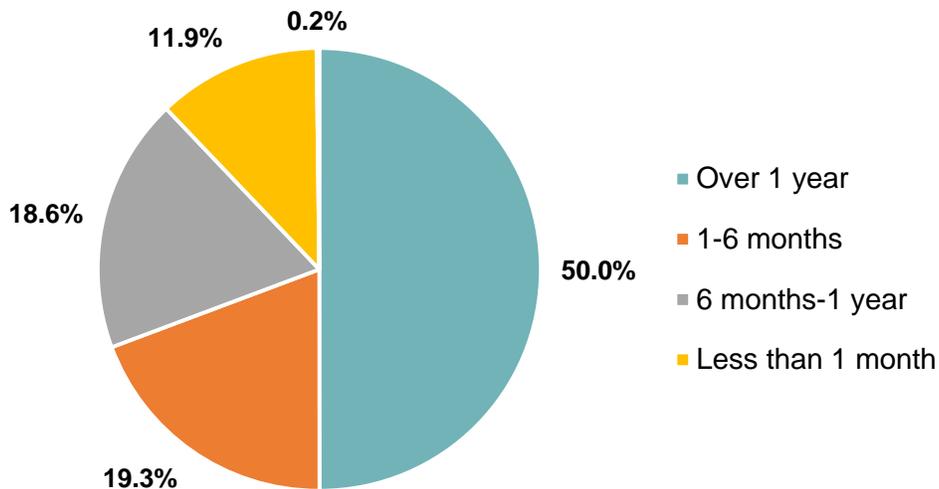
“Chronically homeless refers to individuals, often with disabling conditions (e.g. chronic physical or mental illness, substance abuse problems), who are currently homeless and have been homeless for six months or more in the past year (i.e., have spent more than 180 cumulative

nights in a shelter or place not fit for human habitation); Episodically homeless refers to individuals, often with disabling conditions, who are currently homeless and have experienced three or more episodes of homelessness in the past year (of note, episodes are defined as periods when a person would be in a shelter or place not fit for human habitation, and after at least 30 days, would be back in the shelter or inhabitable location)” (Economic and Social Development Canada, 2016).

Kuhn and Culhane (1998) define a third typology, transitional homelessness, where individuals stay for shorter periods in the shelter system. This group is typically younger and less likely to experience mental health, substance use, or medical issues and may spend only a brief time homeless before transitioning to stable housing (Kuhn & Culhane, 1998).

In the FVRD, a staggering 68.6% of homeless individuals would be considered chronically homeless by the federal HPS definition. This number represents an entrenchment of homelessness; not only are there more people living homeless, but more people are homeless for longer periods of time. Only 11.9% of individuals report in 2017 being homeless for less than 1 month in the FVRD; however, this does not necessarily denote new entry into homelessness, as shorter durations of homelessness could also represent episodic homelessness. See Figure 7 below for a breakdown of duration of homelessness among homeless persons in the FVRD.

FIGURE 7: Duration of Homelessness



Other community-based homeless counts verify the entrenchment of chronic street homelessness. Metro Vancouver’s 2014 count found that 41% were homeless for over one year (Greater Vancouver Regional Steering Committee on Homelessness, 2014). In Toronto, 35% of the sheltered population were homeless more than two years, and 68% of street homeless were homeless more than two years (City of Toronto, 2013). The Toronto survey revealed an average homeless experience lasted three years, but there was a considerable range between street and shelter respondents. On average, street respondents were homeless for eight years, while shelter respondents were homeless for six months (City of Toronto, 2013). Meanwhile, 40% of homeless individuals in Winnipeg reported being homeless for at least three years while only 9% reported less than one month (Maes Nino, Godoy, McCullough, Retzlaff, Wiebe, & Wurcherer, 2016).

2.3.2 Targeted Policy Solutions

As described above, the various homeless typologies have different causes. Future policy development would benefit from noting the diversity among homeless individuals and implementing strategies to target a specific population. People who present as chronically homeless demonstrate longer lengths of stays in shelters compared with transitionally homeless persons (Aubry et al., 2013). The most beneficial strategy would be the introduction of a multi-faceted approach related to securing housing and lengthening intense social service support (Aubry et al., 2013; Moulton, 2013). In doing so, street-entrenched individuals would move into stable, long-term housing, freeing up emergency shelter beds for temporary stays. Furthermore, rehousing and ongoing social support would assist the episodically homeless, while quick rehousing strategies can reduce transitional homelessness (Aubry et al., 2013).

2.4 Health Problems

The discourse on population health has shifted away from examining individual factors for poor health to a recognition of social, economic, educational, environmental, political, and cultural factors that influence health (Mariner, 2016). Low-income populations, including the homeless and the vulnerably housed, live in the most detrimental conditions and suffer from poorer health than those with stable housing (Arthurson, Levin, & Ziersch, 2016; Hwang et al., 2011; Holton et al., 2010; Mariner, 2016).

Survey respondents were asked to report on their health problems: 68.2% reported addiction, 49.2% medical condition, 47.7% mental illness, and 29.1% physical disability. The disproportionality of those individuals reporting health issues who also report receiving treatment presents a disturbing problem. The highest discrepancy is in the area of addiction, but in all areas, half or less than half of individuals with health issues report receiving treatment. A cross tabulation of the data on respondents receiving treatment with the length of time homeless revealed that a greater proportion of individuals who were homeless for longer than one year do not receive treatment for health issues. See Table 3 below.

TABLE 3: Reported Health Problems

Health Issue	2017 (N)	2017 (%)	Receiving Treatment
Addiction	333	68.20%	23.5%
Medical Condition	239	49.20%	25.7%
Mental Illness	232	47.70%	16.0%
Physical Disability	142	29.10%	10.3%

Homelessness is a significant determinant of poor health and raises an individual's risk of serious, chronic health conditions. Repeated and prolonged exposure to weather, infections, drugs, and violence, combined with inadequate health care, leads to an increased likelihood of acute and chronic health problems and premature mortality (Henwood, Cabassa, Craig, & Padgett, 2013). The most common issues relate to mortality, chronic pain, hunger and nutrition, skin problems, infectious diseases, dental problems, respiratory illness, chronic diseases, sexual health problems, and mental health issues (Woolley, 2015; Hwang et al., 2011; Holton, Gogosis, & Hwang, 2010; Hwang, 2001).

2.4.1 Access to Family Doctor or Walk-In Clinic

In general, there are many individuals across the province who do not have access to a family doctor, despite political discourse supporting advancement in this area (Zussman, 2016; Shaw, 2015). It is a challenge in BC that is only compounded for individuals experiencing homelessness.

Respondents were asked if they had access to a family doctor or a walk-in clinic.³ The 2017 data showed that nearly two-thirds were able to access medical services through a family doctor or clinic as shown in the table below, but only one third had access to a family doctor. As discussed above, homeless individuals have serious and complex health issues, and walk-in clinics are unable to provide effective care without access to past records or test results. Only general practitioners can supervise patient progress and create personalized, extensive, and long-term care. Funding for BC's "GP For Me" program ended in 2016, leaving many without access to high-quality, sustainable medical care (Zussman, 2016).

TABLE 4: Access to Family Doctor or Walk-In Clinic

Service	2017 (N)	2017 (%)
Family Doctor	138	30.5%
Walk-In Clinic	180	39.7%
Neither	135	29.8%
Total	453	100.0%

2.5 “Sheltered” and “Unsheltered” Homeless Persons

The number of homeless persons surveyed in the FVRD in official shelters was 225 or 37% and those surveyed outside totaled 201 or 33% including those who slept in their cars/campers. Those who reported that they were sleeping at the homes of friends/family (couch surfing) totaled 122 or 20%. It needs to be noted that extreme weather beds had been activated during the time of the count, given a cold/wet weather spell, which may have influenced the number of people surveyed in shelters and also where they were interviewed given the availability of extreme weather beds in various communities. This may have been a factor in the lower number of homeless persons surveyed in Mission and the higher number in Abbotsford.

TABLE 5: Accommodation on Night of Survey

Place Stayed	2017 (N)	2017 (%)
Shelter	225	37.1%
Jail	5	0.8%
Hospital	14	2.3%
Parent(s)/Guardian House	2	0.3%
Outside	168	28.0%
Car/van/camper	33	5.4%
Someone else's place	122	20.1%
Other	37	6.0%
Total	606	100.0%

³ This question was not part of previous tri-annual homelessness surveys.

2.6 Shelter and Transition Beds in the Fraser Valley

Table 6 below provides a picture of the number of emergency shelter beds, extreme weather beds, women’s transition house beds and youth shelter beds available in 2017 in each community for a total of 396 beds across the region. Based on data obtained from shelter staff, 238 persons slept/overnight in shelter beds (emergency shelters, extreme weather beds, women’s transition house beds and Cyrus Centres) across the region on the night of the count, meaning there were 158 vacant beds available across the region. Of these vacant beds, 44 were in Women’s Transition Houses and rest in Emergency Shelters and unused extreme weather spaces.

The fact that 225 of the 238 individuals who slept in these shelter facilities were interviewed is a result of voluntary participation in the homelessness survey.

TABLE 6: Number of Emergency, Extreme Weather Shelter, Youth Shelter and Women Transition House Beds, by Community

Community	Emergency Shelter Beds	Cold/Wet/ Extreme Weather Beds	Women’s Transition House Beds	Youth Shelter (Cyrus Centres)	N	%
Abbotsford	64	150	12	4	230	58%
Mission	20	15	10	0	45	11%
Chilliwack	42	47	12	8	109	28%
Agassiz-Harrison	0	0	0	0	0	0%
Hope	4	0	8	0	12	3%
Boston Bar	0	0	0	0	0	0%
Total	130	212	42	12	396	100%

Figure 8 below depicts the increase in emergency shelter beds in FVRD communities since the first Point in Time count in 2004. The number of women’s transition house beds remained stable and the number of youth shelter beds increased and then decreased again. However, it is important to note that included in the emergency shelter beds are 22 extreme weather beds for youth, 12 in Chilliwack and 10 in Abbotsford.

FIGURE 8: Emergency Shelter: Extreme Weather, Women Transition House and Youth Shelter Beds in FVRD 2004-2017

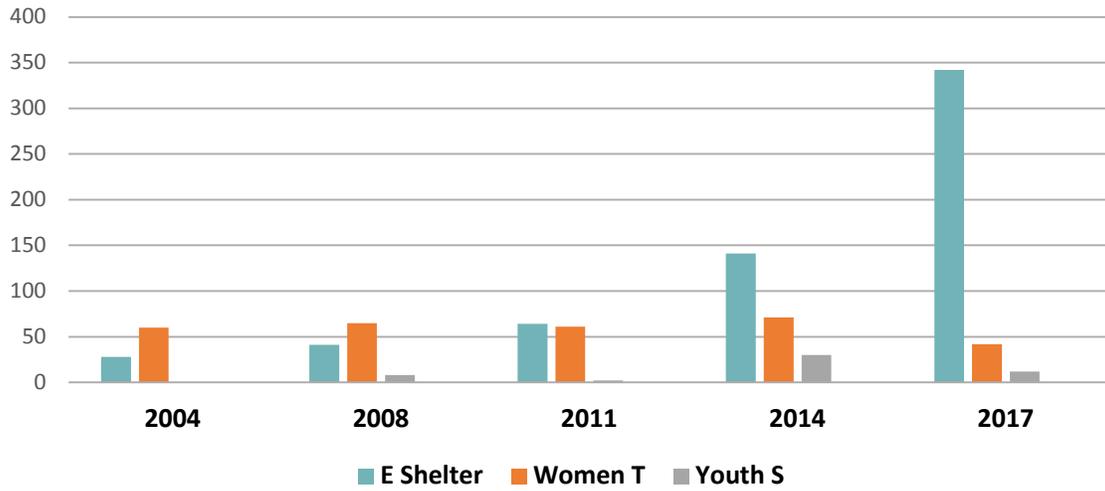
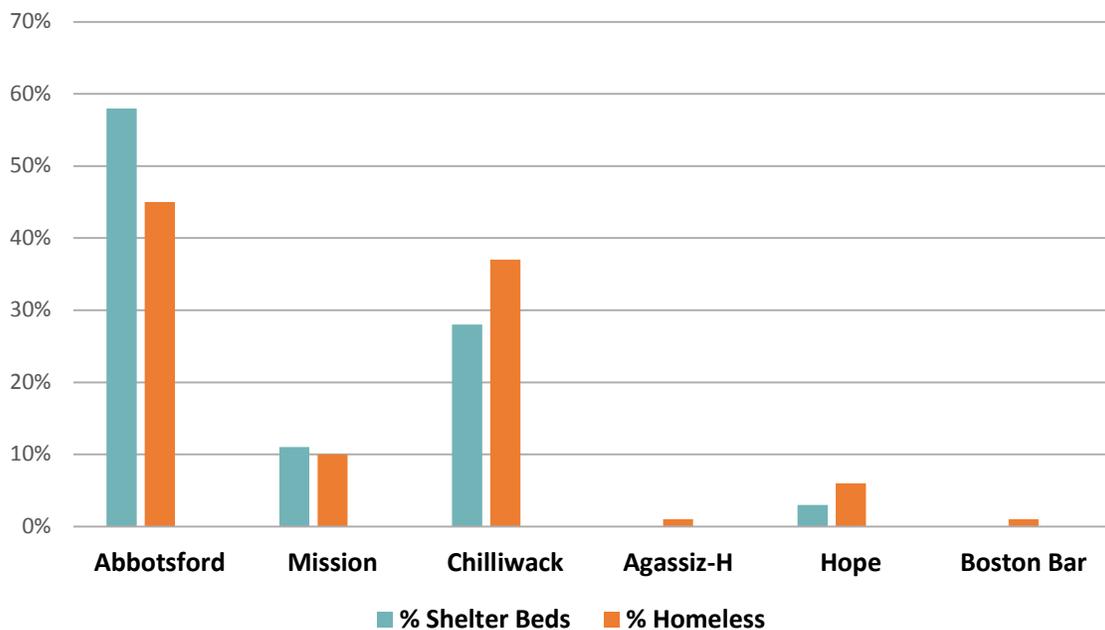


Figure 9 below provides a picture of the relationships between availability of shelter beds and number of persons living homeless. The percentage of regional shelter beds in Abbotsford is higher than the percentage of regional homeless persons residing in Abbotsford, although Abbotsford is “home” to the largest proportion of people who live homeless in the FVRD. In the case of Mission there is a closer alignment between the percentage of regional shelter beds and the percentage of persons living homeless regionally. Chilliwack has a lower percentage of regional homeless shelter beds in comparison to the percentage of regional homeless persons who reside in Chilliwack. Although much lower in real numbers, a similar situation exists in Hope.

FIGURE 9: Shelter/Transition Bed Percentage and Homeless Percentage by Community



Respondents were also asked to state their main reasons for not having used a shelter bed or transition house the night of the count. Some of the reasons given were “stayed with a friend” (21%), “shelter was full” (8%), “banned from shelter” (5%), “dislike shelter” (15%).

2.5.1 National Patterns

Emergency shelters are often the first point of contact for homeless individuals, and outreach workers can connect them to a range of support services (Segaert, 2012). In addition to meeting immediate needs, many provide advocacy and support to improve an individual’s quality of life. This may include replacing identification, writing resumes, securing housing, or reconnecting families.

In 2012, the government of Canada released the first ever national shelter study, which examined shelter use patterns between 2005 and 2009 to determine user characteristics (Segaert, 2012). Although the report did not include data on violence against women shelters, transition houses, or extreme weather shelters, it provided initial data on the patterns of shelter use in Canada. While there was no meaningful change in the total number of individuals accessing emergency shelters, the study noted that individuals are using shelters more frequently and the composition of shelter users is changing (Segaert, 2012). Approximately 1 in 230 Canadians used a shelter at least once, including an increasing number of children and families (Segaert, 2012).

A follow-up study to this report was slated for release in the fall of 2016, but only key findings have been publicized so far (Economic and Social Development Canada, 2016b). This study extends shelter findings to 2014, and includes data on indigenous identity, citizenship, and military service. Findings reveal the shelter system is operating at over 90% capacity, more beds are used by fewer people, fewer people are using shelters more often, emergency shelter users rarely return, and indigenous people are ten times more likely to use a shelter (Economic and Social Development Canada, 2016b).

2.5.2 Length of Shelter Stay

Researchers have examined the accuracy and utility of homeless typologies in the duration of shelter stays, including a 2013 Ontario study (Aubry, Farrell, Hwang, & Calhoun, 2013). Aubry et al. (2013) found the transitional homeless to account for 88-94% of the shelter population, while episodic and chronic homeless contribute 3-11% and 2-4% of the population, respectively. Similar results were found in a 2009 study which stated 20% experience homelessness for more than three months, while 80% are transitionally homeless (Trypuc & Robinson, 2009). Further corroboration was found in Victoria, when researchers examined shelter stay records over a four-year period. In this case, the episodic and long-stay accounted for over 50% of shelter bed nights (Rabinovitch, Pauly, & Zhao, 2016).

Qualitative studies examined barriers and facilitators to shelter use (Ha, Narendorf, Santa Maria, & Bezette-Flores, 2015; Donley & Wright, 2012). Donley and Wright (2012) interviewed unsheltered homeless people in Florida and identified concerns surrounding facility location, prior negative experiences, loved one separation, and lack of freedom. Instead, individuals chose to sleep rough outside to avoid these challenges. Another study by Ha and colleagues (2015) explored barriers and facilitators among young adults. Major attitudinal barriers included stigma, shame, self-reliance, and pride, while access barriers related to availability, accessibility, acceptability, and accommodation (Ha et al., 2012).

3 Who are the Homeless Persons in FVRD Communities?

3.2 Profile of Homeless People in the Fraser Valley

While historically, homeless individuals in Canada were older men (Gaetz et al., 2016), such stereotypes contribute to misunderstanding of the social, political, economic, and cultural context of local homelessness. The population who live homeless is diverse, ranging in age, gender, and ethno-racial background (Gaetz et al., 2013).

The homeless population in Canada includes several population groups particularly at risk, including, but not limited to, persons with severe addictions and/or mental illness, Aboriginal peoples, families, seniors, and youth. The 2017 FVRD survey obtained the following information from homeless people surveyed in Upper Fraser Valley communities:

- Gender
- Age
- Aboriginal identification
- Community of origin
- Source of income
- Usage of medical services and other services

3.3 Gender

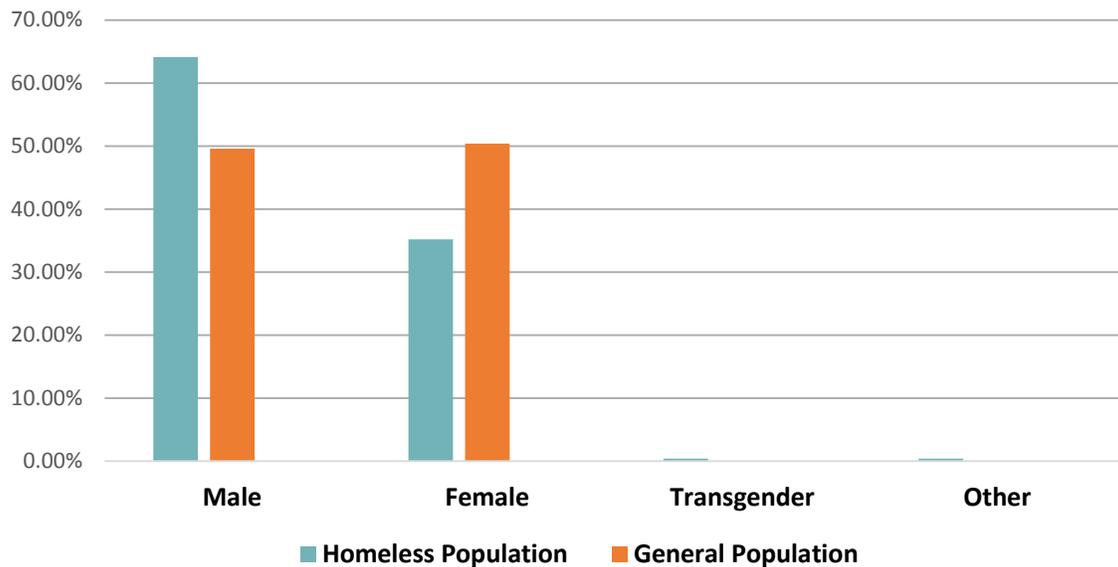
Results from the National Shelter Study 2005-2014 examined emergency shelter use in Canada and found in 2014 that 72.4% of shelter users were male and 27.3% were female (ESDC, 2016b). However, these results did not include transitional shelters for women experiencing violence.

FVRD counts have consistently found men to account for two-thirds of respondents. The gender distribution of homeless persons surveyed in the Fraser Valley in 2017 confirms this data, as 64.1% were male and 35.2% were female. As previously noted, Point-in-Time methodology, while the best available, does not accurately capture the numbers of hidden homeless—of which women form a significant proportion.

TABLE 7: Gender of Surveyed Respondents Compared to General Population

Gender	2017 (N) Homeless Persons	2017 (%) Homeless Persons	2016 (N) Census	2016 (%) Census
Male	352	64.1%	289,470	49.6%
Female	193	35.2%	294,560	50.4%
Transgender	2	0.4%		
Other	2	0.4%		
Total	549	100%	584,030	100.0%

FIGURE 10: Gender Distribution among Homeless Population Compared to General Population



3.4 Age

Past surveys in FVRD have revealed that the biggest proportion of homeless respondents is the 20-50-year-old age group (Van Wyk & Van Wyk, 2014, 2011, 2008). In 2014, 61.9% of those surveyed were between the ages of 20 and 50 years old. The 2017 survey found that 61% are between the ages 30 and 59 (see Table 6 below). A significant number of respondents (21.7%) were between 50-59 years old, an increase from the 15% reported in this age group in 2014. This change in age composition should be compared with subsequent tri-annual surveys to determine whether there is an aging trend emerging among people who live homeless in the FVRD.

In 2014, youth aged 15-19 made up 18% of the homeless population, similar to nationwide findings where 20% of the population is between 13 and 24 (Gaetz et al., 2016). Youth homelessness has been declared a priority in Alberta and Ontario, where both provinces have implemented unique preventative strategies (Gaetz et al., 2016). While the percentage of youth homelessness in the FVRD has gone down slightly since 2014 (15.8% compared with 18%), the actual numbers have gone up.

TABLE 8: Age of Surveyed Respondents - 2017 and 2014 Comparison

Age	2017 (N)	2017 (%)	2014 (%)
Less than 15	7	1.3%	0.0%
15-19	78	14.5%	18%
20-29	81	15.0%	17%
30-39	103	19.1%	22%
40-49	109	20.2%	24%
50-59	117	21.7%	15%
60 or older	44	8.2%	4%
Total	539	100%	100%

Figure 11 below indicates that there is a disproportionate percentage of homeless persons in the age ranges 15-19; 20-29; 30-39; 40-49 and 50-59 compared to the general population. Homeless persons in the age range 15-19 appears to be the category where the largest disproportion exists followed by more or less equal disproportionate ranges in the categories 30-39; 40-49 and 50-59 with a significant drop in the number of homeless persons 60 and older compared to the general population. The latter is in all likelihood a silent commentary on the shortened life expectancy among homeless persons given the strain and stresses of homeless living.

FIGURE 11: Age Distribution 2017 Homeless Population in Relation to General Population (2016 Census)

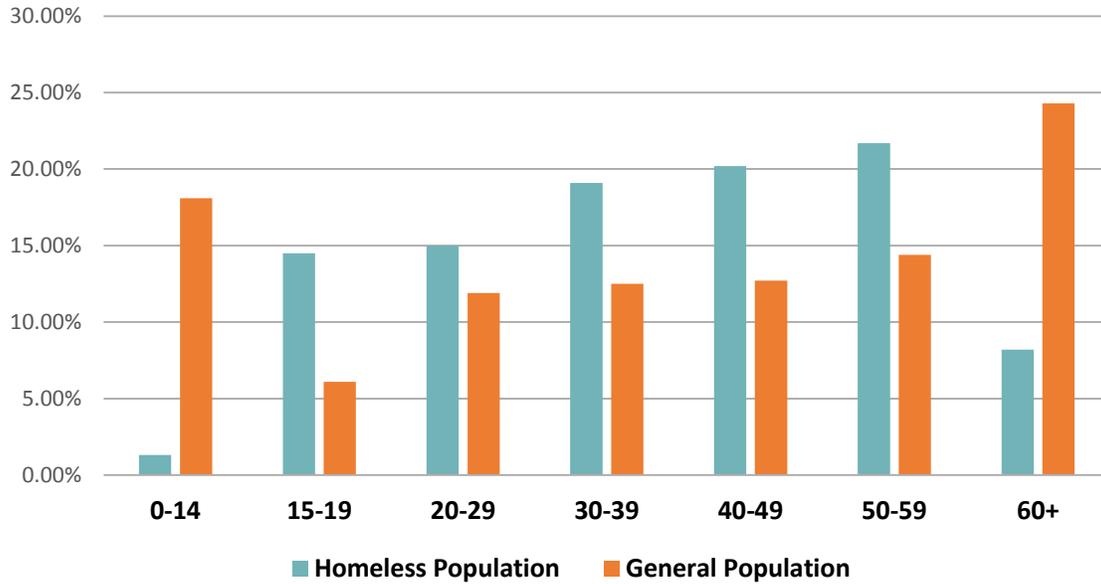
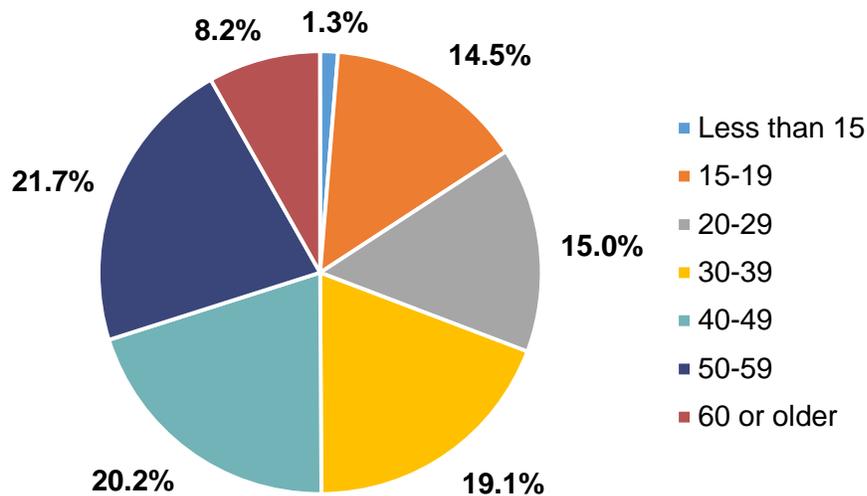


FIGURE 12: Age of Surveyed Respondents



3.5 Sexual Identity

A new question this year asked respondents about their sexual identity. As noted in the table below, 89.9% identified as straight and 6.6% as bisexual, with smaller percentages in the remaining categories. While the majority of academic discourse on LGBTQ2S+ individuals experiencing homelessness focuses on the youth population, a cross-tabulation of FVRD data revealed that those identifying with a non-strait sexual orientation, although relatively low in actual numbers and small in proportion, were spread throughout all age groups, with the majority in the 30-39 year old age group.

TABLE 9: Sexual Identity of FVRD Homeless Population

Sexual Identity	2017 (N)	2017 (%)
Straight	410	89.9%
Bisexual	30	6.6%
Two-Spirited	5	1.1%
Gay	4	0.9%
Other	4	0.9%
Questioning	2	0.4%
Lesbian	1	0.2%
Total	456	100.0%

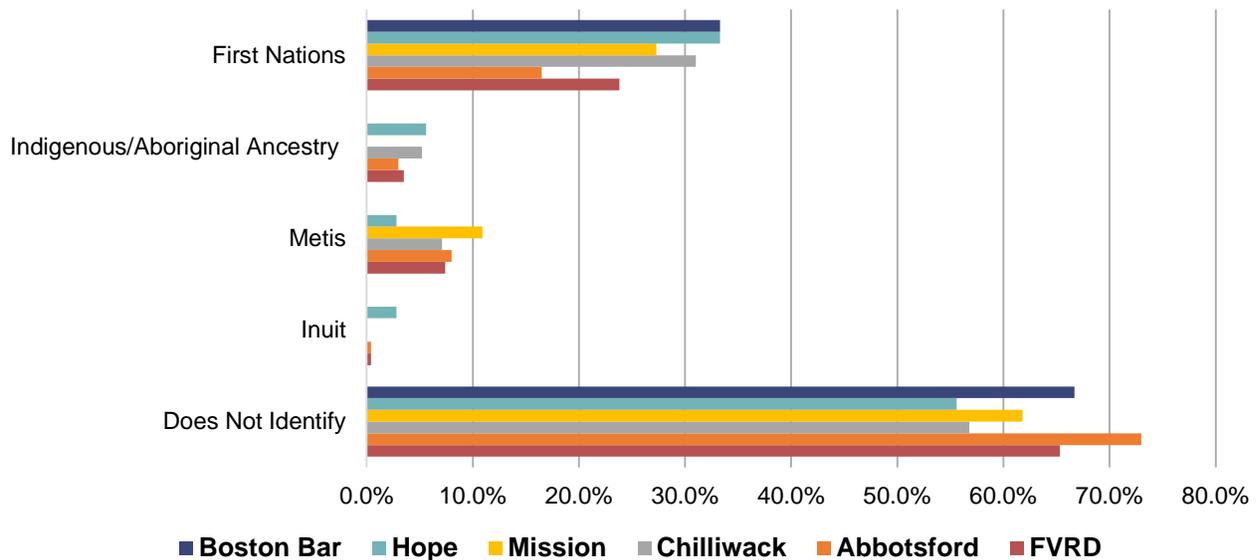
3.6 Aboriginal Presence

As previously noted, Indigenous people are disproportionately at risk of experiencing homelessness and face many barriers to housing affordability. Gaetz et al (2016) note that 28-34% of the shelter population is Indigenous, and while this does not exactly correlate with Point-in-Time data, which includes sheltered and unsheltered homeless persons, the overrepresentation is the same: In the FVRD, 35% of homeless individuals identify with some form of Aboriginal ancestry as detailed below.

TABLE 10: Aboriginal Homeless Presence

Aboriginal Homeless Presence	2017 (N)	2017 (%)
First Nations	118	23.7%
Indigenous/Aboriginal Ancestry	17	3.4%
Metis	37	7.5%
Inuit	2	0.4%
Does Not Identify As Aboriginal	323	65.0%
Total	497	100%

FIGURE 13: Aboriginal Percentage and Homelessness Percentage, by Community



As demonstrated above in the “Does Not Identify” category, overall, Hope has the highest proportion of homeless individuals identifying as Aboriginal, followed closely by Chilliwack and then Mission. Abbotsford has the lowest percentage of individuals identifying as Aboriginal.

3.7 “Home” Community

Respondents were asked to indicate the community that they moved from to the FVRD community where they were interviewed. In 2014 and 2011, the biggest proportion of respondents came from other FVRD communities. This percentage has not changed significantly; however, more people reported that they have moved to the FVRD from other parts of BC, and less people reported moving from Metro Vancouver.

It is worth noting that these statistics can be misleading when taken alone and need to be interpreted with the information on length of residency below. For example, a person reporting moving from another part of BC could be newly homeless but could have lived in the FVRD for more than 10 years.

TABLE 11: Where Did You Move Here From?

Home Community	2017 (N)	2017 (%)	2014 (N)	2014 (%)
FVRD	109	33.1%	67	32.7
Metro Vancouver	43	13.0%	56	27.3
Another Part of BC	115	34.8%	38	18.5
Another Part of Canada	46	13.9%	39	19.1
Another Country	17	5.2%	5	2.4
Total	330	100.0%	346	100.0%

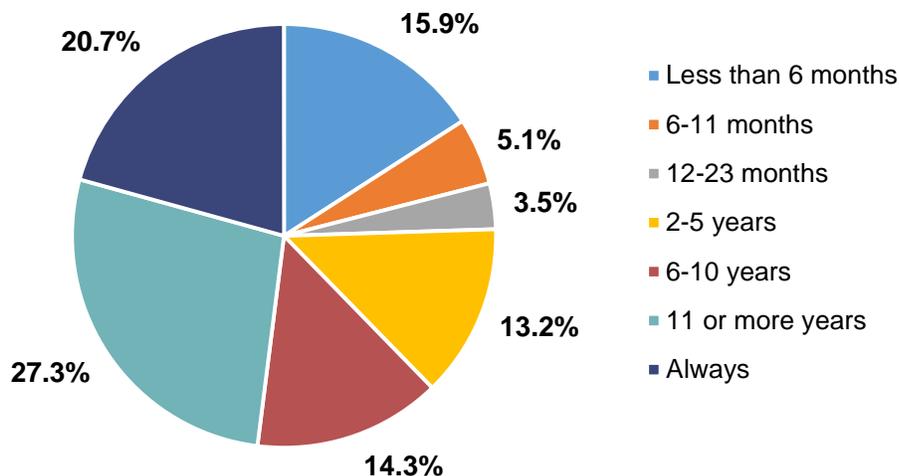
3.8 Length of Residence in Local Community

Survey findings reveal that a majority (62.3%) of the homeless persons surveyed have lived within the FVRD for 6 years or longer. “11 or more years” and “Always” are the categories with the highest recorded percentages at 27.3% and 20.7%, respectively. A small number report living in the community from 6 – 23 months, and a slightly higher number (15.9%) report living in the FVRD less than 6 months.

TABLE 12: How Long Have You Been Living Here?

Length of Residency	2017 (N)	2017 (%)
Less than 6 months	72	15.9%
6-11 months	23	5.1%
12-23 months	16	3.5%
2-5 years	60	13.2%
6-10 years	66	14.3%
11 or more years	124	27.3%
Always	94	20.7%
Total	455	100.0%

FIGURE 14: How Long Have You Been Living Here?



3.9 Source of Income

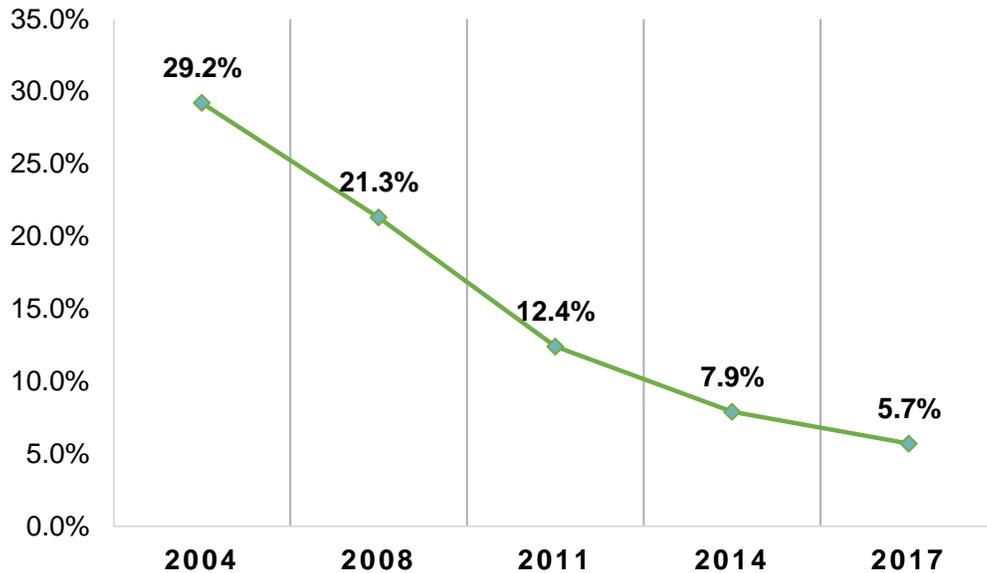
In line with past surveys, respondents were asked to identify various sources of income. Homeless community members are typically unemployed and rely primarily on government assistance, despite expressing a desire to work (Poremski, Distasio, Hwang, & Latimer, 2015). In 2014, Metro Vancouver reported income assistance (43%), disability benefit (21%), and part-time employment (16%) as the most common forms of income (RSCH, 2014). This is significantly different than the FVRD figures, where—despite income assistance and disability benefit also accounting for the highest two sources of income—only 23.7% indicate receiving income assistance, and 15.3% report disability benefits. Additionally, only 5.1% have part-time employment. In the FVRD, Binning was the third highest-reported source of income at 12.6%.

TABLE 13: Percentage of all Sources of Income

Source of Income	2017 (N)	2017 (%)
Income Assistance	199	23.8%
Disability (Welfare)	128	15.3%
Binning/Bottles	105	12.6%
No Income	74	8.9%
Other	54	6.5%
Panhandling	51	6.1%
Family/Friends	50	6.0%
Part-time Job	43	5.1%
Vending	28	3.4%
Disability (CPP)	24	2.9%
CPP	18	2.2%
Honoraria/Stipend	17	2.0%
Youth Agreement	15	1.8%
Other pension	11	1.3%
Old Age Security	10	1.2%
Full-time Job	5	0.6%
Employment insurance	3	0.4%
Total	835	100%

The percentage of individuals receiving income from some form of employment has dropped to 5.7%, down from the 7.9% reported in 2014. Homeless individuals who receive income from employment has seen a dramatic decline over the past reports, from 29.2% in 2004 to only 5.7% in 2017. When employed, homeless persons typically hold unskilled, seasonal, and lower-paying jobs. This makes it difficult for individuals to save money for emergencies or secure economic stability to prevent homelessness (van Wyk & van Wyk, 2004).

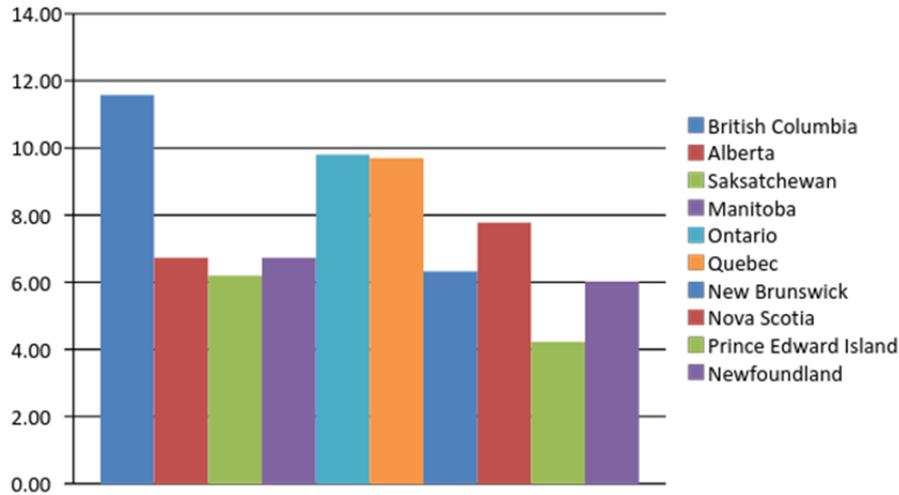
Figure 15: Level of Individuals Reporting Receiving Income from Employment, 2004-2017



Although Canada has no official poverty measure, poverty is typically understood as a state of deficiency in money or means of subsistence (Colin & Campbell, 2008). The poverty line is used as a basic measure to account for an individual's ability to buy food, clothing and shoes, shelter, and transportation needed to survive. In Canada, three measures are used including the low-income cut off (LICO), the low-income measure (LIM), and the market basket measure (MBM) (Colin & Campbell, 2008). The MBM differs from the others because it is a relative measure based on community market costs (Colin & Campbell, 2008).

According to Canada Without Poverty (CWP; 2016), BC has one of the highest rates of poverty in Canada and the only province or territory without a poverty reduction policy. Statistics Canada data compiled by CWP (2016) shows how provincial LICO scores have changed over the years, and BC's LICO score during this timeframe was the highest in the country (CWP, 2016). Although BC's score dropped to slightly 9.8% in 2013 and 9.6% in 2014, data from other provinces is unavailable for comparison purposes (CWP, 2016).

Figure 16: Average LICO Score Among Canadian Provinces, 2009-2012, Canada Without Poverty, 2016



Despite one of the highest poverty rates in Canada, BC does not have an anti-poverty strategy. The combination of low wages, stagnant welfare rates, and high cost of living create an unaffordable way of life for many in the province (CWP, 2016). While minimum wage is set to increase to \$11.25 in September 2017, it is still far from the living wage of \$16.28 in the Fraser Valley (CWP, 2016). The current stagnated welfare rate of \$610 per month for a single individual includes a \$375 allowance for housing. Such rates make it nearly impossible for dependent individuals to gain entry into the housing market. As discussed above, rental housing is increasingly expensive, with the average bachelor suite in the Fraser Valley costing \$597 per month (CMHC, n.d.).

3.10 Change or Withdrawal in Services

Respondents were asked whether they had been affected by a change or withdrawal of services in FVRD communities. Nearly half (41.1%) reported that they had been impacted. Examples relate to being refused welfare, reduced service hours, or long waiting periods prior to service. This is an increase from the 26% who reported they had been impacted in 2014.

TABLE 14: Affected by Change or Withdrawal in Services

Affected by Change or Withdrawal in Services	2017 (N)	2017 (%)
Yes	195	41.1%
No	216	45.5%
Don't Know	54	11.4%
No Answer	10	2.0%
Total	475	100%

3.11 Service Usage

Respondents accessed various services over the past twelve months, as outlined in table below. The highest-used service is meal programs.

TABLE 15: Services Used

Service Used	2017 (N)	2017 (%)
Meal Program/Soup Kitchen	303	10.7%
Emergency Room	278	9.9%
Food Bank	256	9.1%
Extreme Weather Shelter	255	9.0%
Drop-In	251	8.9%
Outreach	214	7.6%
Harm Reduction	185	6.6%
Ambulance	177	6.3%
Addiction Services	160	5.7%
Non-Emergency Medical	144	5.1%
Probation/Parole	126	4.5%
Mental Health Services	119	4.2%
Employment	106	3.8%
Dental Services	77	2.7%
Housing Help/ Eviction Prevention	65	2.3%
Transitional Housing	53	1.9%
Other	37	1.3%
None	10	0.4%
Newcomer Services	3	0.1%
Total	2819	100.1%

Point-in-Time counts reveal that the most used community services across Canada are meal programs, drop-in centres, and hospital or emergency rooms (Latimer, McGregor, Méthot, & Smith, 2015; University of Saskatchewan, 2015; RSCH, 2014b; City of Toronto, 2013). Metro Vancouver's 2014 survey found the unsheltered population more likely to use meal programs, drop-in services, outreach, food banks, ambulance care, and parole services than sheltered. The sheltered population, however, was more likely to use health clinics, mental health and dental, employment services, and transitional housing than unsheltered (RSCH, 2014b). This trend demonstrates the inherently stabilizing factor of a roof over one's head, despite the important fact that shelters are not homes.

As noted by Gaetz et al. (2014), these types of services are reactionary. Their purpose is to satisfy an urgent need through the use of shelters and soup kitchens, but they are unable to remedy the underlying problem. The lack of affordable housing is one of the symptoms of homelessness in the Fraser Valley and requires long-term investment by government and the private sector to move individuals into stable housing and to arrest the ever growing drug culture. Local service providers and non-profits work hard to

ensure the immediate needs of the population are met; however, the meaningful benefits affordable housing offers serve as the most effective foundation for homeless individuals to rebuild their lives.

Investing in affordable housing is not only the most effective approach in helping people move out of homelessness, it also makes the most financial sense. Gaetz et al. outline a comprehensive proposal for ending homelessness in Canada through strong investment by the federal government in affordable housing (2014). The authors make the point that the cost of managing the crisis costs Canada at least \$7.04 billion (Gaetz et al., 2014; 2013). Only when chronic homelessness is viewed as an economic issue will permanent housing emerge as the solution (Evans, Collins, & Anderson, 2016, p 250). The cost of homelessness is now a valuable, policy-relevant tool to assist in decision-making (Evans, Collins, & Anderson, 2016). Canadian researchers have recently focused on the added costs of homelessness to the health care system, since many homeless individuals end up hospitalized or in the emergency room (Russolillo, Moniruzzaman, Parpouchi, Currie, & Somers, 2016; Forchuk, Reiss, Mitchell, Ewen, & Meier, 2015). Hwang et al. (2013) found homeless individuals visit the emergency department an average of twice per year, with a maximum of 104.9 visits a year (as cited in Forchuk et al., 2015). The homeless population costs hospitals an additional \$2559 more per admission than housed patients (Hwang et al. 2011). These costs are not sustainable and are pressuring an already maxed out system (Cooper, 2017; Johnston, 2017). Instead, funds could be better served by investing in the physical, mental, and social well-being of the population through affordable housing.

3.12 Ministry Care

For the first time, the 2017 survey asked respondents if they had been or were currently in Ministry care. As discussed above, foster or institutional care has been identified as a systemic factor related to homelessness. Nearly half of survey respondents indicated having been in Ministry Care.

TABLE 16: Prevalence of Current or Past Ministry Care

Ministry Care	2017 (N)	2017 (%)
Yes	231	49.3%
No	238	50.7%
Total	469	100.0%

Upon further analysis, the data reveals that higher percentages of people in the 30-59 age cohort have experienced Ministry Care; however, it is also troubling that 39 people experiencing homelessness in the FVRD who reported experiencing Ministry Care are 19 and under—most likely currently in the foster care system or recently aging out.

TABLE 17: Ages of Respondents Who Were or Are Currently in Ministry Care

Age	2017 (N)	2017 (%)
Less than 15	3	1.3%
15-19	36	15.8%
20-29	35	15.4%
30-39	48	21.1%
40-49	39	17.1%
50-59	52	22.8%
60 or older	15	6.6%
Total	228	100%

3.13 Canadian Newcomers

Other new questions included the examination of the population’s history in Canada. Specifically, the survey asked if respondents were new to Canada within the last five years, or if they entered Canada as an immigrant or refugee. Results show the homeless population in the FVRD is dominated by individuals who have lived in Canada for longer than five years and who did not come to Canada as immigrants or refugees. From this, we can infer that the individuals living homeless are primarily not “newcomers” to Canada.

TABLE 18: New to Canada within the Last Five Years

New Last 5 Years	2017 (N)	2017 (%)
Yes	1	0.3%
No	363	99.7%
Total	364	100.0%

TABLE 19: Enter Canada as Immigrant or Refugee

Immigrant/Refugee	2017 (N)	2017 (%)
Yes, Immigrant	7	5.5%
Yes, Refugee	1	0.8%
No	119	93.7%
Total	127	100.0%

3.14 Service with Canadian Forces or First Responder

Respondents were asked this year if they had ever served in the Canadian Forces or as a first responder. As discussed above, studies are finding increasing numbers of veterans among the homeless population. The data revealed 5.6% of the homeless individuals in the FVRD had experience in either the Military or as a First Responder (N = 25).

TABLE 20: Service with Canadian Forces or First Responder

Service with Canadian Forces or First Responder	2017 (N)	2017 (%)
Yes, Military	16	3.6%
Yes, First Responder	6	1.3%
Other Country military	3	0.7%
No	424	94.4%
Total	449	100.0%

4 Summary of Findings

- The total number of homeless people surveyed during the 24-hour period on March 8, 2017 was 606 persons compared to 346 persons who were identified as living homeless in 2014.
- The number surveyed in official shelters was 230 those outside totaled 165, whilst those “couch surfing” totaled 122.
- Canadian research data indicate that in general, Canadian newcomers are more likely to spend more than 50% of household income on housing in addition to sharing accommodation and relying on broader social networks to provide shelter. In FVRD community’s newcomers to Canada, with the exception of one respondent have not featured among people living homeless.
- Respondents who served in the Military or as First Responders constitute 5% of the persons who live homeless in the FVRD.
- The most common cause of youth homelessness in general is family conflict. LGBTQ youth leave home at nearly double the rate of non-LGBTQ youth. Those identifying with a non-straight sexual orientation in the FVRD homeless population, although relatively low in actual numbers and small in proportion, were spread throughout all age groups, with the majority in the 30-39 year old age group.
- As indigenous people constitute approximately 4% of the general population, they are disproportionately represented in the homeless population. In the FVRD, 35% of homeless persons identify with some form of Aboriginal ancestry. Hope has the highest proportion of homeless persons identifying as Aboriginal, followed by Chilliwack and Mission, with Abbotsford having the lowest percentage of persons identifying as Aboriginal.
- Aboriginal youth are overrepresented in the child welfare system and are the fastest growing population in Canada.
- A significant proportion of homeless persons interviewed had experiences with foster or other institutional care, bringing to the fore the role of “system failure” as a cause of homelessness. Nearly half (49%) of respondents indicated having been in Ministry Care. Higher percentages of people in the 30-59 age cohort have experienced Ministry Care and 39 people experiencing homelessness in the FVRD and who reported experiencing Ministry Care, are 19 year of age and younger.
- In the FVRD, 68% of homeless persons could be considered chronically homeless in terms of the Federal Government’s Homelessness Partnering Strategy definition. Not only are there more people living homeless, but more people are homeless for longer periods of time.
- 68% of respondents reported addiction; 49% a medical condition; 47% mental illness and 29% disability. The disproportionality of those individuals reporting health issues compared to the percentage who report receiving treatment presents a challenging problem. Also, a greater proportion of individuals who were homeless for longer than one year do not receive treatment for health issues.
- Gender breakdown among the 2017 FVRD homeless population is 64% male, 35% female and 0.8% transgender/other.

- 61% of homeless persons surveyed are between the ages of 30 and 59 years compared to 21% between the ages of 20 and 50 years in 2014. Thus, a change in age composition to be compared to subsequent tri-annual surveys on homelessness.
- While the proportion of youth homelessness has gone down slightly since 2014 (15% compared with 18%), the actual number of homeless youth has gone up.
- Persons who live homeless in FVRD communities are typically unemployed and rely primarily on government assistance. Homeless persons in the FVRD receiving income from employment has seen a significant decline over the past years, from 29% in 2014 to only 5% in 2017.
- Nearly half (41%) of respondents reported that they had been impacted by a change or withdrawal of services in FVRD communities. Examples relate to being refused welfare, reduced service hours, or long waiting periods. This is an increase from 26% who reported they had been impacted in 2014.
- The most used community service is meal programs, followed by emergency room visits, food bank, extreme weather shelters, drop-in, out-reach services, harm reduction, etc.

5 Conclusions and Recommendations

1. The number of people who live homeless in the FVRD in 2017 has increased with 74% compared to 2014, with Abbotsford and Chilliwack experiencing the highest increase.
2. The increase in emergency shelter spaces over the past number of years in FVRD communities, particularly Abbotsford, Chilliwack and Mission, resulted in most respondents who live homeless being present in official shelters during the night of the count. The fact that extreme weather beds were also open at the time of the survey in all probability resulted in fewer people living outside. Emergency shelter beds in the FVRD have increased from 28 in 2004 to 354 in 2017.
3. The lack of affordable housing as a contributor to homelessness is not a new issue in the FVRD as it has been highlighted by more than one report over the past decade with households continuing to face affordability challenges which in turn continue to put pressure on monthly costs of rental housing stock.
4. The causes of homelessness demonstrate the challenging intersection of structural factors, system failures, and individual circumstances. Most people do not choose to be homeless and the experience is generally negative, unpleasant, stressful and distressing. People do not become homeless overnight; instead, it is the result of a constellation of risk factors, which, when combined, may lead to homelessness. The research conducted by the Canadian Observatory on Homelessness (COH) and past FVRD homeless survey findings confirm the extent to which systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination contribute to a greater or lesser degree to homelessness.
5. The overrepresentation of people who identify as Aboriginal among those living homeless and the overrepresentation of aboriginal youth in the child welfare system are causes for concern and policy rethink. The findings and calls to action in the final report of the Truth and Reconciliation Commission is quite instructive. Special attention should be given to the content of this report and it will be an act of reconciliation for regional, and local governments to publicly recognize the multi-generational impacts of the residential school system and the manifestation among others of these impacts in the form of over-representation of Aboriginal people among those living homeless and to work collaboratively with First Nations communities to mitigate these impacts over time.
6. Another cause for concern and perhaps, policy and practice rethink, is "system failure" as a cause of homelessness as manifested through experiences with foster care and other forms institutional care.
7. The reality that more than two thirds of people who live homeless in the FVRD could be considered as chronically homeless pushes to the fore the need for policy and practice rethink and changes related to homeless outreach programs and housing options. Future policy development would benefit from noting the diversity among homeless individuals and implementing strategies to target specific populations. What should be considered is the introduction of a multi-faceted approach related to securing housing and lengthening intense social service support. In doing so, street entrenched persons could move into stable, long-term housing, freeing up emergency shelter beds for temporary stays. Furthermore, housing and ongoing social support would assist the episodically homeless, while quick rehousing strategies can reduce transitional homelessness. To this end the Coordinated Intake and Referral model developed and now being piloted by the City of Abbotsford in collaboration with existing service agencies holds much promise.

8. The prevalence of mental illness and addiction to substance use is a cause for great concern as the response to this reality ask for new ways of thinking of and providing housing, treatment and ongoing support that can facilitate community integration. To this end the notion of “housing first” as advocated for in the past, needs to remain an integral part of strategies to prevent and reduce homelessness in communities.

Given the aforesaid, the following **National Housing Strategy Considerations** are put forward:

National Housing Strategy Considerations

- Homelessness Partnering Strategy (HPS) “Designated Community” status for Fraser Valley communities;
- A need for long-term and consistent funding stream(s) to address homelessness and related issues in the Fraser Valley
- Integration and utilization of the Truth and Reconciliation Commission’s findings
- The expansion of affordable housing, whilst aiming to utilize policy rethink to reduce social barriers such as discriminatory practices. Furthermore, policy adaptations to combat “system failure within foster care and other forms of institutional care.
- Developing strategies with multifaceted approaches with the objective to have diverse approaches to target specific populations of people living homeless.
- Operate under the “Housing First” model, which recognizes the reality that substance abuse is a grave concern but providing housing is of the utmost importance.

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7 APPENDICES

SUB-AREA RESULTS

Findings, Conclusions and Recommendations



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City of Abbotsford

SUB-AREA RESULTS

OUT IN THE COLD: 2017 Homelessness Survey Findings, Conclusions and Recommendations Appendices



MCC
Community
Enterprises



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Raven's Moon Society
Salvation Army, Abbotsford
SARA for Women
5 & 2 Ministries

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1. Introduction

1.1 Report Background

Homelessness in Abbotsford has been empirically confirmed in 2004, 2008, 2011, 2014 and again now in 2017 through a survey of people who live homeless. The 2017 homelessness survey in Abbotsford was conducted in collaboration with the following organizations:

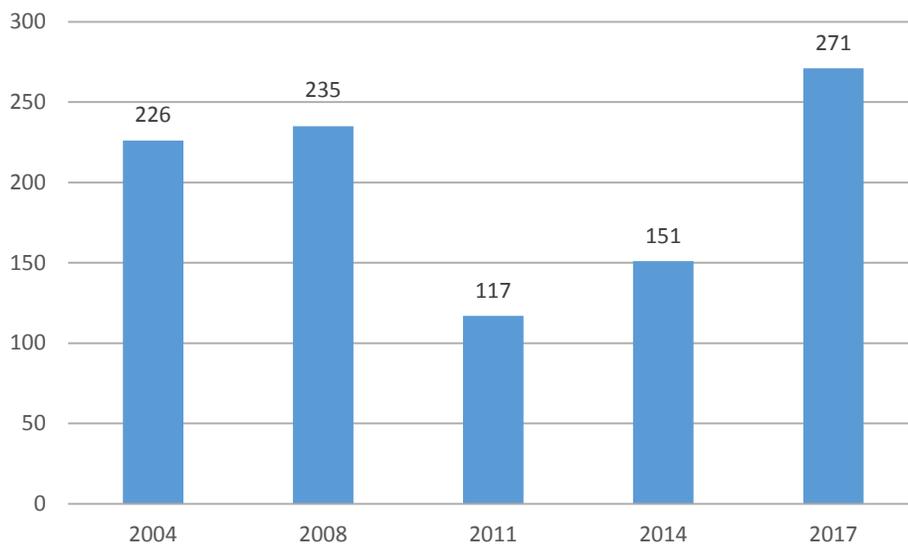
- Abbotsford Community Services
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- Positive Living of the Fraser Valley
- Raven's Moon Society
- Salvation Army, Abbotsford
- SARA for Women
- 5 & 2 Ministries

2. Extent of Homelessness in Abbotsford in 2017

2.1 Number of Homeless People Interviewed in Abbotsford in 2017

Two hundred and seventy-one (274) homeless people were surveyed in Abbotsford during the 24-hour period, March 7 and 8th, 2017. This represents a 81% increase over the last count.

Figure 1 - Abbotsford Homeless Count Totals 2004-2017



2.2 Reasons for Being Homeless

The regional report *Out in the Cold: 2017 Homeless Survey Fraser Valley Regional District* provides a more fulsome discussion of personal, structural and systemic factors relating to homelessness.

Survey respondents were asked to identify the number one reason for their homelessness. In Abbotsford, the top three self-identified reasons for homelessness—representing 44.8% of responses—related to the affordability and suitability of housing. The next highest reason (8.4% of responses) identified addiction as the number one reason for homelessness, closely followed by discrimination (7.2% of responses).

Table 1 - Reasons for Being Homeless

Reason Given:	2017 (N)	2017 (%)
Income Too Low	161	16.6%
Rent Too High	160	16.5%
Lack of Suitable Housing	112	11.6%
Addiction(s)	81	8.4%
Discrimination	70	7.2%
Family Breakdown, Abuse or Conflict	60	6.2%
Mental Health	51	5.3%
Poor Housing Conditions	50	5.2%
Criminal History	49	5.1%
No Income	45	4.6%
Disability Issue	41	4.2%
Other	40	4.1%
Conflict With Law	26	2.7%
Pets	22	2.3%
Total	968	100.0%

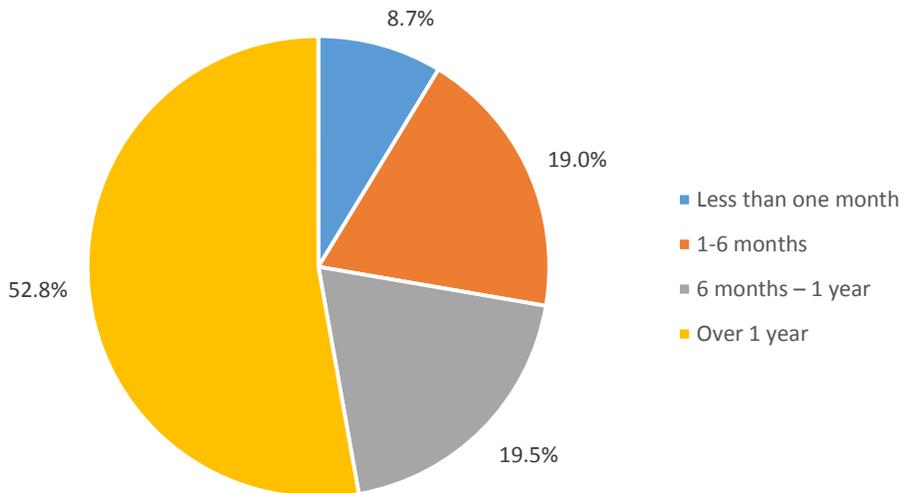
2.3 Duration of Homelessness

Survey respondents were asked to indicate how long they had been homeless. Approximately half of respondents (52.8%) indicated they had been homeless for longer than one year. This is an increase from the 2014 survey, where 36.9% indicated they had been homeless for longer than one year. This further highlights the lack of affordable housing options and the entrenchment of homelessness in Abbotsford.

Table 2 - Duration of Homelessness

Duration	2017 (N)	2017 (%)
Less than one month	20	8.7%
1-6 months	44	19.0%
6 months – 1 year	45	19.5%
Over 1 year	122	52.8%
Total	231	100.0%

Figure 2 - Duration of Homelessness



2.4 Health Problems

Survey respondents were asked to report on their health problems: Addiction remains the highest health issue, with 73.5% of respondents reporting living with an addiction; this is a significant rise from 2014, where only 41.3% of respondents indicated having an addiction. Medical condition represents the second highest issue at 55.1%, with mental illness and physical disabilities afflicting 46.0% and 32.9% of the population, respectively. These issues also saw similar rises from 2014 percentages.

Table 3 - Reported Health Problems

Health Issue	2017 (N)	2017 (%)	Receiving Treatment
Addiction	183	73.5%	18.2%
Medical Condition	136	55.1%	28.8%
Mental Illness	126	46.0%	15.2%
Physical Disability	82	32.9%	13.4%

This year, respondents were also asked to identify whether they were receiving treatment for their condition. In all categories, significant percentages of people are not receiving treatment; however, the highest percentages of un-treated health problems are physical disability (86.6% not receiving treatment) and mental illness (84.8% not receiving treatment). Addictions closely follow, with 81.8% not receiving treatment.

2.4.1 Access to Family Doctor or Walk-In Clinic

Roughly one quarter (25.5%) of respondents to the question reported not accessing a family doctor or walk-in clinic, and less than one third (28%) indicated that they had access to a family doctor. Around one third (33.6%) reported accessing a walk-in clinic to address health needs.

Table 4 - Access to Family Doctor or Walk-In Clinic

Service	2017 (N)	2017 (%)
Family Doctor	63	28.0%
Walk-In Clinic	92	33.6%
Neither	70	25.5%
Total	225	100.0%

2.5 “Sheltered” and “Unsheltered” Homeless Persons

The number of homeless persons surveyed in official shelters represented 40.9% of the total. People living outside during the count represented 43.8% of the total, and people who were “couch surfing” represented 10.6% of the total.

Table 5 - Accommodation on Night of Survey

Location	2017 (N)	2017 (%)
Shelter, Safe House or Transition House	112	40.9%
Outside	104	38.0%
Someone Else’s Place	29	10.6%
Car, Van or Camper	16	5.8%
Hospital	10	3.6%
Jail	3	1.1%
Total	274	100.0%

Respondents were asked to state their main reasons for not having used a transition house or a shelter the previous night. The highest reason was “Dislike”, (28.7%), followed by “Able to Stay with Friend” (21.3%). This was followed by “Turned Away - Shelter was Full” at 11% and “Rules” 10.3%. The category “Rules” refers to not liking the rules at shelters.

Table 6 - Reasons for Not Using Shelter/Transition House

Reason	2017 (N)	2017 (%)
Other	13	9.6%
Able To Stay With Friend	29	21.3%
Dislike	39	28.7%
Turned Away - Shelter Was Full	15	11.0%
Rules	14	10.3%
Turned Away – Banned	8	5.9%
Can't Get To Shelter	7	5.1%
Turned Away – Pets	5	3.7%
Turned Away – No Reason	3	2.2%
Turned Away – Not Appropriate	3	2.2%
Total	136	100.0%

2.6 Shelter and Transition Beds in Abbotsford

Abbotsford has 68 Emergency Shelter beds, 150 Extreme Weather Shelter beds, and 12 Women’s Transition beds.

TABLE 7: Shelter and Transition Beds in Abbotsford

Emergency Shelters	Units
Cyrus Centre	4
Riverside	40
Salvation Army – William Booth	24
TOTAL	68
Extreme Weather Shelters	
Cold/Wet Weather Program	40
Cyrus Centre – EW	10
Extreme Weather Program	100
TOTAL	150
Women’s Transition	
Abbotsford Transition House	12
TOTAL	12

3. Who are the Homeless?

3.1 Gender

The gender distribution of homeless people surveyed in Abbotsford in 2017 breaks down into 63.1% males and 34.7% female, with two people listed as “other.” This does not represent a significant change from 2014 data; however, it must be noted that females are more often part of the “hidden homeless” population, engaged in the survival sex trade or other more hidden situations.

Table 8 - Gender of Surveyed Respondents

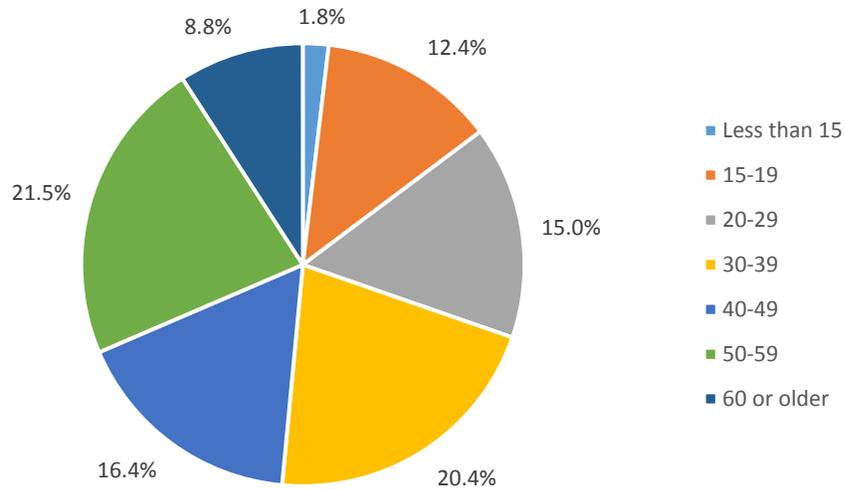
Gender	2017 (N)	2017 (%)
Male	166	63.1%
Female	95	34.7%
Transgender	0	0.0%
Other	2	0.7%
Total	263	100.0%

3.2 Age

Table 9 - Age of Surveyed Respondents

Age	2017 (N)	2017 (%)
Less than 15	5	1.8%
15-19	34	12.4%
20-29	41	15.0%
30-39	56	20.4%
40-49	45	16.4%
50-59	59	21.5%
60 or older	24	8.8%
Total	264	100.0%

Figure 4 - Age of Surveyed Respondents



3.3 Sexual Identity

This year, respondents were asked about their sexual identity. The majority identified as straight, but 7.7% identified as bisexual, and an additional 3.6% identified as an LGBTQ2S or “other category.” While much of the academic discourse looks at the intersection of youth homelessness and the LGBTQ2S population, cross-tabulation of FVRD survey responses with sexual orientation revealed that the highest numbers of bisexual and gay respondents were in the age category 30-39, although this is based on regional data and not specific to Abbotsford.

Table 10 - Sexual Identity of Abbotsford Homeless Population

Sexual Identity	2017 (N)	2017 (%)
Straight	199	86.5%
Bisexual	21	7.7%
Two-Spirited	2	0.7%
Gay	3	1.1%
Other	2	0.7%
Questioning	2	0.7%
Lesbian	1	0.4%
Total	230	100.0%

3.4 Aboriginal Presence

The respondents were asked to indicate whether they self-identify as Aboriginal. Survey design consultation with First Nations stakeholders added more specific designations for people to choose. In Abbotsford, 27.6% of respondents self-identified as having an Indigenous heritage, with the highest percentage (16.3%) identifying as First Nations. This number presents a significant overrepresentation of Aboriginal community members who are homeless.

Table 11 - Aboriginal Presence and Homelessness Percentage in Abbotsford

Identification	2017 (N)	2017 (%)
First Nations	39	16.3%
Inuit	1	0.4%
Metis	19	8.0%
Indigenous/Aboriginal Ancestry	7	2.9%
Does Not Identify as Aboriginal	173	72.4%
Total	239	100.0%

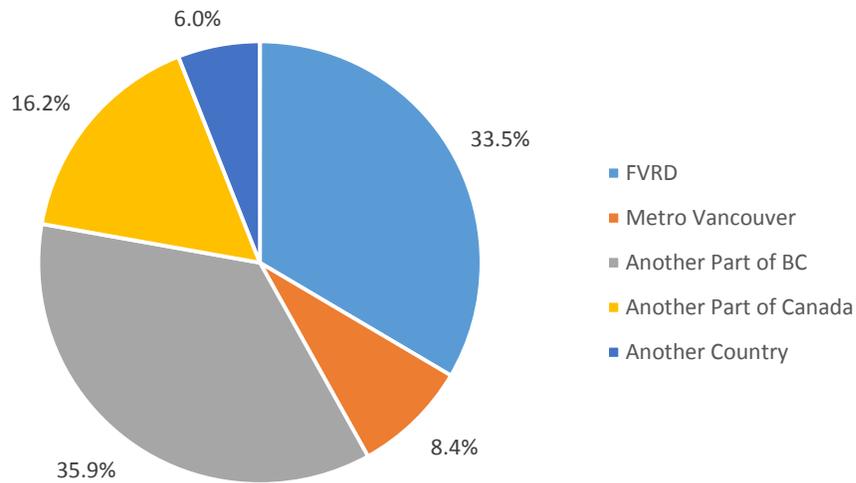
3.5 “Home” Community

Respondents were asked where they moved from. The highest percentage (35.9%) moved from another part of BC, and 33.5% were from the FVRD. Abbotsford has fewer numbers of people from Metro Vancouver or another country, but a slightly higher percentage (16.9%) from another part of Canada. Interpretation of this data must also consider the results from Table 12 below.

Table 12 - Where Did You Move Here From?

Home Community	2017 (N)	2017 (%)
FVRD	56	33.5%
Metro Vancouver	14	8.4%
Another Part of BC	60	35.9%
Another Part of Canada	27	16.2%
Another Country	10	6.0%
Total	167	100.0%

Figure 5 - Where Did You Move Here From?



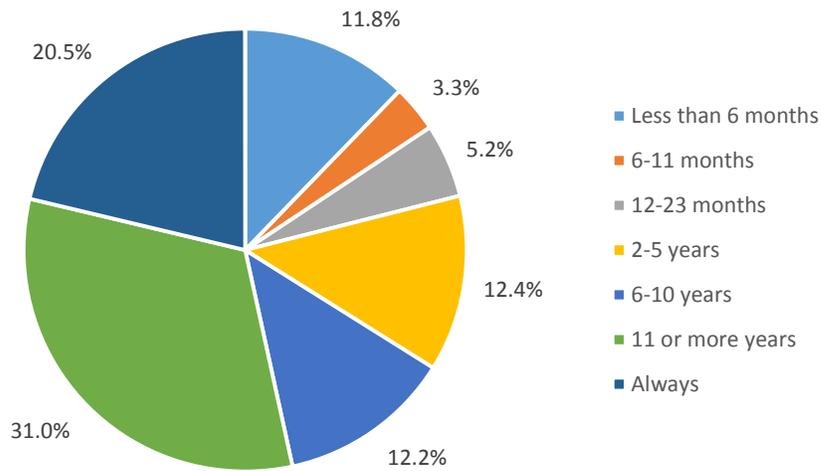
3.6 Length of Residence in Local Community

Just over one third (31%) of respondents indicated that they had lived in Abbotsford for 11 or more years, with an additional 20.5% having lived in Abbotsford “always.” Only 11.8% of survey respondents have lived in Abbotsford under one year.

Table 13 - How Long Have You Been Living in Abbotsford?

Length of Residency	2017 (N)	2017 (%)
Less than 6 months	27	11.8%
6-11 months	9	3.3%
12-23 months	12	5.2%
2-5 years	34	12.4%
6-10 years	28	12.2%
11 or more years	71	31.0%
Always	47	20.5%
Total	229	100.0%

Figure 6 - How Long Have You Been Living in Abbotsford?



3.7 Source of Income

Income assistance as a source of income represents 22.7% of the responses, followed by disability allowance, and binning as other significant sources of income. Since 2004, the FVRD composite data shows a significant decrease in the percentage of homeless individuals that are employed (See *Out in the cold: 2017 Homeless Survey Fraser Valley Regional District*).

Table 14 - Source of Income

Source of Income	2017 (N)	2017 (%)
Income Assistance	102	22.7%
Disability (Welfare)	73	16.2%
Binning/Bottles	57	12.7%
No Income	40	8.9%
Panhandling	31	6.9%
Part-time Job	26	5.8%
Vending	24	5.3%
Other	22	4.9%
Family/Friends	20	4.4%
Honoraria/Stipend	15	3.3%
Disability (CPP)	12	2.7%
CPP	11	2.4%
Other Pension	6	1.3%
Old Age Security	4	0.9%
Youth Agreement	3	0.7%
Employment Insurance	3	0.7%
Full-time Job	1	0.2%
Total	450	100.0%

3.8 Usage of Services

Table 14 indicates the extent of service use by homeless individuals who live in Abbotsford. Respondents were asked which services from the list in Table 14 they used in the last 12 months. The highest-used services were meal programs and the Emergency Room, with 62.8% of respondents indicating that they use meal programs, and 60.3% indicating that they used the Emergency Room. Extreme weather beds was also highly-used in 2017, with 59.9% of respondents indicating they used this service.

Table 15 - Services Used

Service Used	2017 (N)	2017 (%)
Meal Program/Soup Kitchen	155	10.3%
Emergency Room	149	9.9%
Extreme Weather Shelter	148	9.9%
Food Bank	118	9.0%
Drop-In	135	9.0%
Outreach	121	8.1%
Harm Reduction	119	7.9%
Ambulance	95	6.3%
Non-Emergency	82	5.5%
Addiction Services	77	5.1%
Probation/Parole	64	4.3%
Mental Health Services	53	3.5%
Employment	46	3.1%
Housing Help/Eviction Prevention	44	2.9%
Dental Services	39	2.6%
Transitional Housing	28	1.9%
Other	20	1.3%
None	6	0.4%
Newcomer Services	1	0.1%
Total	1500	100.0%

Table 16 - Affected by Change or Withdrawal in Services

Affected by Change or Withdrawal in Services	2017 (N)	2017 (%)
Yes	112	46.1%
No	101	41.6%
Don't Know	27	11.1%
No Answer	3	1.2%
Total	243	100.0%

Respondents were also asked whether or not they had been impacted by a change or withdrawal in services, with 46.7% indicating in the affirmative. This is an increase from 2014, when 72% indicated “no.”

3.9 Ministry Care

Table 17 - Prevalence of Current or Past Ministry Care

Ministry Care	2017 (N)	2017 (%)
Yes	114	46.7%
No	130	53.3%
Total	244	100.0%

This year, survey respondents were asked to identify whether or not they had been in Ministry Care. Forty-seven percent (46.7%) indicated that they had been or currently were involved in Ministry Care.

3.10 Canadian Newcomers

One respondent was new to Canada within the last five years, and 12.2% indicated that they came to Canada as an immigrant. There were no survey respondents who indicated that they were refugees.

Table 18 - New to Canada Within Last Five Years

New Last 5 Years	2017 (N)	2017 (%)
Yes	1	0.5%
No	195	99.5%
Total	196	100.0%

Table 19 - Enter Canada as Immigrant or Refugee

Immigrant/Refugee	2017 (N)	2017 (%)
Yes, Immigrant	6	12.2%
Yes, Refugee	0	0.0%
No	43	87.8%
Total	49	100.0%

3.12 Service with Canadian Forces or First Responder

The majority of respondents in Abbotsford (94.7%) did not indicate that they had served in any of the Canadian Forces or as a First Responder.

Table 20 - Service with Canadian Forces or First Responder

Service with Canadian Forces or First Responder	2017 (N)	2017 (%)
Yes, Military	8	3.5%
Yes, First Responder	3	1.3%
Other Country military	1	0.4%
No	216	94.7%
Total	228	100.0%

4. Summary of Findings in Abbotsford

1. The total number of homeless people surveyed during the 24-hour period on March 8, 2017 in Abbotsford, BC was 274, which is eighty one percent more than the 151-people living homeless in the last count.
2. The number of people who live homeless and surveyed in official shelters was 112, followed by 120 people living outside and “couch surfing” totaled 29 people. The total number of emergency shelter beds/extreme weather shelter beds/women’s transition beds combined in Abbotsford is 230.
3. Respondents who served in the Military or as First Responders constitute 5.2% of the persons who live homeless in Abbotsford, BC.
4. As indigenous people constitute approximately 4% of the general population, they are disproportionately represented in the homeless population. In Abbotsford, 27.6% of homeless persons identify with some form of aboriginal ancestry. Abbotsford, is lower than other areas of the FVRD; however, it is still a disproportionate number.
5. A significant proportion of homeless persons interviewed had experiences with foster or other institutional care, bringing to the fore the role of “system failure” as a cause of homelessness. Nearly half (46.7%) of respondents were in Ministry Care in some capacity.
6. 73.5% of respondents reported addiction; 55% a medical condition; 46% a mental illness; and 32.9% reported a physical disability. The disproportionality of those individuals reporting health issues compared to the percentage who report receiving treatment presents a challenging problem. Also, a greater proportion of individuals who were homeless for longer than one year do not receive treatment for health issues.

7. In Abbotsford, gender breakdown is 63.1% male, 34.7% female, and 0.7% identified as other amongst the homeless population.
8. 35.4% of homeless persons surveyed are between the ages of 20-39 years old compared to 37.9% between the ages of 40-59. This suggests a very diverse age composition.
9. The proportion of persons who live homeless in Abbotsford and rely on government assistance makes up 22.7%. Composite data shows a significant decrease in the percentage of homeless individuals that are employed (See *Out in the cold: 2017 Homeless Survey Fraser Valley Regional District*).
10. Nearly Half (46.1%) of respondents reported that they had been impacted by a change or withdrawal of services in FVRD communities. This is an increase from 2014, when 72% indicated “no.”. Examples relate to being refused welfare, reduced service hours, or long waiting periods
11. The most used community services in order are: meal programs/soup kitchen, emergency room visits, extreme weather shelter, food bank, Drop-in, out-reach services, harm reduction, etc.

5. Conclusions and Recommendations

1. Lack of affordable housing was listed as a contributor to homelessness, and is not a new issue. Respondents (16.5 percent), stated that income being too low, and housing being too expensive were reasons for being homeless. The need for more affordable and supportive housing is not a new issue and advocacy efforts in this regard should continue.
2. In Abbotsford, 27.6% of respondents self-identified as having an Indigenous heritage. The findings and calls to action in the final report of the Truth and Reconciliation Commission is quite instructive. Special attention should be given to the content of this report and it will be an act of reconciliation for regional, and local governments to publicly recognize the multi-generational impacts of the residential school system and the manifestation among others of these impacts in the form of over-representation of Aboriginal people among those living homeless and to work collaboratively with First Nations communities to mitigate these impacts over time.
3. Respondents were also asked whether they had been impacted by a change or withdrawal in services, with 46.7% indicating in the affirmative. This is an increase from 2014, when 72% indicated “no.” This is an opportunity for policy and practice rethink, because “system failure” is considered a contributing factor to homelessness as manifested through experiences with foster care and other forms of institutional care.
4. There is an opportunity to consider policy and practice rethink because of the issues people living homeless are facing. The survey shows that a majority (73%) of homeless persons are facing addictions, have medical conditions (55%), and are dealing with mental illnesses (46%). Future policy development would benefit from noting the diversity among homeless individuals and implementing strategies to target specific populations. What should be considered is the introduction of a multi-faceted approach related to securing housing and lengthening intense social service support. In doing so, street entrenched persons could move into stable, long-term housing, freeing up emergency shelter beds for temporary stays. Furthermore, housing resettlement and ongoing social support would assist the episodically homeless, while quick rehousing strategies can reduce transitional homelessness. To this end the Coordinated Intake and Referral model developed and now being piloted by the City of Abbotsford in collaboration with existing service agencies holds much promise.

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City of Chilliwack

SUB-AREA RESULTS

OUT IN THE COLD: 2017 Homelessness Survey Findings, Conclusions and Recommendations Appendices



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Agape Street Ministry
Ann Davis Transition Society
Chilliwack Community Services Society
City of Chilliwack
Cyrus Centre
Fraser Health
Fraser Valley Regional District
Mamele'awt Qweesome and To'o Society
Pacific Community Resources Society
Riverstone, Fraser Health
Royal Canadian Mounted Police (RCMP)
Ruth and Naomi's Mission Society
Salvation Army, Chilliwack
Xolhemet Society

A special word of thanks goes to the community survey coordinator, Jutta Wykpis of Pacific Community Resources Society, for the work she has done with her teams of volunteers to plan logistics and conduct the survey in Chilliwack. Thank you to Les Talvio from the Cyrus Centre, who coordinated and consulted for youth. Thank you also to the volunteers in Chilliwack who stepped forward and conducted the interviews. Without their work this survey would not have been a success. A big thank you is extended to homeless persons who participated in the survey by patiently answering our questions. Last but not least an acknowledgement of the financial and in-kind support by the FVRD to make this survey possible.

1. Introduction

1.1 Report Background

Homelessness in Chilliwack has been empirically confirmed in 2004, 2008, 2011, 2014 and again now in 2017 through a survey of people who live homeless (van Wyk & van Wyk, 2005, 2008, 2011, 2014). Following on these previous surveys, the 2017 homelessness survey in Chilliwack was conducted in collaboration with the following organizations:

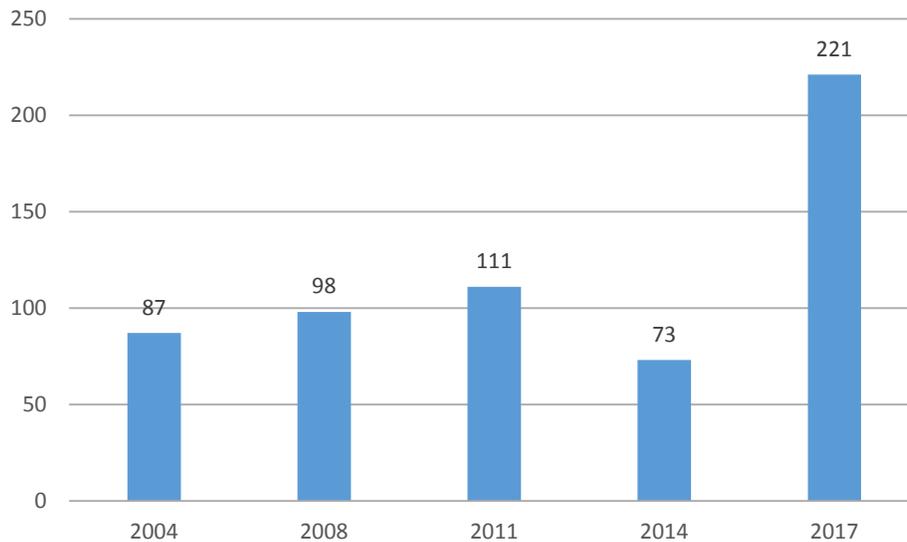
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Pacific Community Resources Society
Riverstone, Fraser Health
Royal Canadian Mounted Police
Ruth and Naomi's Mission Society
Salvation Army, Chilliwack
Xolhemet Society

2. Extent of Homelessness in Chilliwack 2017

2.1 Number of Homeless People Interviewed in Chilliwack in 2017

Two hundred and twenty-one (221) homeless people were surveyed in Chilliwack during the 24-hour period, March 7 and 8th, 2017. This represents a 203% increase over the last count.

Figure 1 - Chilliwack Homeless Count Totals 2004-2017



2.2 Reasons for Being Homeless

The regional report *Out in the Cold: 2017 Homeless Survey Fraser Valley Regional District* provides a more fulsome discussion of personal, structural and systemic factors relating to homelessness.

Survey respondents were asked to identify the number one reason for their homelessness. In Chilliwack, the top two self-identified reasons for homelessness—representing 34.3% of responses—related to the affordability of housing. In combination with the “lack of suitable housing” response (8.3%), the lack of affordable, suitable housing represented 42.6% of all responses. The third highest reason (12.2% of responses) identified addiction as the number one reason for homelessness. More than one third (33.7%) of those who self-identified as having an addiction were not connected to treatment.

Table 1 - Reasons for Being Homeless

Reason Given:	2017 (N)	2017 (%)
Rent Too High	67	17.4%
Income Too Low	65	16.9%
Addiction(s)	47	12.2%
Other	32	8.3%
Lack of Suitable Housing	32	8.3%
Criminal History	28	7.3%
Family Breakdown, Abuse or Conflict	24	6.2%
Mental Health	19	4.9%
Discrimination	18	4.7%
No Income	14	3.6%
Disability Issue	12	3.1%
Poor Housing Conditions	11	2.9%
Conflict With Law	11	2.9%
Pets	5	1.3%
Total	385	100.0%

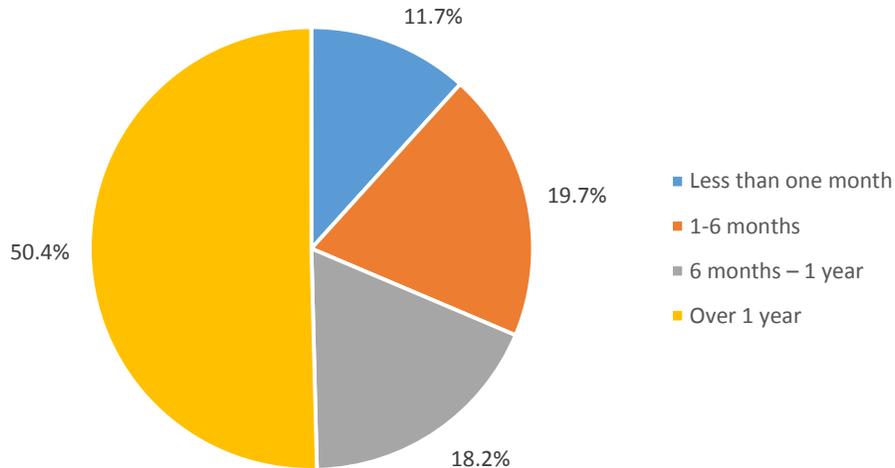
2.3 Duration of Homelessness

Survey respondents were asked to indicate how long they had been homeless. Half of respondents (50.4%) indicated they had been homeless for longer than one year. This is a significant jump from the 2014 survey, where roughly one quarter (26.6%) indicated they had been homeless for longer than one year. This further points to the lack of affordable housing options and suggests that the issue with homelessness in Chilliwack is becoming more entrenched.

Table 2 - Duration of Homelessness

Duration	2017 (N)	2017 (%)
Less than one month	16	11.7%
1-6 months	27	19.7%
6 months – 1 year	25	18.2%
Over 1 year	69	50.4%
Total	137	100.0%

Figure 2 - Duration of Homelessness



2.4 Health Problems

Survey respondents were asked to report on their health problems: Addiction remains the highest health issue, with 69.9% of respondents reporting living with an addiction. Mental illness represents the second highest issue at 46.3%, with medical conditions and physical disabilities afflicting 36.8% and 27.9% of the population, respectively.

Table 3 - Reported Health Problems

Health Issue	2017 (N)	2017 (%)	Receiving Treatment
Addiction	95	69.9%	36.2%
Medical Condition	50	36.8%	13.3%
Mental Illness	63	46.3%	17.3%
Physical Disability	38	27.9%	6.7%

This year, respondents were also asked to identify whether they were receiving treatment for their condition. In all categories, significant percentages of people are not receiving treatment; however, the highest percentages of un-treated health problems are physical disability (93.3% not receiving treatment) and medical conditions (86.7% not receiving treatment). This indicates that access to health care is an essential service that is missing for particular segments of the homeless population living with health problems.

2.4.1 Access to Family Doctor or Walk-In Clinic

Nearly one third (29.6%) of respondents to the question reported not accessing a family doctor or walk-in clinic, but 38.5% indicated that they had access to a family doctor. Around one third (31.9%) reported accessing a walk-in clinic to address health needs. It should be noted that 39% of all survey respondents (86 out of 221) did not answer this question.

Table 4 - Access to Family Doctor or Walk-In Clinic

Service	2017 (N)	2017 (%)
Family Doctor	52	38.5%
Walk-In Clinic	43	31.9%
Neither	40	29.6%
Total	135	100.0%

These broader numbers should not be considered to counter-indicate the high percentages of people not accessing treatment, as the latter relate to people who self-identified as having particular health issues.

2.5 “Sheltered” and “Unsheltered” Homeless Persons

The number of homeless persons surveyed in official shelters represented 40.3% of the total. People living outside represented closer to one third of the total, and people who were “couch surfing” represented closer to one quarter of the total.

Table 5 - Accommodation on Night of Survey

Location	2017 (N)	2017 (%)
Shelter, Safe House or Transition House	89	40.3%
Outside	62	28.1%
Someone Else’s Place	52	23.5%
Other	9	4.1%
Car, Van or Camper	8	3.6%
Parent(s)/Guardian House	1	0.5%
Total	221	100%

Respondents were asked to state their main reasons for not having used a transition house or a shelter the previous night. The highest reason was that they were able to stay with a friend (27.7%), with a significant proportion (19.9%) disliking shelters, and a related proportion

(12.5%) listing the rules as the main reason. An additional 12.6% were either turned away or did not have access.

Table 6 - Reasons for Not Using Shelter/Transition House

Reason	2017 (N)	2017 (%)
Other	21	9.4%
Able To Stay With Friend	31	27.7%
Dislike	22	19.6%
Rules	14	12.5%
Turned Away - Shelter Was Full	5	4.5%
Turned Away – Banned	4	3.6%
Can't Get To Shelter	2	1.8%
Turned Away – Pets	2	1.8%
Turned Away – Not Appropriate	1	0.9%
Total	138	

2.6 Shelter and Transition Beds in Chilliwack

Chilliwack has 50 Emergency Shelter beds, 47 Extreme Weather Shelter beds, and 31 Women's Transition beds.

TABLE 7: Shelter and Transition Beds in Chilliwack

Emergency Shelter Beds	
Ann Davis Transition House	12
Salvation Army	11
Salvation Army – Overnight	30
Cyrus Centre	8
Cyrus Centre – Transition	1
Wilma's Transition House	19
TOTAL	81
Extreme Weather Shelter Beds	
Cyrus Centre	12
Ruth & Naomi's Mission	30
Salvation Army	5
TOTAL	47

3. Profile of People Living Homeless in Chilliwack

3.1 Gender

The gender distribution of homeless people surveyed in Chilliwack in 2017 breaks down into 62.2% males and 37.2% female, with one person identifying as transgender. This does not represent a significant change from 2014 data; however, it must be noted that females are more often part of the “hidden homeless” population, engaged in the survival sex trade or other more hidden situations.

Table 8 - Gender of Surveyed Respondents

Gender	2017 (N)	2017 (%)
Male	112	62.2%
Female	67	37.2%
Transgender	1	0.6%
Other	0	0.0%
Total	180	100.0%

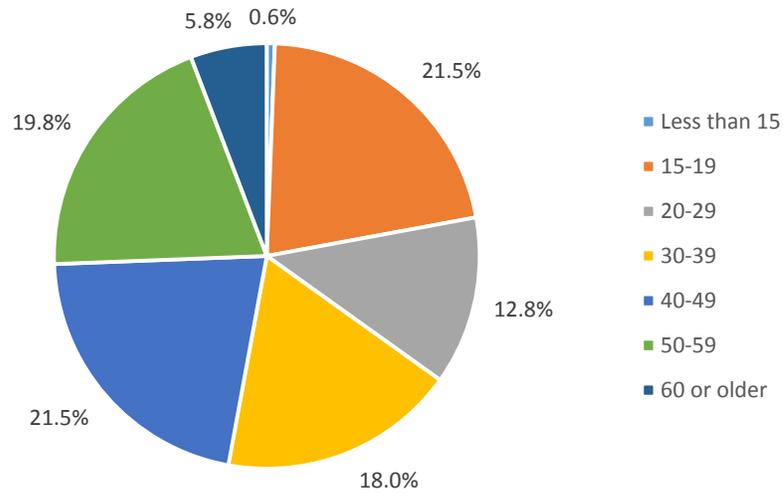
3.2 Age

Since 2014, Chilliwack has seen a significant decrease in the proportion of the homeless population that is 15-19 (21.5%, down from 43.7%). However, the actual numbers have increased in all age categories. The biggest increase in proportionality has been in the population aged 30-39 and 40-49, moving from 9.8% to 18% and 12.7% to 21.5%, respectively.

Table 9 - Age of Surveyed Respondents

Age	2017 (N)	2017 (%)
Less than 15	1	0.6%
15-19	37	21.5%
20-29	22	12.8%
30-39	31	18.0%
40-49	37	21.5%
50-59	34	19.8%
60 or older	10	5.8%
Total	172	100.0%

Figure 4 - Age of Surveyed Respondents



3.3 Sexual Identity

This year, respondents were asked about their sexual identity. More than 90% identified as straight, with the next highest percentage (6.8%) identifying as bisexual. While much of the academic discourse looks at the intersection of youth homelessness and the LGBTQ2S population, cross-tabulation of FVRD survey responses with sexual orientation revealed that the highest numbers of bisexual and gay respondents were in the age category 30-39.

Table 10 - Sexual Identity of Chilliwack Homeless Population

Sexual Identity	2017 (N)	2017 (%)
Straight	121	91.0%
Bisexual	9	6.8%
Two-Spirited	1	0.8%
Gay	0	0.0%
Other	2	1.5%
Questioning	0	0.0%
Lesbian	0	0.0%
Total	133	100.0%

3.4 Aboriginal Presence

The respondents were asked to indicate whether they self-identify as Aboriginal. Survey design consultation with First Nations stakeholders added more specific designations for people to choose. In Chilliwack, 43.2% of respondents self-identified as having an Indigenous heritage, with the highest percentage (31%) identifying as First Nations. This number presents a significant overrepresentation of Aboriginal community members who are homeless.

Table 11 - Aboriginal Presence and Homelessness Percentage in Chilliwack

Identification	2017 (N)	2017 (%)
First Nations	48	31.0%
Inuit	0	0.0%
Metis	11	7.1%
Indigenous/Aboriginal Ancestry	8	5.1%
Does Not Identify as Aboriginal	88	56.8%
Total	155	100.0%

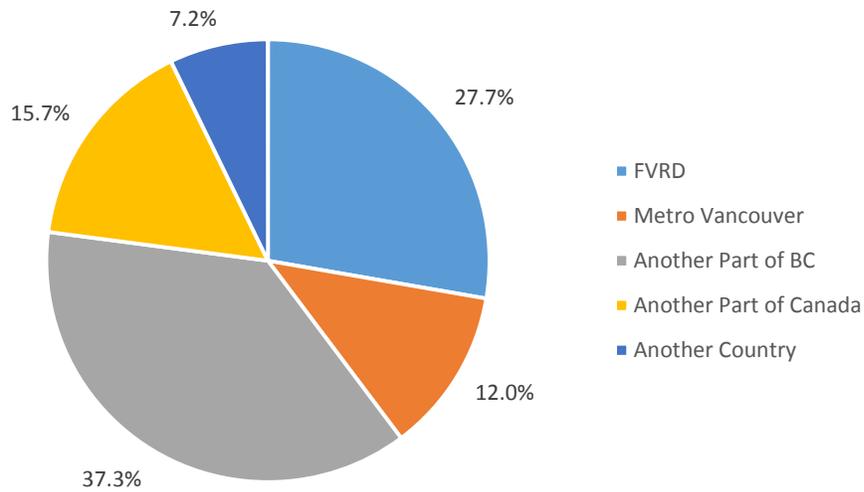
3.5 “Home” Community

Chilliwack has relatively low numbers of homeless individuals who have moved here from out of the country. Most survey respondents (77%) indicated that they were from somewhere in BC. Interpretation of this data must also consider the results from Table 12 below.

Table 12 - Where Did You Move Here From?

Home Community	2017 (N)	2017 (%)
FVRD	23	27.7%
Metro Vancouver	10	12.0%
Another Part of BC	31	37.3%
Another Part of Canada	13	15.7%
Another Country	6	7.2%
Total	83	100.0%

Figure 5 - Where Did You Move Here From?



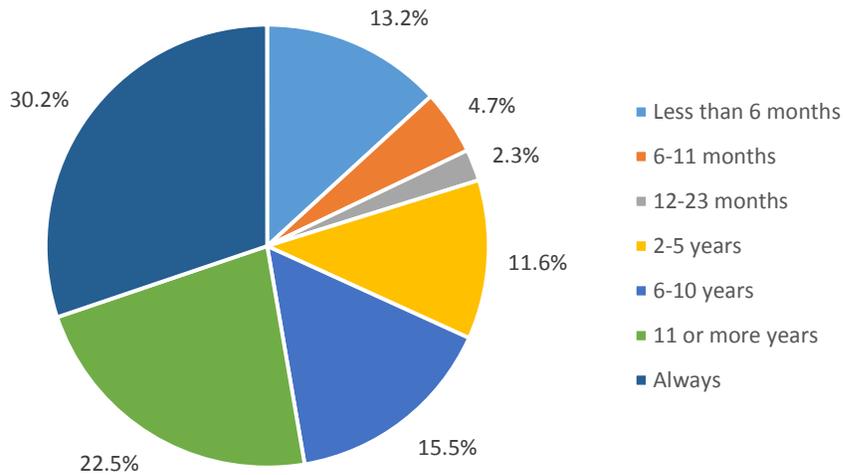
3.6 Length of Residence in Local Community

More than half (52.7%) of respondents indicated that they had lived in Chilliwack for 11 or more years, with one third (30.2%) having lived in Chilliwack “always.” Less than one fifth of respondents (17.9%) have lived in Chilliwack under one year.

Table 13 - How Long Have You Been Living in Chilliwack?

Length of Residency	2017 (N)	2017 (%)
Less than 6 months	17	13.2%
6-11 months	6	4.7%
12-23 months	3	2.3%
2-5 years	15	11.6%
6-10 years	20	15.5%
11 or more years	29	22.5%
Always	30	30.2%
Total	129	100.0%

Figure 6 - How Long Have You Been Living in Chilliwack?



3.7 Source of Income

Income assistance as a source of income represents one quarter of the responses, followed by disability allowance, binning, etc. Since 2004, the FVRD composite data shows a significant decrease in the percentage of homeless individuals that are employed (See *Out in the cold: 2017 Homeless Survey Fraser Valley Regional District*).

Table 14 - Source of Income

Source of Income	2017 (N)	2017 (%)
Income Assistance	55	25.3%
Disability (Welfare)	28	12.9%
Binning/Bottles	25	11.5%
Other	24	11.1%
Family/Friends	20	9.2%
No Income	18	8.3%
Panhandling	10	4.6%
Youth Agreement	10	4.6%
Part-time Job	8	3.7%
Disability (CPP)	5	2.3%
CPP	4	1.8%
Other Pension	3	1.4%
Old Age Security	3	1.4%
Vending	2	0.9%
Full-time Job	2	0.9%
Honoraria/Stipend	0	0.0%
Employment insurance	0	0.0%
Total	217	100.0%

3.8 Usage of Services

Table 14 indicates the extent of service use by homeless individuals who live in Chilliwack. Respondents were asked which services from the list in Table 14 they used in the last 12 months. The highest-used services were meal programs and the Emergency Room, with 64.9% of respondents indicating that they use meal programs, and 58.2% indicating that they used the ER.

Table 15 - Services Used

Service Used	2017 (N)	2017 (%)
Meal Program/Soup Kitchen	87	10.9%
Emergency Room	78	9.7%
Food Bank	75	9.4%
Drop-In	68	8.5%
Extreme Weather Shelter	60	7.5%
Addiction Services	58	7.2%
Outreach	56	7.0%
Ambulance	51	6.4%
Probation/Parole	46	5.7%
Employment	42	5.2%
Harm Reduction	42	5.2%
Mental Health Services	39	4.9%
Non-Emergency	33	4.1%
Dental Services	23	2.9%
Transitional Housing	15	1.9%
Other	12	1.5%
Housing Help/Eviction Prevention	11	1.4%
None	3	0.4%
Newcomer Services	2	0.2%
Total	801	100.0%

Table 16 - Affected by Change or Withdrawal in Services

Affected by Change or Withdrawal in Services	2017 (N)	2017 (%)
Yes	46	34.6%
No	73	54.9%
Don't Know	10	4.5%
No Answer	4	1.8%
Total	133	100.0%

Respondents were also asked whether or not they had been impacted by a change or withdrawal in services, with 34.6% indicating in the affirmative. This is an increase from 2014, when 75% indicated “no.”

3.10 Ministry Care

This year, survey respondents were asked to identify whether or not they had been in Ministry Care. Fifty-eight percent (58%) indicated that they had been or currently were involved in Ministry Care.

Table 17 - Prevalence of Current or Past Ministry Care

Ministry Care	2017 (N)	2017 (%)
Yes	80	58.0%
No	58	42.0%
Total	138	100.0%

3.11 Canadian Newcomers

No survey respondents in Chilliwack indicated that they were new to Canada within the last 5 years, and no respondents indicated that they had entered Canada as an immigrant or refugee.

Table 18 - New to Canada Within Last Five Years

New Last 5 Years	2017 (N)	2017 (%)
Yes	0	0.0%
No	85	100.0%
Total	85	100.0%

Table 19 - Enter Canada as Immigrant or Refugee

Immigrant/Refugee	2017 (N)	2017 (%)
Yes, Immigrant	0	0.0%
Yes, Refugee	0	0.0%
No	35	100.0%
Total	35	100.0%

3.12 Service with Canadian Forces or First Responder

The majority of respondents in Chilliwack (93.8%) did not indicate that they had served in any of the Canadian Forces or as a First Responder.

Table 20 - Service with Canadian Forces or First Responder

Service with Canadian Forces or First Responder	2017 (N)	2017 (%)
Yes, Military	5	3.9%
Yes, First Responder	1	0.8%
Other Country military	2	1.6%
No	120	93.8%
Total	128	100.0%

4. Summary of Findings in Chilliwack

1. The total number of homeless people surveyed during the 24-hour period on March 8, 2017 was 221 persons compared to 73 persons who were identified as living homeless in 2014, which is a 203% increase.
2. The number of persons surveyed in official shelters was 89, those outside totaled 79, whilst those “couch surfing” totaled 53.
3. Respondents who served in the Military or as First Responders constitute 6.2% of the persons who live homeless in Chilliwack, BC.
4. The most common cause of youth homelessness in general is family conflict. In Chilliwack, 9.1% of the homeless population identify in a non-straight category.
5. As indigenous people constitute approximately 4% of the general population, they are disproportionately represented in the homeless population. In Chilliwack, 43.2% of homeless persons identify with some form of Aboriginal ancestry.

6. A significant proportion of homeless persons interviewed had experiences with foster or other institutional care, bringing to the fore the role of “system failure” as a cause of homelessness. Nearly half (58%) of respondents indicated having been in Ministry Care in Chilliwack.
7. 36.2% of respondents reported addiction; 13.3% a medical condition; 17.3% mental illness and 6.7% disability. The disproportionality of those individuals reporting health issues compared to the percentage who report receiving treatment presents a challenging problem. Also, a greater proportion of individuals who were homeless for longer than one year do not receive treatment for health issues.
8. Gender breakdown among the 2017 FVRD homeless population is 62.2% male, 37.2% female and 0.6% transgender.
9. Chilliwack has a very diverse range of age composition. 21.5% of Chilliwack’s homeless population is between the ages of 15-19 years old. In contrast, 21.5% of the population is also between the ages of 40-49 years old. This range in ages suggests the need for diverse outreach programs.
10. Persons who live homeless in FVRD communities are typically unemployed and rely primarily on government assistance. Homeless persons in the FVRD receiving income from employment has seen a significant decline over the past years, from 29% in 2014 to only 5% in 2017.
11. Some 34.6% of respondents reported that they had been impacted by a change or withdrawal of services in FVRD communities. Examples relate to being refused welfare, reduced service hours, or long waiting periods.
12. The most used community service is meal programs, followed by emergency room visits, food bank, drop-in, extreme weather shelters, out-reach services, harm reduction, etc.

5. Recommendations and Conclusion

1. The increase in emergency shelter spaces over the past number of years in FVRD communities, particularly Abbotsford, Chilliwack and Mission, resulted in most respondents who live homeless being present in official shelters during the night of the count. The fact that extreme weather beds were also open at the time of the survey in all probability resulted in fewer people having been surveyed outside. (There are 128 emergency shelter/extreme weather/women’s transition house beds available in Chilliwack, BC. Eighty nine (89) individuals or 40.3% homeless persons were surveyed in these facilities on the night of the count).
2. The survey showed that 43.2% of the respondents stated they had an Aboriginal background. The overrepresentation of people who identify as Aboriginal among those living homeless causes for concern and policy rethink. The findings and calls to action in the final report of the Truth and Reconciliation Commission is quite instructive. Special attention should be given to the content of this report and it will be an act of reconciliation for regional, and local governments to publicly recognize the multi-generational impacts of the residential school system and the manifestation among others of these impacts in the form of over-representation of Aboriginal people among those living homeless and to work collaboratively with First Nations communities to mitigate these impacts over time.
3. Another cause for concern and perhaps, policy and practice rethink, is “system failure” as a cause of homelessness as manifested through experiences with foster care and other forms institutional care. In Chilliwack, BC 58% of the people living homeless were once in government care.
4. The reality that more than two thirds of people who live homeless in the FVRD could be considered as chronically homeless, plus the significant proportions of respondents who live with addictions and/or

mental health, pushes to the fore the need for policy and practice rethink and changes related to homeless outreach programs and housing options. Future policy development would benefit from noting the diversity among homeless individuals and implementing strategies to target specific populations. What should be considered is the introduction of a multi-faceted approach related to securing housing and lengthening intense social service support. In doing so, street entrenched persons could move into stable, long-term housing, freeing up emergency shelter beds for temporary stays. Furthermore, housing resettlement and ongoing social support would assist the episodically homeless, while quick rehousing strategies can reduce transitional homelessness.

5. Respondents' primary response to what the barriers facing them to achieve housing was that rent is too high, income is too low and inadequate housing availability. The lack of affordable housing as a contributor to homelessness is not a new issue, as it has been highlighted by more than one report over the past decade with households continuing to face affordability challenges which in turn continue to put pressure on monthly costs of rental housing stock.

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District of Mission

SUB-AREA RESULTS

OUT IN THE COLD: 2017 Homelessness Survey Findings, Conclusions and Recommendations Appendices



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District of Mission, Social Development
Hope Central
Mission Community Services
Mission Friendship Centre
Mission Youth House
Riverside College, Community Support Worker Program
Royal Canadian Mounted Police (RCMP) in Mission
SARA for Women
Youth Unlimited, Mission

A special word of thanks goes to the volunteer community survey coordinators, Kirsten Hargreaves of the District of Mission, for the work she has done with her teams of volunteers to plan logistics and conduct the survey in Mission. Thank you also to the agencies and volunteers in Mission who stepped forward and conducted the interviews. Without their work this survey would not have been a success. A big thank you is extended to homeless persons who participated in the survey by patiently answering our questions. Last but not least an acknowledgement of the financial and in-kind support by the FVRD to make this survey possible.

1. Introduction

1.1 Report Background

Homelessness in Chilliwack has been empirically confirmed in 2004, 2008, 2011, 2014 and again now in 2017 through a survey of people who live homeless. Following on these previous surveys, the 2017 homelessness survey in Chilliwack was conducted in collaboration with the following organizations:

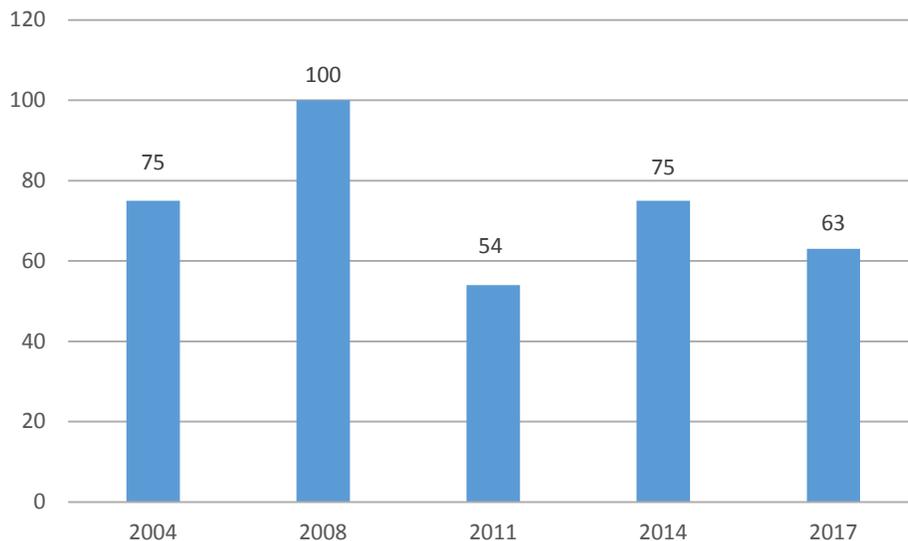
- District of Mission
- Hope Central
- Mission Community Services
- Mission Friendship Centre
- Royal Canadian Mounted Police (RCMP) in Mission
- SARA for Women
- Youth Unlimited, Mission

2. Extent of Homelessness in Mission 2017

2.1 Number of Homeless People Interviewed in Mission in 2017

Sixty-three (63) homeless people were surveyed in Mission during the 24-hour period, March 7 and 8th, 2017. This represents a 16% decrease over the last count.

Figure 1 - Mission Homeless Count Totals 2004-2017



2.2 Reasons for Being Homeless

The regional report *Out in the Cold: 2017 Homeless Survey Fraser Valley Regional District* provides a more fulsome discussion of personal, structural and systemic factors relating to homelessness.

Survey respondents were asked to identify the number one reason for their homelessness. In Mission, the top two self-identified reasons for homelessness—representing 35.1% of responses—related to the affordability of housing (i.e. “Rent too High and “Income too Low”. In combination with the “lack of suitable housing” response (13%), the lack of affordable, suitable housing represents 48.1% of all responses. Discrimination (7.5%) represents the next highest reason for being homeless, closely followed by addiction (7.1%).

Table 1 - Reasons for Being Homeless

Reason Given:	2017 (N)	2017 (%)
Rent Too High	46	19.2%
Income Too Low	38	15.9%
Lack of Suitable Housing	31	13.0%
Discrimination	18	7.5%
Addiction(s)	17	7.1%
Family Breakdown, Abuse, or Conflict	15	6.3%
Poor Housing Conditions	13	5.4%
Other	13	5.4%
Disability Issue	12	5.0%
Mental Health	11	4.6%
No Income	9	3.8%
Criminal History	7	2.9%
Conflict With Law	6	2.5%
Pets	3	1.3%
Total	239	100.0%

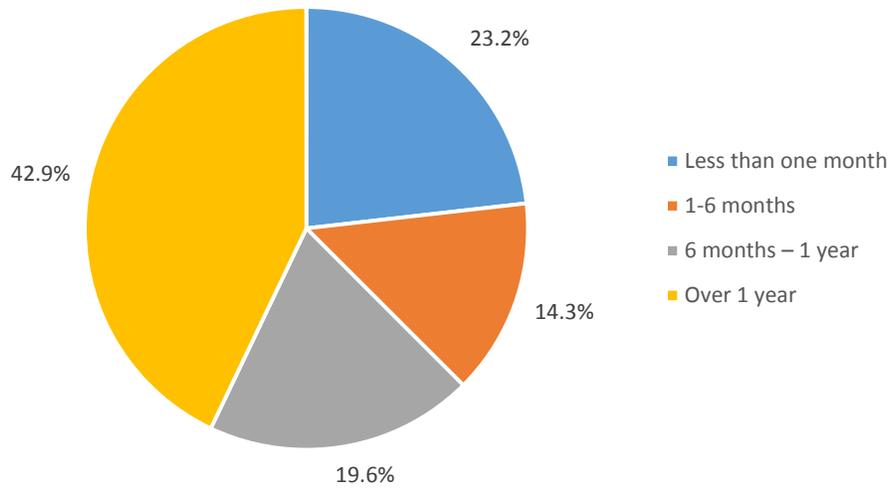
2.3 Duration of Homelessness

Survey respondents were asked to indicate how long they had been homeless. Nearly 43% indicated they had been homeless for longer than one year. This is an increase from the 2014 survey, where 32.3% indicated they had been homeless for longer than one year. Additionally, more respondents indicated that they had been homeless for less than 1 month (23.2%) than in 2014 (18.5%).

Table 2 - Duration of Homelessness

Duration	2017 (N)	2017 (%)
Less than one month	13	23.2%
1-6 months	8	14.3%
6 months – 1 year	11	19.6%
Over 1 year	24	42.9%
Total	56	100.0%

Figure 2 - Duration of Homelessness



2.4 Health Problems

Survey respondents were asked to report on their health problems: Addiction and medical conditions are the highest-reported issues, at 57.9% and 56.1% respectively. Mental illness was also high, with 45.6% of respondents self-reporting.

Table 3 - Reported Health Problems

Health Issue	2017 (N)	2017 (%)	Receiving Treatment
Addiction	33	57.9%	26.3%
Medical Condition	32	56.1%	42.1%
Mental Illness	26	45.6%	13.2%
Physical Disability	11	19.3%	10.5%

This year, respondents were also asked to identify whether they were receiving treatment for their condition. In all categories, significant numbers of people are not receiving treatment;

however, the highest percentages of un-treated health problems are physical disability (89.5% not receiving treatment) and mental illness (86.8% not receiving treatment). Mission has higher levels of treated medical conditions than other FVRD communities; however, addiction still remains a highly-untreated condition.

2.4.1 Access to Family Doctor or Walk-In Clinic

Twenty-two percent (22.2%) of respondents to the question reported not accessing a family doctor or walk-in clinic, and only 24.1% indicated that they had access to a family doctor. More than half (53.7%) reported accessing a walk-in clinic to address health needs.

Table 4 - Access to Family Doctor or Walk-In Clinic

Service	2017 (N)	2017 (%)
Family Doctor	13	24.1%
Walk-In Clinic	29	53.7%
Neither	12	22.2%
Total	54	100.0%

These broader numbers should not be considered to counter-indicate the high percentages of people not accessing treatment, as the higher percentages relate to people who self-identified as having particular health issues.

2.5 “Sheltered” and “Unsheltered” Homeless Persons

The number of homeless persons surveyed in official shelters represented 42.9% of the total. People living outside represented 47.6% of the total, and people who were “couch surfing” represented a relatively small percentage of the total, 9.5%.

Table 5 - Accommodation on Night of Survey

Location	2017 (N)	2017 (%)
Shelter, Safe House or Transition House	27	42.8%
Outside	28	44.4%
Someone Else’s Place	6	9.5%
Car, Van or Camper	2	3.2%

Respondents were asked to state their main reasons for not having used a transition house or a shelter the previous night. The highest reason was “Other” at 42.9%, with the second-highest percentage (21.4%) reporting that they disliked the shelter, and an additional 14.3% reported being turned away because the shelter was full.

Table 6 - Reasons for Not Using Shelter/Transition House

Reason	2017 (N)	2017 (%)
Other	5	17.2%
Able To Stay With Friend	2	6.9%
Dislike	14	48.3%
Turned Away - Shelter Was Full	5	17.2%
Rules	2	6.9%
Turned Away – Banned	1	3.5%
Total	29	100.0%

2.6 Shelter and Transition Beds in Mission

Mission has a total of 20 Emergency Shelter beds, 10 Extreme Weather Shelter beds, and 10 Women’s Transition House beds.

TABLE 7: Shelter and Transition Beds in Mission

Emergency Shelter	Units
Haven in the Hollow	20
Extreme Weather Shelter	
Extreme Weather Program	10
Women’s Transition	
Mission Transition House	10
Total	40

3. Who are the Homeless?

3.1 Gender

The gender distribution of homeless people surveyed in Mission in 2017 breaks down into 70.7% males and 29.3% female. It must be noted that females are more often part of the “hidden homeless” population, engaged in the survival sex trade or other more hidden situations.

Table 8 - Gender of Surveyed Respondents

Gender	2017 (N)	2017 (%)
Male	41	70.7%
Female	17	29.3%
Transgender	0	0.0%
Other	0	0.0%
Total	58	100.0%

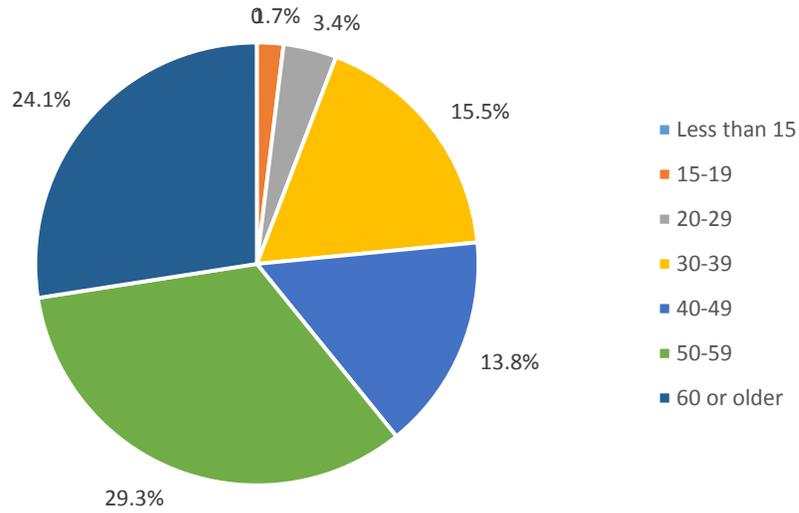
3.2 Age

Since 2014, Mission has seen a slight increase in the proportion of the youth homeless population, going from 4.4% to 5.1%. A notable trend in Mission is the decrease in the percentage of the population from 20-49 years of age, combined with an increase of 18.8 percentage points for the population cohorts 50 and older. In 2014, 17.4% of homeless respondents were over the age of 50, and in 2017, 36.2% are over the age of 50.

Table 9 - Age of Surveyed Respondents

Age	2017 (N)	2017 (%)
Less than 15	1	1.7%
15-19	2	3.4%
20-29	9	15.5%
30-39	8	13.8%
40-49	17	29.3%
50-59	14	24.1%
60 or older	7	12.1%
Total	58	100.0%

Figure 4 - Age of Surveyed Respondents



3.3 Sexual Identity

This year, respondents were asked about their sexual identity. More than 95% identified as straight, with one person identifying as two-spirited, and another person identifying as gay. While much of the academic discourse looks at the intersection of youth homelessness and the LGBTQ2S population, cross-tabulation of FVRD survey responses with sexual orientation revealed that the highest numbers of respondents identifying as a non-straight identity were in the age category 30-39.

Table 10 - Sexual Identity of Mission Homeless Population

Sexual Identity	2017 (N)	2017 (%)
Straight	46	95.8%
Bisexual	0	0.0%
Two-Spirited	1	2.1%
Gay	1	2.1%
Other	0	0.0%
Questioning	0	0.0%
Lesbian	0	0.0%
Total	48	100.0%

3.4 Aboriginal Presence

The respondents were asked to indicate whether they self-identify as Aboriginal. Survey design consultation with First Nations stakeholders added more specific designations for people to choose. In Mission, 38.2% of respondents self-identified as having an Indigenous heritage. This number presents a significant overrepresentation of Aboriginal community members who are homeless.

Table 11 - Aboriginal Presence and Homelessness Percentage in Mission

Identification	2017 (N)	2017 (%)
First Nations	15	27.3%
Inuit	0	0.0%
Metis	6	10.9%
Indigenous/Aboriginal Ancestry	0	0.0%
Does Not Identify as Aboriginal	34	61.8%
Total	55	100.0%

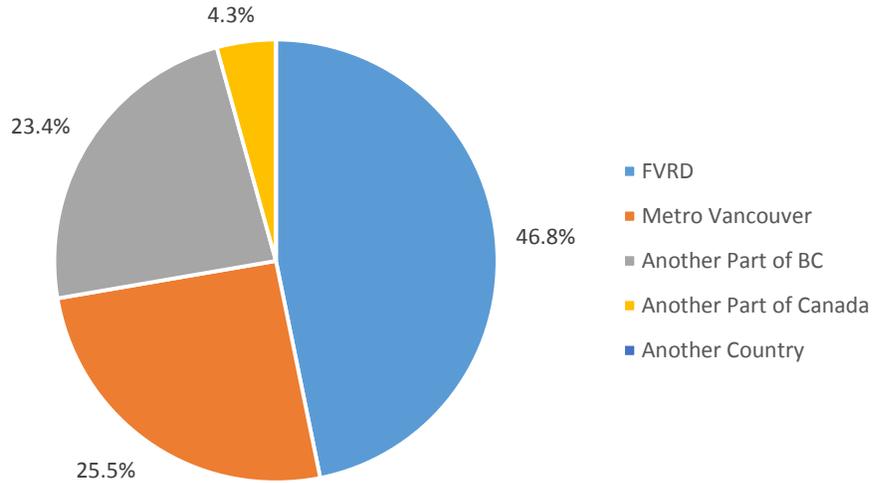
3.5 “Home” Community

The highest percentage (46.8%) of survey respondents indicated that they were from the FVRD. Just over one quarter (25.5%) reported moving to Mission from Metro Vancouver, and just under that (23.4%) moved to Mission from another part of BC. Interpretation of this data must also consider the results from Table 12 below, Length of Residence in Community.

Table 12 - Where Did You Move Here From?

Home Community	2017 (N)	2017 (%)
FVRD	22	46.8%
Metro Vancouver	12	25.5%
Another Part of BC	11	23.4%
Another Part of Canada	2	4.3%
Another Country	0	0.0%
Total	47	100.0%

Figure 5 - Where Did You Move Here From?



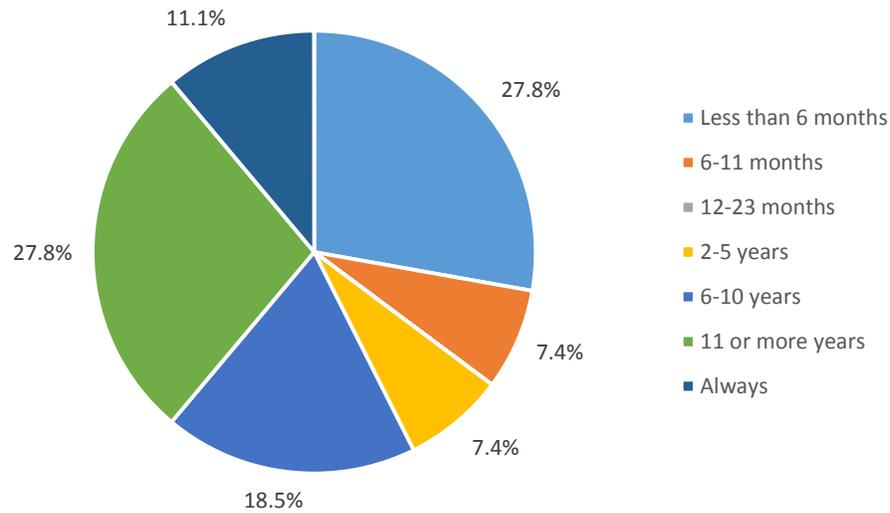
3.6 Length of Residence in Local Community

Survey respondents were asked how long they had lived in the community. In Mission, the two highest percentages were far apart on the spectrum: 27.8% had lived in Mission less than six months, and 27.8% had lived there for 11 years or more. Eleven percent (11.1%) had lived in Mission “always.”

Table 13 - How Long Have You Been Living in Mission?

Length of Residency	2017 (N)	2017 (%)
Less than 6 months	15	27.8%
6-11 months	4	7.4%
12-23 months	0	0.0%
2-5 years	4	7.4%
6-10 years	10	18.5%
11 or more years	15	27.8%
Always	6	11.1%
Total	54	100.0%

Figure 6 - How Long Have You Been Living in Mission?



3.7 Source of Income

Income assistance as a source of income represents 27.2% of the responses, followed by disability allowance and binning. Since 2004, the FVRD composite data shows a significant decrease in the percentage of homeless individuals that are employed (See *Out in the cold: 2017 Homeless Survey Fraser Valley Regional District*).

Table 14 - Source of Income

Source of Income	2017 (N)	2017 (%)
Income Assistance	28	27.2%
Disability (Welfare)	15	14.6%
Binning/Bottles	15	14.6%
Family/Friends	7	6.8%
Disability (CPP)	7	6.8%
No Income	6	5.8%
Panhandling	6	5.8%
Other	5	4.9%
Part-time Job	5	4.9%
Vending	2	1.9%
CPP	2	1.9%
Honoraria/Stipend	2	1.9%
Other pension	1	1.0%
Old Age Security	1	1.0%
Full-time Job	1	1.0%
Youth Agreement	0	0.0%
Employment insurance	0	0.0%
Total	103	100.0%

3.8 Usage of Services

Table 14 indicates the extent of service use by homeless individuals who live in Mission. Respondents were asked which services from the list in Table 14 they used in the last 12 months. The highest-used service was the Emergency Room at 57.9%, closely followed by meal programs and the food bank at 56.1%, and drop-in services at 54.4%, extreme weather shelter at 50.9%, etc.

Table 15 - Services Used

Service Used	2017 (N)	2017 (%)
Emergency Room	33	10.0%
Meal Program/Soup Kitchen	32	9.7%
Food Bank	32	9.7%
Drop-In	31	9.4%
Extreme Weather Shelter	29	8.8%
Outreach	26	7.9%
Non-Emergency	21	6.4%
Harm Reduction	19	5.8%
Ambulance	19	5.8%
Mental Health Services	18	5.5%
Addiction Services	16	4.9%
Probation/Parole	12	3.6%
Employment	11	3.3%
Housing Help/ Eviction Prevention	9	2.7%
Transitional Housing	9	2.7%
Dental Services	8	2.4%
Other	4	1.2%
None	0	0.0%
Newcomer Services	0	0.0%
Total	329	100.0%

Table 16 - Affected by Change or Withdrawal in Services

Affected by Change or Withdrawal in Services	2017 (N)	2017 (%)
Yes	22	41.5%
No	24	45.3%
Don't Know	7	13.2%
No Answer	0	0.0%
Total	53	100.0%

Respondents were also asked whether or not they had been impacted by a change or withdrawal in services, with 41.5% indicating in the affirmative—an increase from 29% in 2014.

3.10 Ministry Care

This year, survey respondents were asked to identify whether or not they had been in Ministry Care. Forty-five percent (45.1%) indicated that they had been or currently were involved in Ministry Care.

Table 17 - Prevalence of Current or Past Ministry Care

Ministry Care	2017 (N)	2017 (%)
Yes	23	45.1%
No	28	54.9%
Total	51	100.0%

3.11 Canadian Newcomers

No respondents in Mission indicated that they had newcomer status or had come to Canada as an immigrant or refugee.

Table 18 - New to Canada Within Last Five Years

New Last 5 Years	2017 (N)	2017 (%)
Yes	0	0.0%
No	45	100.0%
Total	45	100.0%

Table 19 - Enter Canada as Immigrant or Refugee

Immigrant/Refugee	2017 (N)	2017 (%)
Yes, Immigrant	0	0.0%
Yes, Refugee	0	0.0%
No	25	100.0%
Total	25	100.0%

3.12 Service with Canadian Forces or First Responder

The majority of respondents in Mission (93.9%) did not indicate that they had served in any of the Canadian Forces or as a First Responder.

Table 20 - Service with Canadian Forces or First Responder

Service with Canadian Forces or First Responder	2017 (N)	2017 (%)
Yes, Military	2	4.1%
Yes, First Responder	1	2.0%
Other Country military	0	0.0%
No	46	93.9%
Total	49	100.0%

4. Summary of Findings in Mission

1. The total number of homeless people surveyed during the 24-hour period on March 8, 2017 was 63 persons, which is 16% less than the previous count.
2. The percentage of people surveyed in official shelters was 42.9%, while 47.6% was living outside during the time of the count and 9.5% couch surfed.
3. As indigenous people constitute approximately 4% of the general population, they are disproportionately represented in the homeless population. In Mission, 38.2% of homeless persons identify with some form of Aboriginal ancestry.
4. A significant proportion of homeless persons interviewed had experiences with foster or other institutional care, bringing to the fore the role of “system failure” as a cause of homelessness. Nearly half (45.1%) of respondents indicated having been in Ministry Care.
5. In Mission 57% of respondents living homeless reported having an addiction; 45% stated they had a mental illness and 19% stated they had a physical disability. The disproportionality of those individuals reporting health issues compared to the percentage who report receiving treatment presents a challenging problem.
6. Gender breakdown among the 2017 Mission homeless population is 70.7% male, 29.3% female.
7. The largest proportion (53%) of people living homeless fall in the age category 40-59 years of age, followed by 29% between the ages 20-39 years and 5% 19 years of age and younger.
8. Persons who live homeless in Mission, BC are typically unemployed and a significant proportion (41.8%) rely on government assistance. Composite regional data shows a significant decrease in the percentage of homeless individuals that are employed (See *Out in the cold: 2017 Homeless Survey Fraser Valley Regional District*).
9. Nearly half (45.3%) did not report an impact by the change or withdrawal of services in Mission communities.
10. The most used community service is emergency room visits, meal programs/soup kitchen, food bank, drop-in, extreme weather shelters, outreach, etc.

5. Recommendations and Conclusion

1. The overrepresentation of people who identify as Aboriginal among those living homeless (38.2% in Mission) is cause for concern and policy rethink. The findings and calls to action in the final report of the Truth and Reconciliation Commission is quite instructive. Special attention should be given to the content of this report and it will be an act of reconciliation for regional, and local governments to publicly recognize the multi-generational impacts of the residential school system and the manifestation among others of these impacts in the form of over-representation of Aboriginal people among those living homeless and to work collaboratively with First Nations communities to mitigate these impacts over time.
2. Another cause for concern and perhaps, policy and practice rethink, is “system failure” as a cause of homelessness as manifested through experiences with foster care and other forms institutional care. In Mission, BC 45.1% of the people living homeless were once in government care.
3. The reality that more than two thirds of people who live homeless in the FVRD could be considered as chronically homeless further complicated by high incidence of addiction and/or mental health pushes to the fore the need for policy and practice rethink and changes related to homeless outreach programs and housing options. Future policy development would benefit from noting the diversity among homeless individuals and implementing strategies to target specific populations. What should be considered is the introduction of a multi-faceted approach related to securing housing and lengthening intense social service support. In doing so, street entrenched persons could move into stable, long-term housing, freeing up emergency shelter beds for temporary stays. Furthermore, housing resettlement and ongoing social support would assist the episodically homeless, while quick rehousing strategies can reduce transitional homelessness.
4. Respondents’ primary response to what the barriers facing them to achieve housing was that rent is too high, income is too low and inadequate housing availability. The lack of affordable housing as a contributor to homelessness is not a new issue, as it has been highlighted by more than one report over the past decade with households continuing to face affordability challenges which in turn continue to put pressure on monthly costs of rental housing stock.

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Eastern Fraser Valley

[Kent, Harrison Hot Springs, Hope and Boston Bar]

SUB-AREA RESULTS

OUT IN THE COLD: 2017 Homelessness Survey Findings, Conclusions and Recommendations Appendices



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Agassiz-Harrison Community Services Society

RCMP

Hope and Area Transition Society

Boston Bar Enhancement Society

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1. Introduction

1.1 Report Background

Homelessness in Eastern Fraser Valley communities (EFVC) has been empirically confirmed in 2004, 2008, 2011, 2014 and again now in 2017 through a survey of people who live homeless. Following on these previous surveys, the 2017 homelessness survey conducted in collaboration with the following organizations:

Hope and Area Transition Society
Agassiz-Harrison Community Services Society
Boston Bar Enhancement Society

2. Extent of Homelessness in 2017

2.1 Number of Homeless People Interviewed

Forty-eight (48) homeless people were surveyed during the 24-hour period, March 7 and 8th, 2017.

2.2 Reasons for Being Homeless

The regional report *Out in the Cold: 2017 Homeless Survey Fraser Valley Regional District* provides a more fulsome discussion of personal, structural and systemic factors relating to homelessness.

Survey respondents were asked to identify the number one reason for their homelessness. The top three self-identified reasons for homelessness—representing 64.5% of responses—related to the affordability of housing (ie. “No Suitable Affordable Housing”, “Rent too High and “Income too Low”.)

Table 1 - Reasons for Being Homeless

Reason Given:	2017 (N)	2017 (%)
Rent Too High	24	20.4%
Income Too Low	27	22.9%
Lack of Suitable Housing	25	21.1%
Discrimination	5	4.2%
Addiction(s)	10	8.5%
Family Breakdown, Abuse, or Conflict	3	2.5%
Poor Housing Conditions	8	6.8%
Disability Issue	1	0.8%

Mental Health	4	3.4%
No Income	8	6.8%
Criminal History	0	0.0%
Conflict With Law	0	0.0%
Pets	3	2.5%
Total	118	100.0%

2.3 Duration of Homelessness

Survey respondents were asked to indicate how long they had been homeless. Forty seven percent indicated they had been homeless for longer than one year with 18.4% indicating they have been homeless for between 6 months and one year. Longer term homelessness applies to the biggest proportion of people who live homeless.

Table 2 - Duration of Homelessness

Duration	2017 (N)	2017 (%)
Less than one month	5	13.2%
1-5 months	8	21.0%
6 months – 1 year	7	18.4%
Over 1 year	18	47.4%
Total	38	100.0%

2.4 Health Problems

Survey respondents were asked to report on their health problems: Addiction and medical conditions are the highest-reported issues, at 32.8% and 28.1% respectively. Mental illness was also high, with 28.1% of respondents self-reporting.

Table 3 - Reported Health Problems

Health Issue	2017 (N)	2017 (%)	Receiving Treatment
Addiction	21	32.8%	14.3%
Medical Condition	16	25.0%	43.8%
Mental Illness	18	28.1%	22.2%
Physical Disability	9	14.1%	0.0%

This year, respondents were also asked to identify whether they were receiving treatment for their condition. In all categories, significant numbers of people are not receiving treatment;

however, the highest percentages of un-treated health problems are physical disability (100% reporting not receiving treatment) and addictions (85.7% not receiving treatment).

2.4.1 Access to Family Doctor or Walk-In Clinic

Twenty-two percent (22.9%) of respondents indicated that they have access to a family doctor and 33.3% said they access walk in clinics. Conversely 43.8% do not have access to a family doctor or access walk-in clinic.

Table 4 - Access to Family Doctor or Walk-In Clinic

Service	2017 (N)	2017 (%)
Family Doctor	11	22.9%
Walk-In Clinic	16	33.3%
Neither	21	43.8%
Total	48	100.0%

2.5 “Sheltered” and “Unsheltered” Homeless Persons

Twelve persons (25.0%) were surveyed in an official shelter and the rest or 36 (75.0%) were interviewed outside. The main reason why most people were outside during the count is that there is only one shelter in these communities.

2.6 Shelter and Transition Beds in the Eastern Fraser Valley

Hope has a total of 4 Emergency Shelter beds/Extreme Weather Shelter beds, and 8 Women’s Transition House beds. Neither Agassiz-Harrison nor Boston Bar has any emergency shelter or extreme weather beds.

TABLE 5: Shelter and Transition Beds in Eastern Fraser Valley

Emergency Shelter	Beds
Hope Emergency Shelter	4
Women’s Transition	
Jean Scott Transition House	8
Total	12

3. Who are the Homeless?

3.1 Gender

The gender distribution of homeless people surveyed in EFVC in 2017 breaks down into 68.8% males and 29.2% females. It must be noted that females are more often part of the “hidden homeless” population, engaged in the survival sex trade or other more hidden situations.

Table 6 - Gender of Surveyed Respondents

Gender	2017 (N)	2017 (%)
Male	33	68.8%
Female	14	29.2%
Transgender	1	2.0%
Other	0	0.0%
Total	48	100.0%

3.2 Age

The two biggest proportions of respondents fall in the age range 40-49 (22.2%) and 50-59 (22.2%)

Table 7 - Age of Surveyed Respondents

Age	2017 (N)	2017 (%)
Less than 15	0	0.0%
15-19	5	11.1%
20-29	9	20.0%
30-39	8	17.8%
40-49	10	22.2%
50-59	10	22.2%
60 or older	3	6.7%
Total	45	100.0%

3.3 Sexual Identity

This year, respondents were asked about their sexual identity. Ninety eight percent (98.8%) of respondents self-identified as “Straight” and 2.2% (1) identified as “Two-Spirited”.

3.4 Aboriginal Presence

The respondents were asked to indicate whether they self-identify as Aboriginal. Survey design consultation with First Nations stakeholders added more specific designations for people to choose. 41.7% of respondents self-identified as having an Indigenous heritage. This number presents a significant overrepresentation of Aboriginal community members who are homeless.

3.5 “Home” Community

An equal proportion of respondents indicated that their “home” communities are within FVRD and Vancouver. Just over 20% (20.6%) are from another part of BC followed by 11.7% from another part of Canada.

Table 8 - Where Did You Move Here From?

Home Community	2017 (N)	2017 (%)
FVRD	11	32.4%
Metro Vancouver	11	32.4%
Another Part of BC	7	20.6%
Another Part of Canada	4	11.8%
Another Country	1	2.8%
Total	34	100.0%

3.6 Length of Residence in Local Community

Survey respondents were asked how long they had lived in the community. The two highest percentages were “Less than 6 months” (21.4%) and “11 plus” (19.1%). If you combined the categories from 2 years to having lived here always, then more than half or 57.2% of respondents have live in current eastern FVRD communities for a relatively long period. Those having lived in these communities for shorter than 2 years constitute 42.8%.

Table 9 - How Long Have You Been Living in this Community?

Length of Residency	2017 (N)	2017 (%)
Less than 6 months	9	21.4%
6-11 months	8	19.0%
12-23 months	1	2.4%
2-5 years	6	14.3%
6-10 years	7	16.7%
11 or more years	8	19.1%
Always	3	7.1%
Total	42	100.0%

3.7 Source of Income

Similar to other communities in the FVRD, Income Assistance (22.6%) and Disability (welfare) (19.4%) constitute the most common sources of income for people living homeless in the Eastern Fraser Valley Communities. A significant percentage (14.5%) reports “No Income”.

Table 10 - Source of Income

Source of Income	2017 (N)	2017 (%)
Income Assistance	14	22.6%
Disability (Welfare)	12	19.4%
Binning/Bottles	6	9.7%
Family/Friends	3	4.8%
Disability (CPP)	2	3.2%
No Income	9	14.5%
Panhandling	4	6.4%
Other	0	0.0%
Part-time Job	4	6.4%
Vending	0	0.0%
CPP	2	3.2%
Honoraria/Stipend	0	0.0%
Other pension	1	1.6%
Old Age Security	2	3.2%
Full-time Job	1	1.6%
Youth Agreement	2	3.2%
Employment insurance	0	0.0%
Total	62	100.0%

3.8 Usage of Services

Accessing Food Banks and making use of meal programs are the services most used by respondents. This followed by usage of emergency rooms and extreme weather shelters. Significant use is made of drop-in services and also ambulance services.

Table 11 - Affected by Change or Withdrawal in Services

Affected by Change or Withdrawal in Services	2017 (N)	2017 (%)
Yes	16	38.1%
No	21	50.0%
Don't Know	5	11.9%
Total	42	100.0%

Respondents were also asked whether or not they had been impacted by a change or withdrawal in services, with 38.1% indicating in the affirmative and 50% indicating the opposite; not being impacted by change or withdrawal in services.

3.9 Ministry Care

This year, survey respondents were asked to identify whether or not they had been in Ministry Care. Thirty eight percent (38.9%) indicated that they had been or currently were involved in Ministry Care.

Table 12 - Prevalence of Current or Past Ministry Care

Ministry Care	2017 (N)	2017 (%)
Yes	14	38.9%
No	22	61.1%
Total	36	100.0%

4. Summary of Findings

1. The total number of homeless people surveyed during the 24-hour period on March 8, 2017 was 48 persons.
2. The percentage of people surveyed in official shelters was 25.0%, while 75.0% was living outside during the time of the count.
3. Indigenous people are disproportionately represented in the homeless population with 41.7% identifying as having Aboriginal ancestry.
4. A significant proportion of homeless persons interviewed had experiences with foster or other institutional care, bringing to the fore the role of “system failure” as a cause of homelessness. 38.9% of respondents indicated having been in Ministry Care or being in Ministry Care.
5. 32.8% of respondents living homeless reported having an addiction; 28.1% stated they had a mental illness and 14.1% stated they had a physical disability. The disproportionality of those individuals reporting health issues compared to the percentage who report receiving treatment presents a challenging problem.
6. Gender breakdown among the homeless population is 68.8% male, 29.2% female. Transgendered makes up 2.0%.
7. The largest proportion (44.4%) of people living homeless fall in the age category 40-59 years of age, followed by 20% between the ages 20-29 years and 11.1% reported being 19 years of age and younger.
8. Persons who live homeless are typically unemployed and a significant proportion (42.0%) rely on government assistance. Composite regional data shows a significant decrease in the percentage of homeless individuals that are employed (See *Out in the cold: 2017 Homeless Survey Fraser Valley Regional District*).
9. Half (50.0%) did not report an impact by the change or withdrawal of services.
10. The most used community service are food banks, meal centres followed by usage of emergency rooms and extreme weather shelters.

5. Recommendations and Conclusion

1. The overrepresentation of people who identify as Aboriginal among those living homeless is cause for concern and policy rethink. The findings and calls to action in the final report of the Truth and Reconciliation Commission is quite instructive. Special attention should be given to the content of this report and it will be an act of reconciliation for regional, and local governments to publicly recognize the multi-generational impacts of the residential school system and the manifestation among others of these impacts in the form of over-representation of Aboriginal people among those living homeless and to work collaboratively with First Nations communities to mitigate these impacts over time.
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3. The reality that a significant proportion of people who live homeless could be considered as chronically homeless further complicated by high incidence of addiction and/or mental health pushes to the fore the need for policy and practice rethink and changes related to homeless outreach programs and housing options. Future policy development would benefit from noting the diversity among homeless individuals and implementing strategies to target specific populations. What should be considered is the introduction of a multi-faceted approach related to securing housing and lengthening intense social service support. In doing so, street entrenched persons could move into stable, long-term housing, freeing up emergency shelter beds for temporary stays. Furthermore, housing resettlement and ongoing social support would assist the episodically homeless, while quick rehousing strategies can reduce transitional homelessness.
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