# Fraser Valley Regional District
# 2020 Homeless Count and Survey Report

## DATA ANALYSIS | FINDINGS | CONCLUSIONS

Fraser Valley Regional District

Anron Consulting Inc.
Research and Anaylsis

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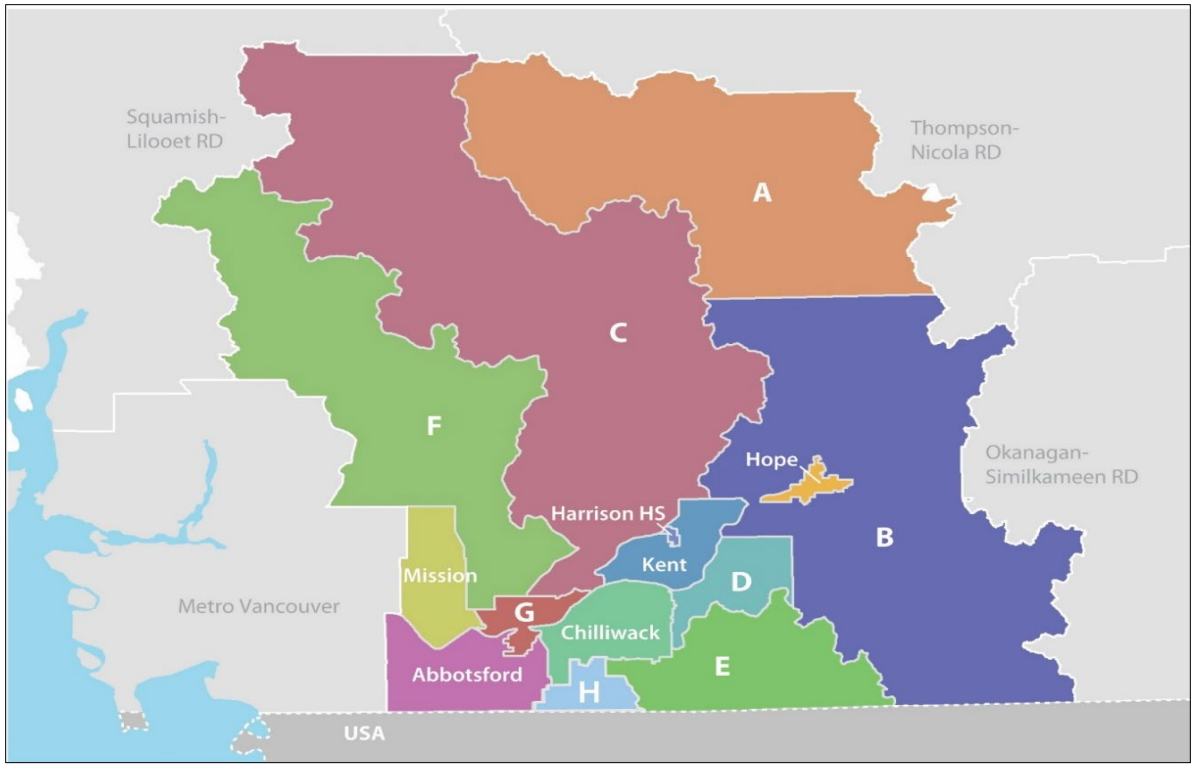

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# ACKNOWLEDGEMENTS

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# EXECUTIVE SUMMARY

## Background

This 2020 report on homelessness in the Fraser Valley Regional District (FVRD) documents the process of the Point-in-Time count and survey conducted over a 24-hour period, March 3 and 4, 2020, in the communities of Abbotsford, Mission, Chilliwack, Agassiz–Harrison, Hope, and Boston Bar. Additionally, the report presents the count and survey data, provides analysis of the data, followed by findings and conclusions. The count took place two weeks before the declaration of a provincial state of emergency in response to the COVID-19 pandemic.

## Findings

1. The number of homeless persons in the FVRD based on 2020 Homelessness Count and Survey is 895. Of this number, 381 persons were in shelters, 325 outside, 101 couch-surfed, 60 were in vehicles, 27 in hospitals with no fixed address (NFA) and 1 in jail with NFA. Totals per community are:
    - 333 in Abbotsford
    - 306 in Chilliwack
    - 178 in Mission
    - 69 in Hope-Boston Bar
    - 9 in Agassiz-Harrison

2. The number of persons who are homeless in the FVRD is trending up.

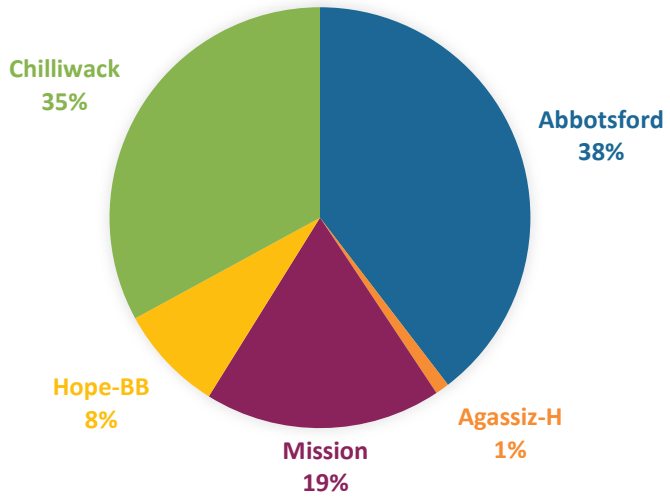


**Figure 1 : 2020 FVRD Homeless Populations per Community (%)**

3. The following factors individually or in various combinations contribute to homelessness in the FVRD:
    - High rent
    - Low income
    - Inadequate supply of affordable, suitable and supportive housing
    - Addiction
    - Mental illness
    - Family or relational breakdown including conflict, abuse and violence

4. Chronic homelessness, i.e. homeless for 6 months or longer and living with addiction, mental health and other health problems, remains a large proportion of the homeless population at two thirds level.

5. The prevalence of addiction, mental illness, physical disability and other health issues remains concerningly high among those who are homeless in the FVRD. Juxtaposed by the relatively low number of respondents who reported receiving treatment. Respectively 49%, 32% and 13% of homeless persons in the FVRD live with addiction, mental illness and an acquired brain injury. This translates into 440, 287 and 112 individuals respectively.

6. The 2020 FVRD Point-in-Time count and survey once more reveals the urgent need for appropriate and suitable housing in the form of long-term housing and care facilities (care homes) for chronic homeless persons, including those 50 and older, inclusive of those living with addiction, mental illness, physical disability, acquired brain inquiry and those at risk of dying from unintentional illicit drug toxicity.

7. A significant number, 235 respondents, indicated that they had experience of being in government care. This number represent (26%) of the homeless population in the FVRD. Government care refers to foster care, youth group homes, youth agreements, independent living agreements and having been in residential school.

8. The gender composition of the homeless population continues to be in the order of one third females and two thirds males compared to the general population where the split is basically 50/50.

9. The single largest age category is 30-39 years of age. Compared to 2014 data, those 50 years of age and older has increased in number and proportion and those 19 years of age and younger has decreased in number and proportion.

10. At 22% as a proportion of the FVRD homeless population, First Nations and those with Indigenous Ancestry are over represented compared to their proportion of approximately 4% in the general population. Chilliwack has the biggest proportion of homeless persons who are First Nations or who have Indigenous Ancestry.

11. Fifty percent (50%) of respondents indicated that they rely on Income Assistance and Disability Allowance (Welfare) as a source of income.

12. Community based services, operated with support from tax dollars, voluntary charitable cash and in-kind donations, paid staff and volunteers, such as meal programs/soup kitchens,

foodbanks, emergency shelters, and extreme weather shelters provide much needed relief in respect of food and shelter to homeless people.

13. Outreach services and harm reduction services, mostly tax dollar funded, are well used by homeless persons to navigate daily issues, obtain medical supplies, harm reduction supplies and to connect to other services e.g. health care, legal services, attend to court related business, etc.

14. Fraser Health provided ambulance services, hospital-based emergency room care and non-emergency hospital services and care are also fulfilling an important role in terms of health care provisioning to homeless people.

## Conclusions

Continuing working towards an increase in affordable and suitable housing remains an important issue in the FVRD to enable low income individuals and families to have a place to call home and to prevent a further increase in homelessness.

Affordable housing remains an important issue for all people with low-income. However, existing affordable and social housing often lack suitability for those with mental illness, physical health ailments, addiction and acquired brain inquiry. This challenging reality is further compounded by the lack of adequate health care and support.

The need for appropriate and suitable long-term care facilities (housing) is evident in the prevalence of addiction, mental illness, acquired brain injury, physical disability and other health related ailments among homeless people. Further underscored by the degree to which health conditions go untreated or not treated in a timely fashion and the extent of usage of medical services reported by the 2020 respondents during the point in time count.

The 2020 Point-in-Time count reveals again that community services that experience high usage by people who live homeless include emergency rooms at hospitals. However, emergency rooms focus on providing urgent or emergency care and not long-term care for mental health challenges, physical ailments or disabilities, addiction, and acquired brain inquiry.

The lack of suitable long-term housing with support and care necessitates the consideration of a paradigm shift. A paradigm emphasizing suitability of housing and determining what constitutes suitability is imperative given prevalence of health issues, the diagnosis and prognosis thereof, and the age of those living homeless especially those 50 years of age and older. Policy and practice rethink are needed related to housing and health care necessary for those who live homeless.

Collaboration involving government (at all levels), the charitable sector, the not-for-profit sector, the private sector and the social enterprise sector is required to create long-term suitable and affordable housing and health care for homeless individuals living with mental illness, physical disability, addiction, and acquired brain inquiry.

Consideration of a new paradigm for appropriate and suitable long-term care housing and health care in the FVRD calls for regional co-operation and collaboration on the strategic usage and optimization of local and regional resources.

The conceptualization, design, testing and implementation of a different housing and health care paradigm and related strategies should be based on evidence and best practice. Consideration of a paradigm shift should include regional outcomes related to:

- Upward trend in homelessness
- Unintentional illicit drug toxicity deaths
- Visits to hospital emergency rooms adding to already long wait times at hospital emergency rooms
- Demand on hospital beds and hospital provided medical care
- The discharging of hospital patients with no fixed address into homeless shelters and or back into homelessness
- The role of emergency shelters to address what is not only a housing issue but also a health care issue
- Unsightly, unhygienic and real and perceived unsafe down town areas or other areas in local communities
- Anti-normative social behaviour
- Community integration to counter anti-social, anti-normative behaviour and increased alienation from community.

# 1. INTRODUCTION

## 1.1 Survey Background

Homelessness in the Fraser Valley Regional District (FVRD) has been empirically confirmed in 2004, 2008, 2011, 2014, 2017 and again now in 2020 through tri-annual Point-in-Time (PiT)) counts and surveys of people who live homeless. The 2020 homelessness count and survey in the FVRD was completed with the collaboration of the following organizations listed in alphabetical order:

- Abbotsford Police Department
- Archway Community Services
- Agassiz-Harrison Community Services
- Boston Bar North Bend Enhancement Society
- Chilliwack Community Services
- City of Chilliwack
- City of Abbotsford
- Cyrus Centre (Abbotsford & Chilliwack)
- District of Mission
- Fraser Health
- Hope and Area Transition Society
- Lookout Housing and Health Society
- Many Ways Home Housing Society
- Ministry of Social Development and Poverty Reduction
- Mission Community Services
- Mission Friendship Centre
- Mission Mental Health
- Pacific Community Resources Society, Chilliwack
- Positive Living Fraser Valley
- Raven's Moon Resources Society
- Royal Canadian Mounted Police (RCMP) in Mission, Chilliwack, Agassiz and Hope
- Ruth and Naomi's Mission Society
- Salvation Army, Abbotsford and Chilliwack
- SARA for Women
- The 5 & 2 Ministries
- Union Gospel Mission (outreach)

> **"In the context of this survey, homeless persons are defined as persons with no fixed address, no place of their own where they pay rent and can stay for 30 days or more"**

The same communities included in the 2004, 2008, 2011, 2014, and 2017 count were included in the 2020 count namely:

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

See Appendices at end of this report for community-specific reports for analysis, findings and conclusions relating to homelessness specifically in Abbotsford, Mission, Chilliwack, and Eastern Fraser Valley communities.

## 1.2 Survey Objectives

The objectives of the 2020 tri-annual count and survey are to:

- 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 suitable and supported affordable 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 and community-based organizations about the extent of homelessness in the FVRD and the need for continued investment by both provincial and federal governments to increase the spectrum of suitable and supported social housing and concomitant support services and much needed additional related health care in FVRD communities

## 1.3 Defining Homelessness

Homelessness has been a systemic Canadian problem since the 1980s. 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)[1].

Numerous definitions of homelessness exist worldwide. In 2012 the Canadian Observatory on Homelessness (COH) introduced a definition in relation to the Canadian context. 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."[2] 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".[3]

[1] Gaetz, S. (2011). Canadian definition of homelessness: What's being done in Canada and elsewhere? Toronto, ON: Canadian Homelessness Research Network Press.
[2] Canadian Observatory on Homelessness, 2012, p.1.
[3] Canadian Observatory on Homelessness, 2012, p.1.

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".[4] It can be postulated that the causes of homelessness demonstrate the challenging intersection of structural factors, system failures, and individual circumstances. People do not become homeless overnight; instead, it is the result of a constellation of risk factors, which, when combined, may lead to homelessness.[5]

This report on the 2020 homelessness count and survey considers two major factors in defining homelessness: the importance of maintaining consistency with previous FVRD surveys and similar research in Metro Vancouver and other BC communities 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 of their own where they pay rent or which they own and where they can expect to stay for more than 30 days.**

Given this definition, the FVRD 2020 count and survey included persons who are in emergency shelters, safe houses, and transition houses. It also included those who are living outside in temporary make shift camps or some form of shelter, or in tents, those sleeping or spending time during the day on street sidewalks, bus shelters, under bridges, sleeping in vehicles, campers, motorhomes, and recreational vehicles. Included are also those individuals who "couch surf", meaning they sleep at a friend's place or family member's place for a while or they trade favours or services for temporary shelter. Both of the latter instances are not permanent housing solutions. Lastly, included also are those with no fixed address in hospital and in jail at the time of the count. The main trait present in all the afore-mentioned living situations is that people lack their own home where they can live permanently and safely.

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 services or favours for temporary shelter. While this survey includes these situations in its definition of homelessness, people in these more hidden situations would most likely be significantly under-counted by means of a point-in-time count.

## 1.4 Methodology and Ethical Considerations

As already alluded to, 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 count and survey were conducted on March 3 and 4, 2020, and coincided with a similar process in Metro Vancouver and other BC communities. Following the research methodology utilized in previous FVRD counts (2004, 2008, 2011, 2014 and 2017) the process included a nighttime and daytime component for data collection.

[4] Canadian Observatory on Homelessness, 2012, p. 3.
[5] Gaetz, S. Donaldson, J., Richter, T., & Gulliver, T (2013). The state of homelessness in Canada 2013. Toronto, ON: Canadian Observatory on Homelessness Press.

### 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 does not capture each and every homeless person and participation in the survey by those who are identified as homeless is voluntary.

The number of people living homeless based on the 2020 PiT method used over a 24-hour period March 3 & 4, 2020 includes the number of homeless people who officially stayed in emergency shelters, temporary extreme weather shelters, and transition houses in communities where these are available, persons identified as living homeless by the interviewers using screening questions, plus persons with no fixed address, who were in hospitals and jails.

The demographic and health data, information on housing and homelessness and other personal information are based on responses by those voluntarily agreeing to be interviewed. Responses to survey questions are influenced by respondents' interpretation of the meaning of questions and further influenced by the respondents' physical, psychological, cognitive and emotional state at the time of the interview and the relative conduciveness or not of the physical setting during 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, and contribute to longitudinal data analysis. The localized portrait that emerges from the data also assists with community planning at the municipal government level and provides data for continued advocacy with municipal, regional, provincial and federal governments.

For the purpose of further comparison, estimates derived from snapshot surveys may be compared with HIFIS data (Homeless Individuals and Families Information System). Additionally, communities can undertake a homeless count and survey using what is referred to as a Period Prevalent Method (PPM) whereby over a set period of time e.g. 3 or 6 months a "census" is undertaken of people who live homeless. Using this method various steps must be taken and procedures put in place to comply with statutory codes regarding privacy and confidentiality.

### 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. The following approach was applied 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.
- All interviewers attended a mandatory training session prior to the survey.

# 2. EXTENT OF HOMELESSNESS IN THE FVRD IN 2020

## 2.1 Number of Homeless People in FVRD Communities

The FVRD communities included in the survey are Abbotsford, Chilliwack, Mission, Agassiz– Harrison, Hope, and Boston Bar. The total number of homeless people enumerated during the 24-hour period on March 2 and 3, 2020 is **895 persons.** The distribution across the region is shown in Table 1. By comparing Census data with homeless count data, homelessness per capita rates can be calculated. Based on this, the per capita rate of homelessness in the FVRD increased from 0.22% in 2017 to 0.29% in 2020.

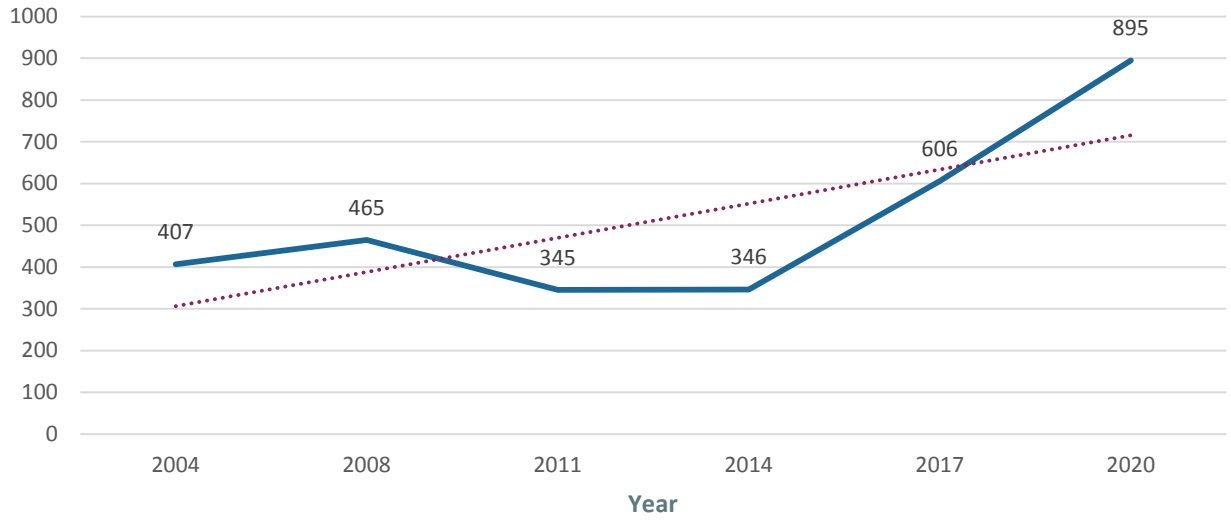


**Figure 2: FVRD Homeless population totals 2004-2020**

The per capita rate for Abbotsford increased from 0.19% in 2017 to 0.21% in 2020, Chilliwack from 0.26% to 0.33%, Mission from 0.16% to 0.44%, Hope, including Boston Bar/North Bend, from 0.64% to 0.85% and Agassiz-Harrison from 0.07% to 0.11%. Thus, a per capita increase in homelessness in all communities from 2017 to 2020, with the biggest per capita increase in Mission, followed by Hope and smaller per capita increases in Chilliwack, Abbotsford and Agassiz-Harrison.

**Table 1: Number of Respondents per Community Compared to Relative Population Size**

| DISTRICT | 2017 (n) Persons | 2017 (%) Persons | 2017 (n) Population | 2017 (%) Population | 2020 (n) Persons | 2020 (%) Persons | 2020 (n) Population | 2020 (%) Population |
|---|---|---|---|---|---|---|---|---|
| **Abbotsford** | 274 | 45% | 141,405 | 51% | 333 | 37.2% | 152,267 | 51% |
| **Chilliwack** | 221 | 37% | 83,800 | 30% | 306 | 34.2% | 91,797 | 30% |
| **Mission** | 63 | 10% | 38,830 | 14% | 178 | 19.9% | 39,873 | 13% |
| **Hope Boston Bar** | 42 | 7% | 6,473 | 2% | 69 | 7.7% | 8,095 | 3% |
| **Agassiz-Harrison** | 6 | 1% | 7,540 | 3% | 9 | 1% | 7.540 | 3% |
| **Total** | **606** | **100%** | **278,048** | **100%** | **895** | **100%** | **299,572** | **100%** |

The number of homeless persons in the FVRD increased from 606 persons in 2017 to 895 in 2020. The community of Abbotsford reported 59 more homelessness persons. The community of Chilliwack reported 85 more persons. Mission reported the largest increase in homeless persons from 63 persons in 2017 to 178 persons in 2020; that is 115 more people. Hope and Boston Bar/North Bend reported an increase of 33 persons and Agassiz-Harrison saw an increase from 6 to 9 persons.

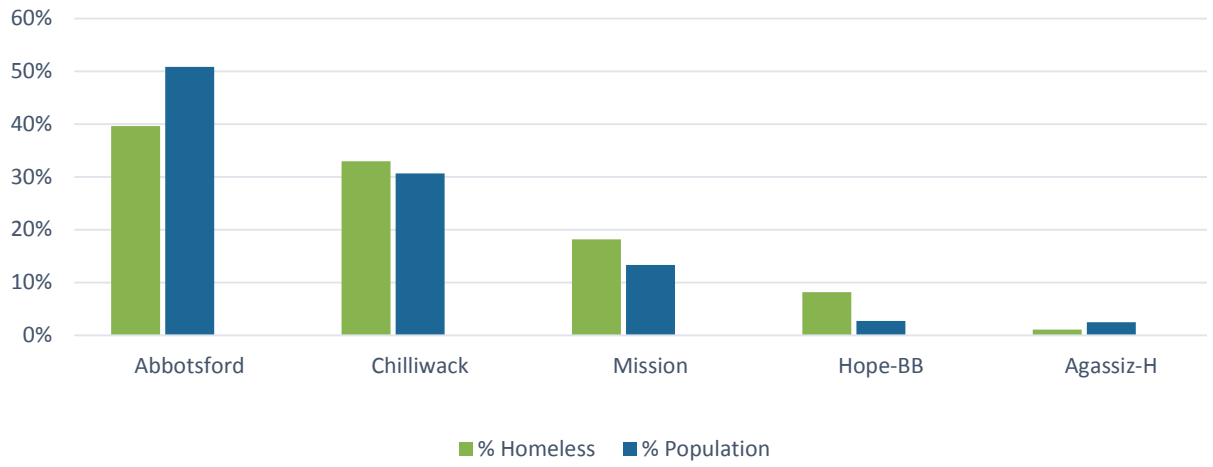


**Figure 3: Homeless Persons compare with General Population per Community (%)**

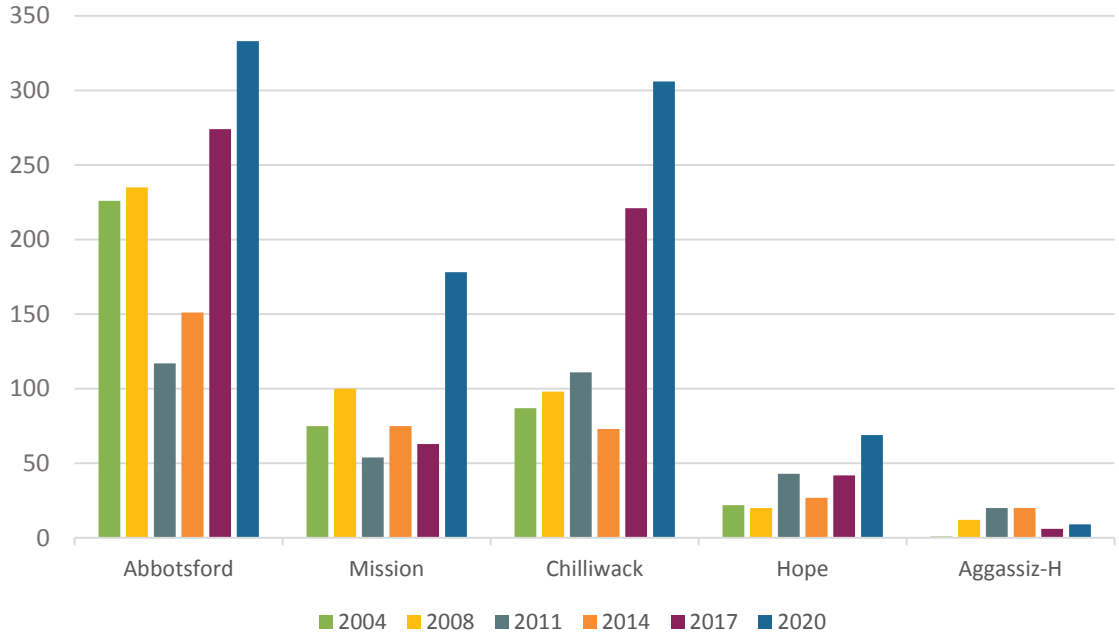


**Figure 4: Homeless population totals per community: 2004– 2020**

## 2.2 Cause of Homelessness

The three causes for homelessness representing the largest response categories i.e. 20% or higher, during the FVRD 2020 survey are interpersonal conflict, family/relational breakdown including abuse (34%); income too low/lack of affordable/suitable housing (23%) and addiction (21%). See Table 2 below.

**Table 2: Causes for having lost housing**

| Reason Given | 2020(N) | 2020(%) |
|---|---|---|
| Interpersonal Conflict, Family/Relational Breakdown including Abuse | 230 | 33.5% |
| Income Too Low/lack of affordable/suitable housing | 157 | 22.9% |
| Addiction | 142 | 20.7% |
| Mental Health | 52 | 7.5% |
| Physical Health/Disability issue | 24 | 3.5% |
| Death of spouse/partner/family Member | 16 | 2.3% |
| Building Sold | 42 | 6.1% |
| Complaint | 24 | 3.5% |
| **Total** | **687** | **100%** |

## 2.3 How to end Homelessness

Respondents were asked what is keeping them from finding a home and how can their homelessness be ended. The reasons that respondents provided for keeping them from finding a home relate mostly to affordability and further complicated by health issues (see Table 4 below). The three main solutions for ending homelessness based on respondents' answers were:

- More affordable/suitable housing
- Higher wages/Employment
- Improvement in health and addiction

A further 29 or (6%) of respondents indicated that they don't know what would end homelessness for them. Table 3 is a reflection of the answers that the respondents provided for how to end homelessness.

**Table 3: How to end homelessness**

| End of Homelessness | 2020 (N) | 2020 (%) |
|---|---|---|
| Affordable/Suitable Housing | 278 | 58.0% |
| Higher wages/Employment | 94 | 19.6% |
| Improvement in health and addiction | 41 | 8.5% |
| Don't Know | 29 | 6.0% |
| Other | 38 | 7.9% |
| **Total** | **480** | **100%** |

## 2.4 Reason for not finding a home

In response to the question what is keeping you from finding a home (place of your own), the majority of respondents (53%) cited "rent too high/income too low" as the reason for not finding a home. Another reason indicated by a significant proportion of respondents is addiction (15%) for not finding a place (housing) to stay in. Thirteen percent (13%) of respondents stated that they do not know what the reason is for not being able to find housing (see Table 4 below).

**Table 4: Reason for not finding a home**

| Reason for not finding a home | 2020 (N) | 2020 (%) |
|---|---|---|
| Rent too high/Income too low | 226 | 53.4% |
| Addiction | 64 | 15.2% |
| Mental Health | 19 | 4.5% |
| Other | 58 | 13.7% |
| Don't Know | 56 | 13.2% |
| **Total** | **423** | **100%** |

## 2.5. Length of Homelessness

Under the National Homelessness Partnering Strategy (HPS), now known as Reaching Home Canada, 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)"[6]

Using the above description and based on data from the 2020 survey the proportion of chronic homeless people in the FVRD is 67% which is close to the 69% reported in 2017. Twenty percent (20%) are homeless for a period of one to six months. Only 6% of surveyed individuals reported that they are homeless for less than 1 month. However, the latter does not necessarily denote new entry into homelessness, as shorter durations of homelessness could also represent episodic homelessness. See Figure 6 below for length of homelessness comparing 2017 and 2020 data.

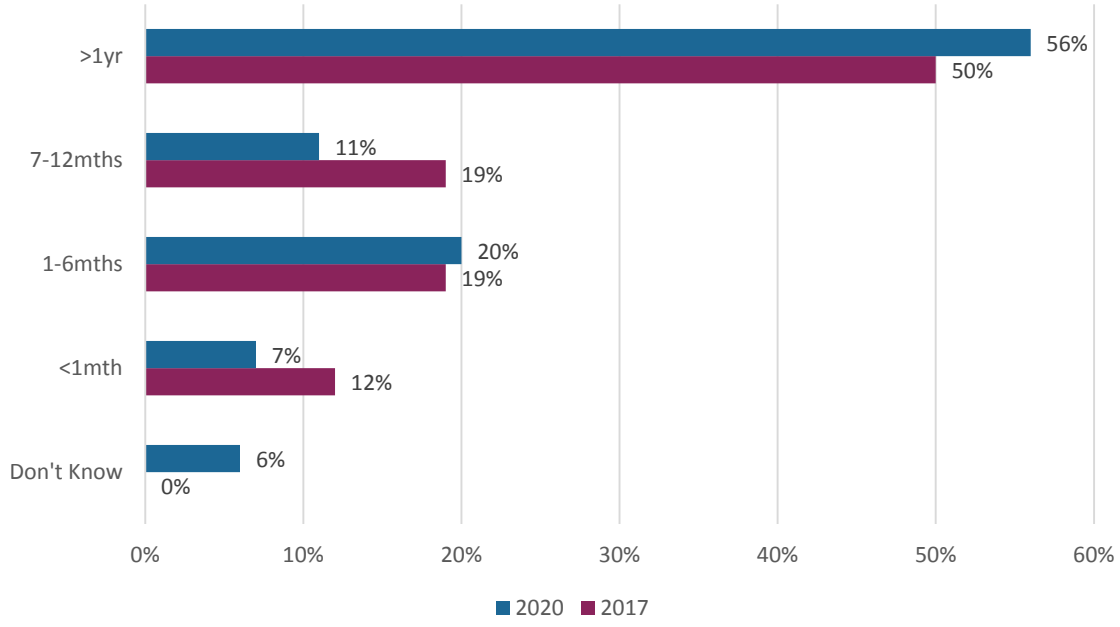


**Figure 5: Length of homelessness**

[6] Economic and Social Development Canada, 2016

## 2.6. Health Problems

Survey respondents were asked to report health problems, i.e. medical condition, physical disability, mental illness and addiction (see Table 5 and Figure 7 below).

**Table 5: Reported Health Problems**

| Health Issue | 2017 (N) | 2017 (%)[7] | 2017 (TR) | 2020 (N) | 2020 (%)[8] | 2020 (TR) |
|---|---|---|---|---|---|---|
| Addiction | 333 | 45.9% | 23.5% | 440 | 49.2% | 14.1% |
| Mental Illness | 232 | 38.38% | 16.0% | 287 | 32.1% | 13.9% |
| Physical Disability | 142 | 23.4% | 10.3% | 170 | 20.0% | 27.1% |
| Medical Condition | 239 | 39.4% | 25.7% | 245 | 27.47% | 35.5% |

The individual cases reported for addiction are 440, mental illness 287, medical condition 245 and physical disability 170. Expressed as percentages of the total number of homeless persons, those living with addiction, with mental illness and physical disabilities represent respectively 49%, 32% and 20% of the homeless population in the FVRD (see Table 5 above). Responses from 2017 and 2020 show that homeless persons in the FVRD continue to reflect high prevalence of health problems and that most of it, according to responses received, goes untreated if the low percentages for receiving treatment is used as an indicator. To state it differently; a significantly low percentage of respondents indicated that they receive treatment in comparison to the substantial proportion that reported addiction, mental illness and other health problems.

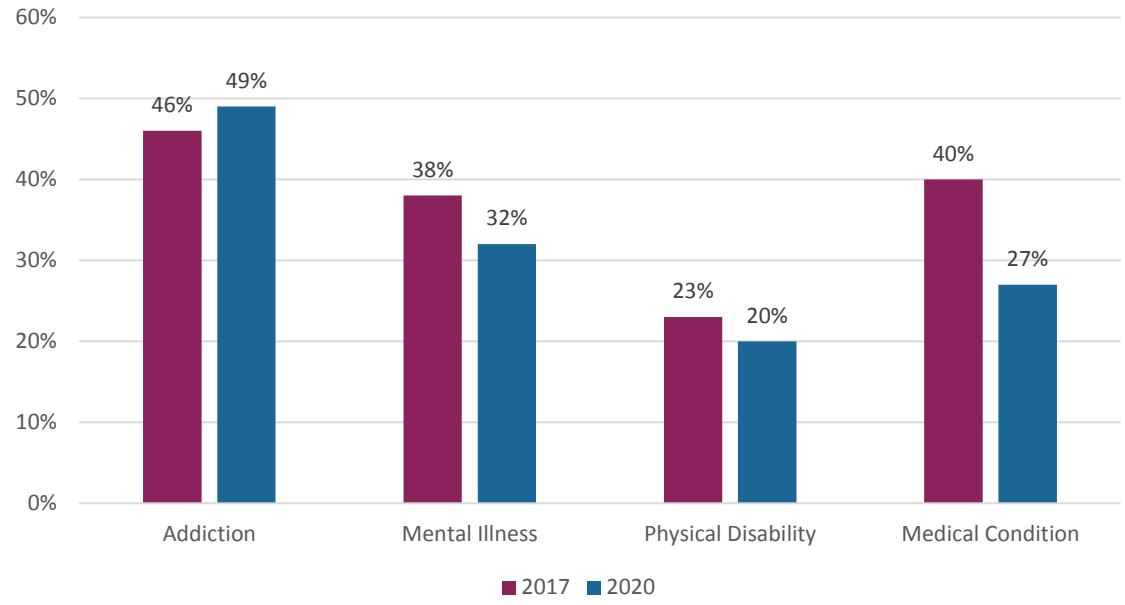


**Figure 6: Health issues 2017 and 2020**

[7] Expressed as percentage of total homeless population of 606.
[8] Expressed as percentage of total homeless population of 895.

When comparing health issues based on data from 2008, 2011, 2014, 2017 and 2020 surveys (see Figure 8 below) it shows an increase over the period 2008-2017 of the proportions of homeless people living with addiction and mental illness and those who have a physical disability or reporting a medical condition. Since 2014 and each subsequent tri-annual count the percentage for addiction remains around 50%, mental illness around 30%, physical disability around 20% and medical condition around 25% with the exception of the 40% related to medical condition in 2017.[9]

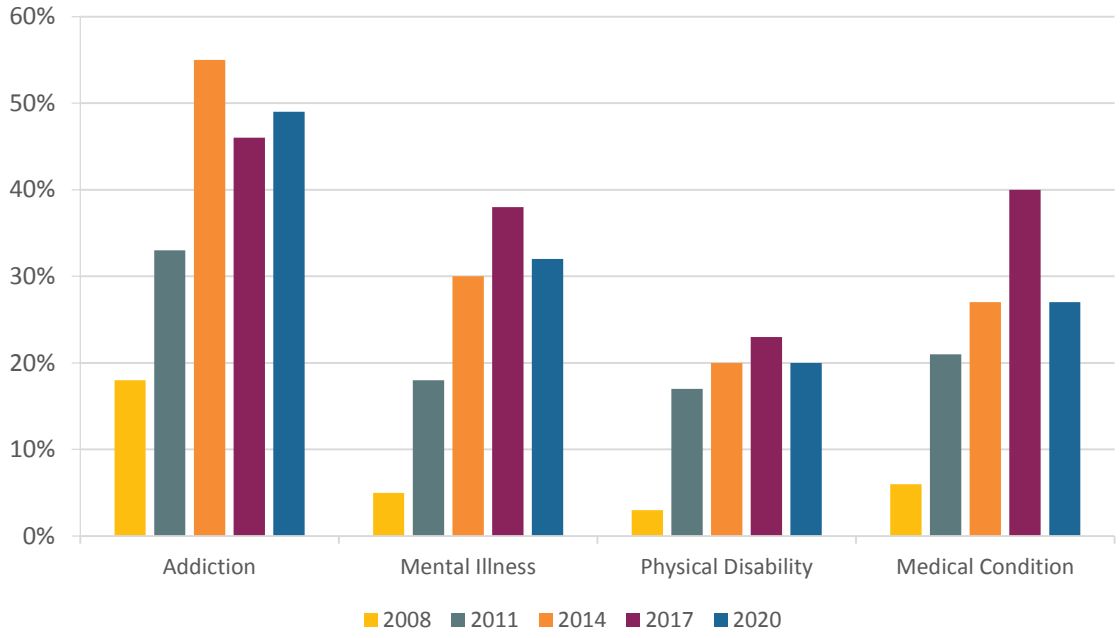


**Figure 7: Health issues 2008-2020**

### 2.4.1 Acquired Brain Injury (ABI)

The 2020 survey included a new question related to acquired brain injury (ABI). An Acquired Brain Injury is any damage to the brain that occurs after birth and that is not related to a congenital or a degenerative disease. Causes may include traumatic injury, seizures, tumors, infectious diseases, events where the brain has been deprived of oxygen and toxic exposure such as substance abuse. The number of persons living homeless in the FVRD who reported having an acquired brain injury is 112, or 13% of the total homeless population. *An ABI is* one of the key causes of disability in individuals under the age of 45[10] and it can have serious consequences for the person's level of independence[11]

[9] Proportions calculated as a percentage of total homeless population for each tri-annual count.
[10] Canadian Institute of Neurosciences, Mental Health and Addiction, 2020.
[11] Canadian Brain Foundation, 2020.

### 2.4.2 Access to Family Doctor or Walk-In Clinic

Respondents were asked if they had access to a family doctor or a walk-in clinic. The 2020 data showed that 448 individuals, representing 52% of the total number of homeless persons in the FVRD were able to access medical services through a family doctor or a Walk-In Clinic. This number of 448 breaks down into 171 who make use of a Family Doctor and 277 who make use of a Walk-In Clinic as shown in the Table 6 below. This data also indicates an increase in the proportion of homeless persons accessing health care from 70% in 2017 to 85% in 2020.

**Table 6: Access to family doctor or walk-in clinic**

| Service | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Family Doctor** | 138 | 30.5% | 171 | 32.6% |
| **Walk-In Clinic** | 180 | 39.7% | 277 | 52.7% |
| **Neither** | 135 | 29.8% | 77 | 14.7% |
| **Total** | **453** | **100.0%** | **525** | **100.0%** |

## 2.7. "Sheltered" and "Unsheltered" Homeless Persons

The number of homeless persons staying in official shelters in the five communities within the FVRD was 225 or 37% in 2017 and 381 or 43% in 2020 and those surveyed outside including those in cars, vans, campers, trailers, RVs totaled 201 or 33% in 2017 and 385 or 43% in 2020. Those who reported that they were sleeping at the homes of friends or family (couch surfing) totaled 122 or 20% in 2017 and 101 or 11% in 2020. Persons with no fixed address in hospitals totaled 14 or 2% in 2017 and 27 or 3% in 2020 (see Table 7 below).

Fifty-nine (59) respondents indicated that they were accompanied by a spouse or partner and ten (10) respondents stated that they had children with them. Of these ten, five mothers were in Transition Houses with their children. The other five females were couching surfing with their children. Eight (8) respondents reported that they had pets with them.

**Table 7: Accommodation on night of count and survey**

| Place Stayed | 2020 (N) | 2020 (%) |
|---|---|---|
| **Shelter** | 381 | 42.6% |
| **Jail** | 1 | 0.1% |
| **Hospital** | 27 | 3.0% |
| **Outside** | 325 | 36.3% |
| **Car/van/camper** | 60 | 6.7% |
| **Someone else's place** | 101 | 11.3% |
| **Total** | **895** | **100.0%** |

## 2.8. Shelter and Transition House Beds in the Fraser Valley

Table 8 below provides a picture of the number of emergency shelter beds (S Beds), extreme weather beds (E Beds), women's transition house beds (W/T Beds) and youth shelter beds (Y Beds) available in 2017 and 2020 in each FVRD community. The total number of shelter and transition house beds available in 2017 was 396. Based on data obtained from shelter staff during the 2017 count, 238 individuals stayed overnight in shelters and transition houses across the region. This means that 158 beds were vacant across the region on the night of the homeless count in 2017. The total available shelter and transition house beds increased from 396 in 2017 to 492[12] in 2020. Shelter staff reported that 368 beds were occupied during the night of the 2020 count therefore 124 beds were vacant across the region. If all vacant shelter and transition house beds across the region were utilized during the night of March 3, 2020 there would still have been 403 homeless persons without shelter. This translate into 45% of the total of 895 homeless persons in the region in 2020. However, it is very important to realize that vacancies also relate to certain types of shelter facilities such beds/shelter for youth (18 years and younger) and beds/shelter for women with children fleeing conflict, abuse and/or violence. These shelter and transition house facilities are not suitable or appropriate to be used by homeless persons who do not fall into the sub-groups of youth, women and women with children.

**Table 8: Number of Shelter Beds[13] per Community**

| Community | S Beds 2017 | E Beds 2017 | W/T Beds 2017 | Y Beds 2017 | Total 2017 | % 2017 | S Beds 2020 | E Beds 2020 | W/T Beds 2020 | Y Beds 2020 | Total 2020 | % 2020 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Abbotsford** | 64 | 150 | 12 | 4 | 230 | 58% | 90 | 48 | 12 | 16 | 166 | 34% |
| **Mission** | 20 | 15 | 10 | 0 | 45 | 11% | 27 | 50 | 10 | 0 | 87 | 18% |
| **Chilliwack** | 42 | 47 | 12 | 8 | 109 | 28% | 164 | 0 | 30 | 9 | 203 | 41% |
| **Agassiz-H** | 0 | 0 | 0 | 0 | 0 | 0% | 0 | 0 | 0 | 0 | 0 | 0% |
| **Hope-BB** | 4 | 0 | 8 | 0 | 12 | 3% | 28 | 0 | 8 | 0 | 36 | 7% |
| **Total** | **130** | **212** | **42** | **12** | **396** | **100%** | **309** | **98** | **60** | **25** | **492** | **100%** |

Figure 9 below depicts the increase in emergency shelter beds in FVRD communities during the period 2017-2020. Agassiz-Harrison remains the only community with zero available beds in the FVRD and the total number of homeless (895) in the FVRD remains larger than the current number of 492 available beds.

[12] The increase relates mostly to emergency shelter beds and to a lesser extend to Women's Transition House and extreme weather beds. Extreme weather beds are not year-round beds and typically available from November to March each year.

[13] Shelter beds inclusive of emergency shelters, extreme weather shelters, youth shelters and women's transition houses.

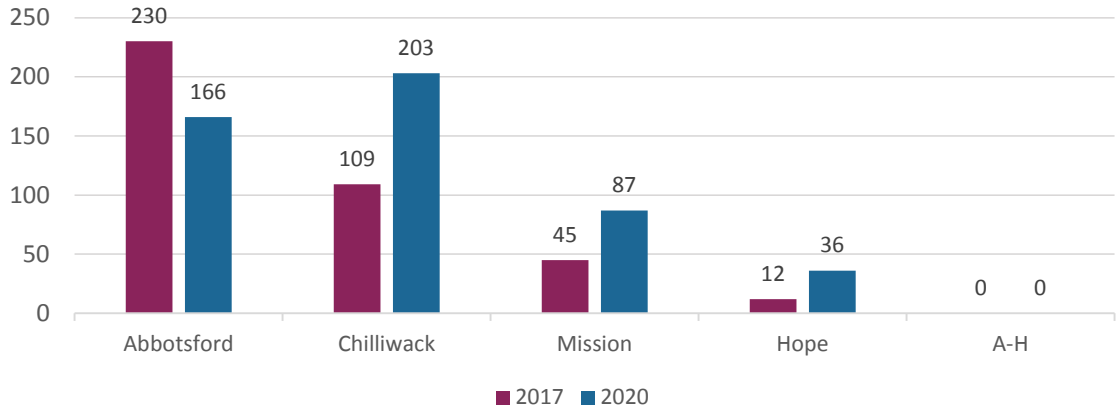


**Figure 8: Change in Shelter Beds[14] per community: 2017-2020**

Figure 10 below provides a picture of the relationships between availability of shelter beds and the number of persons living homeless. The number of available shelter beds are less than the number of homeless individuals in all the FVRD communities. Agassiz has zero beds. Mission has a total of 87 beds with a total count of 178 homeless individuals, thus 91 fewer beds than the number of homeless persons in 2020. Abbotsford has 167 fewer beds than homeless individuals, Chilliwack 103 fewer beds than homeless individuals and Hope has 25 fewer beds than homeless persons based on 2020 count and survey.

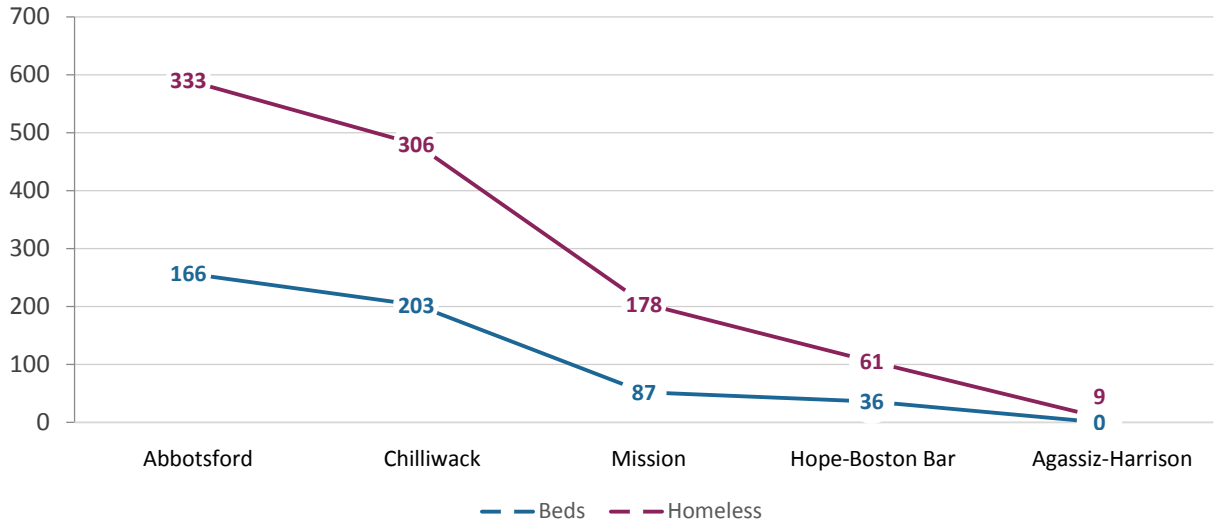


**Figure 9: Shelter Beds[15] compared to number of Homeless Persons by Community**

[14] Shelter beds inclusive of emergency shelters, extreme weather shelters, youth shelters and women's transition houses.

[15] Shelter beds inclusive of emergency shelters, extreme weather shelters, youth shelters and women's transition houses.

Respondents were also asked to state their main reasons for not having used an emergency shelter or transition house the night of the count. Just under a third (31%) of the respondents reported that they either dislike (23%) shelters or that they slept in their vehicle (8%). Social Development Canada (2016) reported that it is a nation-wide trend in all Canadian communities that fewer people are using shelters and a larger number prefer not to use shelters on a continuous basis. The number of homeless persons in the FVRD that slept in shelter beds during the 2017 count was 238 (39%) of the total of 606 homeless individuals and the number of homeless persons who used shelter beds during the 2020 count was 381 (43%) of the total of 895 homeless individuals. Based on these numbers the proportion of homeless persons sleeping in shelters in the FVRD has not decreased.

# 3. HOMELESS PERSONS IN FVRD COMMUNITIES

## 3.1. Overview of Homeless Persons in the Fraser Valley

Based on information obtained from homeless persons during the 2020 count and survey the following overview of homeless people in the FVRD can be presented.

## 3.2. Gender Identity

FVRD counts and surveys of people who live homeless have consistently found men to account for roughly two-thirds of respondents. The gender distribution of homeless persons surveyed in the Fraser Valley in 2017 and 2020 confirms this data, as 64% were male and 35% were female in 2017. In 2020 the proportions are 67% male and 32% female. As previously noted, the Point-in-Time method does not necessarily capture all persons who live homeless not to speak of the challenges to capture hidden homeless persons i.e. women, women with children, families and those who couch surf. Women form a significant proportion of the hidden homeless. As can be seen from Table 9 below, the gender distribution in the FVRD general population based on 2016 Census data breaks down almost evenly between males and females.

**Table 9: Gender of respondents compared to general population**

| Gender | 2017 (N) Homeless Persons | 2017 (%) Homeless Persons | 2020 (N) Homeless Persons | 2020 (%) Homeless Persons | 2016 (N) Census | 2016 (%) Census |
|---|---|---|---|---|---|---|
| **Male** | 352 | 64.1% | 533 | 67.4% | 289,470 | 49.6% |
| **Female** | 193 | 35.2% | 253 | 32.0% | 294,560 | 50.4% |
| **Transgender** | 2 | 0.4% | 0 | 0.0% | n/a | n/a |
| **Other** | 2 | 0.4% | 0 | 0.0% | n/a | n/a |
| **Two-Spirit** | 0 | 0% | 1 | 0.1% | n/a | n/a |
| **Non-binary** | 0 | 0% | 4 | 0.5% | n/a | n/a |
| **Total** | **549** | **100%** | **791** | **100%** | **584,030** | **100.0%** |

## 3.3. Age

The percentage of homeless youth in the category, less than 15 years of age and 15-19year old in the FVRD decreased from 18% in 2014 to 15% in 2017 and to 7% in 2020. The single largest age group based on 2020 data is 30-39 years old that constitute one quarter or 25% of those who live homeless in the FVRD. The FVRD saw an increase in the age category 60 or older from 4% in 2014 to 8% in 2017 and 11% in 2020. The actual number of person 60 years and older more than doubled from 44 in 2017 to 92 in 2020 (see Table 10 below).

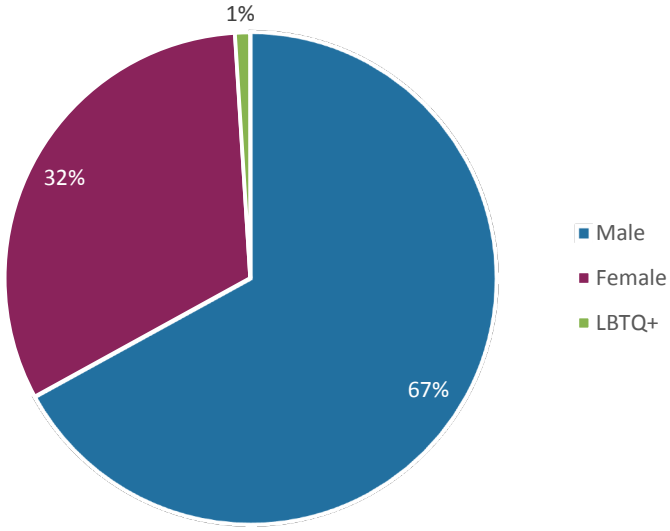


**Figure 10: Gender composition 2020 FVRD homeless population**

**Table 10: Age of respondents - 2014, 2017 and 2020 comparison**

| | 2014 (%) | 2017 (N) | 2017 (%) | 2020 (N) | 2020(%) |
|---|---|---|---|---|---|
| **Less than 15** | 0.0% | 7 | 1.3% | 1 | 0.1% |
| **15-19** | 18% | 78 | 14.5% | 52 | 6.7% |
| **20-29** | 17% | 81 | 15.0% | 136 | 17.4% |
| **30-39** | 22% | 103 | 19.1% | 197 | 25.3% |
| **40-49** | 24% | 109 | 20.2% | 150 | 19.3% |
| **50-59** | 15% | 117 | 21.7% | 151 | 19.4% |
| **60 or older** | 4% | 44 | 8.2% | 92 | 11.8% |
| **Total** | **100%** | **539** | **100%** | **779** | **100%** |

Figures 12 below depict the increase in the age category 50+ and the decrease in age category 19 years and younger over the period 2014-2020. The age group 60 and older presents special health and medical needs requiring a different approach to care than current emergency shelter system is geared for. Suffice to say that an emergency shelter for homeless persons is not an appropriate place for on-going care of a person with health concerns or special needs including needs linked to old age.

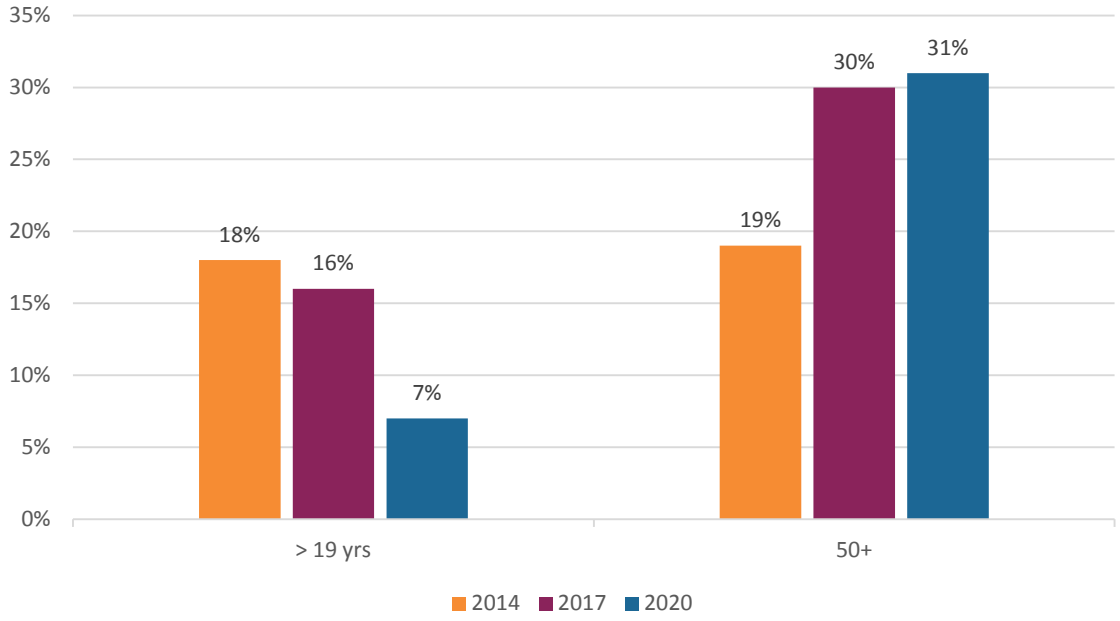


**Figure 11: Proportional decrease and increase for age categories 19 and younger and 60 and older: 2014 – 2020.**

## 3.4. Sexual Identity

Respondents that identified with being heterosexual or straight are the majority at 92% with the remaining 8% divided into smaller percentages of LGBTQ+ categories. A total of 11 individuals (2%) responded with "don't know" to the question "How do you describe your sexual orientation?" (see Table 11 below).

**Table 11: Sexual identical of respondents**

| Sexual Identity | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Heterosexual/Straight** | 410 | 89.9% | 545 | 92.1% |
| **Bisexual** | 30 | 6.6% | 21 | 3.6% |
| **Two-Spirited** | 5 | 1.1% | 0 | 0.0% |
| **Gay** | 4 | 0.9% | 6 | 1.0% |
| **Other** | 4 | 0.9% | 2 | 0.3% |
| **Questioning** | 2 | 0.4% | 1 | 0.2% |
| **Don't know** | 0 | 0% | 11 | 1.9% |
| **Pansexual** | 0 | 0% | 2 | 0.3% |
| **Lesbian** | 1 | 0.2% | 2 | 0.3% |
| **Not listed** | 0 | 0.0% | 2 | 0.3% |
| **Total** | **456** | **100.0%** | **592** | **100%** |

## 3.5. First Nation/Indigenous Presence

Homeless individuals in the FVRD that identified as First Nation or with having Indigenous ancestry, total 200 in 2020, constituting 33% of the respondents compared to 174 or 35% of respondents in 2017 as depicted in Table 12 below. Two thirds of respondents do not identify as First Nation or as having Indigenous ancestry. The 200 respondents who identify as First Nation or having Indigenous ancestry represent 22% of the total homeless population in the FVRD in 2020 compared to 174 or 29% in 2017. Therefore, although the number of respondents who identified as First Nation or as having Indigenous ancestry has increased from 2017, their proportion of the total homeless population in 2020 is smaller given an increase in the number of homeless persons who do not identify as First Nations or as having Indigenous ancestry in 2020 compared to 2017.

**Table 12: First Nation/ Indigenous presence among homeless persons**

| Aboriginal Homeless Presence | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **First Nations** | 118 | 23.7% | 163 | 27% |
| **Other NA Indigenous Ancestry** | 17 | 3.4% | 5 | 0.8% |
| **Metis** | 37 | 7.4% | 28 | 4.6% |
| **Inuit** | 2 | 0.4% | 1 | 0.2% |
| **Other Indigenous Ancestry** | 0 | 0% | 3 | 0.5% |
| **Does Not Identify as Aboriginal** | 323 | 65.0% | 406 | 67.0% |
| **Total** | **497** | **100%** | **606** | **100%** |

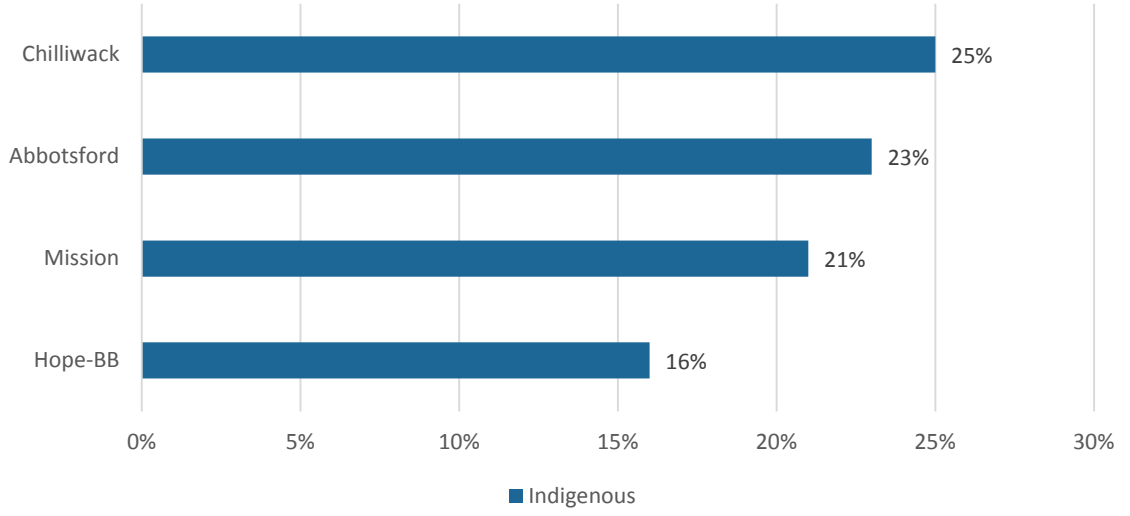


**Figure 12: First Nation/ Indigenous homeless persons as proportion of total homeless population per community (%)**

As depicted above (Figure 14), Chilliwack has the highest proportion of homeless individuals identifying as First Nation or as having Aboriginal ancestry, followed closely by Abbotsford and Mission and a smaller proportion in Hope-Boston Bar/North Bend. At 22% as a proportion of total number of people who live homeless in the FVRD, First Nations/Indigenous persons are overrepresented in the homeless population compared to the proportion of Aboriginal people in the general FVRD population.

## 3.6. Community From

Respondents were asked to indicate the community that they moved from to the FVRD community where they were interviewed. The percentage of homeless individuals that are from the community where they were interviewed in the FVRD or from another community in the FVRD make up 31% of the responses compared to 33% in 2017 and 32% in 2014. The rest of those found to live homeless in 2020 in FVRD communities moved to FVRD communities from Vancouver (25%), other parts of Canada (21%) and the rest of BC (20%).

**Table 13: Community moved from**

| Home Community | 2014 (N) | 2014 (%) | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|---|---|
| **FVRD** | 67 | 32.7 | 109 | 33.0% | 119 | 30.9% |
| **Metro Vancouver** | 56 | 27.3 | 43 | 13.0% | 94 | 24.5% |
| **Another Part of BC** | 38 | 18.5 | 115 | 34.8% | 76 | 19.8% |
| **Another Part of Canada** | 39 | 19.1 | 46 | 13.9% | 80 | 20.8% |
| **Another Country** | 5 | 2.4 | 17 | 5.2% | 15 | 3.9% |
| **Total** | **205** | **100.0%** | **330** | **100.0%** | **384** | **100%** |

It is worth noting that these statistics can be misleading when looked at in isolation. It needs to be interpreted with the information on length of residency below. For example, a person reporting moving from another part of BC or Canada could be newly homeless but could have lived in the FVRD for more than a decade as is reflected in Table 14.

## 3.7. Length staying in local Community

Survey findings reveal that almost half (49%) of the those living homeless in 2020 lived in the FVRD for more than 11 years and more than a third (39%) have always lived in their community (see Table 14 and Figure 15 below).

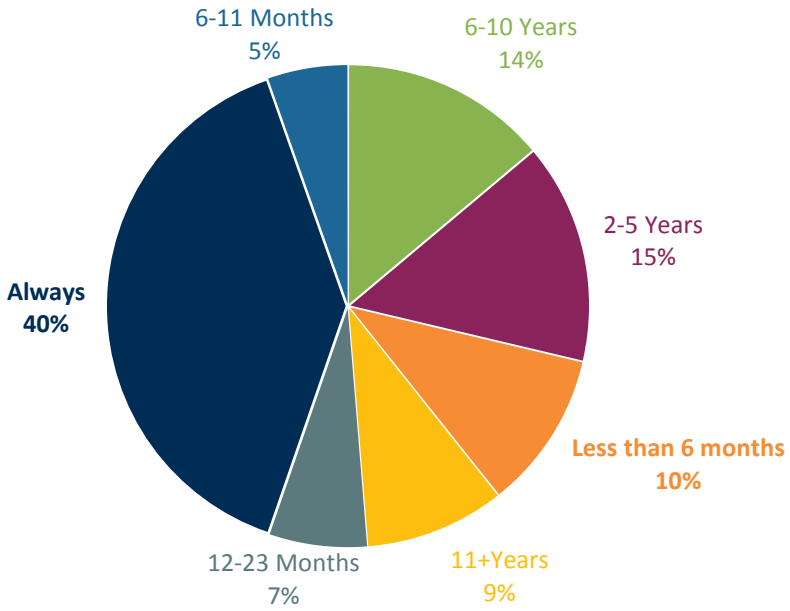


**Figure 13: Length staying in local community**

**Table 14: Length of stay in local community**

| Length of Residency | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Less than 6 months** | 72 | 15.8% | 57 | 10.4% |
| **6-11 months** | 23 | 5.1% | 29 | 5.3% |
| **12-23 months** | 16 | 3.5% | 36 | 6.6% |
| **2-5 years** | 60 | 13.2% | 81 | 14.8% |
| **6-10 years** | 66 | 14.4% | 76 | 14.0% |
| **11 or more years** | 124 | 27.3% | 51 | 9.3% |
| **Always** | 94 | 20.7% | 216 | 39.6% |
| **Total** | **455** | **100.0%** | **546** | **100%** |

## 3.8. Sources of Income

There was no significant change in sources of income from the 2017 point in time count to the 2020 count. More than 90% of the respondents were unemployed during both counts. A small percentage (6%) reported that they hold either a part-time or full-time job in 2017 and 8% reported the same in 2020. To put it differently, in 2017, 48 individuals reported having a part-time or a full-time job. In 2020, 75 persons reported having a part time or full-time job. As a percentage of the total number of people deemed to live homeless in 2017 (606) and in 2020 (895) the percentage or proportion of those having a part-time or full-time job is 8%.

The two sources of income representing the biggest response categories were the same in 2017 and 2020 with Income Assistance (24%) in 2017, and 26% in 2020. By combining the two categories of

Income Assistance and Disability Allowance it is evident that Social Assistance (Welfare) constitutes 46% as a category for source of income in 2020 compared to 39% in 2017. Binning (bottle and can collection) remain the third highest reported source of income at 12% in both 2017 and 2020.

**Table 15: Sources of Income**[16]

| Source of Income | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Income Assistance** | 199 | 23.8% | 257 | 26.0% |
| **Disability (Welfare)** | 128 | 15.3% | 197 | 20.0% |
| **Binning/Bottles** | 105 | 12.6% | 123 | 12.4% |
| **No Income** | 74 | 8.9% | 32 | 3.2% |
| **Other (GST/HST Refund/Child Tax Benefit** | 54 | 6.5% | 83 | 8.4% |
| **Panhandling** | 51 | 6.1% | 66 | 6.6% |
| **Family/Friends** | 50 | 6.0% | 41 | 4.1% |
| **Part-time Job** | 43 | 5.1% | 65 | 6.5% |
| **Vending** | 28 | 3.4% | 35 | 3.5% |
| **Disability (CPP)** | 24 | 2.9% | 25 | 2.5% |
| **CPP** | 18 | 2.2% | 27 | 2.7% |
| **Honoraria/Stipend** | 17 | 2.0% | 0 | 0% |
| **Youth Agreement** | 15 | 1.8% | 0 | 0% |
| **Other Pension** | 11 | 1.3% | 7 | 0.7% |
| **Old Age Security** | 10 | 1.2% | 19 | 1.9% |
| **Full-time Job** | 5 | 0.6% | 10 | 1.0% |
| **Employment insurance** | 3 | 0.4% | 6 | 0.5% |
| **Total** | **835** | **100%** | **993** | **100%** |

## 3.9. Service Usage

Respondents used various services over the twelve months preceding the count and survey as outlined in Table 16 below. The services representing the largest percentages of responses in 2020 are emergency shelter, meal programs/soup kitchen, extreme weather shelter, hospital emergency room, and outreach services. When services are clustered together then health care services constitute 43%, shelter and housing services 24%, food services 17%, outreach services 9% and the remaining other services 7% (see Figure 16 below).

[16] Respondents could check of all sources of income that apply to them hence the "N" column representing all responses and not individual respondents or cases. The "%" column expresses the responses for each income source as a percentage of the total number of responses for all sources of income.

**Table 16: Services Usage**[17]

| Service Used | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Meal Program/Soup Kitchen** | 303 | 10.7% | 337 | 9.6% |
| **Emergency Room** | 278 | 9.9% | 304 | 8.7% |
| **Food Bank** | 256 | 9.1% | 255 | 7.3% |
| **Emergency Shelter** | 0 | 0.0% | 399 | 11.4% |
| **Extreme weather shelter** | 255 | 9.0% | 312 | 8.9% |
| **Outreach** | 214 | 7.6% | 301 | 8.6% |
| **Harm Reduction** | 185 | 6.6% | 265 | 7.5% |
| **Ambulance** | 177 | 6.3% | 198 | 5.6% |
| **Other Addiction Services** | 160 | 5.7% | 118 | 3.4% |
| **Non-Emergency Medical** | 144 | 5.1% | 181 | 5.2% |
| **Health Clinic** | 0 | 0.0% | 217 | 6.2% |
| **Probation/Parole** | 126 | 4.5% | 104 | 3.0% |
| **Mental Health Services** | 119 | 4.2% | 135 | 3.7% |
| **Employment** | 106 | 3.8% | 95 | 2.7% |
| **Dental Services** | 77 | 2.7% | 71 | 2.0% |
| **Housing Help/ Eviction Prevention** | 65 | 2.3% | 56 | 1.6% |
| **Transitional Housing** | 53 | 1.9% | 57 | 1.5% |
| **Other** | 37 | 1.3% | 38 | 1.2% |
| **None** | 10 | 0.4% | 62 | 1.8% |
| **Newcomer Services** | 3 | 0.1% | 5 | 0.1% |
| Total | 2819 | 100.1% | 3510 | 100% |

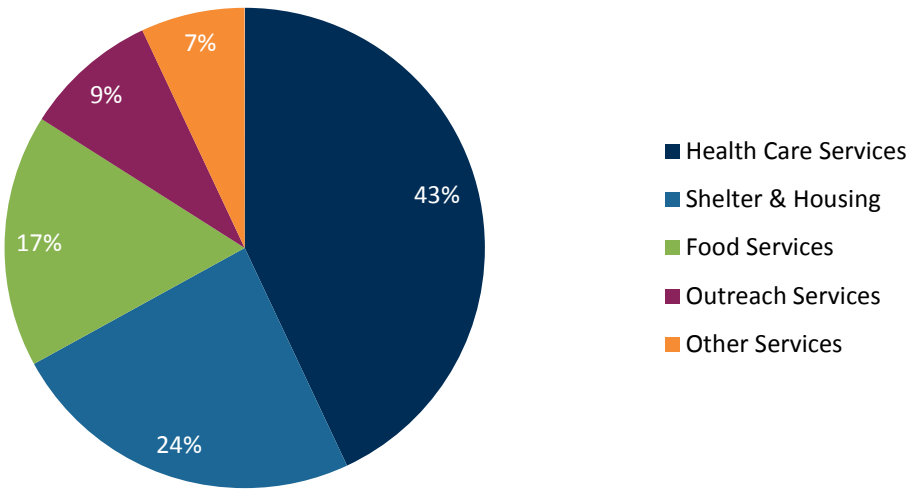


**Figure 14: Services by usage**

Respondents could check of all sources of income that apply to them hence the "N" column representing all responses and not individual respondents or cases. The "%" column expresses the responses for each income source as a percentage of the total number of responses for all

## 3.10. Government Care

A total number of 114 individuals, representing 19% of the total homeless population in the FVRD, reported in 2017 that they had been in Government Care at some stage during their life. In 2020 the number is 235, constituting just more than a quarter or 26% of the total number of homeless people in the FVRD in 2020. For the purpose of this survey and the report on it, Government Care includes:

- foster care
- youth group home
- youth agreement
- independent Living Agreement
- residential school

## 3.11 Length in Canada

The percentage respondents that indicated that they were new to Canada within the last five years were 0.3% or 1 person and 0.4% or 2 persons respectively in 2017 and 2018. The 2017 and 2020 data show that the homeless population in the FVRD is almost exclusively made up of individuals who have lived in Canada for longer than five years and who did not come to Canada as immigrants or refugees (see Tables 17 and 18 below).

**Table 17: New to Canada within the last five years**

| New Last 5 Years | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Yes** | 1 | 0.3% | 2 | 0.4% |
| **No** | 363 | 99.7% | 478 | 99.6% |
| **Total** | 364 | 100.0% | 480 | 100% |

The majority (95%) of the respondents indicated that they are Canadian born. The number of individuals that indicated that they are immigrants increased from 7 (2017) to 29 (2020). One respondent specified 'Other' because of having dual US-Canada citizenship.

**Table 18: Canadian status**

| Immigrant/Refugee | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Immigrant** | 7 | 5.5% | 29 | 5.0% |
| **Refugee** | 1 | 0.8% | 1 | 0.2% |
| **Other** | 0 | 0.0% | 1 | 0.2% |
| **Canadian** | 119 | 93.7% | 549 | 94.6% |
| **Total** | **127** | **100.0%** | **580** | **100%** |

## 3.12 Service with Canadian Forces or First Responder

The number of respondents that indicated that they served in the Canadian Forces were 16 in 2017 and 23 in 2020. In addition, six (6) former First Responders were amongst those living homeless in 2017 and four (4) in 2020. The percentage homeless individuals in 2020 that served as either First Responder or in the Canadian Forces therefore constitute 3% of the homeless population in the FVRD.

# SUMMARY OF FINDINGS

- The number of homeless persons in FVRD based on the 2020 Homelessness Count and Survey is 895. Of this number, 381 were in shelters, 325 outside, 101 couch-surfed, 60 were in vehicles, 27 in hospital (NFA) and 1 in jail (NFA).

- The number of persons who are homeless in the FVRD is trending up using 2014 as the base year.

- There is an increase in the number of homeless persons from 2017 in each of the five communities with the largest increase recorded in Mission.

- There is an increase in the proportion of homeless persons who were in shelters but also an increase in the proportion of those living in vehicles.

- Emergency shelter beds, with the exception of Abbotsford, have increased from 2017 but the number of homeless persons is still significantly higher compared to the available emergency shelter beds.

- The following factors individually or in various combinations appear to contribute to homelessness in the FVRD:
    - High rent
    - Low income
    - Inadequate supply of affordable, suitable and supportive housing
    - Addiction
    - Mental illness
    - Family or relational breakdown including conflict, abuse and violence

- The 2020 FVRD Point-in-Time count and survey once more reveals the urgent need for appropriate housing in the form of long-term housing and care facilities (care homes) for chronic homeless persons, including those 50 and older, inclusive of those living with addiction, mental illness, physical disability, acquired brain inquiry and those at risk of dying from unintentional illicit drug toxicity.

- Chronic homelessness i.e. homeless for 6 months or longer and living with addiction, mental health and other health problems remains, at a two thirds level; a large proportion of the homeless population.

- The prevalence of addiction, mental illness, physical disability and other health issues remains concerningly high among those who are homeless in the FVRD. Juxtaposed by the relatively low number of respondents who reported receiving treatment.

- Respectively 49%, 32% and 13% of homeless persons in the FVRD live with addiction, mental illness and an acquired brain injury. This represents 440, 287 and 112 individuals respectively.

- A significant number of respondents (235) indicated that they had experience of being in government care. This number represent (26%) of the homeless population in the FVRD.

Government care refers to foster care, youth group homes, youth agreements, independent living agreements and having been in residential school.

- The gender composition of the homeless population continues in the order of one third females and two thirds males compared to the general population where the split is basically 50/50.

- The single largest age category is 30-39 years of age. Those 39 years of age and younger and those 40 years of age and older are similar in proportion at roughly fifty percent each. However, those 50 years of age and older constitute a significant proportion at 31%. Compared to 2014 data those 50 years of age and older has increased in number and proportion and those 19 years of age and younger has decreased in number and proportion.

- Sexual identity is predominantly heterosexual or straight at 92% and the remaining 8% is made up of LGBTQ+ individuals.

- At 22% as a proportion of the FVRD homeless population First Nations and those with Indigenous Ancestry are over represented compared to their proportion of approximately 4% in the general population. Chilliwack has the biggest proportion of homeless persons who are First Nations or who have Indigenous Ancestry.

- Forty percent (40%) of homeless respondents have always lived in the local community and those who live locally make up 31% of the homeless population.

- Almost halft (46%) of respondents rely on Income Assistance and Disability Allowance (Welfare) as a source of income.

- Eight percent (8%) reported employment, mostly part-time employment, as a source of income.

- Community based services, operated with support from tax dollars, voluntary charitable cash and in-kind donations, paid staff and volunteers, such as meal programs/soup kitchens, foodbanks, emergency shelters, and extreme weather shelters provide much needed relief in respect of food and shelter to homeless people.

- Outreach services and harm reductions services, mostly tax dollar funded, are well used by homeless persons to navigate daily issues, obtain medical supplies, harm reduction supplies and to connect to other services e.g. health care, legal services, court matters, etc.

- Fraser Health provided ambulance services, hospital-based emergency room care and non-emergency hospital services and care are also fulfilling an important role in terms of health care provision to homeless people.

# CONCLUSIONS

Continuing working towards an increase in affordable and suitable housing remains an important issue in the FVRD to enable low income individuals and families to have a place to call home and to prevent homelessness.

Appropriate long-term care homes are needed for chronically homeless individuals who live in the FVRD with specific medical issues and the need for concomitant medical care.

The discrepancy between the current social assistance income level, housing affordability and housing suitability presents a significant challenge for homeless individuals. This discrepancy is made starker by the reality of the prevalence of addiction, mental illness, physical disability, physical health ailments and acquired brain injury among homeless persons.

Affordable housing remains an important issue for all people with low-income. However, it often lacks suitability for those with mental illness, physical health ailments, addiction and acquired brain inquiry. This challenging reality is further compounded by the lack of adequate health care and support.

Addiction is a main factor that contributes towards unintentional illicit drug toxicity deaths in British Columbia (accidental and undetermined) that lead to a declaration of a public health emergency in April 2016. In 2018, 1,543 suspected drug toxicity deaths were recorded in BC and 981 in 2019. Abbotsford was among one of the communities that experienced the highest number of illicit drug toxicity deaths during 2019. Fraser Health recorded 282 deaths of illicit drug toxicity deaths during 2019. Thirty percent (30%) or 84 of these deaths in 2019 occurred in indoor locations that include, among others, social and supportive housing, SROs, shelters and 12% or 33 occurred outside in vehicles, sidewalks, streets, parks, wooded areas and campgrounds etc.[18]

In relation to the intersection with homelessness, the prevalence of unintentional illicit drug toxicity deaths remains a concern. The latter confirms the urgent call for a more homeless specific inclusive approach as part of any government plan e.g. the Pathway to Hope: Roadmap for making mental health and addictions care better for people in British Columbia.

The need for appropriate long-term care facilities (housing) is evident in the prevalence of addiction, mental illness, acquired brain injury, physical disability and other health related ailments. This need is further accentuated by the degree to which these conditions go untreated or not treated in a timely fashion and the usage of medical services reported by the 2020 respondents during the point in time count.

Point-in-Time counts reveal that community services that experience high usage by people who live homeless include emergency rooms at hospitals. Emergency rooms focus on providing urgent or emergency care and not long-term care for mental health challenges, physical ailments or disabilities, addiction, and acquired brain inquiry.

The lack of suitable long-term housing with support and care necessitates a paradigm shift. Consideration of a new paradigm is necessary. A paradigm emphasizing suitability of housing and determining what constitutes suitability, given prevalence of health issues, diagnosis and prognosis thereof, and age of those living homeless especially those 50 years of age and older. Policy and

[18] BC Coroners Services of British Columbia, 2020.

practice rethink are needed related to the current urgent care model and much needed housing and health care by those who live homeless.

Consideration of a new paradigm for appropriate and suitable long-term care housing and health care in the FVRD calls for regional co-operation, collaboration on the strategic and optimum usage of local and regional resources. The conceptualization, design, testing and implementation of a different housing and health care paradigm and related strategies should be based on evidence and best practice.

Collaboration involving governments, at all levels, the charitable sector, the not-for-profit sector, the private sector and the social enterprise sector is required to facilitate the required paradigm shift in order to create long-term suitable and affordable housing and health care for homeless individuals living with mental illness, physical disability, addiction, and acquired brain injury.

Consideration of a paradigm shift should include regional outcomes related to:

- Upward trend in homelessness
- Unintentional illicit drug toxicity deaths
- Visits to hospital emergency rooms adding to already long wait times at hospital emergency rooms
- Demand on hospital beds and hospital provided medical care
- The discharging of hospital patients with no fixed address into homeless shelters and or back into homelessness
- The inadequacy of emergency shelters to address what is not only a housing issue but also a health care issue
- Unsightly, unhygienic and real and perceived unsafe down town areas or other areas in local communities
- Anti-normative social behaviour
- Community integration to counter anti-social and anti-normative behaviour and increased alienation from community.

Fraser Valley Regional District
2020 Homeless Count and Survey Report

# APPENDICES

# SUB-AREA RESULTS

## City of Abbotsford
## City of Chilliwack
## District of Mission
## Eastern Communities

# Fraser Valley Regional District
# 2020 Homeless Count and Survey Report

## SUB-AREA RESULTS

## City of Abbotsford

Fraser Valley Regional District

Anron Consulting Inc.
Research and Anaylsis

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# ACKNOWLEDGEMENTS

The following organizations must be thanked for their support and contributions to the completion of 2020 homelessness survey in Abbotsford:

- Abbotsford Police Department
- Archway Community Services
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- Cyrus Centre
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- Fraser Health
- Fraser Valley Regional District
- Look-Out Housing and Health Society
- Many Ways Home Housing Society
- Positive Living of the Fraser Valley
- Raven's Moon Society
- Salvation Army, Abbotsford
- SARA for Women
- The 5 & 2 Ministries

A special word of thanks goes to Jesse Wegenast from Archway Community Services who assisted with survey coordination in Abbotsford.

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Thank you also to the volunteers in Abbotsford 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 patiently answered very personal questions.

# 1. INTRODUCTION

Homelessness in Abbotsford has been empirically confirmed in 2004, 2008, 2011, 2014, 2017, 2018 and 2020 through a count and survey of people who live homeless.

## 1.1 Survey Objectives

The objectives of the 2020 tri-annual count and survey are to:

- 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 suitable and supported affordable 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; and
- Inform all levels of government, policy makers, community-based organizations about the extent of homelessness in the FVRD and the need for continued investment by both provincial and federal governments to increase the spectrum of suitable and supported social housing and concomitant support services in FVRD communities.

## 1.2 Defining Homelessness

Homelessness has been a systemic Canadian problem since the 1980s. 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)[1].

Numerous definitions of homelessness exist worldwide. In 2012 the Canadian Observatory on Homelessness (COH) introduced a definition in relation to the Canadian context. 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."[2] 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".[3]

[1] Gaetz, S. (2011). Canadian definition of homelessness: What's being done in Canada and elsewhere? Toronto, ON: Canadian Homelessness Research Network Press.
[2] Canadian Observatory on Homelessness, 2012, p.1.
[3] Canadian Observatory on Homelessness, 2012, p.1.

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".[4] It can be postulated that the causes of homelessness demonstrate the challenging intersection of structural factors, system failures, and individual circumstances. People do not become homeless overnight; instead, it is the result of a constellation of risk factors, which, when combined, may lead to homelessness.[5]

This report on the 2020 homelessness count and survey considers two major factors in defining homelessness: the importance of maintaining consistency with previous FVRD surveys and similar research in Metro Vancouver and other BC communities 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 of their own where they pay rent or which they own and where they can expect to stay for more than 30 days.**

Given this definition, the FVRD 2020 count and survey included persons who are in emergency shelters, safe houses, and transition houses. It also included those who are living outside in temporary make shift camps or some form of shelter, or in tents, those sleeping or spending time during the day on street sidewalks, bus shelters, under bridges, sleeping in vehicles, campers, motorhomes, and recreational vehicles. Included are also those individuals who "couch surf", meaning they sleep at a friend's place or family member's place for a while or they trade favours or services for temporary shelter. Both of the latter instances are not permanent housing solutions. Lastly, included also are those with no fixed address in hospital and in jail at the time of the count. The main trait present in all the afore-mentioned living situations is that people lack their own home where they can live permanently and safely.

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 services or favours for temporary shelter. While this survey includes these situations in its definition of homelessness, people in these more hidden situations would most likely be significantly under-counted by means of a point-in-time count.

## 1.3 Methodology and Ethical Considerations

As already alluded to, 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 count and survey was conducted on March 3 and 4, 2020, and coincided with a similar process in Metro Vancouver and other BC communities. Following the research methodology utilized in previous FVRD counts (2004, 2008, 2011, 2014 and 2017) the process included a nighttime and daytime component for data collection.

[4] Canadian Observatory on Homelessness, 2012, p. 3.
[5] Gaetz, S. Donaldson, J., Richter, T., & Gulliver, T (2013). The state of homelessness in Canada 2013. Toronto, ON: Canadian Observatory on Homelessness Press.

### 1.3.1 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 does not capture each and every homeless person and participation in the survey by those who are identified as homeless is voluntary.

The number of people living homeless based on the 2020 PiT method used over a 24-hour period March 3 & 4, 2020 includes the number of homeless people who officially stayed in emergency shelters, temporary extreme weather shelters, and transition houses in communities where these are available, plus the persons identified as living homeless by the interviewers using screening questions, plus persons with no fixed address, who were in hospitals and jails. The demographic, health data, information on housing and homelessness and other personal information are based on responses by those voluntarily agreeing to be interviewed. Responses to survey questions are influenced by their interpretation of the meaning of questions and further influenced by the respondent's physical, psychological, cognitive and emotional state at the time of the interview and the relative comfort or not of the physical setting during 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, and contribute to 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 municipal, regional, provincial and federal governments.

For the purpose of further comparison, estimates derived from snapshot surveys may be compared with HIFIS data (Homeless Individuals and Families Information System). Additionally, communities can undertake a homeless count and survey using what is referred to as a Period Prevalent Method (PPM) whereby over a set period of time e.g. 3 or 6 months a "census" is undertaken of people who live homeless. Using this method various steps must be taken and procedures put in place to comply with statutory code regarding privacy and confidentiality.

### 1.3.2 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. The following approach was used 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.
- All interviewers attended a mandatory training session prior to the survey.

# 2. EXTENT OF HOMELESSNESS IN ABBOTSFORD IN 2020

## 2.1 Number of Homeless People

Three hundred and thirty-three (333) homeless people were deemed homeless in Abbotsford during the 24-hour period, March 3 and 4, 2020. The number of persons as determined by Point-in-Time (PiT) counts since 2004 is trending upwards in Abbotsford (see Figure 1). The per capita homeless rate in Abbotsford has increased from 0.19 in 2017 to 0.21 in 2020.[6]


**Figure 1: Abbotsford homeless count totals 2004-2020**

## 2.2 Reasons for Being Homeless

Survey respondents were asked to indicate what caused them to have lost their housing most recently. Relational and/or family breakdown, including conflict and abuse constitute the largest response proportion (28%), followed by "income too low" (24%), addiction (21%), and mental health (9%), (see Table 1).

[6] The per capita rate is determined by comparing the total population based on census data with most recent homeless count data.

**Table 1: Cause for having lost housing most recently**

| Reason Given | 2020 (N) | 2020 (%) |
|---|---|---|
| **Income Too Low** | 79 | 23.7% |
| **Building Sold/Renovated** | 24 | 7.2% |
| **Eviction due to complaint** | 14 | 4.2% |
| **Addiction(s)** | 70 | 21.0% |
| **Death of a family member/relative** | 9 | 2.7% |
| **Relational/Family Breakdown including conflict and abuse** | 92 | 27.6% |
| **Mental Illness** | 30 | 9.1% |
| **Poor Physical Health** | 15 | 4.5% |
| **Total** | **333** | **100%** |

## 2.3 Length of Homelessness

Survey respondents were asked to indicate how long they had been homeless. Just over half (52%) are homeless for longer than a year. A significant proportion (22%) has indicated that they are homeless between 1 and 6 months. In 2014 the proportion of those who are homeless for longer than one year was 36%, this category increased to 53% in 2017, to 56% in 2018 and in 2020 it is at 52%. This highlights the apparent entrenchment of homelessness in Abbotsford or confirms the reality that a large proportion of the people who live homeless in Abbotsford are chronically homeless (see Table 2 and Figure 2 below).

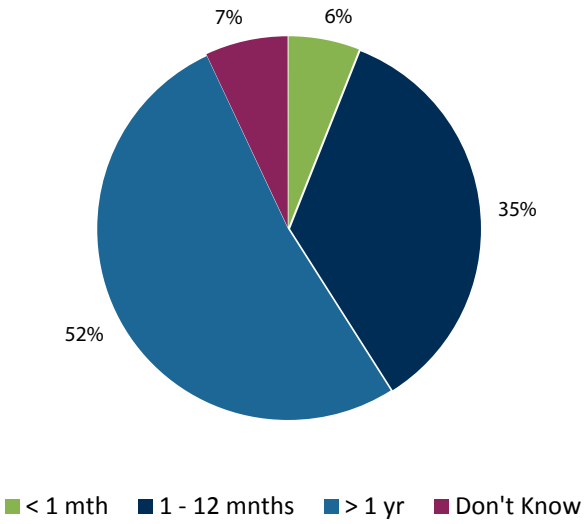


**Figure 2: Length of homelessness 2020**

**Table 2: Duration of homeless: 2017, 2018, 2020**

| Duration | 2017 (N) | 2017 (%) | 2018 (N) | 2018 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|---|---|
| **Less than one month** | 20 | 8.7% | 15 | 7.5 | 14 | 6.0% |
| **1-6 months** | 44 | 19% | 47 | 23.5 | 51 | 21.9% |
| **7 months – 1 year** | 45 | 19.5% | 27 | 13.5 | 31 | 13.3% |
| **More than 1 year** | 122 | 52.8% | 111 | 55.5 | 121 | 51.9% |
| **Don't know** | 0 | 0% | 0 | 0 | 16 | 6.9% |
| **Total** | **231** | **100%** | **200** | **100.0** | **233** | **100%** |

As part of the 2020 survey, respondents were asked what is keeping them from finding a place of their own. Affordability (rent too high), represents the largest response category at 55%, following by "Addiction" at 19% and "Other" at 18% as reasons why housing cannot be found.

Also, during the 2020 survey the question was asked, "What would help end your homelessness?". Once more, the issue of affordability represents the largest response category (60%), followed by "Employment or higher income" at 19% and "Improvement in Mental Health and Addiction" represents 14% of the responses (see Table 4 below).

From the data in Tables 1, 3 and 4 it appears that the lack of affordable housing, according to those interviewed, plays a significant role in why people end up homeless. However, it also seems from the data in the same tables that family and relational breakdown including conflict and abuse within relations, health setbacks or deteriorated health, addictions and low income are indeed significant contributors to people becoming homeless, staying homeless and being unable to exit from homelessness. It is important to note how these factors or calamities take different twists and turns from person to person and intersect in different ways causing homelessness and in some instances trapping people in homelessness..

**Table 3: What is keeping you from finding a place of your own**

| Reason | 2020 (N) | 2020 (%) |
|---|---|---|
| **Rent too high** | 98 | 55.4% |
| **Addiction** | 34 | 19.3% |
| **Mental Health issue** | 10 | 5.6% |
| **Other** | 33 | 18.6% |
| **Don't know** | 2 | 1.1% |
| **Total** | **177** | **100%** |

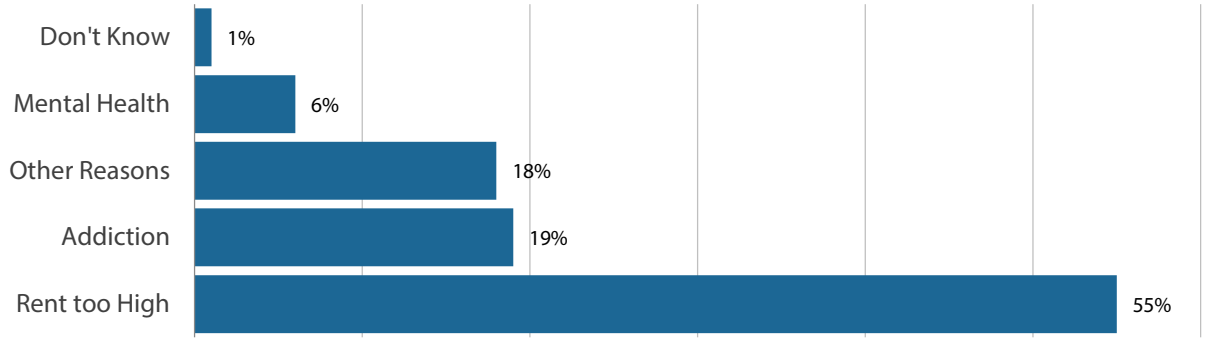


**Figure 3: Reasons for not finding a home**

**Table 4: What would help end your homelessness**

| Solution | 2020 (N) | 2020 (%) |
|---|---|---|
| **Lower rent** | 102 | 60% |
| **Improvement in Health and Addiction** | 25 | 14.7% |
| **Employment** | 33 | 19.4% |
| **Other** | 10 | 5.9% |
| **Total** | **170** | **100%** |

## 2.4 "Sheltered" and "Unsheltered" Homeless Persons

The number of homeless persons surveyed in official shelters represent 37% of people who were homeless on March 3&4, 2020. People living outside during the same 24-hour period represent 41% of the total, and people who were "couch surfing" represent 11% of the total. In addition, 5% or 18 individuals stayed in their vehicle the night of March 3 and Fraser Health reported that 13 persons with no fixed address (NFA) were in medical care/treatment at the Abbotsford Regional Hospital the night of March 3, 2020. Abbotsford Police Department confirmed that one person with not fixed address was in jail the night of March 3 (see Table 5 below).

**Table 5: Accommodation on night of survey**

| Location | 2020 (N) | 2020 (%) |
|---|---|---|
| **Shelter, Safe House or Transition House** | 124 | 37.2% |
| **Outside** | 138 | 41.4% |
| **Someone Else's Place** | 39 | 11.7% |
| **Car, Van or Camper** | 18 | 5.5% |
| **Hospital** | 13 | 3.9% |
| **Jail** | 1 | 0.3% |
| **Total** | **333** | **100%** |

Three female respondents indicated that they had children with them; four (4) children in total. An additional sixteen (16) respondents indicated that they were in the company of a spouse or partner.

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 "Turned Away", (34%), followed by "Dislike" (20%), while those who indicated they stayed in their vehicle accounted for 9% and 8% said they could stay at a friend's place. Respondents who said they could not get to the shelter or those who did not know the reason for not using a transition house or emergency shelter constitute 7% and 8% respectively (see Table 6 below).

**Table 6: Reasons for not using shelter/transition house**

| REASON | 2020 (N) | 2020 (%) |
|---|---|---|
| **Other** | 16 | 13.9% |
| **Able to Stay with Friend/Family** | 9 | 7.8% |
| **Dislike** | 23 | 20% |
| **Turned Away** | 40 | 34.8% |
| **Slept in Vehicle** | 10 | 8.7% |
| **Don't know** | 9 | 7.8% |
| **Couldn't get to Shelter** | 8 | 7% |
| **Total** | **115** | **100%** |

## 2.5 Shelter and Transition House Beds in Abbotsford

Table 7 below provides a picture of the number of emergency shelter beds, extreme weather beds, women's transition house beds and youth shelter beds available. A total number of 124 homeless individuals stayed at official community shelters and the transition house the night of March 3, 2020. The total number of available beds in 2020, 166, consist of 35 beds at Salvation Army emergency shelter; 40 at Lookout Housing and Health Society Riverside Road shelter; 15 at The5&2 shelter for seniors; 16 at Cyrus Centre; 12 at SARA for Women Transition House and 48 extreme weather beds (10 at Warm Zone, 30 at Gateway Church and 8 at Look-Out Housing and Health Society). Although the number of year-round emergency shelter beds has increased from 80 in 2017 to 118 in 2020, extreme weather beds (which are not year-round) has decreased from 150 in 2017 to 48 in 2020, resulting in an overall reduction of 64 emergency shelters beds in Abbotsford from 2017 to 2020.

**Table 7: Shelter and transition house beds in Abbotsford**

| Emergency Shelter Beds | 2017 | 2020 |
|---|---|---|
| **Salvation Army** | 24 | 35 |
| **Look-Out Housing and Health Society (Riverside Road)** | 40 | 40 |
| **The 5&2 Ministries Shelter for Seniors (MCC Centre)** | 0 | 15 |
| **Cyrus Centre (Youth only)** | 4 | 16 |
| **Women's Transition House** | 12 | 12 |
| **TOTAL (Year-round Emergency Shelter)** | **80** | **118** |
| **Extreme Weather Shelter Beds** | | |
| **Warm Zone** | 0 | 10 |
| **Gateway Church** | 0 | 30 |
| **Look-Out Housing and Health Society (Riverside Road)** | 0 | 8 |
| **Cold/Wet Weather and Extreme Weather Shelter beds 2017** | 150 | n/a |
| **TOTAL** | **150** | **48** |

# 3. OVERVIEW OF HOMELESS PERSONS IN ABBOTSFORD

## 3.1 Gender

The gender distribution of homeless people surveyed in Abbotsford in 2020 breaks down into more than two thirds males (70%) and less than one third females (29%) with three persons having indicated "non-binary" in terms of gender identity. The 2020 gender distribution reflects a decrease in the proportion of females due somewhat to a small decrease in the number of females but mostly as a result of an increase in the number of males (see Table 8).

**Table 8: Gender of surveyed respondents**

| GENDER | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **MALE** | 166 | 63.1% | 212 | 70.2% |
| **FEMALE** | 95 | 36.1% | 87 | 28.8% |
| **NON-BINARY** | 0 | 0% | 3 | 1.0 |
| **OTHER** | 2 | 0.8% | 0 | 0% |
| **TOTAL** | **263** | **100%** | **302** | **100%** |

## 3.2 Age

The single largest age group is 30-39 years old. Abbotsford saw somewhat of an increase in the proportion of those 40 and younger from 52% or 136 individuals in 2017 to 57% or 180 individuals in 2020 with the biggest increase in the age category 30-39 years of age. Correspondingly, there was a slight decrease in the proportion of those 40 and older (see Table 9 and Figure 6).

**Table 9: Age of surveyed respondents**

| AGE | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **LESS THAN 15** | 5 | 1.9% | 1 | 0.3% |
| **15-19** | 34 | 13% | 22 | 7.0% |
| **20-29** | 41 | 15.5% | 64 | 20.4% |
| **30-39** | 56 | 21.2% | 93 | 29.6% |
| **40-49** | 45 | 17% | 49 | 15.6% |
| **50-59** | 59 | 22.3% | 58 | 18.5% |
| **60 OR OLDER** | 24 | 9.1% | 27 | 8.6% |
| **TOTAL** | **264** | **100%** | **314** | **100%** |

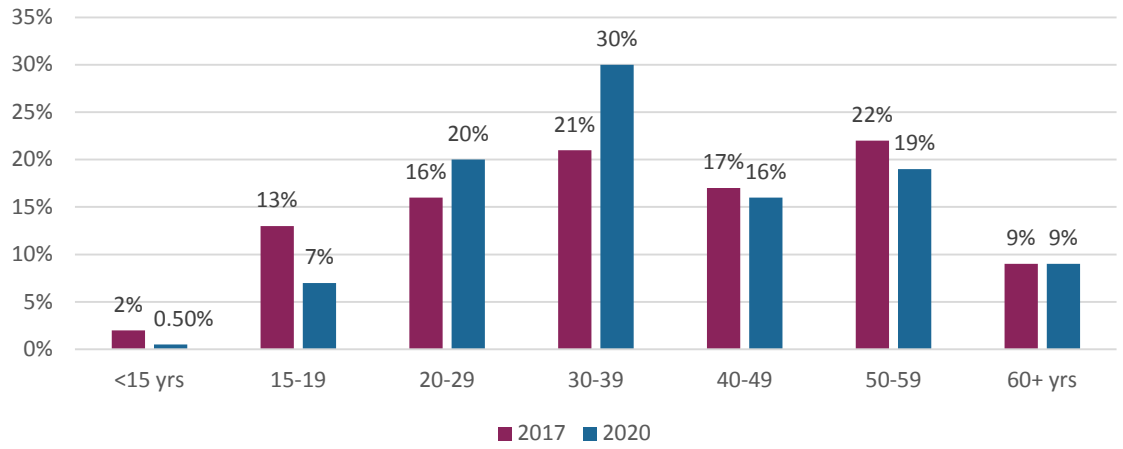


**Figure 4: Age of surveyed respondents 2017 and 2020**

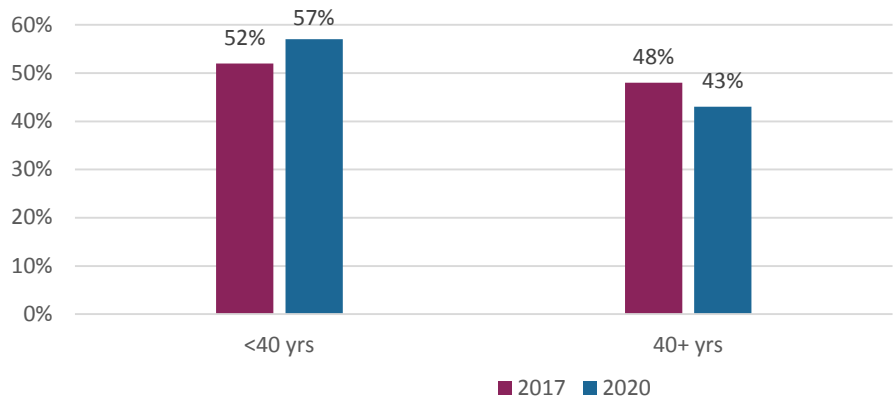


**Figure 5: Change in age proportions 39 years and younger and 40 years and older: 2017 and 2020**

Half (50%) of the surveyed homeless persons in Abbotsford reported that they became homeless before the age of 30. This 50% is made up of 13% in the age range less than 15 years of age, 20% in the age range 15–19 years and 18% in the age range 20-29 years (see Table 10 below).

**Table 10: Reported age of first-time homelessness**

| Age | 2020 (N) | 2020 (%) |
|---|---|---|
| **Less than 15 years** | 30 | 12.7% |
| **15 – 19 years** | 48 | 20.3% |
| **20 – 29 years** | 42 | 17.8% |
| **30 – 39 years** | 37 | 15.7% |
| **40 – 49 years** | 29 | 12.3% |
| **50 – 59 years** | 13 | 5.5% |
| **60 + years** | 9 | 3.8% |
| **Don't know** | 28 | 11.9% |
| **Total** | **236** | **100%** |

## 3.3 Health Problems

As was the case in 2014, 2017 and 2018, survey respondents were asked to report on their health problems. Addiction remains a major health issue with 164 individuals, representing 49% of the total number of homeless persons in Abbotsford, reporting that they live with addiction. This is followed by mental illness at 36% or 119 individuals, medical condition at 29% or 97 individuals and physical disability at 19% or 62 individuals (see Table 11).

**Table 11: Reported health problems[7]**

| Health Issue | 2014 (N) | 2014 (%) | 2017 (N) | 2017 (%) | 2018 (N) | 2018 (%) | 2018 (TR) | 2020 (N) | 2020 % | 2020 (TR) |
|---|---|---|---|---|---|---|---|---|---|---|
| **Addiction** | 78 | 51.7 | 183 | 66.8 | 137 | 58.8 | 16.8 | 164 | 49.2 | 10.4 |
| **Mental Illness** | 42 | 27.8 | 126 | 46 | 93 | 40.0 | 26.9 | 119 | 35.7 | 12.6 |
| **Medical Condition** | 39 | 25.8 | 136 | 49.6 | 101 | 43.3 | 29.7 | 97 | 29.1 | 26.8 |
| **Physical Disability** | 30 | 19.9 | 82 | 30 | 75 | 32.2 | 18.7 | 62 | 18.6 | 29.0 |

Respondents were asked if they receive treatment for their condition, illustrated as TR in Table 11, above. In all categories, a significant number of people are not receiving treatment. In 2020 only 17 or 10% of the 164 persons who indicated that they live with addiction answer affirmatively to the question whether they receive treatment or not. This is lower than the 17% who indicated in 2018 that they receive treatment. In 2018, 27% of those living with a mental health issue said they receive treatment compared to 13% in 2020. The proportion of people living with a physical disability who receive treatment increase from 19% in 2018 to 29% in 2020. The percentage of people who live with a medical condition in one form or another and who said in 2018 that they receive treatment was 30% compared with 27% in 2020.

### 3.3.1. Acquired Brain Injury (ABI)

The 2020 survey included a new question related to acquired brain injury. An Acquired Brain Injury (ABI) is any damage to the brain that occurs after birth and is not related to a congenital or a degenerative disease. Causes may include traumatic injury, seizures, tumors, events where the brain has been deprived of oxygen, infectious diseases, and toxic exposure such as substance abuse.

Fifty (50) individuals or 15% of the 333 persons deemed to live homeless in Abbotsford reported to have an acquired brain injury. *An ABI is* one of the key causes of disability in individuals under the age of 45,[8] and it can have serious consequences for a person's level of independence.[9]

It is furthermore clear from Figures 6 and 7 below that the prevalence of persons living with addition remains in the order of 50% of the total number of persons who live homeless in Abbotsford as determined by means of Point-In-Time (PiT) homeless counts and surveys in 2014, 2017, 2018 and 2020. In terms of numbers there were 80 respondents confirming living with addiction in 2014, 183 in 2017, 137 in 2018 and 164 in 2020.

[7] The numbers in the "N" Column are expressed as percentages of the total number of homeless persons.
[8] Canadian Institute of Neurosciences, Mental Health and Addiction, 2020.
[9] Canada Brain Foundation, 2020.

Similarly, a significant proportion of person who live homeless also live with mental illness as self-reported by respondents. This proportion of persons, i.e. those living with mental illness remains at just under or just above the one third mark of the total population of homeless persons based on data from PiT Counts and surveys from 2014 to 2020. In terms of the number of people, there were 42 individuals reporting living with mental illness in 2014, 126 in 2017, 93 in 2018 and 119 in 2020.

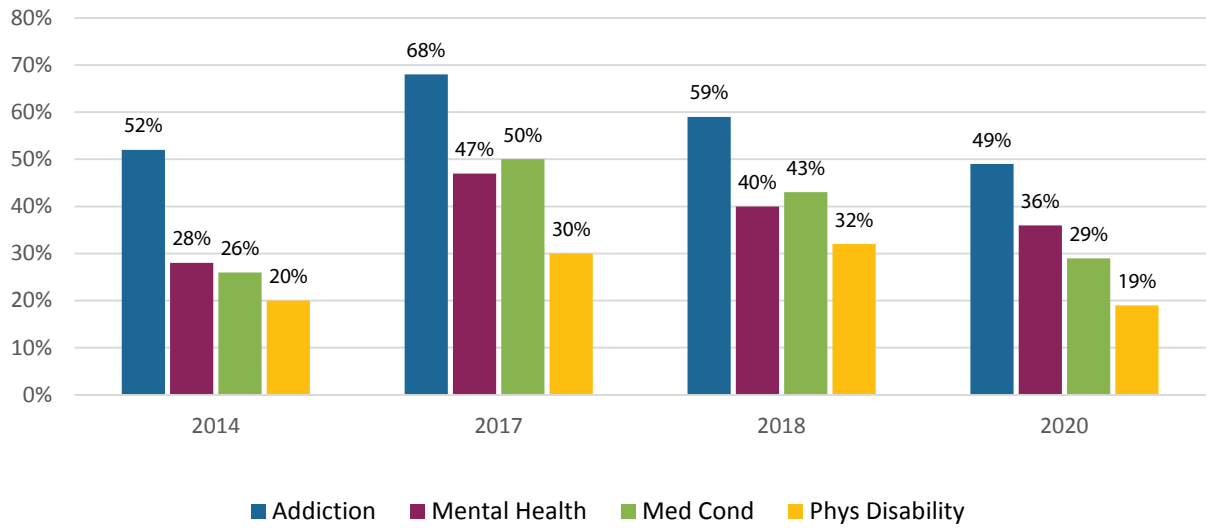


**Figure 6: Self-reported health problems as percentages of total number of homeless persons**

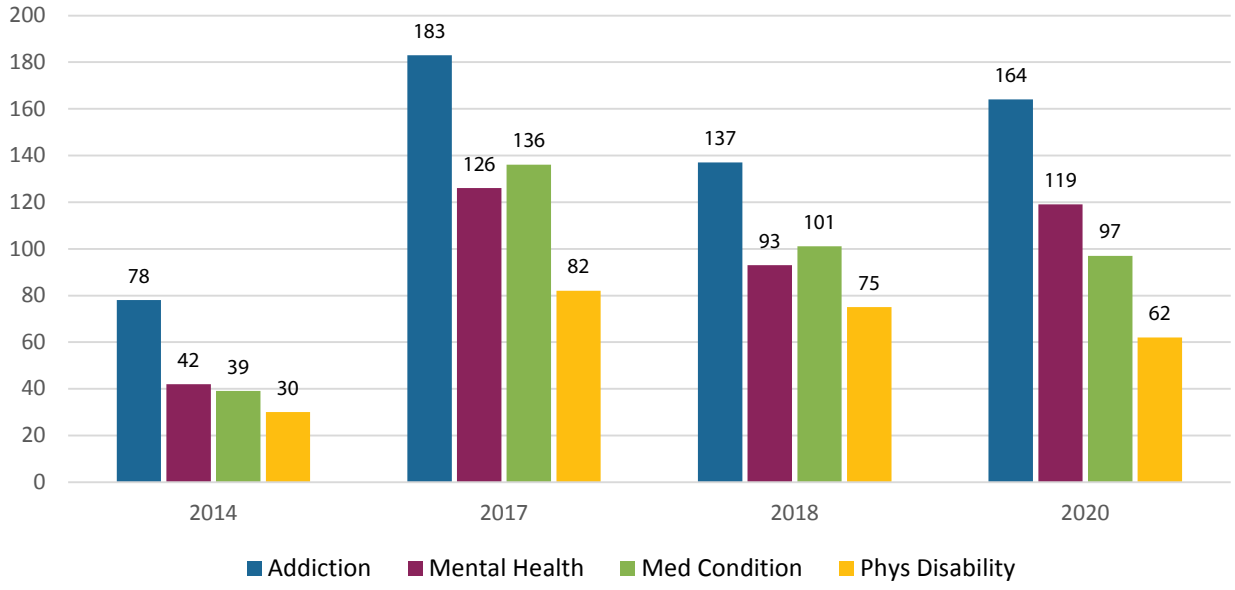


**Figure 7: Self-reported health problems by numbers**

## 3.4 Access to Family Doctor or Walk-In Clinic

Respondents were asked if they had access to a family doctor or a walk-in clinic. The 2020 data showed that 164 individuals of the total of 333 homeless persons in Abbotsford reported that they access medical services through a family doctor (52) or Walk-In Clinic (112) as shown in the Table 12 (below). Longitudinal data show an increase in the use of Walk-In Clinic usage from 40% in 2017 to 54% in 2018 and 66% in 2020 (see Table 12 below).

**Table 12: Access to family doctor or walk-in clinic**

| Service | 2017 (N) | 2017 (%) | 2018 (N) | 2018 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|---|---|
| **Family Doctor** | 63 | 28% | 66 | 45.2% | 52 | 30.9% |
| **Walk-In Clinic** | 92 | 40.8% | 80 | 54.8% | 112 | 66.7% |
| **Neither** | 70 | 31.2% | 0 | 0.0% | 4 | 2.4% |
| **Total Accessing** | **225** | **100%** | **146** | **100%** | **168** | **100%** |

## 3.5 First Nation/Indigenous Ancestry Presence

Survey design consultation with First Nations stakeholders called for specific Aboriginal designations for people to choose from with regard to being First Nation or having Indigenous ancestry. The proportion of respondents that self-identified as being First Nation or having Indigenous ancestry increased in Abbotsford from 28% in 2017 to 34% in 2020. This represent an increase in First Nation respondents and those stating Indigenous ancestry from 66 in 2017 to 77 in 2020 (see Table 13 below).

**Table 13: Aboriginal presence and homelessness percentage in Abbotsford**

| Identification | 2017 (N) | 2017 (%) | 2018 (N) | 2018 (%) | 2020 (N) | 2020 % |
|---|---|---|---|---|---|---|
| **First Nations** | 39 | 16.3% | 36 | 18.8% | 56 | 25.0% |
| **Inuit** | 1 | 0.4% | 0 | 0% | 1 | 0.5% |
| **Metis** | 19 | 8.0% | 10 | 5.2% | 16 | 7.1% |
| **Indigenous/Aboriginal Ancestry** | 7 | 2.9% | 11 | 5.8% | 0 | 0.0% |
| **Other North American Indigenous Ancestry** | 0 | 0% | 0 | 0% | 2 | 0.9% |
| **Other Indigenous Ancestry** | 0 | 0% | 0 | 0% | 2 | 0.9% |
| **Does Not Identify as Aboriginal** | 173 | 72.4% | 134 | 70.2 | 147 | 65.6% |
| **Total** | **239** | **100%** | **191** | **100%** | **224** | **100%** |

## 3.6 Ministry Care

The total number of homeless persons enumerated in 2020 was 333 and 106 respondents, representing 32% of the homeless population in Abbotsford reported that they have been in Ministry Care at some stage during their life. In 2018 the number of respondents who reported having been in Ministry Care was 90 compared to 114 in 2017 (see Figure 8 below). When expressed as a percentage of total homeless population the percentages are 32% in 2020, 39% in 2018 and 42% in 2017. Although this depicts a reduction in proportion relative to the total homeless population the actual number of individuals remain in the order of between 90 to 115 persons based on data from 2017, 2018 and 2020 counts and surveys.

In the context of this report "Ministry Care" includes:

- foster care
- youth group home
- youth agreement
- independent living agreement
- residential school

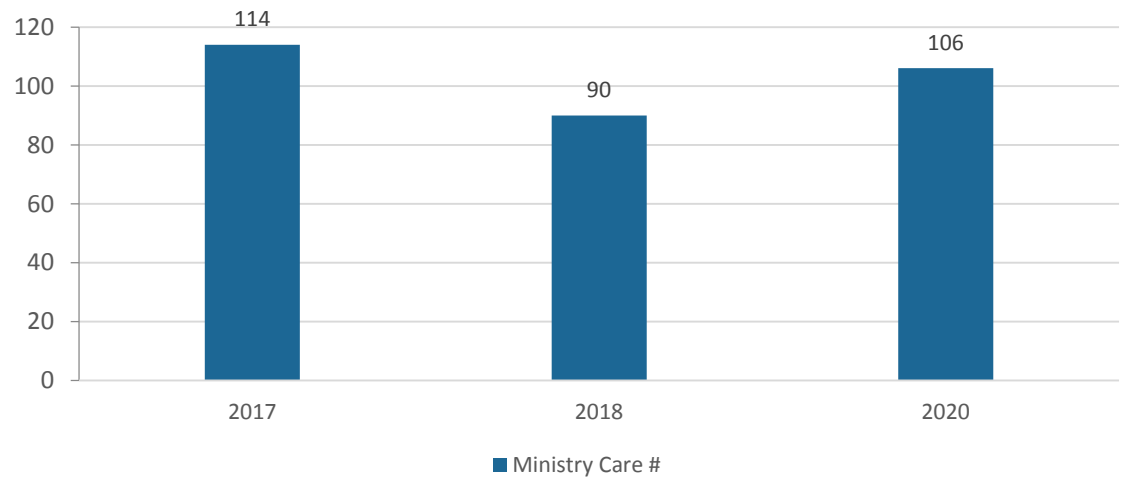


**Figure 8: Number of respondent in ministry care: 2017, 2018 & 2020**

## 3.7 Sexual Identity

The majority (87%) of the respondents identified as straight in 2017 compared to 92% in 2020. Respondents who identify as LGBTQ+ decreased from 31 (13%) in 2017 to 13 (6%) in 2020 (see Table 14 below).

**Table 14: Sexual identity of Abbotsford homeless population**

| Sexual Identity | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Straight/Heterosexual** | 199 | 86.5% | 206 | 91.6% |
| **Bisexual** | 21 | 9.1% | 8 | 3.6% |
| **Two-Spirited** | 2 | 0.9% | 0 | 0% |
| **Gay** | 3 | 1.3% | 3 | 1.3% |
| **Other** | 2 | 0.9% | 0 | 0% |
| **Questioning** | 2 | 0.9% | 0 | 0% |
| **Lesbian** | 1 | 0.4% | 0 | 0% |
| **Pansexual** | 0 | 0.0% | 1 | 0.4% |
| **Not listed** | 0 | 0.0% | 1 | 0.4% |
| **Don't know** | 0 | 0% | 6 | 2.7% |
| **Total** | **230** | **100%** | **225** | **100%** |

## 3.8 Community From

Respondents were asked where they moved from. The percentage of the respondents that reported they are from the FVRD in 2017 remains the same in 2020 at 34%. The number of individuals that came from Metro Vancouver increased from 14 (8%) in 2017 to 46 (27%) in 2020 (see Table 15 below). Interpretation of this data must also consider the data in Table 16 and Figure 9 below.

**Table 15: Where did you move here from?**

| Home Community | 2017 (N) | 2017 (%) | 2018 (N) | 2018 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|---|---|
| **FVRD** | 56 | 33.5% | 24 | 16.8% | 57 | 33.5% |
| **Metro Vancouver** | 14 | 8.4% | 51 | 35.7% | 46 | 27.1% |
| **Another Part of BC** | 60 | 35.9% | 33 | 23.1% | 35 | 20.6% |
| **Another Part of Canada** | 27 | 16.2% | 31 | 21.7% | 27 | 15.9% |
| **Another Country** | 10 | 6% | 4 | 2.7% | 5 | 2.9% |
| **Total** | **167** | **100%** | **143** | **100%** | **170** | **100%** |

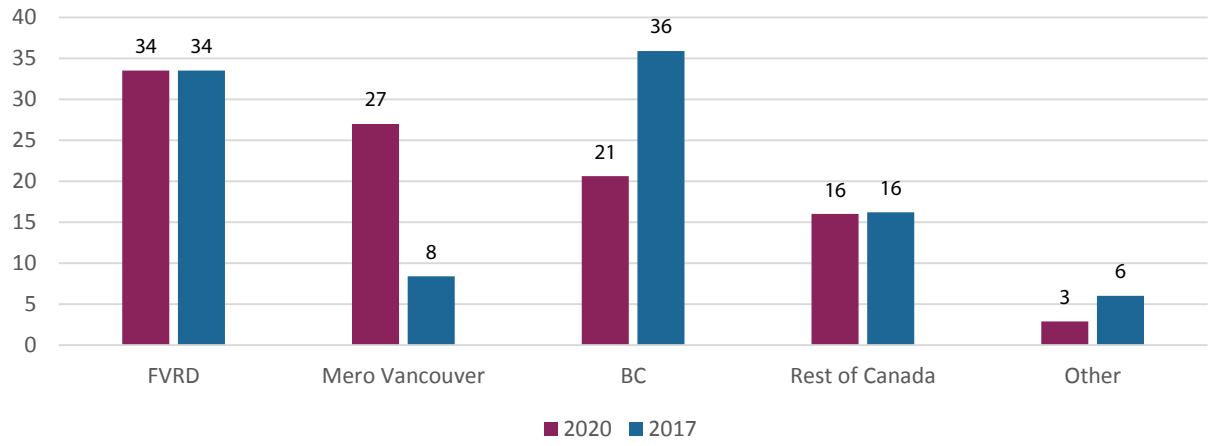


**Figure 9: Where did you move here from**

## 3.9 Length of Residence in Local Community

The cohort of respondents that indicated that they had lived in Abbotsford for more than 11 years or always was 52% in 2017 compared to 48% in 2018 and 43% in 2020. Although seemingly declining, a significant proportion of those living homeless in Abbotsford have lived in Abbotsford for many years.

**Table 16: How long have you been living in Abbotsford?**

| Length of Residency | 2017 (N) | 2017 (%) | 2018 (N) | 2018 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|---|---|
| **Less than 6 months** | 27 | 11.8% | 19 | 11% | 26 | 13.2% |
| **6-11 months** | 9 | 4% | 7 | 4% | 9 | 4.6% |
| **12-23 months** | 12 | 5.3% | 7 | 4% | 18 | 9.1% |
| **2-5 years** | 34 | 15% | 30 | 17.2% | 33 | 16.8% |
| **6-10 years** | 28 | 12.2% | 28 | 16.1% | 27 | 13.7% |
| **11 or more years** | 71 | 31.1% | 44 | 25.3% | 12 | 6.1% |
| **Always** | 47 | 20.6% | 39 | 22.4% | 72 | 36.5% |
| **Total** | **228** | **100%** | **174** | **100%** | **197** | **100%** |

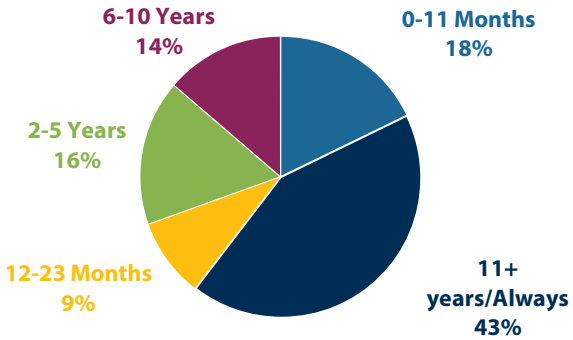


**Figure 10: Length of time in Abbotsford - 2020**

## 3.10 Sources of Income

The largest categories of sources of income were the same in 2017, 2018 and 2020, i.e. Income Assistance and Disability Allowance, as is reflected in Table 17. One hundred and eighty (180) or 54% of the total number of people who live homeless in Abbotsford derive income from the Ministry of Social Development and Poverty Reduction (Welfare) in 2020. In 2018 this number was 145 or 62% and in 2017 the number was 175 or 64%. There was no significant change in other sources of income in the point in time counts of 2017, 2018 and 2020 with the exception of increase in 2020 in the category "Other" income and a decrease in the "Vending" category in 2020 compared to 2018.

A small percentage (6%) reported that they hold either a part time or full- time job in 2017 and similarly in 2020 at 7%.

**Table 17: Sources of income[10]**

| Source of Income | 2017 (N) | 2017 (%) | 2018 (N) | 2018 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|---|---|
| **Income Assistance** | 102 | 22.7% | 78 | 27.2% | 94 | 23.8% |
| **Disability (Welfare)** | 73 | 16.2% | 67 | 23.3% | 86 | 21.8% |
| **Binning/Bottles** | 57 | 12.7% | 29 | 10.1% | 45 | 11.4% |
| **No Income** | 40 | 8.9% | 20 | 7% | 5 | 1.2% |
| **Panhandling** | 31 | 6.9% | 16 | 5.6% | 35 | 8.8% |
| **Part-time Job** | 26 | 5.8% | 15 | 5.2% | 23 | 5.8% |
| **Vending** | 24 | 5.3% | 20 | 7.9% | 11 | 2.7% |
| **Other (GST/HST Refund &Child Tax Benefit)** | 22 | 4.9% | 8 | 2.8% | 41 | 10.4% |
| **Family/Friends** | 20 | 4.4% | 15 | 5.3% | 22 | 5.5% |
| **Honoraria/Stipend** | 15 | 3.3% | 8 | 2.8% | 0 | 0% |
| **Disability (CPP)** | 12 | 2.7% | 0 | 0% | 9 | 2.2% |
| **CPP** | 11 | 2.4% | 5 | 1.7% | 9 | 2.2% |
| **Other Pension** | 6 | 1.3% | 0 | 0% | 2 | 0.5% |
| **Old Age Security** | 4 | 0.9% | 1 | 0.3% | 6 | 1.5% |
| **Youth Agreement** | 3 | 0.7% | 1 | 0.3% | 0 | 0.0% |
| **Employment Insurance** | 3 | 0.7% | 2 | 0.7% | 2 | 0.5% |
| **Full-time Job** | 1 | 0.2% | 2 | 0.7% | 4 | 1% |
| **Total Responses** | **450** | **100%** | **287** | **100%** | **394** | **100%** |

## 3.11 Usage of Services

Table 14 indicates 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. It appears from the data in Table 14 that a significant number of persons who live homeless do make use of community based

[10] Respondents could check off all that apply in relation to source of income. Therefore the "N" column represents all the responses and the "%" column is calculated as percentages of total responses and not individual respondents.

and provided services to meet their needs related to food, shelter and health care including urgent or emergency care and harm reduction as is evident from usage of harm reduction and outreach services.

The services that represent the biggest percentages as response categories are meal programs, emergency room (hospital), emergency shelter, extreme weather shelters, outreach services and harm reduction. When clustered together, usage of medical services represents almost half (46%) of responses made up of emergency room (9.1%); harm reduction (9.0%); ambulance (6.2%); hospital Non-Emergency (4.9%); health clinic (6.3%); addiction services (4.1%); mental health (3.9%); dental (2.4%). When clustered together, food or meal provisioning make up 15% as a response category.

In response to the question whether there are any services that do not meet personal needs, 79 respondents answered in the affirmative. The reasons for not satisfied with the service relate mostly to having had a bad experience with the particular service or that despite using services or services being present, the personal circumstances of the respondent have not improved. Underlying some of the answers is frustration with personal circumstances that do not improve and feeling trapped in circumstances and habits that are overpowering.

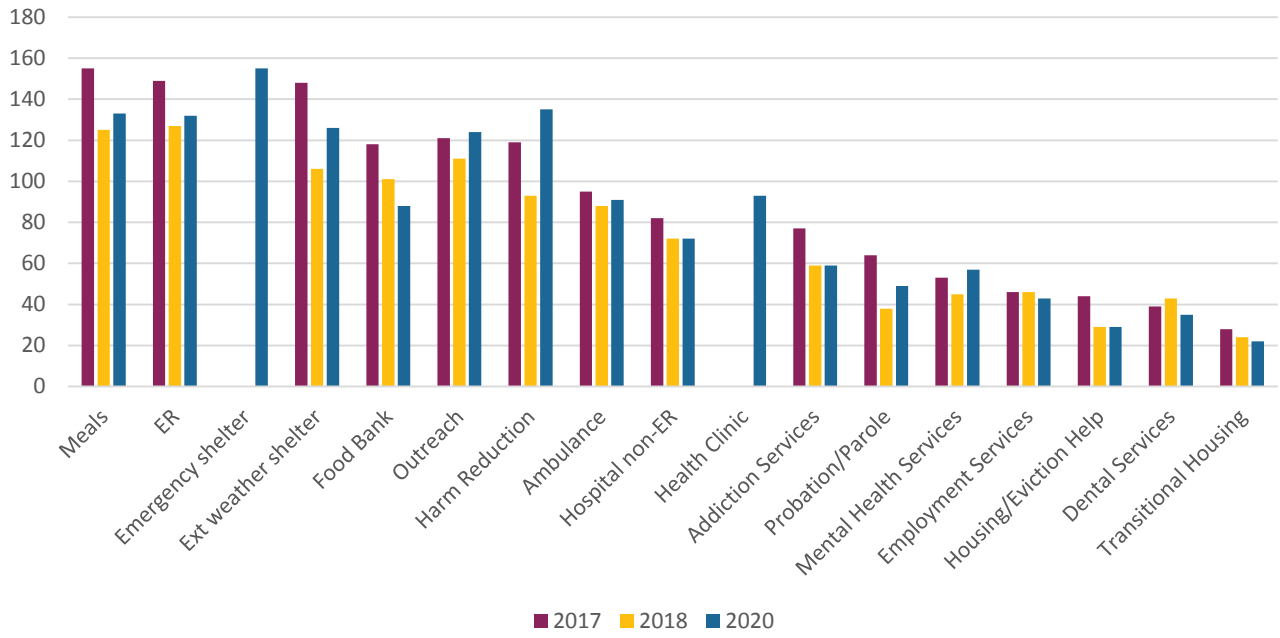


**Figure 11: Response frequency related to service usage: 2017, 2018 & 2020**

**Table 18: Services usagee**[11]

| Service Used | 2017 (N) | 2017 (%) | 2018 (N) | 2018 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|---|---|
| **Meal Program/Soup Kitchen** | 155 | 10.3% | 125 | 10.1% | 133 | 9.1% |
| **Emergency Room** | 149 | 9.9% | 127 | 10.3% | 132 | 9% |
| **Emergency Shelter** | 0 | 0% | 0 | 0% | 155 | 10.6% |
| **Extreme Weather Shelter** | 148 | 9.9% | 106 | 8.6% | 126 | 8.6% |
| **Food Bank** | 118 | 9% | 101 | 8.3% | 88 | 6% |
| **Drop-In** | 135 | 9% | 117 | 9.6% | 0 | 0% |
| **Outreach** | 121 | 8.1% | 111 | 0.9% | 124 | 8.5% |
| **Harm Reduction** | 119 | 7.9% | 93 | 7.5% | 135 | 9.3% |
| **Ambulance** | 95 | 6.3% | 88 | 7.1% | 91 | 6.2% |
| **Hospital Non-Emergency** | 82 | 5.5% | 72 | 5.8% | 72 | 4.9% |
| **Health Clinic** | 0 | 0% | 0 | 0% | 93 | 6.3% |
| **Other Addiction Services** | 77 | 5.1% | 59 | 4.8% | 59 | 4% |
| **Probation/Parole** | 64 | 4.3% | 38 | 3.1% | 49 | 3.4% |
| **Mental Health Services** | 53 | 3.5% | 45 | 3.6% | 57 | 3.9% |
| **Employment** | 46 | 3.1% | 46 | 3.7% | 43 | 2.9% |
| **Housing Help/Eviction Prevention** | 44 | 2.9% | 29 | 2.4% | 29 | 2% |
| **Dental Services** | 39 | 2.6% | 43 | 3.5% | 35 | 2.4% |
| **Transitional Housing** | 28 | 1.9% | 24 | 1.9% | 22 | 1.5% |
| **Other** | 20 | 1.3% | 5 | 0.4% | 7 | 0.5% |
| **None** | 6 | 0.4% | 1 | 0.1% | 5 | 0.3% |
| **Newcomer Services** | 1 | 0.1% | 3 | 0.2% | 3 | 0.2% |
| **Total Responses** | **1500** | **100%** | **1233** | **100%** | **1458** | **100%** |

## 3.12 Canadian "Newcomers" and Homelessness

One respondent in Abbotsford was new to Canada within the last five years during the 2017 point in time count and two were new to Canada within the last five years in 2020. Results show the homeless population in Abbotsford is made up substantially by individuals who have lived in Abbotsford for longer than five years and who did not come to Canada as immigrants or refugees recently, i.e. last five years.

The number of individuals that indicated that they came to Canada as immigrants increased from 6 in 2017 to 14 in 2020, including one (1) who came as a refugee.

[11] Respondents could check off all categories of services that they have used in the past 12 months. The "N" column represents all responses and not cases or respondents therefore it is higher than the total number of respondents. The "%" column represents responses to each service as a proportion of overall total number of responses in "N" column.

## 3.13 Service with Canadian Forces, RCMP/City Police Force or First Responder

Ten (10) respondents indicated that they served with the Canadian Forces compared to eight (8) in 2017, and one (1) reported having served as a first responder compared with to three (3) in 2017.

# 4. SUMMARY OF FINDINGS IN ABBOTSFORD

1. The total number of homeless people deemed homeless over a 24-hour period, March 3 & 4, 2020 in Abbotsford was 333 compared to 274 in 2017. Since the first count and survey in 2004 the number of people who live homeless in Abbotsford is trending up.

2. The number of homeless people present in emergency shelters and the Abbotsford transition house was 124.

3. The number of homeless people who were encountered outside in make shift shelters/camps, sidewalks, under overpasses, etc. was 138.

4. Eighteen (18) people use their vehicles for shelter and a place to sleep.

5. A larger number (156) of homeless people was encountered "unsheltered" than in shelters (124).

6. Couch surfing or temporarily staying at someone else' place was used by 39 people as a means to have a temporary place to stay.

7. The number of persons with no fixed address in the Abbotsford Hospital was confirmed as 18 by Fraser Health.

8. One person with no fixed address was in jail.

9. Emergency shelter, transition house and extreme weather beds available at the time of the 2020 count and survey in Abbotsford were 166.

10. Family/Relational breakdown, including conflict and abuse, low income levels compared to increasing cost of housing and the vice effect of addiction, and the impact of living with mental illness and or poor or deteriorating health are significant contribution factors toward a pathway into homelessness and keeping people from getting out of homelessness.

11. The proportion of people who are homeless for longer than one year is 51%. Thus, a significant proportion of people are chronically homeless and getting deeper and deeper entrenched in homelessness.

12. Suitable affordable housing with on-going support and care is needed in order to combat chronic homelessness.

13. Addiction and mental illness continue to prevail as significant health problems as reported by homeless people in Abbotsford; borne out by the 2020 data according to which 49% of homeless persons live with addiction and 36% live with mental illness.

14. Comparing data from 2014 to 2020, it is clear that the prevalence of persons living with addiction remains in the order of 50% of the total number of homeless people in Abbotsford.

15. The proportion of homeless persons living with mental illness is at the one third mark of the total homeless population.

16. Most of the respondents who live with addiction and mental illness do not, according to their responses receive treatment. Respectively only 10% and 12% reported receiving treatment for addiction and mental illness.

17. Having an acquired brain injury is reported by 50 respondents representing 15% of the people who live homeless in Abbotsford.

18. Almost half of the homeless population access medical care by visiting a family doctor or making use of a walk-in clinic.

19. As found during previous tri-annual counts and surveys, males constitute two thirds or more of the homeless population. The percentage and number of males increased in Abbotsford from 63% (166) in 2017 to 70% (212) in 2020.

20. The largest age category (26%) remain those 30-39 years of age as was the case in 2017. Those 40 and older constitute 43% and those 39 and younger 57%. This is a change from 2017 when those 40 and older constituted 47% and those 39 and younger 50%. There is thus an increase in the number of those 39 and younger and those 30 and younger make up a significant proportion of 27%.

21. Half (50%) of respondents were homeless for the first time before the age of 30 and one third (33%) were homeless before the age of 20.

22. By far the majority of respondents (92%) identify as heterosexual. The proportion that identify as LGBTQ+ constitute 6%.

23. Just more than one third (34%) of respondents stated that they are First Nation or have Indigenous Ancestry. As was the case in 2017 this confirms the overrepresentation of First Nation persons in the homeless population.

24. The proportion of responses indicating reliance on government assistance i.e. income assistance and disability allowance as a source of income constitute 54%.

25. The services that represent the biggest percentages as response categories for services being used are:
    - Meal programs
    - Emergency Room
    - Emergency shelter
    - Extreme weather shelter
    - Outreach services
    - Harm reduction

26. One hundred and six (106) respondents confirmed that they have been in government care or Ministry Care. This represents 32% of the total number of homeless persons in Abbotsford.

27. Only one respondent was new to Canada i.e. came to Canada within the last five years.

28. In total, 13 respondents came to Canada as immigrants years ago and there was one person who came to Canada as a refugee.

29. Ten (10) respondents served in the Canadian Forces and on one served as a First Responder.

# CONCLUSIONS

The number of homeless persons in Abbotsford continue to trend upwards despite the addition of housing units over the past decade. However, sight should not be lost of the fact that if these additional housing units were not added the number of homeless people would have been much higher.

The large proportion of homeless persons that seemingly are chronically homeless is of concern and so is the reality of a large proportion of homeless persons who became homeless prior to reaching age 20 and age 30.

The continuing high prevalence of addiction and mental illness plus additional physical ailments among homeless persons is further cause for concern, in addition to the significant number of homeless persons with acquired brain injuries.

Addiction is one of the main factors that contribute towards unintentional illicit drug toxicity deaths in British Columbia. In 2019 this caused 981 deaths in British Columbia of which 282 occurred in the jurisdiction of Fraser Health. Twelve percent (12%) of these deaths occurred outside in vehicles, on sidewalks, streets, parks, wooded areas and campgrounds.[12]

The persistent presence of addiction, mental illness, acquired brain injury and other physical health related ailments among homeless persons, emphasizes the reality of the inter-section of health care and housing provisioning. Perhaps it is time for a paradigm shift realizing that increased health care and ongoing support must become greater integral components of the community response to homelessness in order to reduce chronic homelessness.

Another aspect of the paradigm shift to consider is the notion of housing suitability and housing support in addition to affordability. The lack of suitable long-term care homes requires a paradigm shift, away from emergency shelters towards the provisioning of suitable long-term care housing for homeless individuals living with addiction, mental illness, physical health issues and acquired brain injury. Living homeless and relying on emergency shelters is not conducive to reduce chronic homelessness and to provide treatment and care that is needed to improved health outcomes and community integration outcomes. Such a paradigm shift could also potentially have a positive impact in relieving the high number of visits to hospital emergency rooms, adding to already long wait times, and perhaps freeing up hospital beds.

There is thus an opportunity to consider policy and practice rethink because of the issues that people who have become homeless have to face and struggle with daily. Future policy development would

[12] BC Coroners Services of British Columbia, 2020

benefit from noting the diversity among homeless individuals and implementing strategies to target specific populations and importantly, provide individualized pathways out of homelessness and toward community integration and a greater degree of self-reliance. What should be considered is the introduction of a multi-faceted approach related to securing housing and lengthening intense social service support and health care. In doing so, street entrenched persons could move into stable, long-term housing, freeing up transitional housing spaces. Housing resettlement and ongoing social support would assist the episodically homeless, while quick rehousing strategies can reduce transitional homelessness. All of this is predicated on the assumption that the housing, service and care continuum or spectrum, including health care is without unbridgeable gaps.

# Fraser Valley Regional District
# 2020 Homeless Count and Survey Report

## SUB-AREA RESULTS

## City of Chilliwack

Fraser Valley Regional District

Anron Consulting Inc.
Research and Anaylsis

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# ACKNOWLEDGEMENTS

Gratitude is expressed to the following organizations for their support and contributions to the completion of 2020 homelessness count and survey in Chilliwack:

- Ann Davis Transition Society
- Chilliwack Community Services Society
- City of Chilliwack
- Cyrus Centre
- Fraser Health
- Fraser Valley Regional District
- Pacific Community Resources Society
- Riverstone, Fraser Health
- Royal Canadian Mounted Police (RCMP)
- Ruth and Naomi's Mission Society
- Salvation Army, Chilliwack

A special word of thanks goes to the community survey coordinator, Jodi Higgs of Pacific Community Resources Society, for the work she has done with her teams of volunteers to assist with planning logistics and conducting the survey in Chilliwack.

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 very personal questions.

# 1. INTRODUCTION

## 1.1. Report Background

Homelessness in Chilliwack has been empirically confirmed in 2004, 2008, 2011, 2014 and 2017 through a count and survey of people who live homeless. Following on these previous surveys, the 2020 homelessness survey in Chilliwack was conducted in collaboration with the following organizations:

- Ann Davis Transition Society
- Chilliwack Community Services Society
- City of Chilliwack
- Cyrus Centre
- Fraser Health
- Fraser Valley Regional District
- Pacific Community Resources Society
- Riverstone, Fraser Health
- Royal Canadian Mounted Police
- Ruth and Naomi's Mission Society
- Salvation Army, Chilliwack

## 1.2 Survey Objectives

The objectives of the 2020 tri-annual count and survey are to:

- 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 suitable and supported affordable 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; and
- Inform all levels of government, policy makers, community-based organizations about the extent of homelessness in the FVRD and the need for continued investment by both provincial and federal governments to increase the spectrum of suitable and supported social housing and concomitant support services in FVRD communities.

## 1.3 Defining Homelessness

Homelessness has been a systemic Canadian problem since the 1980s. 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)[1].

Numerous definitions of homelessness exist worldwide. In 2012 the Canadian Observatory on Homelessness (COH) introduced a definition in relation to the Canadian context. 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."[2] 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".[3]

The COH definition of homelessness sheds some light on 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".[4] It can be postulated that the causes of homelessness demonstrate the challenging intersection of structural factors, system failures, and individual circumstances. People do not become homeless overnight; instead, it is the result of a constellation of risk factors, which, when combined, may lead to homelessness.[5]

This report on the 2020 homelessness count and survey considers two major factors in defining homelessness: the importance of maintaining consistency with previous FVRD surveys and similar research in Metro Vancouver and other BC communities 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 of their own where they pay rent and where they can expect to stay for more than 30 days.**

Given this definition, the FVRD 2020 count and survey included persons who are in emergency shelters, safe houses, and transition houses. It also included those who are living outside in temporary make shift camps or some form of shelter, or in tents, those sleeping or spending time during the day on street sidewalks, bus shelters, under bridges, sleeping in vehicles, campers, motorhomes, and recreational vehicles. Included are also those individuals who "couch surf", meaning they sleep at a friend's place or family member's place for a while or they trade favours or services for temporary shelter. Both of the latter instances are not permanent housing solutions. Lastly, included also are

[1] Gaetz, S. (2011). Canadian definition of homelessness: What's being done in Canada and elsewhere? Toronto, ON: Canadian Homelessness Research Network Press.
[2] Canadian Observatory on Homelessness, 2012, p.1.
[3] Canadian Observatory on Homelessness, 2012, p.1.
[4] Canadian Observatory on Homelessness, 2012, p. 3.
[5] Gaetz, S. Donaldson, J., Richter, T., & Gulliver, T (2013). The state of homelessness in Canada 2013. Toronto, ON: Canadian Observatory on Homelessness Press.

those with no fixed address in hospital and in jail at the time of the count. The main trait present in all the afore-mentioned living situations is that people lack their own home where they can live permanently and safely.

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 services or favours for temporary shelter. While this survey includes these situations in its definition of homelessness, people in these more hidden situations would most likely be significantly under-counted by means of a point-in-time count.

## 1.4 Methodology and Ethical Considerations

As already alluded to, 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 count and survey was conducted on March 3 and 4, 2020, and coincided with a similar process in Metro Vancouver and other BC communities. Following the research methodology utilized in previous FVRD counts (2004, 2008, 2011, 2014 and 2017) the process included a nighttime and daytime component 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 does not capture each and every homeless person and participation in the survey by those who are identified as homeless is voluntary.

The number of people living homeless based on the 2020 PiT method used over a 24-hour period March 3 & 4, 2020 includes the number of homeless people who officially stayed in emergency shelters, temporary extreme weather shelters, and transition houses, persons identified as living homeless by the interviewers using screening questions and persons with no fixed address, who were in hospitals and jails. The demographic data, health data, information on housing and homelessness and other personal information are based on responses by those voluntarily agreeing to be interviewed. Responses to questions are influenced by the interpretation of the meaning of questions and further influenced by the respondent's physical, psychological, cognitive and emotional state at the time of the interview and the relative comfort or not of the physical setting during the interview.

Although the number of respondents enumerated is in all probability an undercount of the number of homeless people residing in Chilliwack it nevertheless does provide an overview of the current context, and contribute to 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 municipal, regional, provincial and federal governments.

For the purpose of further comparison, estimates derived from snapshot surveys may be compared with HIFIS data (Homeless Individuals and Families Information System). Additionally, communities can undertake a homeless count and survey using what is referred to as a Period Prevalent Method (PPM) whereby over a set period of time e.g. 3 or 6 months a "census" is undertaken of people who live homeless. Using this method various steps must be taken and procedures put in place to comply with statutory codes regarding privacy and confidentiality.

### 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. The following approach was applied 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.
- All interviewers attended a mandatory training session prior to the survey.

# 2. EXTENT OF HOMELESSNESS IN CHILLIWACK 2020

## 2.1 Number of Homeless People Interviewed in Chilliwack in 2020

Three hundred and six (306) persons were found living homeless in Chilliwack during the 24-hour period, March 3 and 4, 2020. Included in this number of 306 is 166 persons who were staying in emergency shelters and transition houses. The analysis that follows draw on the data captured through interviews with homeless persons who, based on informed consent, voluntarily agreed to be interviewed during a 24 hour period, March 3 & 4, 2020 in Chilliwack.

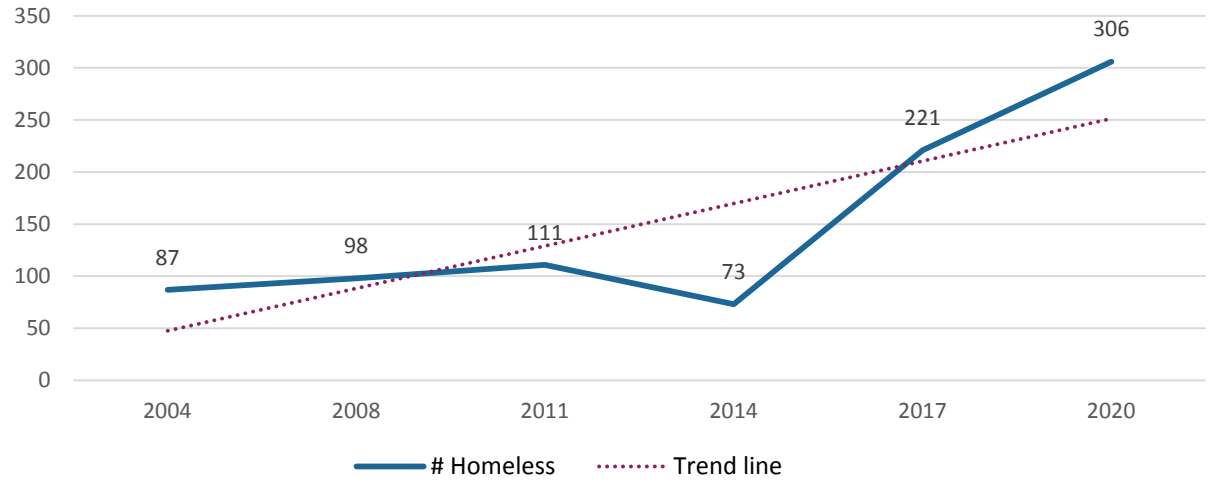


**Figure 1: Chilliwack homeless count totals 2004-2020**

## 2.2 Reasons for Being Homeless

Survey respondents were asked to identify the cause for having lost their housing most recently. The three biggest response categories are family or relational breakdown, including conflict and abuse, representing 35%, followed by addiction 25% and income too low at 19% (see Table 1).

**Table 1: Cause for having lost housing most recently**

| Reason Given | 2020 (N) | 2020 (%) |
|---|---|---|
| **Income Too Low** | 29 | 18.8% |
| **Building Sold/Renovated** | 6 | 3.9% |
| **Eviction due to complaint** | 10 | 6.5% |
| **Addiction** | 39 | 25.4% |
| **Death of a family member/relative** | 3 | 1.9% |
| **Relational/Family Breakdown including conflict and abuse** | 54 | 35.1% |
| **Mental Illness** | 8 | 5.2% |
| **Poor Physical Health** | 5 | 3.2% |
| **Total** | **154** | **100%** |

Respondents were also asked what is keeping them from finding a place of their own. "Rent too high" represents the biggest response category at 57%. This response together with "income too low" (19%), (response category in Table 1) suggests that as homeless people consider their situation and given cost of rental accommodation, it stands to reason that the issue of affordability is top of mind (see Table 2).

**Table 2: What is keeping you from finding a place of your own**

| Reason | 2020 (N) | 2020 (%) |
|---|---|---|
| **Rent to high** | 92 | 56.5% |
| **Addiction** | 13 | 8% |
| **Mental Health issue** | 3 | 1.8% |
| **Other** | 25 | 15.3% |
| **Don't know** | 30 | 18.4% |
| **Total** | **163** | **100%** |

In addition to the latter question, respondents were also asked what will end their homelessness. Here again the issue of lower rent, thus affordability and employment/higher income stand out as the largest response categories. Combined, they represent 88% of the responses. Clearly, affordability is a major issue (see Table 3).

Although people lose their housing for reasons as reported in Table 1 above, including relational breakdown, addiction, eviction, poor mental and physical health, etc. the affordability issue cannot be lost sight off. This is even more pressing when spousal/partner or family relations have broken down in which case affordability becomes a bigger issue given that income is less when single or on your own, compared to a dual income situation.

**Table 3: What would help lessen homelessness**

| Solutions | 2020 (N) | 2020 (%) |
|---|---|---|
| **Lower rent** | 73 | 53.7% |
| **Improvement in Health and Addiction Services** | 9 | 6.6% |
| **Employment/higher income** | 46 | 33.8% |
| **Other** | 8 | 5.9% |
| **Total** | **136** | **100%** |

## 2.3 Length of Homelessness

Survey respondents were asked to indicate how long they had been homeless. Half of the respondents (50%) indicated they are homeless for longer than one year. This compares closely with data of the 2017 survey and represents a significant jump from the 2014 survey, when one quarter of respondents (26%) indicated they had been homeless for longer than one year. Thus, it seems that the proportion of people who are homeless for longer than a year persists and as such it represents a large number of people, 103 according to the 2020 survey data, who are chronically homeless. The presence of this large a proportion of chronically homeless persons may therefore suggest that homelessness in Chilliwack is becoming more entrenched.

Looking further at Table 4 it is worth noting that a significant proportion of respondents (30%) or almost a third, indicated that they are homeless for less than six months. This is important too note and to respond to this category of homeless people before they become deeper entrenched in living homeless.

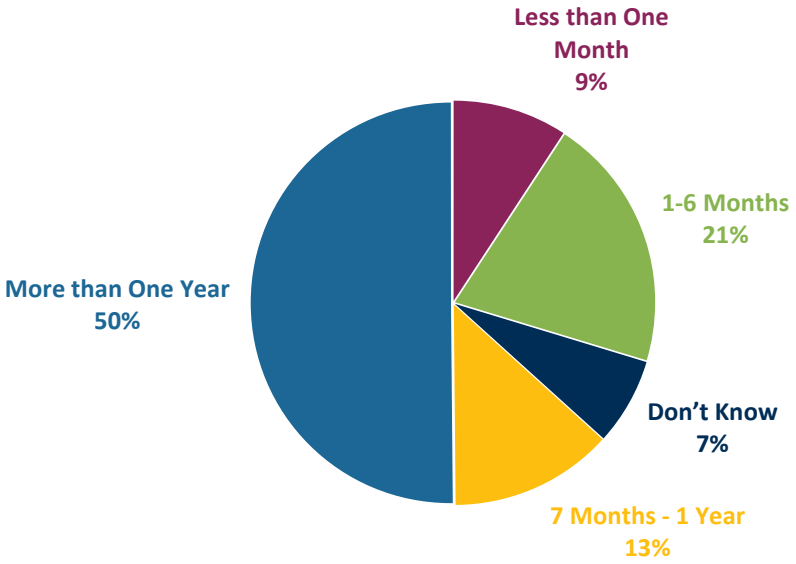


**Figure 2: Length of homelessness 2020**

**Table 4: Length of homelessness**

| Duration | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Less than one month** | 16 | 11.7% | 19 | 9.2% |
| **1-6 months** | 27 | 19.7% | 42 | 20.4% |
| **7 months – 1 year** | 25 | 18.2% | 27 | 13.1% |
| **Over 1 year** | 69 | 50.4% | 103 | 50% |
| **Don't know** | 0 | 0% | 15 | 7.3% |
| **Total** | **137** | **100%** | **206** | **100%** |

## 2.4 Health Problems

Survey respondents were asked to report on their health problems. Addiction remains the health issue that represents the biggest response category with 144 respondents or 47% of the total number of 306 surveyed homeless individuals in 2020 reporting that they live with addiction. The number of individuals that reported addiction increased form 95 in 2017 to 144 in 2020. Mental illness is the second highest response category with 63 individuals in 2017 and 92 in 2020 reporting living homeless and mentally ill. Expressed as a proportion of the homeless population in 2020 this amounts to 30%. These two health issues prevalent among people who live homeless, present formidable challenges to finding housing options and achieving successful housing retention over time in the absence of suitable and affordable supportive housing options. Individuals who live with a medical condition and/or a physical disability increase from 88 in 2017 to 137 in 2020.

Based on self reporting and as far as receiving treatment for health issues is concerned the vast majority of homeless persons living with a health issue or issues report that they do not receive treatment. For instance, only 24% or 35 of the 144 persons who live with addiction reported that they receive treatment. In the case of mental illness only 24% reported that they receive treatment (TR). For medical condition the percentage receiving treatment is 46% as is reflected in Table 5.

**Table 5: Reported health problems**

| Health Issue | 2017 (N) | 2017 (%) | 2017(TR) | 2020 (N) | 2020 (%) | 2020(TR) |
|---|---|---|---|---|---|---|
| **Addiction** | 95 | 43% | 36.2% | 144 | 47.1% | 24.3% |
| **Mental Illness** | 63 | 28.5% | 17.3% | 92 | 30.1% | 23.9% |
| **Medical Condition** | 50 | 22.6% | 13.3% | 77 | 25.2% | 45.5% |
| **Physical Disability** | 38 | 17.2% | 6.7% | 60 | 19.6% | 25% |

### 2.4.1 Acquired Brain Injury (ABI)

The 2020 survey included a question on acquired brain injury. Thirty-three (33) respondents or 11% of the total homeless population indicated that they live with an acquired brain injury.

An Acquired Brain Injury (ABI) is any damage to the brain that occurs after birth and is not related to a congenital or a degenerative disease. Causes may include traumatic injury, seizures, tumors, events where the brain has been deprived of oxygen, infectious diseases, and toxic exposure such as substance abuse. *An ABI is* one of the key causes of disability in individuals under the age of 45,[6] and can seriously affect a person's ability to live independently. [7]

[6] Canadian Institute of Neurosciences, Mental Health and Addiction, 2020.
[7] Canada Brain Foundation, 2020

### 2.4.2 Access to Family Doctor or Walk-In Clinic

The number of respondents that answer affirmatively to the question about access to a family doctor increased slightly from 52 (2017) to 58 (2020). The proportion of respondents that answer affirmatively to the question about access to a family doctor decreased form 38% (2017) to 31%(2020). The proportion of respondents who said they have access to a walk-in clinic increased from 31% in 2017 to 50% in 2020. This translate into a very significant increase in the number of persons accessing a walk-in clinic from 43 in 2017 to 93 in a 2020. The number of individuals that reported that they do not have access to either a family doctor or walk-in clinic decreased slightly from 40 in 2017 to 34 in 2020. Overall, it can be stated, based on these responses as presented in Table 6, that 151 or 49% of the total homeless population in Chilliwack do access medical care using a family doctor or a walk-in clinic. In contrast, it should be stated that half of the population who live homeless or a significant proportion do not access medical care in this fashion. It is therefore worth drawing attention to the data in Table 14, according to which 98 respondents have indicated that they have made use of the emergency room the past 12 months and 59 of the hospital (non-emergency) services.

**Table 6: Access to family doctor or walk-in clinic**

| Service | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Family Doctor** | 52 | 38.5% | 58 | 31.3% |
| **Walk-In Clinic** | 43 | 31.9% | 93 | 50.3% |
| **Neither** | 40 | 29.6% | 34 | 18.4% |
| **Total** | **135** | **100%** | **185** | **100%** |

## 2.5 "Sheltered" and "Unsheltered" Homeless Persons

Just more than half (54%) of the surveyed homeless population stayed in shelters during the 2020 Point-in-Time count and survey. Eighty-three or 27% stayed outside, 16 stayed in their vehicles and 30 or 10% were couch surfing and Fraser Health reported 11 persons with no fixed addresses in the Chilliwack hospital the night of March 3 (see Table 7).

Four female respondents indicated that they had children with them. All four women and their children (6 children in total) stayed at the Transition House on the night of the count. An additional nineteen (19) respondents indicated that they were in the company of a spouse or partner the night of March 3, 2020.

**Table 7: Accommodation on night of survey**

| Location | 2020 (N) | 2020 (%) |
|---|---|---|
| **Shelter, Safe House or Transition House** | 166 | 54.3% |
| **Outside** | 83 | 27.1% |
| **Someone Else's Place** | 30 | 9.8% |
| **Car, Van or Camper** | 16 | 5.2% |
| **Hospital** | 11 | 3.6% |
| **Total** | **306** | **100%** |

Respondents were asked to state their main reasons for not having used a transition house or a shelter the previous night. The reason with the highest response frequency was that they dislike shelters (28%) followed by 18% who stated that they were turned away, while 16% was able to stay with a friend or family, (couch surfers) while 19% of the responses make up the category "Don't Know" (see Table 8).

**Table 8: Reasons for not using shelter/transition house**

| Reason | 2020 (N) | 2020 (%) |
|---|---|---|
| **Other** | 4 | 4.4% |
| **Able to Stay With friend/family** | 14 | 15.6% |
| **Dislike** | 25 | 27.8% |
| **Turned Away - Shelter Was Full** | 16 | 17.8% |
| **Slept in Vehicle** | 10 | 11.1% |
| **Couldn't get to shelter** | 4 | 4.4% |
| **Don't know** | 17 | 18.9% |
| **Total** | **90** | **100%** |

## 2.6 Shelter and Transition Beds in Chilliwack

At the time of the 2020 count Chilliwack had 203 emergency shelter beds which is a substantial increase from the 128 beds during the 2017 count and survey (see Table 9). Chilliwack had 43 un-used beds on March 3, 2020 compared to 140 persons who did not use the emergency shelters. The biggest spare capacity was at Wilma's House and the Cyrus Centre. However, both these facilities cater for specific sub-populations of homeless persons and are not suitable for the majority of persons who were staying outside on March 3. It is thus fair to state that although 43 beds were unused, a case could still be made for additional emergency shelter beds for the homeless population in general, excluding youth 18 and younger and women who flee abuse and/or violence. However, whether more should be invested in emergency shelters instead of suitable permanent or long-term affordable housing with supports is worth considering.

**Table 9: Shelter and transition house beds in Chilliwack**

| Emergency Shelter Beds | 2017 | 2020 |
|---|---|---|
| **Ann Davis Transition House** | 12 | 12 |
| **Ann Davis Women's Centre** | 0 | 22 |
| **Salvation Army** | 11 | 68 |
| **Salvation Army – Overnight** | 30 | 0 |
| **Cyrus Centre** | 8 | 9 |
| **Cyrus Centre – Transition** | 1 | 0 |
| **Wilma's Transition House** | 19 | 18 |
| **Ruth & Naomi's Mission** | n/a | 74 |
| **TOTAL** | **81** | **203** |
| **Extreme Weather Shelter Beds** | | |
| **Cyrus Centre** | 12 | 0 |
| **Ruth & Naomi's Mission** | 30 | 0 |
| **Salvation Army** | 5 | 0 |
| **TOTAL** | **47** | **0** |

# 3. Profile of People Living Homeless in Chilliwack

## 3.1 Gender

The gender distribution of homeless people surveyed in Chilliwack in 2020 breaks down into 60% males and 40% females compared to 63% males and 37% females in 2017. This does not represent a significant change from 2017 data (see Table 10). Nevertheless, it must be noted that females are more often part of the "hidden homeless" population, some perhaps engaged in the survival sex trade or other more hidden situations.

**Table 10: Gender of survey respondents**

| Gender | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Male** | 112 | 62.2% | 158 | 60.3% |
| **Female** | 67 | 37.2% | 104 | 39.7% |
| **Transgender** | 1 | 0.6% | 0 | 0% |
| **Non-binary** | 0 | 0% | 0 | 0% |
| **Two-spirit** | 0 | 0% | 0 | 0% |
| **Not lister** | 0 | 0% | 0 | 0% |
| **Total** | **180** | **100%** | **262** | **100%** |

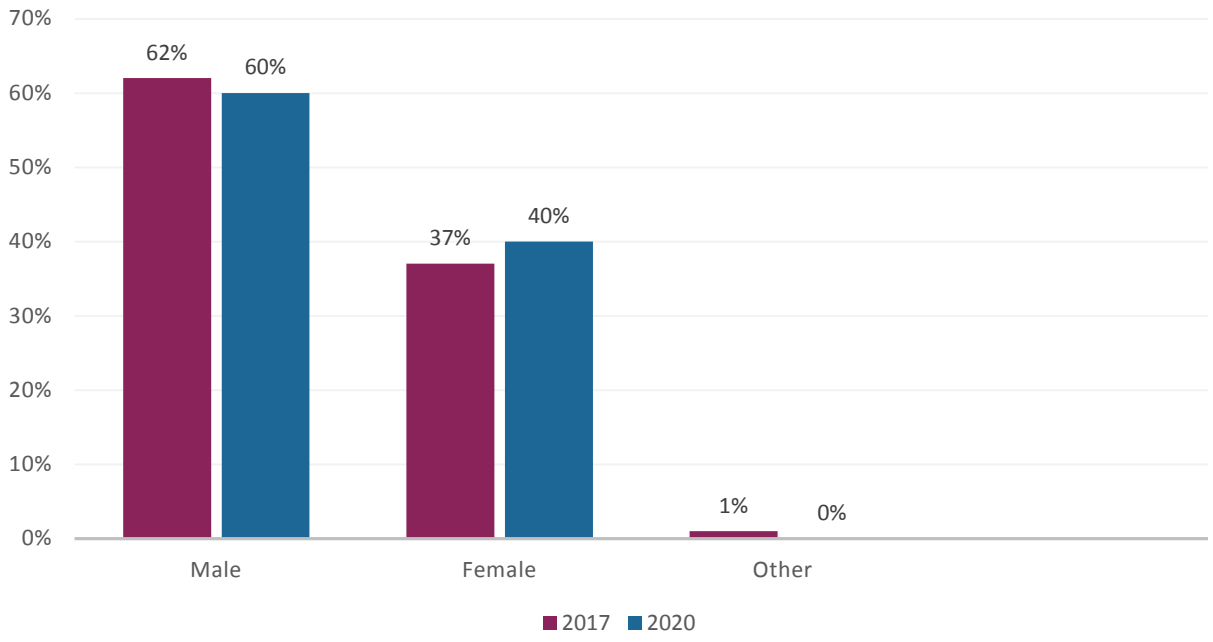


**Figure 3: Gender comparison 2017 & 2020**

## 3.2 Sexual Identity

The majority (91%) of the respondents identified as straight or heterosexual in 2017 compared to 90% in 2020. There were 9 individuals who identified as bi-sexual in 2017. In 2020, fifteen (15) individuals identified as LGBTQ+ and four individuals responded that they don't know their sexual identity (see Table 11).

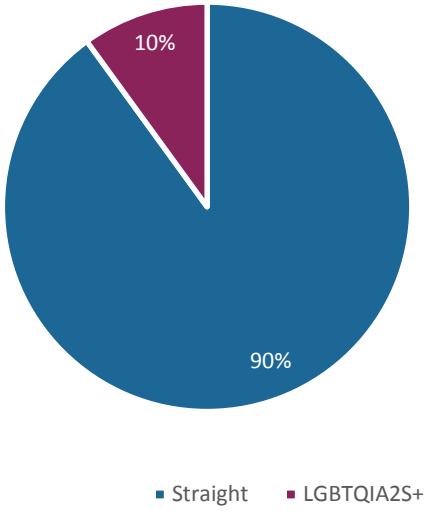


**Figure 4: Sexual identity of Chilliwack homeless population**

**Table 11: Sexual identify of Chilliwack homeless population**

| Sexual Identity | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Straight/Heterosexual** | 121 | 91% | 168 | 89.8% |
| **Bisexual** | 9 | 6.8% | 10 | 5.4% |
| **Two-Spirited** | 1 | 0.8% | 0 | 0% |
| **Pansexual** | 0 | 0% | 1 | 0.5% |
| **Gay** | 0 | 0% | 1 | 0.5% |
| **Other** | 2 | 1.5% | 0 | 0% |
| **Questioning** | 0 | 0% | 1 | 0.5% |
| **Lesbian** | 0 | 0% | 1 | 0.5% |
| **Not listed** | 0 | 0% | 1 | 0.5% |
| **Don't know** | 0 | 0% | 4 | 2.2% |
| **Total** | **133** | **100%** | **187** | **100%** |

## 3.3 Age

The age cohort 19 years and younger decreased from 38 individuals in 2017 to 28 individuals in 2020. The number of individuals in the cohort 20-39 more than double from 53 (2017) to 113 (2020). The number of individuals in the cohort 40-49 increased from 37 (2017) to 49 (2020). The age cohort 50+ increased from 44 in 2017 to 72 in 2020. Based on this data, the proportion of homeless persons higher in age has increased from 2017 to 2020 (see Table 12).

**Table 12: Age of surveyed respondents**

| Age | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Less than 15** | 1 | 0.6% | 0 | 0% |
| **15-19** | 37 | 21.5% | 28 | 10.7% |
| **20-29** | 22 | 12.8% | 48 | 18.3% |
| **30-39** | 31 | 18% | 65 | 24.8% |
| **40-49** | 37 | 21.5% | 49 | 18.7% |
| **50-59** | 34 | 19.8% | 46 | 17.6% |
| **60 or older** | 10 | 5.8% | 26 | 9.9% |
| **Total** | **172** | **100%** | **262** | **100%** |

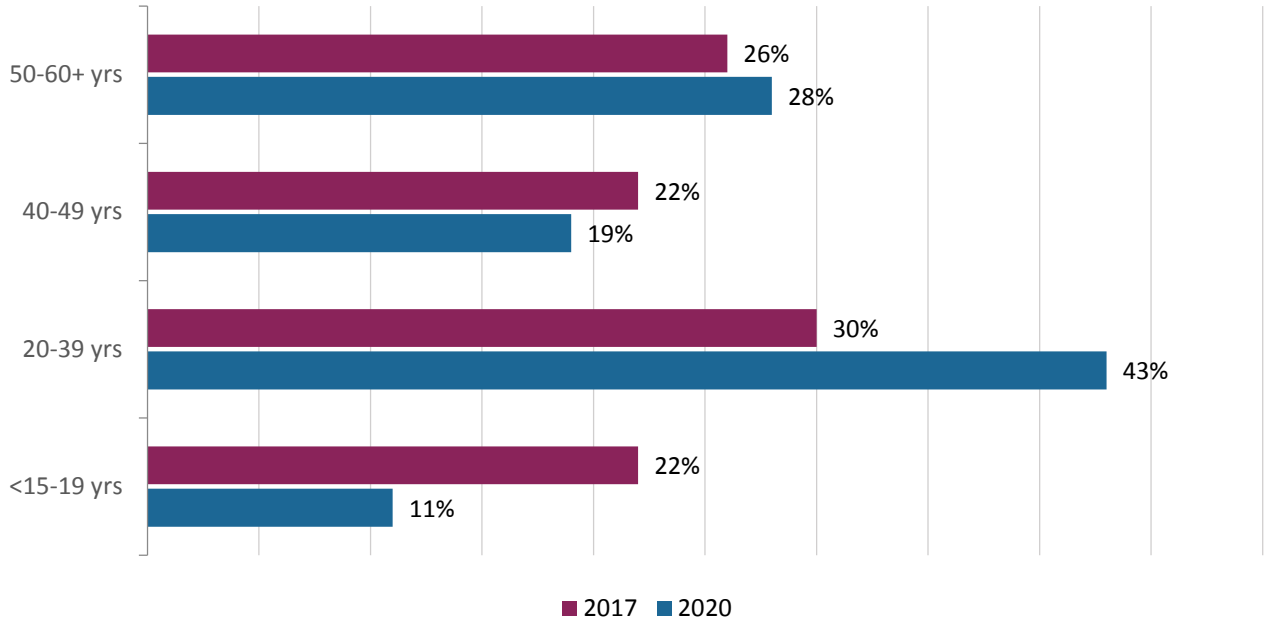


**Figure 5: Age of surveyed respondents**

A question was also asked to determine the age of respondents when they became homeless the first time in their lives. It is concerning that more than a quarter (31%) of responses are in the age category 19 and younger, meaning that a significant proportion of those currently living homeless in Chilliwack became homeless prior to or at the time they reach age of majority. This represents 63 individuals. If the number of those who reported that they became homeless between the ages of 20 and 29 years is added, then the percentage goes up to 46%. This then in turn represents 93 individuals. As such it means that almost half of the homeless respondents in 2020 became homeless the fist time before the age of 30 (see Table 13).

**Table 13: Age at first time homeless**

| Age | 2020 (N) | 2020 (%) |
|---|---|---|
| **Less than 15 years** | 11 | 5.5% |
| **15 – 19 years** | 52 | 25.9% |
| **20 – 29 years** | 30 | 14.9% |
| **30 – 39 years** | 24 | 11.9% |
| **40 – 49 years** | 23 | 11.5% |
| **50 – 59 years** | 22 | 10.9% |
| **60 + years** | 5 | 2.5% |
| **Don't know** | 34 | 16.9% |
| **Total** | **201** | **100%** |

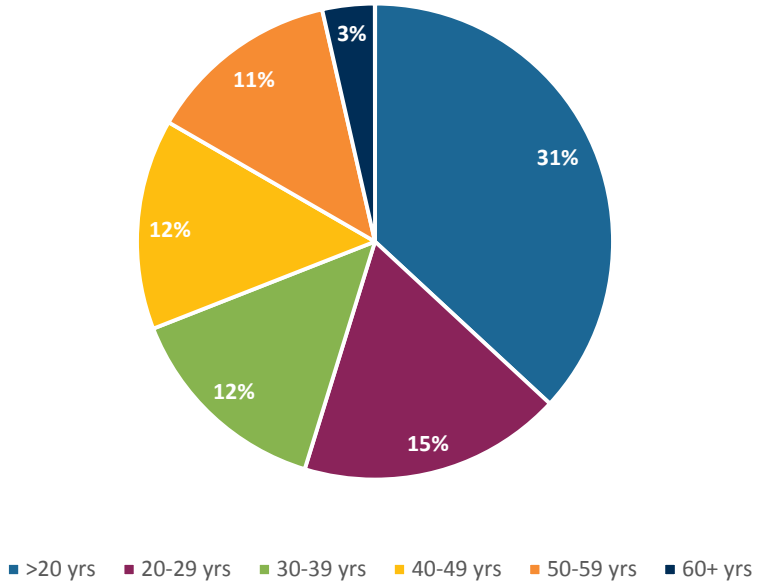


**Figure 6: Age at first time homeless**

## 3.4 Presence of First Nations or people with Indigenous Ancestry within homeless population

The respondents were asked to indicate whether they self-identify as First Nation or as someone with Indigenous Ancestry. Survey design consultation with First Nation stakeholders added more specific designations for people to choose from. In Chilliwack, 75 persons or 38% of respondents self-identified as having an Indigenous heritage, with the highest percentage (33%) identifying as First Nations. Expressed as a percentage of the total number of homeless persons, the 75 individuals constitute a 25% proportion of the total number of people who live homeless in Chilliwack in 2020. This represents a significant over-representation of First Nation community members who are homeless compared to the proportion of Indigenous people in the general population (see Table 14).

**Table 14: Aboriginal presence and homelessness percentage in Chilliwack**

| Identification | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **First Nations** | 48 | 31% | 66 | 33.7% |
| **Inuit** | 0 | 0% | 0 | 0% |
| **Metis** | 11 | 7.1% | 5 | 2.6% |
| **Indigenous/Aboriginal Ancestry** | 8 | 5.1% | 0 | 0% |
| **Other North America Indigenous Ancestry** | 0 | 0% | 3 | 1.5% |
| **Other Indigenous Ancestry** | 0 | 0% | 1 | 0.5% |
| **Does Not Identify as Aboriginal** | 88 | 56.8% | 121 | 61.7% |
| **Total** | **155** | **100%** | **196** | **100%** |

## 3.5 Community From

Chilliwack has relatively low numbers of homeless individuals who have moved here from out of the country. Thirty-five respondents (29%) indicated that they were from FVRD communities. Those who stated they came from Metro Vancouver (16%), from another part of BC (18%) and those from another part of Canada (31%) combined, make up (65%) or almost two thirds of the people who live homeless in Chilliwack in 2020. Nevertheless, interpretation of this data must also consider the results from Table 16 below, Length of Residence in Local Community.

**Table 15: Where did you move here from?**

| Home Community | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **FVRD** | 23 | 27.7% | 35 | 28.7% |
| **Metro Vancouver** | 10 | 12% | 19 | 15.6% |
| **Another Part of BC** | 31 | 37.3% | 22 | 18% |
| **Another Part of Canada** | 13 | 15.7% | 38 | 31.1% |
| **Another Country** | 6 | 7.2% | 8 | 6.6% |
| **Total** | **83** | **100%** | **122** | **100%** |

## 3.6 Length of Presence in Local Community

More than two thirds (41%) of respondents indicated that they had always lived in Chilliwack. Less than a quarter or 20% moved to Chilliwack within the last 12 months. This means that although a substantial proportion of those who live homeless in Chilliwack has moved here from outside of the Fraser Valley, many of them, if not the majority have lived in Chilliwack for a number of years.

**Table 16: Length of presence in Chilliwack**

| Length of Residency | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Less than 6 months** | 17 | 14.2% | 25 | 13.4% |
| **6-11 months** | 6 | 5% | 13 | 7% |
| **12-23 months** | 3 | 2.5% | 11 | 5.9% |
| **2-5 years** | 15 | 12.5% | 19 | 10.1% |
| **6-10 years** | 20 | 16.6% | 19 | 10.1% |
| **11 or more years** | 29 | 24.2% | 13 | 7% |
| **Always** | 30 | 25.0% | 77 | 41.2% |
| **Don't know** | 0 | 0% | 10 | 5.3% |
| **Total** | **120** | **100.0%** | **187** | **100.0%** |

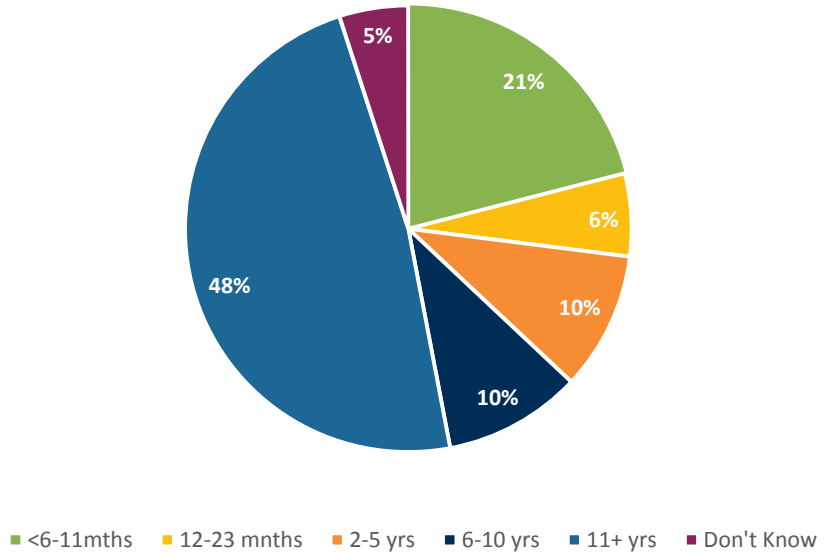


**Figure 7: Length of presence in Chilliwack**

## 3.7 Sources of Income

The largest response categories for sources of income were the same in 2017 than what is the case in 2020, i.e. Income Assistance and Disability Allowance as is reflected in Table 17. One hundred and forty-seven (147) or 47% of the total number of people who live homeless in Chilliwack derive income from the Ministry of Social Development and Poverty Reduction (Welfare) in 2020. In 2017 this number was 83 or 38% of the total of 221 persons who were deemed to live homeless in Chilliwack in 2017. This increase in the actual number and the proportion of respondents are as a result of the increase of the number of homeless people from 221 in 2017 to 306 in 2020. The number of individuals that receive a Disability Allowance more than double from 28 (2017) to 60 (2020).

Seven percent (7%) of responses are in the categories part time and full-time employment. Thus, the vast majority of respondents are unemployed. Not surprising given the extent of addiction, mental illness, physical disability and medical conditions prevalent among homeless persons.

**Table 17: Sources of Income[8]**

| Source of Income | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Income Assistance** | 55 | 25.3% | 87 | 27.5% |
| **Disability (Welfare)** | 28 | 12.9% | 60 | 19% |
| **Binning/Bottles** | 25 | 11.5% | 27 | 8.5% |
| **Other (GST/HST Refund & Child Tax Benefit** | 24 | 11.1% | 32 | 10.1% |
| **Family/Friends** | 20 | 9.2% | 12 | 3.8% |
| **No Income** | 18 | 8.3% | 18 | 5.7% |
| **Panhandling** | 10 | 4.6% | 11 | 3.5% |
| **Youth Agreement** | 10 | 4.6% | 0 | 0% |
| **Part-time Job** | 8 | 3.7% | 20 | 6.4% |
| **Disability (CPP)** | 5 | 2.3% | 7 | 2.2% |
| **CPP** | 4 | 1.8% | 10 | 3.2% |
| **Other Pension** | 3 | 1.4% | 5 | 1.6% |
| **Old Age Security** | 3 | 1.4% | 5 | 1.6% |
| **Vending** | 2 | 0.9% | 19 | 6% |
| **Full-time Job** | 2 | 0.9% | 1 | 0.3% |
| **Honoraria/Stipend** | 0 | 0% | 0 | 0% |
| **Employment insurance** | 0 | 0% | 2 | 0.6% |
| **Total** | **217** | **100%** | **316** | **100%** |

## 3.8 Usage of Services

Table 18 indicates service usage by homeless individuals who live in Chilliwack. Respondents were asked which services from the list in Table 18 they used in the last 12 months. It appears from the data in Table 18 that a significant number of homeless persons do make use of community based services to meet their needs related to food, shelter and health care, including urgent or emergency care and harm reduction services.

The services that represent the biggest percentages as response categories are meal programs, emergency shelters, emergency room at the hospital, outreach services, and food bank. When clustered together, the usage of medical services represents close to one third or 32% of responses constituted by 9% - Hospital Emergency Room; 2%- Addiction Services; 6% -Ambulance; 2% -Harm Reduction; 3% - Mental Health; 5% - Hospital Non-Emergency; 5% - Health Clinic.

[8] Respondents could check off all that apply in relation to source of income. Therefore, the "N" column represents all the responses and the "%" column contain percentages of total responses per source of income as a percentage of total responses and not total respondents.

When clustered, meal programs and food bank make up 20% of the responses in relation to usage of food related services.

**Table 18: Services used**[9]

| Service Used | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Meal Program/Soup Kitchen** | 87 | 10.9% | 136 | 12.4% |
| **Emergency Room** | 78 | 9.7% | 98 | 8.9% |
| **Food Bank** | 75 | 9.4% | 79 | 7.2% |
| **Drop-In** | 68 | 8.5% | 0 | 0% |
| **Emergency Shelter** | 0 | 0% | 140 | 12.8% |
| **Extreme Weather Shelter** | 60 | 7.5% | 87 | 7.9% |
| **Other Addiction Services** | 58 | 7.2% | 24 | 2.2% |
| **Outreach** | 56 | 7% | 84 | 7.7% |
| **Ambulance** | 51 | 6.4% | 62 | 5.6% |
| **Probation/Parole** | 46 | 5.7% | 26 | 2.4% |
| **Employment** | 42 | 5.2% | 27 | 2.5% |
| **Harm Reduction** | 42 | 5.2% | 58 | 5.3% |
| **Mental Health Services** | 39 | 4.9% | 36 | 3.3% |
| **Hospital Non-Emergency** | 33 | 4.1% | 59 | 5.4% |
| **Health Clinic** | 0 | 0% | 53 | 4.8% |
| **Dental Clinic/Dentist** | 23 | 2.9% | 24 | 2.2% |
| **Transitional Housing** | 15 | 1.9% | 27 | 2.5% |
| **Other** | 12 | 1.5% | 13 | 1.2% |
| **Housing Help/Eviction Prevention** | 11 | 1.4% | 13 | 1.2% |
| **None** | 3 | 0.4% | 52 | 4.7% |
| **Newcomer Services** | 2 | 0.2% | 0 | 0% |
| **Total** | **801** | **100%** | **1098** | **100%** |

[9] Respondents could check off all categories of services that they have used in the past 12 months. Therefore, the "N" column represents the total number of respondents who checked off a service resulting in the total for the "N" column to be higher than the total number of respondents. The "%" column represents responses to each service as a proportion of overall total number of responses in "N" column.

## 3.9 Ministry Care

The total number of homeless persons enumerated in 2020 was 306 and of these 68 (22%) stated that they have been in Ministry Care at some stage during their life. Ministry Care for the purpose of this report includes:

- Foster care
- Youth group home
- Youth agreement
- Independent living agreement
- Residential school.

In 2017 the number of respondents who reported having been in Ministry Care was 80 (36%).

## 3.10 Canadian Newcomers, Service with Canadian Forces and First Responders

No survey respondents in Chilliwack indicated that they were new to Canada within the last 5 years, and 7 respondents indicated that they came to Canada as immigrants some years ago. No refugees were among the respondents.

Eight (8) respondents stated that they formerly served in the Canadian Forces and one (1) served as a First Responder.

# 4. Summary of Findings in Chilliwack

1. Three hundred and six (306) persons were deemed to live homeless during a 24-hour period, March 3 & 4, 2020.

2. The number of persons in official shelters was 166, those outside totaled 83, eleven (11) was in the hospital, 16 slept in vehicles and 30 stated that they were couch surfing.

3. One hundred and three or 50% of respondents are homeless for longer than one year, this represents one third of the total homeless population of 2020.

4. Almost one third (31%) of respondents reported that they were homeless for the first time before they reached the age of 20 and almost half (46%) became homeless for the first time before the age of 30.

5. There were no refugees or immigrants that came to Chilliwack in the past five years. However, seven respondents indicated that they came as immigrants many years ago.

6. Eight (8) respondents stated that they formerly served in the Canadian Forces and one (1) served as a First Responder.

7. Males make up 60% and females 40% of the respondents.

8. Fifteen individuals identified as LGBTQ+ in 2020 and four individuals reported that they don't know their sexual identity.

9. The number of individuals among the homeless respondents in Chilliwack that reported having an acquired brain injury is 33, representing 11% of the homeless population in Chilliwack.

10. Two main self reported reasons for homelessness are, family or relational breakdown, including conflict and abuse at 35% and addiction at 25%.

11. Addiction remains the health issue with the highest response at 144 individuals or 47% of the total number of 306 homeless persons.

12. The number of individuals that reported addictions increased form 95 in 2017 to 144 in 2020.

13. Mental illness was reported by 63 individuals in 2017 and 92 in 2020 representing 30% of the total number of homeless persons.

14. Responses for medical condition represent a quarter of the homeless population and responses for physical disability 19%.

15. Those 39 and younger constitute just over half (54%) of the respondents with those 40 and older constituting the rest (46%) and therefore not significantly different from 2017.

However, those who are 50 and older represent a significant proportion of just over one quarter or 28%.

16. In Chilliwack, 75 respondents self-identified as First Nation or having Indigenous Ancestry, representing a quarter of the homeless population.

17. Sixty-eight (68) respondents, representing 22% of homeless population, has stated that they have been in Ministry Care e.g. foster care, youth group home, youth agreement, independent living agreement, residential school.
18. More than two thirds (41%) of respondents indicated that they had always lived in Chilliwack. Less than a quarter or 20% moved to Chilliwack within the last 12 months.

19. The number of individuals that reported disability allowance as source of income more than double from 28 in 2017 to 60 in 2020. Similar to previous counts and surveys, both income assistance and disability allowance remain the biggest response categories.

20. The following services have the highest number of responses in terms of being used by persons who live homeless: Emergency shelter, Meal Programs, Emergency Room (Hospital), Outreach and Food Bank.

# Conclusion

The number of homeless persons in Chilliwack continue to trend upwards despite the addition of housing units over the past decade. However, sight should not be lost of the fact that if these additional housing units were not added the number of homeless people would have been much higher.

The large proportion of homeless persons that seemingly are chronically homeless is of concern and if the significant proportion who are 50 years of age and older is factored in, then the concern is even bigger.

The continuing high prevalence of addiction and mental illness plus additional physical ailments among homeless persons are further cause for concern; aggravated by the significant number of homeless persons with acquired brain injuries.

Addiction is one of the main factors that contribute towards unintentional illicit drug toxicity deaths in British Columbia. In 2019 this caused 981 deaths in British Columbia of which 282 occurred in the jurisdiction of Fraser Health. Twelve percent (12%) of these deaths occurred outside in vehicles, on sidewalks, streets, parks, wooded areas and campgrounds.[10]

The persistent presence of addiction, mental illness, acquired brain injury and other physical health related ailments among homeless persons emphasizes the reality of the inter-section of health care and housing provisioning. Perhaps it is time for a paradigm shift realizing that increased health care and ongoing support must become greater integral components of the community response to homelessness.

Another aspect of the paradigm shift to consider is the notion of housing suitability and housing support in addition to affordability. The lack of suitable long-term care homes requires a paradigm shift in the response to homelessness. A paradigm shift, away from emergency shelters towards the provisioning of suitable long-term care housing for individuals living with addiction, mental illness, physical health issues and acquired brain injury, living currently homeless; a situation not conducive for treatment and care to improved health and community integration outcomes. Such a paradigm shift could also potentially have a positive impact in relieving the high number of visits to hospital emergency rooms that adds to already long wait times.

[10] BC Coroners Services of British Columbia, 2020

# Fraser Valley Regional District
# 2020 Homeless Count and Survey Report

## SUB-AREA RESULTS

## District of Mission

Fraser Valley Regional District

Anron Consulting Inc.
Research and Anaylsis

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# ACKNOWLEDGEMENTS

The following organizations must be thanked for their support and contributions to the completion of 2020 homelessness count and survey in Mission:

- District of Mission, Social Development
- Hope Central
- Ministry of Social Development and Poverty Reduction
- Mission Community Services Society
- Mission Friendship Centre
- Mission Mental Health
- Mission Youth House
- Riverside College, Community Support Worker Program
- Royal Canadian Mounted Police (RCMP) in Mission
- SARA for Women
- UFV Community Development-402-Program Students
- Union Gospel Mission (outreach)
- Youth Unlimited, Mission

A special word of thanks goes to Kirsten Hargreaves of the District of Mission and the Mission Outreach Support Team (MOST), for the work they have done with their team of volunteers to plan logistics and conduct the survey in Mission. Thank you also to the staff of various agencies and community 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 very personal questions.

# 1. INTRODUCTION

## 1.1 Survey Objectives

Homelessness in Mission has been empirically confirmed in 2004, 2008, 2011, 2014, 2017 and again now in 2020 by means of a count and a survey of people who live homeless. Following on these previous surveys, the 2020 homelessness survey in Mission was conducted, March 3 and 4, 2020, in collaboration with the following organizations:

District of Mission
Hope Central
Mission Community Services
Mission Friendship Centre
Mission Mental Health
Mission Youth House
Royal Canadian Mounted Police (RCMP) in Mission
SARA for Women
UFV Community Development Course 402 - Students
Youth Unlimited, Mission

The objectives of the 2020 tri-annual count and survey are to:

- 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 suitable and supported affordable 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; and
- Inform all levels of government, policy makers, community-based organizations about the extent of homelessness in the FVRD and the need for continued investment by both provincial and federal governments to increase the spectrum of suitable and supported social housing and concomitant support services in FVRD communities.

## 1.2 Defining Homelessness

Homelessness has been a systemic Canadian problem since the 1980s. 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)[1].

Numerous definitions of homelessness exist worldwide. In 2012 the Canadian Observatory on Homelessness (COH) introduced a definition in relation to the Canadian context. 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."[2] 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".[3]

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".[4] It can be postulated that the causes of homelessness demonstrate the challenging intersection of structural factors, system failures, and individual circumstances. People do not become homeless overnight; instead, it is the result of a constellation of risk factors, which, when combined, may lead to homelessness.[5]

This report on the 2020 homelessness count and survey considers two major factors in defining homelessness: the importance of maintaining consistency with previous FVRD surveys and similar research in Metro Vancouver and other BC communities 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 of their own where they pay rent or which they own and where they can expect to stay for more than 30 days.**

Given this definition, the FVRD 2020 count and survey included persons who are in emergency shelters, safe houses, and transition houses. It also included those who are living outside in temporary make shift camps or some form of shelter, or in tents, those sleeping or spending time during the day on street sidewalks, bus shelters, under bridges, sleeping in vehicles, campers, motorhomes, and recreational vehicles. Included are also those individuals who "couch surf", meaning they sleep at a friend's place or family member's place for a while or they trade favours or services for temporary shelter. Both of the latter instances are not permanent housing solutions. Lastly, included also are

[1] Gaetz, S. (2011). Canadian definition of homelessness: What's being done in Canada and elsewhere? Toronto, ON: Canadian Homelessness Research Network Press.
[2] Canadian Observatory on Homelessness, 2012, p.1.
[3] Canadian Observatory on Homelessness, 2012, p.1.
[4] Canadian Observatory on Homelessness, 2012, p. 3.
[5] Gaetz, S. Donaldson, J., Richter, T., & Gulliver, T (2013). The state of homelessness in Canada 2013. Toronto, ON: Canadian Observatory on Homelessness Press.

those with no fixed address in hospital and in jail at the time of the count. The main trait present in all the afore-mentioned living situations is that people lack their own home where they can live permanently and safely.

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 services or favours for temporary shelter. While this survey includes these situations in its definition of homelessness, people in these more hidden situations would most likely be significantly under-counted by means of a point-in-time count.

## 1.3 Methodology and Ethical Considerations

As already alluded to, 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 count and survey was conducted on March 3 and 4, 2020, and coincided with a similar process in Metro Vancouver and other BC communities. Following the research methodology utilized in previous FVRD counts (2004, 2008, 2011, 2014 and 2017) the process included a nighttime and daytime component for data collection.

### 1.3.1 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 does not capture each and every homeless person and participation in the survey by those who are identified as homeless is voluntary.

The number of people living homeless in Mission based on the 2020 PiT method used over a 24-hour period March 3 & 4, 2020 includes the number of homeless people who officially stayed in emergency shelters, temporary extreme weather shelters, transition houses, the persons identified as living homeless by the interviewers using screening questions, plus persons with no fixed address, who were in hospitals and jails. The demographic data, health data, information on housing and homelessness and other personal information are based on responses by those voluntarily agreeing to be interviewed. Responses to questions are influenced by the interpretation of the meaning of questions and further influenced by the respondent's physical, psychological, cognitive and emotional state at the time of the interview and the relative comfort or not of the physical setting during 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, and contribute to 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 municipal, regional, provincial and federal governments.

For the purpose of further comparison, estimates derived from snapshot surveys may be compared with HIFIS data (Homeless Individuals and Families Information System). Additionally, communities can undertake a homeless count and survey using what is referred to as a Period Prevalent Method (PPM) whereby over a set period of time e.g. 3 or 6 months a "census" is undertaken of people who live homeless. Using this method various steps must be taken and procedures put in place to comply with statutory codes regarding privacy and confidentiality.

### 1.3.2 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. The following approach was applied 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.
- All interviewers attended a mandatory training session prior to the survey.

# 2. EXTENT OF HOMELESSNESS IN MISSION 2020

## 2.1 Number of Homeless People Interviewed in Mission in 2020

One hundred and seventy-eight (178) homeless persons were counted in Mission during the 24-hour period, March 3 and 4, 2020.

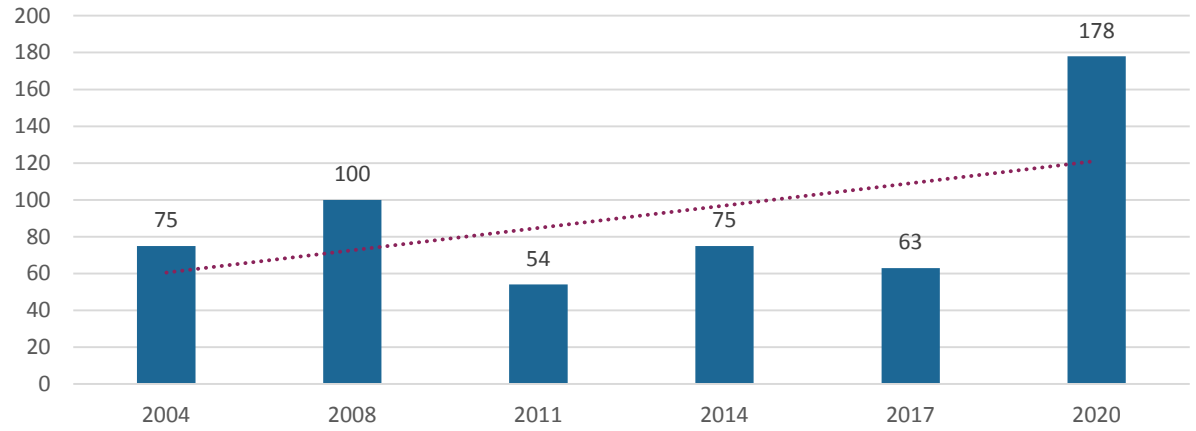


**Figure 1: Mission homeless count totals 2004-2020**

## 2.2 Reasons for Being Homeless

Survey respondents were asked to indicate what caused them to have lost their housing recently. In Mission, the top three response categories are relational/family breakdown including conflict and abuse (45%), income too low (24%) and addiction (15%) (Table 1).

**Table 1: Cause for having lost housing most recently**

| Reason Given | 2020 (N) | 2020 (%) |
|---|---|---|
| **Income too low** | 38 | 23.7% |
| **Building Sold/Renovated** | 11 | 6.9% |
| **Relational/Family breakdown including conflict and abuse** | 72 | 45.0% |
| **Death of a family member/relative** | 4 | 2.5% |
| **Poor Physical Health** | 2 | 1.3% |
| **Mental Health Issue** | 9 | 5.6% |
| **Addiction** | 24 | 15.0% |
| **Total** | **160** | **100.0%** |

Respondents were also asked what is keeping them from finding a place of their own and the following responses were given (see Table 2). Addiction represents 30% of the responses followed by rent too high/not enough income at 15%. A significant proportion make up the 'don't know' response.

**Table 2: What is keeping from finding a place of your own**

| Reason | 2020 (N) | 2020 (%) |
|---|---|---|
| **Rent to high/Not enough income** | 7 | 15.2% |
| **Addiction** | 14 | 30.4% |
| **Mental Health issue** | 4 | 8.7% |
| **Other** | 0 | 0.0% |
| **Don't know** | 21 | 45.7% |
| **Total** | **46** | **100.0%** |

Additionally, the question was asked "What would help end your homelessness?". The largest proportion of responses is in the category "lower rent" representing 59% of responses. The second largest category is "Don't know" at 20% followed by "Employment", 12%. It is clear from data in Table 2 and Table 3 that the major challenge for people who live homeless in Mission is suitable and affordable housing and further complicated by addiction and other health concerns.

**Table 3: What would help end your homelessness**

| Solutions | 2020 (N) | 2020 (%) |
|---|---|---|
| **Lower rent** | 75 | 58.6% |
| **Improvement in Health and Addiction** | 3 | 2.3% |
| **Employment** | 15 | 11.7% |
| **Don't know** | 25 | 19.6% |
| **Other** | 10 | 7.8% |
| **Total** | **128** | **100.0%** |

## 2.3 Length of Homelessness

Survey respondents were asked to indicate how long they had been homeless. Nearly three quarters (72%) of respondents indicated that they are homeless for more than one year. This is significantly higher than the 43% in 2017. Based on this it appears as if the proportion of chronic homeless persons is increasing in Mission and that a large number of persons who live homeless are getting entrenched in homelessness. The proportion that is homeless for 1 year and less is 26% (see Table 4 and Figure 2).

**Table 4: Duration of homelessness**

| Duration | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Less than one month** | 13 | 23.2% | 4 | 2.8% |
| **1-6 months** | 8 | 14.3% | 27 | 18.9% |
| **6 months – 1 year** | 11 | 19.6% | 6 | 4.2% |
| **Over 1 year** | 24 | 42.9% | 103 | 72.0% |
| **Don't know** | 0 | 0% | 3 | 2.1% |
| **Total** | 56 | 100.0% | 143 | 100.0% |

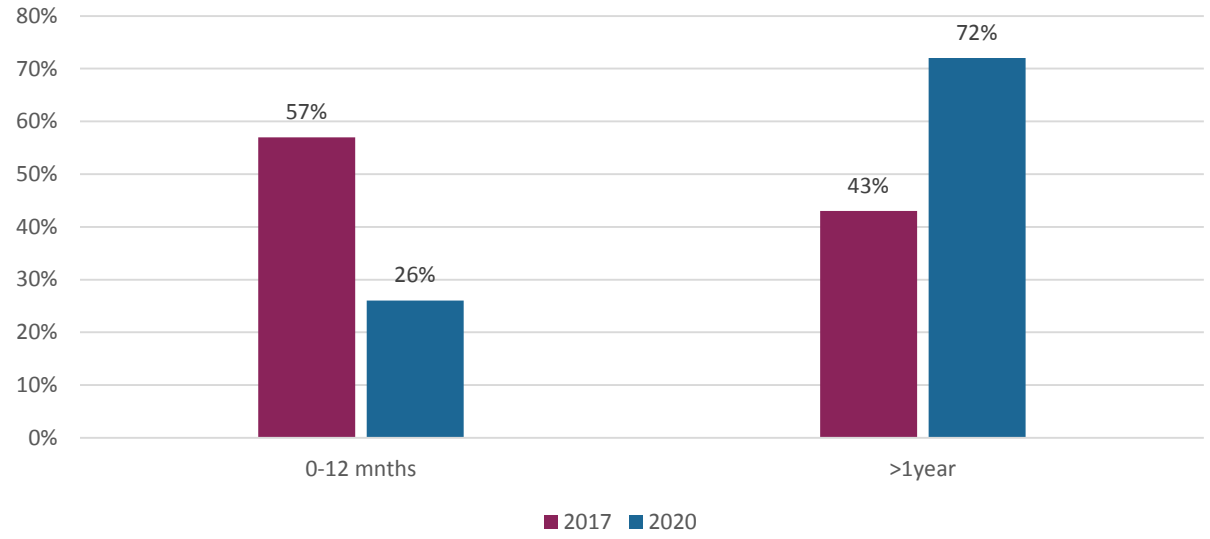


**Figure 2: Length of homelessness: 2017 and 2020**

## 2.4 Health Problems

Survey respondents were asked to report on their health problems: Addiction and mental illness are the highest-reported issues, as 110 (62%) of the 178 surveyed homeless individuals in Mission reported addiction and 53 (30%) of 178 respondents reported mental illness and 49 (28%) of 178 respondents reported a medical condition. Thirty-three (33) or 19% of 178 respondents reported a physical disability. Table 5 below presents the responses of 2020 and 2017 with the % columns presenting the responses as a percentage of the total number of homeless persons in Mission.

**Table 5: Reported health problems**

| Health Issue | 2017 (N) | 2017 (%)[6] | 2017 (RT) | 2020 (N) | 2020 (%)[7] | 2020 (RT) |
|---|---|---|---|---|---|---|
| **Addiction** | 33 | 52.4% | 26.3% | 110 | 61.8% | 7.3% |
| **Medical Condition** | 32 | 50.8% | 42.1% | 49 | 27.5% | 34.7% |
| **Mental Illness** | 26 | 41.3% | 13.2% | 53 | 29.8% | 17.0% |
| **Physical Disability** | 11 | 17.5% | 10.5% | 33 | 18.5% | 15.2% |
| **Acquired Brain Injury** | 0 | 0.0 | 0.0 | 21 | 11.8% | 0.0% |

Similar, to 2017, respondents were asked to identify whether they were receiving treatment for their condition. A significant number of people are not receiving treatment for their health problems. Only eight (7%) of 110 individuals with addictions are receiving treatment. Nine (17%) of the 53 individuals that reported mental illness receive treatment and 17 (35%) of the 49 individuals with medical conditions are receiving treatment. Five (15%) of the 33 individuals with physical disabilities are receiving treatment.

Twenty-one respondents, or 12% as proportion of total homeless population stated that they have an acquired brain injury. An Acquired Brain Injury (ABI) is any damage to the brain that occurs after birth and is not related to a congenital or a degenerative disease. Causes may include traumatic injury, seizures, tumors, events where the brain has been deprived of oxygen, infectious diseases, and toxic exposure such as substance abuse. An *ABI is* one of the key causes of disability in individuals under the age of 45,[8] and it can have serious consequences for a person's level of independence. [9]

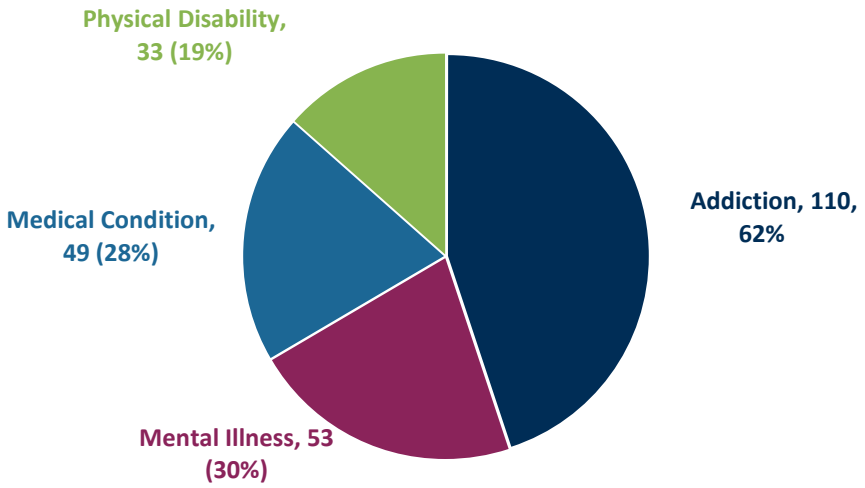


**Figure 3: Self-reported health problems as proportions of all responses[10]**

[6] Expresses as percentage of total homeless population.
[7] Expresses as percentage of total homeless population.
[8] Canadian Institute of Neurosciences, Mental Health and Addiction, 2020.
[9] Canada Brain Foundation, 2020
[10] Percentages in Figure 3 do not add up to 100 as respondents could check off more than one health issue response category.

## 2.5 Access to Family Doctor or Walk-In Clinic

Twenty-six percent (26%) of respondents reported not accessing a family doctor or walk-in clinic. However, just more than a quarter or 26% responded that they have access to a family doctor and 46% indicated that they make use of a walk-in clinic. Thus, two thirds of respondents reported having access to medical care i.e. family doctor or walk-in clinic (see Table 6 and Figure 4).

**Table 6: Access to family doctor or walk-in clinic**

| Service | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Family Doctor** | 13 | 24.1% | 36 | 25.5% |
| **Walk-In Clinic** | 29 | 53.7% | 64 | 45.5% |
| **Neither** | 12 | 22.2% | 37 | 26.2% |
| **Both Walk-In Clinic & Family Doctor** | 0 | 0% | 4 | 2.8% |
| **Total** | **54** | **100%** | **141** | **100%** |

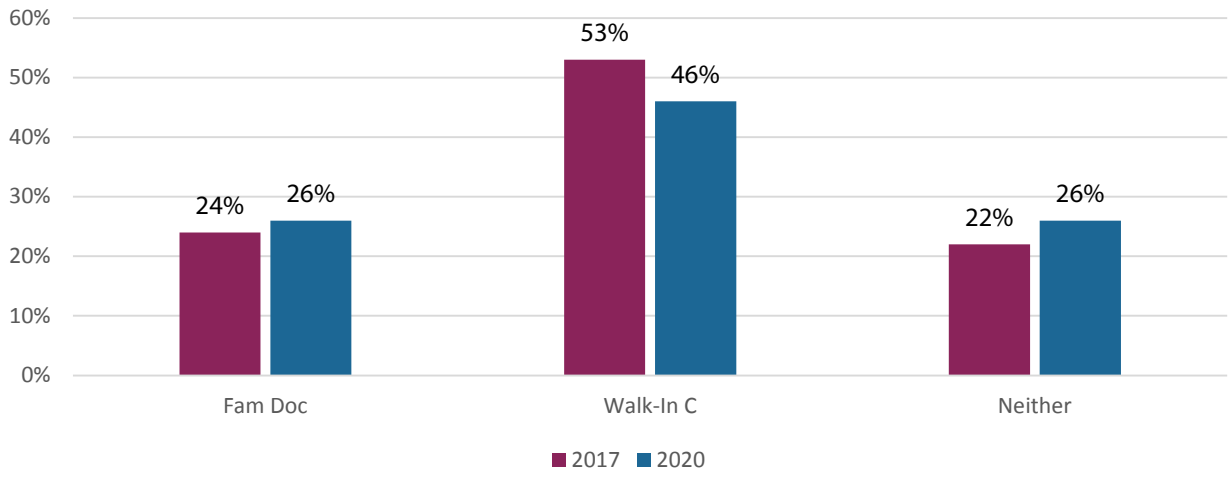


**Figure 4: Access to family doctor or walk-in clinic**

## 2.6 "Sheltered" and "Unsheltered" Homeless Persons

The number of homeless persons in official shelters represents 36% of the total. People living outside represented 57% of the total, and people who were "couch surfing" represented a relatively small percentage of the total at 6% (see Table 7).

Two female respondents indicated that they had children with them. One of the respondents were at the Transition House with her 3 children on the night of the count and the other respondent with one child was at a drop-in facility. An additional twenty-four (24) respondents indicated that they were in the company of a spouse or partner.

**Table 7: Accommodation on night of survey**

| Location | 2020 (N) | 2020 (%) |
|---|---|---|
| **Shelter, Safe House or Transition House** | 64 | 36.0% |
| **Outside** | 88 | 49.4% |
| **Someone Else's Place** | 11 | 6.2% |
| **Car, Van or Camper** | 14 | 7.8% |
| **Hospital** | 1 | 0.6% |
| **Jail** | 0 | 0.0% |
| **Total** | **178** | **100.0%** |

Respondents were asked to state their main reasons for not having used a transition house or a shelter the previous night. The biggest response category (46%) was "No shelter space/Shelter full". This represents 39 individuals. Almost a quarter of the responses (21%) relate to disliking emergency shelters and the third largest response category (17%) is "Don't Know" (see Table 8 and Figure 5).

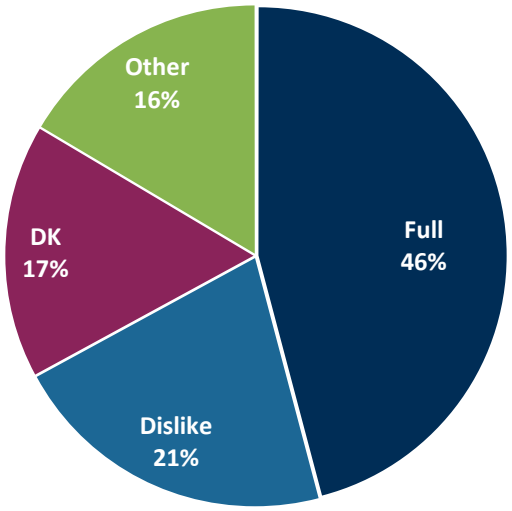


**Figure 5: Reasons for not staying in shelter**

**Table 8: Reasons for not using a shelter/transition house**

| Reason | 2020 (N) | 2020 (%) |
|---|---|---|
| **Other** | 5 | 5.9% |
| **Able to Stay with Friend/Family** | 3 | 3.5% |
| **Dislike** | 18 | 21.2% |
| **Turned Away** | 1 | 1.2% |
| **Slept in Vehicle** | 3 | 3.5% |
| **Couldn't get to Shelter** | 0 | 0.0% |
| **Didn't know about Shelter** | 2 | 2.4% |
| **No Shelter Beds/Shelter Full** | 39 | 45.8% |
| **Don't know** | 14 | 16.5% |
| **Total** | **85** | **100.0%** |

## 2.7 Shelter and Transition Beds in Mission

At the time of the 2020 count and survey Mission had a total of 87 beds made up of 27 emergency shelter beds, 10 women's transition house beds, 44 extreme weather beds for adults and 6 extreme weather beds for youth, compared to 40 in 2017 made up of 20 emergency shelter beds, 10 women's transition house beds and 10 extreme weather beds. Thus, an increase of forty-seven (47) beds (see Table 9).

Given that 64 persons stayed in shelter spaces and the shelter capacity at the time of the 2020 count was 87, it means that there was spare capacity of 23 beds. However, the 10 beds at the women's transition house were not accessible, the night of March 3, 2020 as the transition house was being renovated. Taken the latter into account it means a spare capacity of 13 beds. If all 13 shelter beds were occupied by homeless people, there would still have been a shortage of 101 beds given the total number of people deemed homeless over a 24-hour period, March 3 & 4, 2020.

**Table 9: Shelter and transition beds in Mission**

| Emergency Shelter | Units 2017 | Units 2020 |
|---|---|---|
| **Haven in the Hollow (Year-round)** | 20 | 27 |
| **Extreme Weather Shelter**[11] | | |
| **Extreme Weather Beds at Haven in the Hollow** | 10 | 22 |
| **Extreme Weather Beds at Elks** | 0 | 22 |
| **Extreme Weather Beds for Youth ad My House** | 0 | 6 |
| **Women's Transition** | | |
| **Mission Transition House** | 10 | 10 |
| **Total** | **40** | **87** |

[11] Extreme weather beds are not available year-round; typically available only during cold and wet months i.e. November to March.

# 3. OVERVIEW OF HOMELESS PEOPLE IN MISSION

## 3.1 Gender

The gender distribution of homeless people surveyed in Mission in 2020 breaks down into 74% males, 26% female and 1% non-binary. It must be noted that females are more often part of the "hidden homeless" population, some engaging in the survival sex trade or other more hidden situations i.e. staying temporarily with friends, family, etc., (see Table 10 and Figure 6).

**Table 10: Gender of surveyed respondents**

| Gender | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Male** | 41 | 70.7% | 112 | 73.6% |
| **Female** | 17 | 29.3% | 39 | 25.7% |
| **Transgender** | 0 | 0.0% | 0 | 0.0% |
| **Non-binary** | 0 | 0.0 | 1 | 0.7% |
| **Total** | **58** | **100.0%** | **152** | **100.0%** |

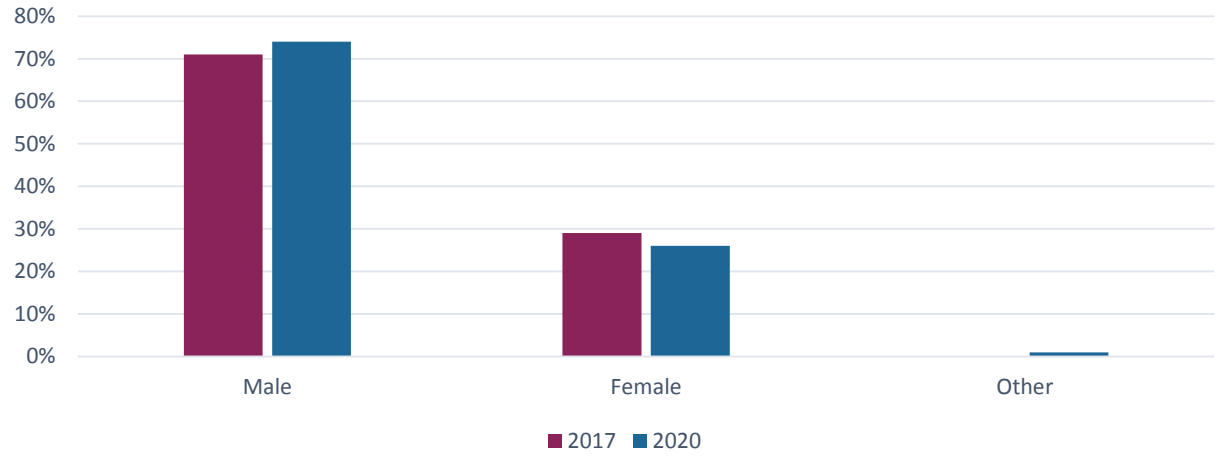


**Figure 6: Gender distribution 2017 and 2020**

## 3.2 Sexual Identity

The majority of respondents (131) or 96% surveyed in Mission identified as heterosexual or straight, and 4 or 3% identify as LGBTQ+ individuals (see Table 11 and Figure 7).

**Table 11: Sexual identity of Mission homeless person**

| Sexual Identity | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Heterosexual/Straight** | 46 | 95.8% | 131 | 96.4% |
| **Bisexual** | 0 | 0.0% | 2 | 1.5% |
| **Two-Spirited** | 1 | 2.1% | 0 | 0.0% |
| **Gay** | 1 | 2.1% | 1 | 0.7% |
| **Other** | 0 | 0.0% | 0 | 0.0% |
| **Questioning** | 0 | 0.0% | 0 | 0.0% |
| **Lesbian** | 0 | 0.0% | 1 | 0.7% |
| **Don't know** | 0 | 0.0% | 1 | 0.7% |
| **Total** | **48** | **100.0%** | **136** | **100.0%** |

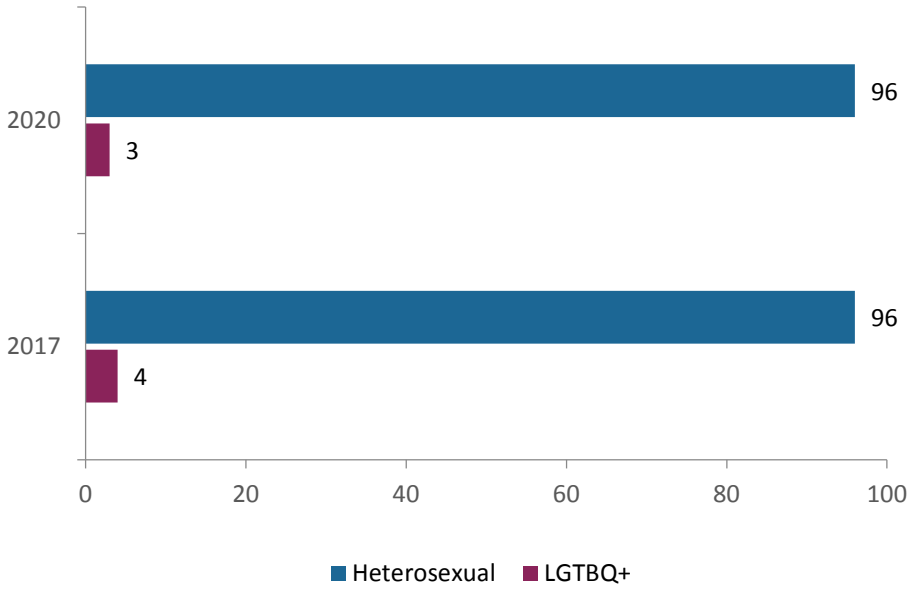


**Figure 7: Sexual identity**

## 3.3 Age

The largest proportion of Mission's surveyed homeless population is the age category 40-49, years old, making up 26% or one quarter of the respondents. The cohort 50 and older constitutes a significant 42% of respondents. The category 60 and older increased from 7 in 2017 to 28 individuals in 2020. The cohort 50 and older has as a proportion of respondents increased from 36% in 2017 to 42% in 2020. In terms of numbers, this category has more than doubled from 21 individuals in 2017 to 61 individuals in 2020. Furthermore, this cohort (50+) has potentially higher vulnerability due to their age, degree of being chronic homeless and compromised health from living homeless (see Table 12 and Figure 8.)

**Table 12: Age of respondents**

| Age | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Less than 15** | 1 | 1.7% | 0 | 0.0% |
| **15-19** | 2 | 3.4% | 1 | 0.7% |
| **20-29** | 9 | 15.5% | 21 | 14.5% |
| **30-39** | 8 | 13.8% | 25 | 17.2% |
| **40-49** | 17 | 29.3% | 37 | 25.5% |
| **50-59** | 14 | 24.1% | 33 | 22.8% |
| **60 or older** | 7 | 12.1% | 28 | 19.3% |
| **Total** | **58** | **100.0%** | **145** | **100.0%** |

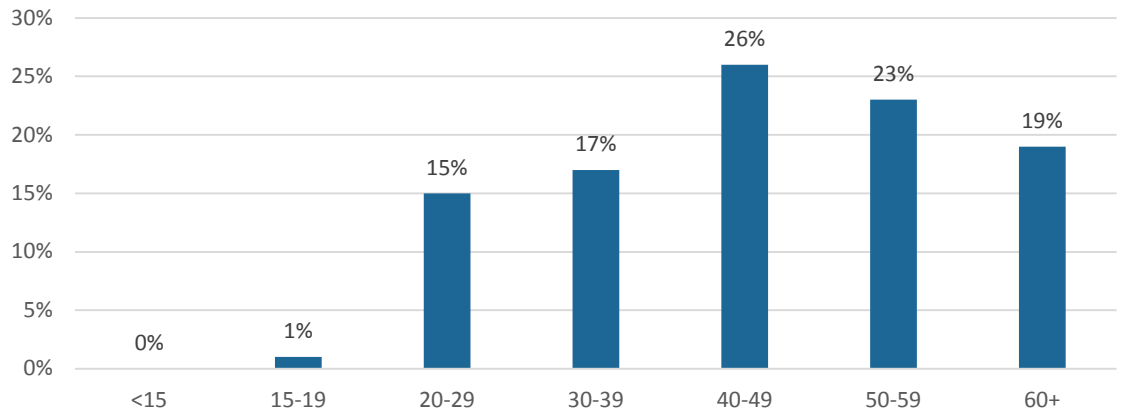


**Figure 8: Age of surveyed respondents: 2020**

Just over one third (37%) of the respondents reported that they were homeless before they have reached the age of 30 (see Table 13 and Figure 9).

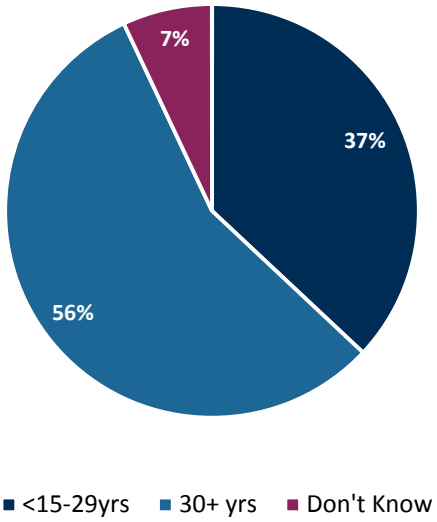


**Figure 9: Age at first time homeless**

**Table 13: Age at first time homeless**

| Age | 2020 (N) | 2020 (%) |
|---|---|---|
| **Less than 15 years** | 10 | 7.0% |
| **15 – 19 years** | 15 | 10.6% |
| **20 – 29 years** | 27 | 19.0% |
| **30 – 39 years** | 18 | 12.7% |
| **40 – 49 years** | 27 | 19.0% |
| **50 – 59 years** | 17 | 12.0% |
| **60 + years** | 17 | 12.0% |
| **Don't know** | 11 | 7.7% |
| **Total** | **142** | **100.0%** |

## 3.4 First Nation or Indigenous Ancestry Presence among homeless persons

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, based on the 2020 survey data 26% of respondents identified as First Nation or as Metis. In 2017 this response category represented 38% of the responses. In both instances these percentages represent a significant overrepresentation of Aboriginal community members who are homeless in Mission in relation to Aboriginal people as a proportion of the general population (see Table 14). Expressed as a percentage of the total homeless population in Mission, respondents who identify as First Nation or with Indigenous Ancestry constitute 33% in 2017 and 21% in 2020. Thus, a reduction in proportion but an increase in actual number from 21 in 2017 to 37 in 2020.

**Table 14: Aboriginal presence and homelessness percentage in Mission**

| Identification | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **First Nations** | 15 | 27.3% | 30 | 21.0% |
| **Inuit** | 0 | 0.0% | 0 | 0.0% |
| **Metis** | 6 | 10.9% | 7 | 4.9% |
| **Other North American Indigenous Ancestry** | 0 | 0.0% | 0 | 0.0% |
| **Other Indigenous Ancestry** | 0 | 0.0% | 0 | 0.0% |
| **Does Not Identify as Aboriginal** | 34 | 61.8% | 106 | 74.1% |
| **Total** | **55** | **100.0%** | **143** | **100.0%** |

## 3.5 Community From

The highest percentage (40%) of survey respondents indicated that they moved to Mission from Metro Vancouver. In 2017 the highest percentage was 47% representing respondents who were homeless in Mission but from FVRD communities. This time round (2020) the proportion stating they are from FVRD communities is 26%. The rest are from other parts of BC, rest of Canada with two (2) having come to Mission from another country (see Table 15 below). Interpretation of this data must also consider the data from Table 16 and Figure 10 (below).

**Table 15: Where did you move here from?**

| Home Community | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **FVRD** | 22 | 46.8% | 17 | 26.2% |
| **Metro Vancouver** | 12 | 25.5% | 26 | 40.0% |
| **Another Part of BC** | 11 | 23.4% | 11 | 16.9% |
| **Another Part of Canada** | 2 | 4.3% | 9 | 13.8% |
| **Another Country** | 0 | 0.0% | 2 | 3.1% |
| **Total** | **47** | **100.0%** | **65** | **100.0%** |

## 3.6 Length of presence in local Community

Survey respondents were asked how long they had lived in the community. In Mission, the highest percentage is "Always" at 45%, followed by 6-10 years at 20% and 2-5 years at 16%. Therefore, it is fair to state that the majority (73%) of those living homeless in Mission have lived in Mission for 6 years or longer.

**Table 16: How long have you been living in Mission?**

| Length of Residency | 2020 (N) | 2020 (%) |
|---|---|---|
| **Less than 6 months** | 5 | 3.6% |
| **6-11 months** | 2 | 1.4% |
| **12-23 months** | 5 | 3.6% |
| **2-5 years** | 22 | 15.9% |
| **6-10 years** | 27 | 19.6% |
| **11 or more years** | 12 | 8.7% |
| **Always** | 62 | 45.0% |
| **Don't know** | 3 | 2.2% |
| **Total** | **138** | **100.0%** |

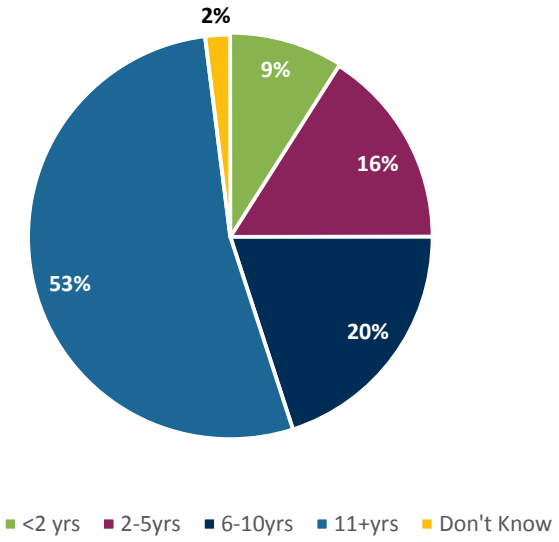


**Figure 10: How long have you been living in Mission?**

## 3.7 Sources of Income

Income assistance as a source of income represents 27% of the responses, followed by binning (20%), disability allowance (18%) and panhandling (9%); not significantly different from 2017 (see Table 17).

**Table 17: Sources of income**[12]

| Source of Income | 2017 (N) | 2017 (%)[13] | 2020 (N) | 2020 (%)[14] |
|---|---|---|---|---|
| **Income Assistance** | 28 | 27.2% | 60 | 27.3% |
| **Disability (Welfare)** | 15 | 14.6% | 39 | 17.7% |
| **Binning/Bottles** | 15 | 14.6% | 45 | 20.5% |
| **Family/Friends** | 7 | 6.8% | 7 | 3.2% |
| **Disability (CPP)** | 7 | 6.8% | 3 | 1.4% |
| **No Income** | 6 | 5.8% | 9 | 4.1% |
| **Panhandling** | 6 | 5.8% | 20 | 9.1% |
| **Other (GST/HST Refund & Child Tax Benefit)** | 5 | 4.9% | 6 | 2.7% |
| **Part-time Job** | 5 | 4.9% | 10 | 4.5% |
| **Vending** | 2 | 1.9% | 5 | 2.3% |
| **CPP** | 2 | 1.9% | 8 | 3.6% |
| **Honoraria/Stipend** | 2 | 1.9% | 0 | 0.0% |
| **Other pension** | 1 | 1.0% | 0 | 0.0% |
| **Old Age Security** | 1 | 1.0% | 6 | 2.7% |
| **Full-time Job** | 1 | 1.0% | 1 | 0.5% |
| **Youth Agreement** | 0 | 0.0% | 0 | 0.0% |
| **Employment insurance** | 0 | 0.0% | 1 | 0.5% |
| **Total** | **103** | **100.0%** | **220** | **100.0%** |

## 3.8 Usage of Services

Table 18 indicates the extent of service use by homeless individuals who live in Mission. Respondents were asked which services from the list in Table 18 they used in the last 12 months.

[12] Respondents could list all sources of income that apply to them hence the "N" total reflects all the responses and not individual respondents.
[13] Expressed as percentage of total number of responses.
[14] Expressed as percentage of total number of responses.

**Table 18: Services used**[15]

| Service Used | 2020 (N) | 2020 (%)[16] |
|---|---|---|
| **Emergency Room** | 55 | 7.5% |
| **Meal Program/Soup Kitchen** | 56 | 7.6% |
| **Food Bank** | 73 | 9.9% |
| **Emergency Shelter** | 82 | 11.1% |
| **Extreme Weather Shelter** | 92 | 12.5% |
| **Outreach** | 62 | 8.4% |
| **Hospital (Non-Emergency)** | 30 | 4.1% |
| **Health Clinic** | 51 | 6.9% |
| **Harm Reduction** | 65 | 8.8% |
| **Ambulance** | 35 | 4.7% |
| **Mental Health Services** | 28 | 3.8% |
| **Other Addiction Services** | 30 | 4.1% |
| **Probation/Parole** | 26 | 3.5% |
| **Employment** | 18 | 2.4% |
| **Housing Help/ Eviction Prevention** | 6 | 0.8% |
| **Transitional Housing** | 6 | 0.8% |
| **Dental Clinic/Dentist** | 5 | 0.7% |
| **Other** | 12 | 1.6% |
| **None** | 4 | 0.5% |
| **Newcomer Services** | 2 | 0.3% |

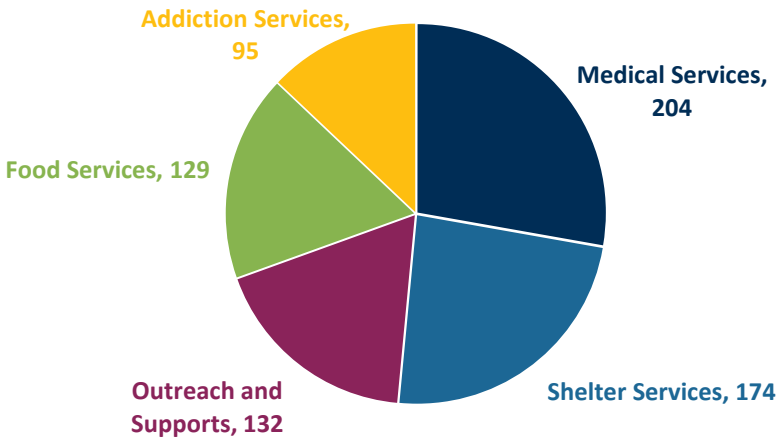


**Figure 11: Service usage total responses based on service sector clusters – 2020**

[15] Respondents could list all services used and therefor the "N" total reflects all responses to this question and not individual respondents.
[16] Expressed as percentage of total responses not total respondents.

Point-in-Time counts reveal that the most used community services in Mission are medical and health related followed by shelter use and outreach support services. Shelter and outreach services are important services that assist homeless persons to navigate daily existence, present for health care appointments, justice system appointments, access harm reduction supplies, etc.

One third (33%) replied 'Yes' to the question: "Are there any Services that did not meet your needs in the past 12 months?" The reasons for replying 'Yes' fall within the boundaries of three categories: Not enough shelter spaces; a dislike in shelters and need for better health care.

## 3.9 Ministry Care

A total number of 52 individuals or 29% of the total homeless population indicated that they have been in some form of Ministry Care, i.e. foster care, youth group home, youth agreement, independent living agreement and residential school.

## 3.10 Canadian Newcomers, Canadian Forces and First Responders

No respondents in Mission indicated that they are new to Canada in the last five years. Three (3) indicated that they came to Canada as immigrants years ago. Two respondents indicated that they served in the Canadian Armed Forces and one served within the RCMP/Municipal Police Force.

# 4. SUMMARY OF FINDINGS IN MISSION

1. The total number of homeless people counted during the 24-hour period on March 3 and 4, 2020 was 178.

2. The number of sheltered individuals were 64 and one (1) person with no fixed address was in the Mission Hospital as reported by Fraser Health.

3. Fourteen (14) respondents were found to live and sleep in their car, van or camper.

4. Eleven (11) respondents were couch surfing.

5. Family and relational breakdown, including conflict and abuse was the cause reported by 72 (45%) of the 160 surveyed individuals for being homeless. Too low income was cited as the cause for homelessness by 24%.

6. Addiction is stated by 30% of respondents as a factor in keeping them from finding housing.

7. More affordable housing was identified by 75 (59%) of the respondents as a way to end homelessness.

8. Nearly three quarters (72%) of respondents indicated that they are homeless for more than one year

9. Addiction and mental illness are the highest-reported health issues: 110 individuals (62%) of the 178 surveyed individuals reported addiction; 53 (30%) of 178 individuals reported mental illness, 49 (28%) of 178 individuals reported a medical condition and thirty-three (33) or 19% of 178 individuals reported a physical disability.

10. Only 7% or 8 of 110 individuals with self reported addictions are receiving treatment. Nine (17%) of the 53 individuals with self reported mental illness receive treatment and 17 (35%) of the 49 individuals with medical conditions are receiving treatment.

11. One quarter (25%) responded that they have access to a family doctor and a further 46% indicated that they make use of a walk-in clinic.

12. The main reasons for not having used a transition house or a shelter at the time of the count was “No shelter space/Shelter full”.

13. Gender distribution of homeless people surveyed in Mission breaks down into 74% males, 26% female.

14. The sexual identity of the majority (96%) of the surveyed respondents in Mission is heterosexual or straight with 4 or 3% being LGBTQ+ individuals.

15. The age cohort 60+ increased form 7 (2017) to 28 individuals in 2020. The cohort 50 and older increase from 21 (2017) to 61 individuals in 2020 which is 42% of the Mission homeless respondents.

16. Just under one third (32%) of the respondents reported they were homeless before they reached the age of 30.

17. Twenty-six percent (26%) of respondents self-identified as being First Nation or having Indigenous Ancestry.

18. Almost three quarters (73%) of the surveyed homeless people in Mission have lived in Mission for 6 years or longer.

19. Income assistance and disability allowance make up 27% and 18% respectively of the responses related to source of income. Collecting and selling cans and bottles (binning) represents 21% of the responses.

20. Shelter, food and health related services represent the largest proportions of responses related to service usage.

21. A total number of 52 individuals indicated that they have been in some form of Ministry Care during their life. This number represents just more than a quarter or 29% of the total number of homeless people in Mission based on the 2020 count and survey.

22. There were no "newcomers" to Canada (i.e. having arrived the past 5 years) among those who live homeless in Mission. Three respondents indicated they came to Canada as immigrants years ago.

23. Two respondents indicated that they served in the Canadian Armed Forces and one served within the RCMP/Municipal Police Force.

# CONCLUSION

The 2020 Point-in-Time homeless count and survey in Mission identified the importance of shelter expansion and outreach services that should flow into long-term care for the elderly. More than half of the homeless persons surveyed in Mission at this time are seniors or will be seniors within this decade. The proportion and real numbers of homeless persons 50 and older has, based on the 2020 data, increased significantly from 2017.

The proportion of chronic homeless persons is substantial and could be seen as an indicator of people becoming deeper and deeper entrenched in homelessness.

The continued high prevalence of addiction, mental illness and other physical ailments among people who live homeless speaks to the fact that the response to homelessness should increasingly incorporate on- going health care and treatment opportunities linked to community integration

strategies. The challenges associated with addiction are further underscored by the crisis of unintentional illicit drug toxicity and related deaths.

The lack of suitable and appropriate long-term care requires a paradigm shift relating to the community's response to homelessness and concomitant care and housing provisioning. The consideration of a new paradigm for suitable long-term care housing is not only important to address aging within the homeless population. It is relevant also to the prevalence of addition, mental illness and other physical ailments. The notion of suitability of housing linked with affordability, support and care requires further consideration by policy makers service professionals and practitioners. A paradigm shift in thinking is necessary that progresses from sheltering and housing to adding suitable support and health care as an extension of housing. Linking ongoing health care and support with suitable and affordable housing need further serious consideration to counter deeper and deeper entrenchment into homelessness.

# Fraser Valley Regional District
# 2020 Homeless Count and Survey Report

## SUB-AREA RESULTS

## Eastern Communities

Hope | Kent
Harrison Hot Springs | Boston Bar

Fraser Valley Regional District

Anron Consulting Inc.
Research and Anaylsis

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# ACKNOWLEDGEMENTS

The following organizations must be thanked for their support and contributions to the completion of 2020 homelessness survey in the Eastern Fraser Valley Communities:

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

A special word of thanks goes to the volunteer community survey coordinators Grace Admiraal, Executive Director of Agassiz-Harrison Community Services Society and Roxanne Turcotte, Program Manager – Substance Use/Homeless Outreach Teams of Hope and Area Transition Society, for their work with their teams of volunteers to assist in planning logistics and conducting the survey in their communities. A word of thanks also goes toward Margaret Hendrickson of the Boston Bar/North Bend Enhancement Society for her assistance regarding information about homelessness in Boston Bar/North Bend.

A big thank you is extended to homeless persons who participated in the survey by patiently answering very personal questions.

# 1. INTRODUCTION

## 1.1 Report Background

Homelessness in Eastern Fraser Valley communities (EFVC) has been empirically confirmed in 2004, 2008, 2011, 2014, 2017 and 2020 through a count and survey of people who live homeless. Following on these previous surveys, the 2020 homelessness survey was conducted in collaboration with the following organizations:

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

The more detailed reporting for the eastern Fraser Valley communities (i.e. Agassiz-Harrison, Hope and Boston Bar/ North Bend) have been consolidated to maintain confidentiality for individuals in smaller communities where the total number of homeless individuals is small.

## 1.2 Survey Objectives

The objectives of the 2020 tri-annual count and survey are to:

- 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 suitable and supported affordable 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; and
- Inform all levels of government, policy makers, community-based organizations about the extent of homelessness in the FVRD and the need for continued investment by both provincial and federal governments to increase the spectrum of suitable and supported social housing and concomitant support services in FVRD communities.

## 1.3 Defining Homelessness

Homelessness has been a systemic Canadian problem since the 1980s. 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)[1].

[1] Gaetz, S. (2011). Canadian definition of homelessness: What's being done in Canada and elsewhere? Toronto, ON: Canadian Homelessness Research Network Press.

Numerous definitions of homelessness exist worldwide. In 2012 the Canadian Observatory on Homelessness (COH) introduced a definition in relation to the Canadian context. 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."[2] 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".[3]

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".[4] It can be postulated that the causes of homelessness demonstrate the challenging intersection of structural factors, system failures, and individual circumstances. People do not become homeless overnight; instead, it is the result of a constellation of risk factors, which, when combined, may lead to homelessness.[5]

This report on the 2020 homelessness count and survey considers two major factors in defining homelessness: the importance of maintaining consistency with previous FVRD surveys and similar research in Metro Vancouver and other BC communities 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 of their own where they pay rent and where they can expect to stay for more than 30 days.**

Given this definition, the FVRD 2020 count and survey included persons who are in emergency shelters, safe houses, and transition houses. It also included those who are living outside in temporary make shift camps or some form of shelter, or in tents, those sleeping or spending time during the day on street sidewalks, bus shelters, under bridges, sleeping in vehicles, campers, motorhomes, and recreational vehicles. Included are also those individuals who "couch surf", meaning they sleep at a friend's place or family member's place for a while or they trade favours or services for temporary shelter. Both of the latter instances are not permanent housing solutions. Lastly, included also are those with no fixed address in hospital or in jail at the time of the count. The main trait present in all the afore-mentioned living situations is that people lack their own home where they can live permanently and safely.

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 services or favours for temporary shelter. While

[2] Canadian Observatory on Homelessness, 2012, p.1.
[3] Canadian Observatory on Homelessness, 2012, p.1.
[4] Canadian Observatory on Homelessness, 2012, p. 3.
[5] Gaetz, S. Donaldson, J., Richter, T., & Gulliver, T (2013). The state of homelessness in Canada 2013. Toronto, ON: Canadian Observatory on Homelessness Press.

this survey includes these situations in its definition of homelessness, people in these more hidden situations would most likely be significantly under-counted by means of a point-in-time count.

## 1.4 Methodology and Ethical Considerations

As already alluded to, 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 count and survey were conducted on March 3 and 4, 2020, and coincided with a similar process in Metro Vancouver and other BC communities. Following the research methodology utilized in previous FVRD counts (2004, 2008, 2011, 2014 and 2017) the process included a nighttime and daytime component 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 does not capture each and every homeless person and participation in the survey by those who are identified as homeless is voluntary.

The number of people living homeless based on the 2020 PiT method used over a 24-hour period March 3 & 4, 2020 includes the number of homeless people who officially stayed in emergency shelters, temporary extreme weather shelters, transition houses, persons identified as living homeless by the interviewers using screening questions and persons with no fixed address, who were in hospital or jail. The demographic data, health data, information on housing and homelessness and other personal information are based on responses by those voluntarily agreeing to be interviewed. Responses to questions are influenced by the interpretation of the meaning of questions and further influenced by the respondent's physical, psychological, cognitive and emotional state at the time of the interview and the relative comfort or not of the physical setting during the interview.

Although the number of respondents enumerated is in all probability an undercount of the number of homeless people residing in Eastern Fraser Valley Communities, it nevertheless does provide an overview of the current context, and contribute to 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 municipal, regional, provincial and federal governments.

For the purpose of further comparison, estimates derived from snapshot surveys may be compared with HIFIS data (Homeless Individuals and Families Information System). Additionally, communities can undertake a homeless count and survey using what is referred to as a Period Prevalent Method (PPM) whereby over a set period of time e.g. 3 or 6 months a "census" is undertaken of people who live homeless. Using this method, various steps must be taken and procedures put in place to comply with statutory codes regarding privacy and confidentiality.

### 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. The following approach was applied 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.
- All interviewers attended a mandatory training session prior to the survey.

# 2. EXTENT OF HOMELESSNESS IN 2020

## 2.1 Number of Homeless People

Seventy-eight (78) homeless people were counted during the 24-hour period, March 3 and 4, 2020 in the eastern Fraser Valley communities inclusive of Agassiz-Harrison, Hope and Boston Bar/North Bend.

## 2.2 Reasons for Being Homeless

Survey respondents were asked to identify the reason for having lost their housing most recently. Relational/Family breakdown including conflict and abuse constitute the biggest response category at 30%. This is followed by "income too low" at 28%, addiction 23% and mental illness 13% (Table 1).

**Table 1: Cause for having lost housing most recently**

| Reason Given: | 2020 (N) | 2020 (%) |
|---|---|---|
| **Income too low** | 11 | 27.5% |
| **Building Sold/Renovated** | 1 | 2.5% |
| **Relational/Family breakdown including conflict and abuse** | 12 | 30.0% |
| **Poor Physical Health** | 2 | 5% |
| **Mental Health Issue** | 5 | 12.5% |
| **Addiction** | 9 | 22.5% |
| **Total** | **40** | **100%** |

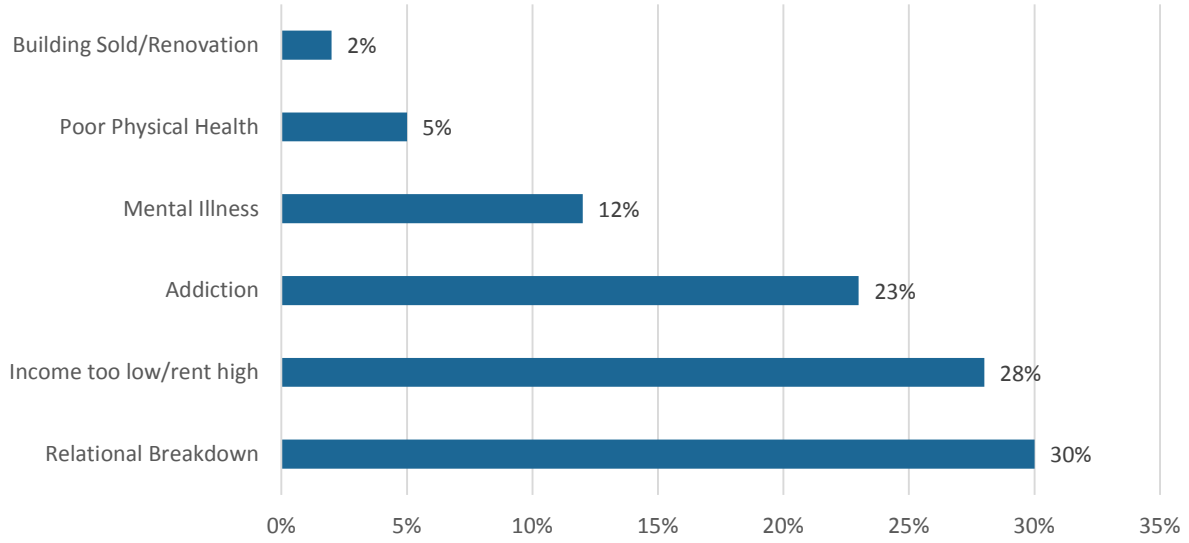


**Figure 1: Causes for having lost housing most recently**

**Table 2: Reason for not finding a place of your own**

| Reason | 2020 (N) | 2020 (%) |
|---|---|---|
| **Rent to high/Not enough income** | 29 | 78.4% |
| **Addiction** | 3 | 8.1% |
| **Mental Health issue** | 2 | 5.4% |
| **Other** | 0 | 0% |
| **Don't know** | 3 | 8.1% |
| **Total** | **37** | **100%** |

The majority (78%) of the surveyed homeless persons indicated that the main reason that is keeping them from finding a place of their own is that rent is too high and income too low (Table 2). More than half (61%) of the surveyed individuals indicated that lower rent would help to end homelessness (Table 3)

**Table 3: What would help end your homelessness**

| Solutions | 2020 (N) | 2020 (%) |
|---|---|---|
| **Lower rent** | 28 | 60.9% |
| **Improvement in Health and Addiction** | 4 | 8.7% |
| **Don't know** | 4 | 8.7% |
| **Other** | 10 | 21.7% |
| **Total** | **46** | **100%** |

## 2.3 Length of Homelessness

Survey respondents were asked to indicate how long they had been homeless. Nineteen (19) of 34 respondents (56%) indicated they had been homeless for longer than one year and 3 (9%) have been homeless for less than one month (see Table 4 and Figure 2).

**Table 4: Duration of homelessness**

| Duration | 2017 (N) | 2017 (%) |
|---|---|---|
| **Less than one month** | 3 | 8.8% |
| **1-5 months** | 5 | 14.7% |
| **6 months – 1 year** | 7 | 20.6% |
| **Over 1 year** | 19 | 55.9% |
| **Total** | **34** | **100%** |

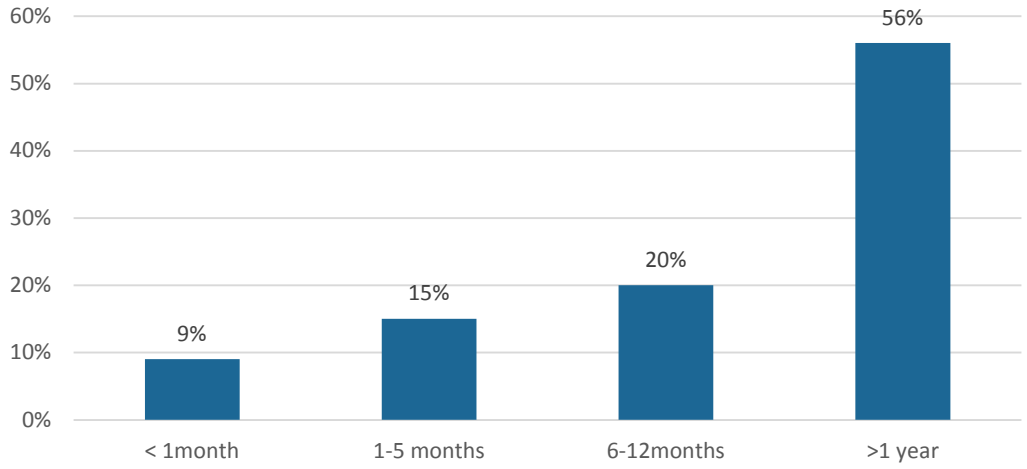


**Figure 2: Length of homelessness**

## 2.4 Health Problems

Survey respondents were asked to report on their health problems: 23 (30%) of the 78 surveyed homeless individuals in the Eastern Communities reported mental Illness; 22 (28%) of 78 respondents reported addiction and 22 (28%) of 78 respondents reported a medical condition; 15 (19%) of 78 respondents reported a physical disability and 8 individuals (10%) reported that they have an Acquired Brain Injury (Table 5 and Figure 3)

**Table 5: Reported health problems**

| Health Issue | 2020 (N) Hope | 2020 (N) Kent | 2020 (N) Hope & Kent | 2020 (%)[6] Hope & Kent | 2020 (N) Treatment | 2020 (N) |
|---|---|---|---|---|---|---|
| **Addiction** | 22 | 0 | 22 | 28.2% | 2 | 9.1% |
| **Medical Condition** | 19 | 3 | 22 | 28.2% | 9 | 41% |
| **Mental Illness** | 22 | 1 | 23 | 29.5% | 9 | 39.1% |
| **Physical Disability** | 14 | 1 | 15 | 19.2% | 8 | 53.3% |
| **Acquired Brain Injury** | n/a | n/a | 8 | 10.3% | n/a | n/a |

An Acquired Brain Injury (ABI) is any damage to the brain that occurs after birth and is not related to a congenital or a degenerative disease. Causes may include traumatic injury, seizures, tumors, events where the brain has been deprived of oxygen, infectious diseases, and toxic exposure such as

[6] Expressed as a percentage of total number of homeless persons i.e. 78

substance abuse. An *ABI is* one of the key causes of disability in individuals under the age of 45[7], and it can have serious consequences for the person's level of independence.[8]

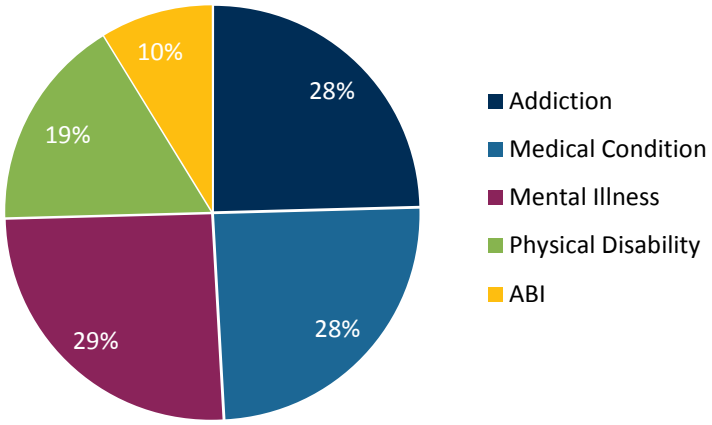


**Figure 3: Health problems**

Respondents were asked to identify whether they were receiving treatment for their condition. Eight of the 15 surveyed individuals or 53% that reported physical disabilities receive treatment. More than a third (39%) or 9 individuals of 23 surveyed who reported mental illness receive treatment for mental illness and 41% or 9 of the 22 individuals that reported a medical condition receive treatment. Two (9%) of the 22 individuals that reported addiction receive treatment for addiction.

### 2.4.1 Access to Family Doctor or Walk-In Clinic

Sixty-nine percent (69%) of respondents indicated that they have access to a family doctor and 22% said they access walk in clinics.[9]

**Table 6: Access to family doctor or walk-in clinic**

| Service | 2020 (N) | 2020 (%) |
|---|---|---|
| **Family Doctor** | 25 | 69.4% |
| **Walk-In Clinic** | 8 | 22.2% |
| **Both** | 1 | 2.8% |
| **Neither** | 2 | 5.6% |
| **Total** | **36** | **100%** |

[7] Canadian Institute of Neurosciences, Mental Health and Addiction, 2020.
[8] Canada Brain Foundation, 2020.
[9] Relatively low response rate to the question about access to family doctor or walk-in clinic so not necessarily a reliable picture of access by homeless persons to health care.

## 2.5 "Sheltered" and "Unsheltered" Homeless Persons

Twenty-seven persons (35%) were surveyed in the emergency shelter and the transition house, while 28 (36%) were interviewed outside and 21 (27%) stated they stayed at a friend's place (couch surfing). Two people with no fixed address were in hospital as reported by Fraser Health (see Table 7).

Overall, the number of persons who live homeless in the Eastern Fraser Valley communities have increased from 48 in 2017 to 78 in 2020. The proportion of those who stayed in shelter has increased from 25% in 2017 to 35% in 2020. This increase in the proportion of "sheltered" homeless persons can be ascribed to the shelter capacity that had been increased from 12 to 36 beds due exclusively to the increase in emergency shelter beds from 4 to 28 in Hope. Keep in mind that Agassiz-Harrison and Boston Bar/North Bend do not have emergency shelters or Transition Houses. The number of beds in the transition house in Hope remained at 8 as was the case in 2017. The proportion of those staying outside is still high at 36% but down from 75% in 2017. This reduction in the proportion of people outside relate to the increase in the number of shelter beds. However, the increase in the number of homeless persons was higher than the increase in shelter beds.

**Table 7: Accommodation on night of survey**

| Location | 2020 (N) | 2020 (%) |
|---|---|---|
| **Shelter, Safe House or Transition House** | 27 | 34.6% |
| **Outside** | 16 | 20.5% |
| **Someone Else's Place** | 21 | 26.9% |
| **Car, Van or Camper** | 12 | 15.4% |
| **Hospital** | 2 | 2.6% |
| **Jail** | 0 | 0% |
| **Total** | **78** | **100%** |

## 2.6 Shelter and Transition Beds in Hope

At the time of the count, Hope had a total of 28 Emergency Shelter beds, and 8 Women's Transition House beds. Neither Agassiz-Harrison nor Boston Bar has any emergency shelter or transition house beds (see Table 8).

**Table 8: Shelter and transition beds in Hope**

| Emergency Shelter | Beds |
|---|---|
| **Hope Emergency Shelter** | 28 |
| **Jean Scott Transition House** | 8 |
| **Total** | **36** |

# 3. OVERVIEW OF HOMELESS PERSONS

## 3.1 Gender

The gender distribution of homeless people surveyed in EFVCs in 2020 breaks down into 68% males, 31% females and 1% two-spirited compared to 69% males and 29% females in 2017. It must be noted that females are more often part of the "hidden homeless" population, with some perhaps engaged in the survival sex trade or other more hidden situations e.g. staying temporarily with their children at a friend's place or with family (see Table 9 and Figure 5 below).

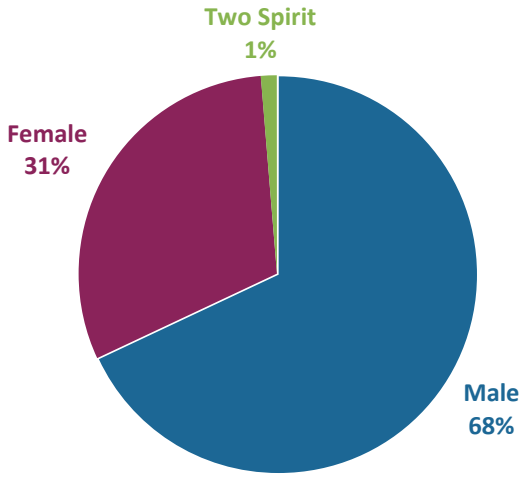


**Figure 4: Gender of homeless respondents in Eastern FVRD**

**Table 9: Gender of surveyed respondents**

| Gender | 2020 (N) | 2020 (%) |
|---|---|---|
| **Male** | 51 | 68% |
| **Female** | 23 | 30.7% |
| **Non-binary** | 0 | 0% |
| **Two-spirit** | 1 | 1.3% |
| **Not listed** | 0 | 0% |
| **Total** | **75** | **100%** |

## 3.2 Sexual Identity

Respondents were asked about their sexual identity. Forty respondents (95%) stated heterosexual or straight as their sexual identity with one respondent identifying as gay and one as bi-sexual.

## 3.3 Age

The three biggest proportions of respondents fall in the age range 30-39 (24%), 40-49 (26%) and 50-59 (24%). Half or 50% of the persons who live homeless in the EFVCs are in the age range 30-49 years. Noteworthy from the data in Table 10 is the increase of those 60 and older from 3 – 11 individuals. The category 50 years and older has increased from 13 to 25 and as a proportion it increased from 29% to 43%. Compared to the 2017 data, the proportion of homeless persons 30 years and younger has decreased from 31% to 7%. However, in numbers this is a change from 9 individuals in 2017 to 3 in 2020 (see Table 10 and Figure 6).

**Table 10: Age of surveyed respondents**

| Age | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Less than 15** | 0 | 0% | 0 | 0% |
| **15-19** | 5 | 11.1% | 1 | 1.7% |
| **20-29** | 9 | 20% | 3 | 5.2% |
| **30-39** | 8 | 17.8% | 14 | 24.1% |
| **40-49** | 10 | 22.2% | 15 | 25.9% |
| **50-59** | 10 | 22.2% | 14 | 24.1% |
| **60 or older** | 3 | 6.7% | 11 | 19% |
| **Total** | **45** | **100%** | **58** | **100%** |

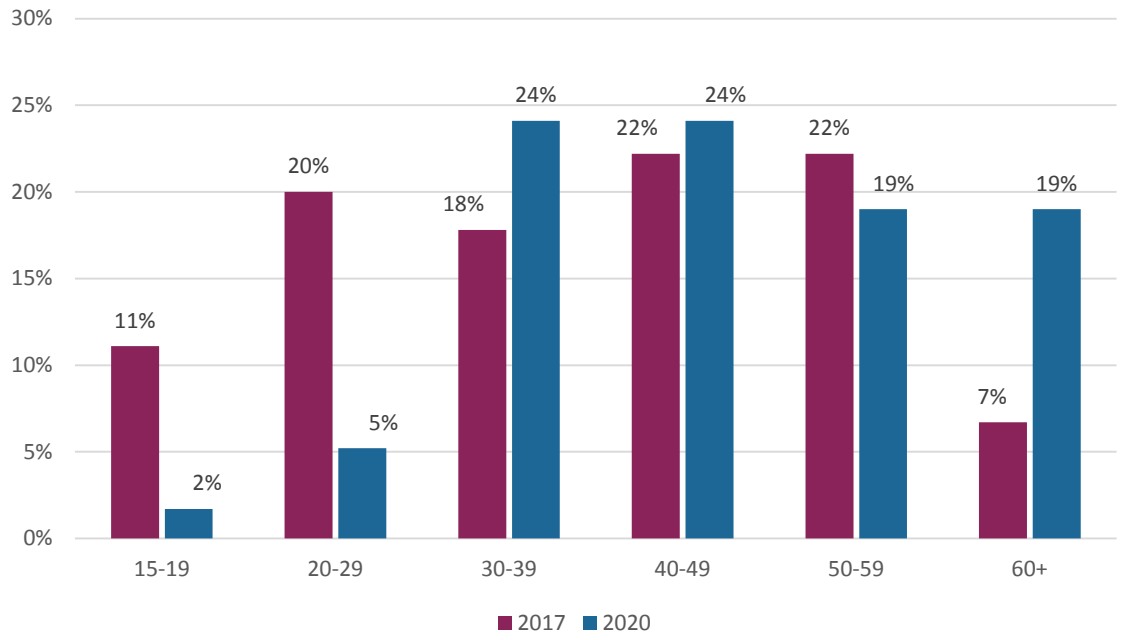


**Figure 5: Age distribution: 2017 & 2020**

Twenty percent (20%) of respondents indicated that they were homeless before the age of 30. Almost half or 46% became homeless in the age range 40-59 years of age (see Table 11 below).

**Table 11: Age at first time homeless**

| Age | 2020 (N) | 2020 (%) |
|---|---|---|
| **Less than 15 years** | 3 | 8.6% |
| **15 – 19 years** | 2 | 5.7% |
| **20 – 29 years** | 2 | 5.7% |
| **30 – 39 years** | 4 | 11.4% |
| **40 – 49 years** | 8 | 22.9% |
| **50 – 59 years** | 8 | 22.9% |
| **60 + years** | 3 | 8.6% |
| **Don't know** | 5 | 14.2% |
| **Total** | **35** | **100%** |

## 3.4 First Nation and Indigenous Ancestry among homeless persons

The respondents were asked to indicate whether they identify as First Nation or having Indigenous Ancestry. Eleven individuals or 14% of homeless persons in EFVCs stated that they identify as First Nation or someone with North American Indigenous Ancestry. As is the case in other Fraser Valley Regional District communities this proportion of 14% represents an overrepresentation of Aboriginal community members within the homeless population.

## 3.5 Community From

Ten respondents indicated that they are from FVRD communities while 17 are from a community other than FVRD including Metro Vancouver (3), another part of BC (8) and 6 came from another Canadian province/territory. In 2017 an equal proportion of respondents indicated that their "home" communities are within FVRD and Vancouver. Seven (7) came from another part of BC, four (4) from another province/territory of Canada and one came from another country (see Table 12).

**Table 12: Where did you move here from?**

| Home Community | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **FVRD** | 11 | 32.4% | 10 | 37% |
| **Metro Vancouver** | 11 | 32.4% | 3 | 11.1% |
| **Another Part of BC** | 7 | 20.5% | 8 | 29.6% |
| **Another Part of Canada** | 4 | 11.8% | 6 | 22.2% |
| **Another Country** | 1 | 2.9% | 0 | 0% |
| **Total** | **34** | **100%** | **27** | **100%** |

## 3.6 Length of presence Local Community

Survey respondents were asked how long they had lived in the community. Twenty-two respondents (54%) said they have lived in EFVCs for six years or longer. Fifteen respondents (37%) lived in EFVCs for five years or less (see Table 13 and Figure 7).

**Table 13: Length of presence in local community**

| Length of Residency | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Less than 6 months** | 9 | 21.4% | 1 | 2.4% |
| **6-11 months** | 8 | 19% | 5 | 12.2% |
| **12-23 months** | 1 | 2.4% | 2 | 4.9% |
| **2-5 years** | 6 | 14.3% | 7 | 17.1% |
| **6-10 years** | 7 | 16.7% | 3 | 7.3% |
| **11 or more years** | 8 | 19.1% | 14 | 34.1% |
| **Always** | 3 | 7.1% | 5 | 12.2% |
| **Don't Know** | 0 | 0% | 4 | 9.8% |
| **Total** | **42** | **100%** | **41** | **100%** |

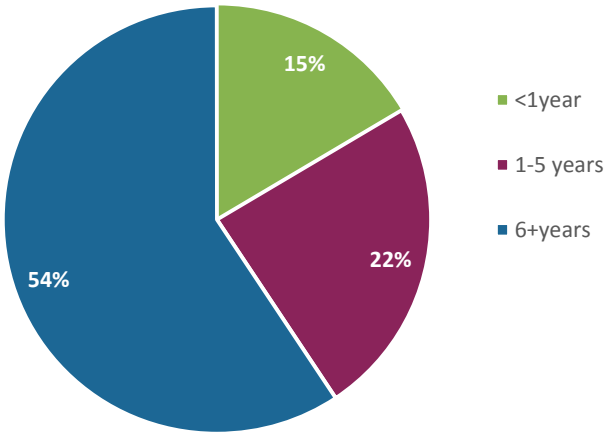


**Figure 6: Length of presence in local community**

## 3.7 Sources of Income

Similar to other communities in the FVRD, Income Assistance (25%) and Disability Allowance (19%) constitute the most common sources of income for people living homeless in the Eastern Fraser Valley Communities. A significant percentage (25%) reports employment as a source of income with 4 persons reporting full time employment and 12 persons reporting part-time employment.

**Table 14: Sources of income**[10]

| Source of Income | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Income Assistance** | 14 | 22.6% | 16 | 25.4% |
| **Disability (Welfare)** | 12 | 19.4% | 12 | 19.0% |
| **Binning/Bottles** | 6 | 9.7% | 6 | 9.6% |
| **Family/Friends** | 3 | 4.8% | 0 | 0.0% |
| **Disability (CPP)** | 2 | 3.2% | 6 | 9.6% |
| **No Income** | 9 | 14.5% | 0 | 0.0% |
| **Panhandling** | 4 | 6.4% | 0 | 0.0% |
| **Other (GST refund/Child Tax Benefit** | 0 | 0.0% | 4 | 6.3% |
| **Part-time Job** | 4 | 6.4% | 12 | 19.0% |
| **Vending** | 0 | 0.0% | 0 | 0.0% |
| **CPP** | 2 | 3.2% | 0 | 0.0% |
| **Other pension** | 1 | 1.6% | 0 | 0.0% |
| **Old Age Security** | 2 | 3.2% | 2 | 3.2% |
| **Full-time Job** | 1 | 1.6% | 4 | 6.3% |
| **Youth Agreement** | 2 | 3.2% | 0 | 0.0% |
| **Employment insurance** | 0 | 0.0% | 1 | 1.6% |
| **Total** | **62** | **100.0%** | **63** | **100.0%** |

## 3.8 Usage of Services

Point-in-Time count 2020 reveals that the services used most in the FVRD Eastern Communities, when combined in related clusters, are medical and health related services followed by outreach, food/meal and shelter services (see Figure 8). Food, shelter and outreach services are essential services that assist homeless persons to navigate daily issues and challenges, including health care appointments, food support, and harm reduction supplies.

[10] Respondents could select all sources of income therefore the "N" column adds up to total of all responses. The "%" column has percentage per source of income expressed as a percentage of total responses and not total respondents.

**Table 15: Services used in Eastern FVRD**

| Service Used | 2020 (N) | 2020 (%)[11] |
|---|---|---|
| **Emergency Room** | 19 | 24.4% |
| **Meal Program/Soup Kitchen** | 12 | 15.4% |
| **Food Bank** | 15 | 19.2% |
| **Emergency Shelter** | 22 | 28.2% |
| **Extreme Weather Shelter** | 7 | 8.8% |
| **Outreach** | 31 | 39.7% |
| **Hospital (Non-Emergency)** | 20 | 25.6% |
| **Health Clinic** | 20 | 25.6% |
| **Harm Reduction** | 7 | 9% |
| **Ambulance** | 10 | 12.8% |
| **Mental Health Services** | 14 | 17.9% |
| **Other Addiction Services** | 5 | 6.4% |
| **Probation/Parole** | 3 | 3.8% |
| **Employment** | 7 | 9% |
| **Housing Help/ Eviction Prevention** | 8 | 10.3% |
| **Transitional Housing** | 2 | 2.6% |
| **Dental Clinic/Dentist** | 7 | 9% |
| **Other** | 6 | 7.8% |
| **None** | 1 | 1.3% |

Respondents were asked whether there are services not meeting their needs. Six respondents answered yes while 27 answered no. Based on this it would appear that for most people living homeless the available services do meet their needs. The six services that were reported that does not meet needs are health care related.

## 3.9 Ministry Care, Canadian New Comers, Canadian Forces and First Responders

As in the 2017 survey respondents were asked in 2020 to identify whether or not they had been in Ministry Care. Nine respondents indicated they were in ministry care (i.e. foster care, youth group home, youth agreement, independent living agreement or residential school). In 2017, 14 respondents reported that they had been in Ministry Care and in 2020, 9.

**Table 16: Prevalence of current or past ministry care**

| Ministry Care | 2017 (N) | 2017 (%) | 2020 (N) | 2020 (%) |
|---|---|---|---|---|
| **Yes** | 14 | 38.9% | 9 | 26.5% |
| **No** | 22 | 61.1% | 25 | 73.5% |
| **Total** | **36** | **100%** | **34** | **100%** |

[11] Percentage based on "N" as percentage of total homeless population of 78.

Two (2) respondents indicated that they came to Canada as immigrants more than 5 years ago. Four (4) respondents reported that they served in the Canadian Forces and one used to be a First Responder.

# 4. SUMMARY OF FINDINGS

1. Seventy-eight (78) people were found the be homeless during the 24-hour period, March 3 and 4, 2020 in the eastern Fraser Valley communities inclusive of Agassiz-Harrison, Hope and Boston Bar/North Bend.

2. The number of persons who live homeless in the Eastern Fraser Valley communities have increased from 48 in 2017 to 78 in 2020.

3. Twenty-seven persons (35%) were surveyed in the emergency shelter and the transition house, while 28 (36%) were interviewed outside and 21 stated they stayed at a friend's place (couch surfing). Two people with no fixed address were in hospital as reported by Fraser Health.

4. At the time of the count Hope had a total of 28 Emergency Shelter beds, and 8 Women's Transition House beds. Neither Agassiz-Harrison nor Boston Bar has any emergency shelter or transition house.

5. The proportion of those who stayed in shelter has increased from 25% in 2017 to 35% in 2020.

6. The main reason for homelessness reported by 30% of surveyed respondents was relational/family breakdown including conflict and abuse.

7. More than half (61%) of the surveyed individuals indicated that lower rent would help to end homelessness.

8. Nineteen (19) of 34 surveyed respondents or 56% indicated they had been homeless for longer than one year and 3 (8.8%) have been homeless for less than one month.

9. Twenty percent (20%) became homeless for the first time before the age of 30.

10. Based on a comparison of 2017 data and 2020 data the age cohort 40 years and older has increased from 51% in 2017 to 69% in 2020.

11. Twenty-three (23) of the 78 surveyed homeless individuals or 30% reported mental Illness. More than a third (39%) or 9 individuals of the 23 who reported living with mental illness do receive treatment.

12. Twenty-two (22) of 78 respondents, representing 28% of total homeless population reported addiction which is the same number and proportion of those who reported a medical condition. Eight respondents (10%) indicated that they have an acquired brain injury.

13. Only two of the 22 individuals that reported addiction, stated that they receive treatment for addiction whereas 9 of the 22 who reported a medical condition stated that they receive treatment.

14. The gender distribution of homeless people surveyed in EFVCs in 2020 breaks down into 68% males, 31% females and 1% LGBTQ+.

15. Eleven individuals or 14% of homeless persons in EFVCs stated that they identify as First Nation or someone with North American Indigenous Ancestry.

16. Twenty-two respondents (54%) said they have lived in EFVCs for six years or longer. Fifteen respondents (37%) lived in EFVCs for five years or less.

17. Point-in-Time count 2020 reveals that medical and health related services, outreach services, food services and shelter services recorded the highest number of responses in terms of service usage.

18. The majority of the homeless person in the FVRD Eastern Communities are seniors or will be seniors within this decade

19. Just more than eighty percent (82%) of the surveyed homeless persons reported that community services meet their needs.

20. The proportion of respondents that were in Ministry Care remains high at one quarter of respondents.

21. Four (4) respondents reported that they served in the Canadian Forces and one used to be a First Responder.

# CONCLUSIONS

The number of homeless persons in FVRD Eastern Communities, similar to the other three communities in the FVRD, continue to trend upwards.

In general, people who live homeless in FVRD Eastern Communities stated that they are satisfied with the available services, bar the fact that there is not enough suitable and affordable housing available.

The large proportion of persons homeless for longer than one year and who are seemingly chronically homeless is of concern, and if the significant proportion of those who are 40 years of age and older is factored in, then the concern is bigger.

The continuing high prevalence of addiction and mental illness, plus additional physical ailments among homeless persons is further cause for concern. Addiction is one of the main factors that contribute towards unintentional illicit drug toxicity deaths in British Columbia. In 2019 this caused 981 deaths in British Columbia of which 282 occurred in the jurisdiction of Fraser Health. Twelve percent (12%) of these deaths occurred outside in vehicles, on sidewalks, streets, parks, wooded areas and campgrounds.[12]

The 2020 FVRD Eastern Communities' survey on homelessness identified the importance of housing and services expansion that flow into long-term care for the elderly homeless population. Additionally, the persistent presence of addiction, mental illness, acquired brain injury and other physical health related ailments among homeless persons emphasizes the reality of the inter-section of health care and housing provisioning. It is time to give consideration to a paradigm shift realizing that increased health care and ongoing support must become greater integral components of the community response to homelessness.

Such a paradigm shift should include consideration of the notion of housing suitability and housing support in addition to affordability. A paradigm shift, away from emergency shelters towards the provisioning of suitable long-term care housing for individuals living currently homeless with addiction, mental illness, physical health issues and acquired brain injury is needed.

Living homeless with these health issues is not conducive for treatment and care to improve health and community integration outcomes. Such a paradigm shift could also potentially have a positive impact on relieving the high number of visits to hospital emergency rooms that adds to already long wait times in addition to pressure on already burdened hospital-based health care.

The consideration of suitable long-term care housing is not only important to address aging within the homeless population in FVRD Eastern communities; it is important for ongoing health care needs to improve health and community integration outcomes related to homelessness across the region.

[12] BC Coroners Services of British Columbia, 2020