WE NEED TO GET HOME:

REPORT ON HOMELESSNESS IN THE UPPER FRASER VALLEY

MARCH 2008 SURVEY

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EXECUTIVE SUMMARY

BACKGROUND

This 2008 report on homelessness in the Upper Fraser Valley documents the process and findings, with analysis, of a survey conducted under the guidance of the Upper Fraser Valley Homelessness Survey Steering Committee. The 24-hour survey was conducted on March 10 & 11, 2008 in the communities of Abbotsford, Mission, Chilliwack, Agassiz-Harrison, Hope and Boston Bar/North Bend.

The successful completion of the survey was made possible through the work of more than 100 volunteers, monetary contributions from the Fraser Valley Regional District, the City of Abbotsford and Vancity Savings and Credit Union, and in-kind contributions, mainly through staff time, from collaborating local agencies and municipal governments.

These are:

- Abbotsford Community Services Society
- Chilliwack Community Services Society
- City of Abbotsford
- City of Chilliwack
- District of Mission
- Fraser Valley Regional District
- Hope & Area Transition Society
- Mennonite Central Committee of British Columbia
- Mission Community Service Society
- Salvation Army Abbotsford
- United Way of the Fraser Valley

SELECTED KEY FINDINGS

- 465 persons were found to be homeless:
    - 235 in Abbotsford
    - 100 in Mission
    - 98 in Chilliwack
    - 12 in Agassiz-Harrison
    - 20 in Hope
- Since 2004, homelessness has increased 13%.
- Homelessness in the Upper Fraser Valley is linked to:
    - inadequate affordable housing
    - drug addiction
    - mental health disability
    - relational breakdown

- There is a link between lack of affordable housing, low wages and holes in the social safety net.
- 42.3% of homeless persons experience long-term homelessness.
- 82.1% of homeless respondents indicated that they are not satisfied with their current living arrangement.
- There is a strong need for first-stage transitional housing. Emergency shelters beds are not an appropriate substitute for long-term housing solutions.
- Women constitute one third of the homeless population with men making up the rest.
- The largest proportion of homeless respondents are between the ages of 35 and 44 years.
- Most of the homeless respondents (72.2%) call the Upper Fraser Valley “home”.
- 35.5% of homeless respondents reported their source of income, in full or in part, to be derived from employment.
- 32.2% reported addiction.
- 23.0% reported a mental health problem.

CONCLUDING CONSIDERATIONS

1. There is a continuum of typologies of responsiveness to homelessness, from homelessness prevention to emergency shelter to supportive housing (including low-barrier housing) to independent housing. The Upper Fraser Valley local governments and community-based agencies should continue to work with the provincial and federal governments towards providing adequate affordable housing options within this continuum. Currently, the need for affordable housing options far exceeds the supply. Much work remains to be done in this regard.
2. There is a compelling imperative to develop and implement, without delay, an action plan within the Fraser Valley Regional District’s area of jurisdiction to end homelessness. The socio-economic problem of homelessness in the Upper Fraser Valley is still at a very manageable level. Momentum acquired over the past 3-4 years should be increased, so as to build on emerging initiatives to develop affordable housing, both market and non-market, as part of the regional growth strategy of the Fraser Valley Regional District.
3. The Fraser Valley Regional District’s Mayors’ Task Force on Homelessness and Affordable Housing should be expanded to include representatives from all levels of government, community leaders, service providers and the business community, and be given the mandate to develop an action plan to end homelessness. This action plan should reflect the unique geography, culture, socio-demographics and housing needs, as well as the historic funding deficit of the Fraser Valley Regional District.

It is in the interest of community vibrancy, health and safety, to continue to work on homelessness and affordable housing as part of our community development plans and initiatives.

1. INTRODUCTION

1.1. SURVEY BACKGROUND

There is no precise count of the number of homeless people in Canada. Estimates from the National Housing and Homelessness network are that 300,000 or more Canadians experience homelessness over the course of a year (Layton, 2008: 203; see also Hogan and McCarthy 1997; Corelli 1996). In British Columbia, a recent report on housing and support for adults with severe addictions and/or mental illness (SAMI) estimated that there are 11,750 individuals in this population who are absolutely homeless and another 18,000 who are at imminent risk of homelessness (Patterson, Somers, McIntosh, Shiell, and Frankish, 2008) Ten years ago, mayors from Canada's largest cities recognized the problem and in 1998 declared homelessness a national disaster, calling on provincial and federal governments for assistance.

Although homelessness is most visible in metropolitan areas such as Toronto, Winnipeg, Regina, Calgary, Edmonton, Vancouver and Victoria, it is no longer a problem isolated to high-density urban cores. Homelessness now affects nearly all municipalities across Canada including those in the Upper Fraser Valley. Although less visible, the manifestation of homelessness in the Upper Fraser Valley was empirically confirmed in 2004 (Van Wyk and Van Wyk 2005).

Following up on the 2004 homelessness count, the purpose of the 2008 study, conducted by the Upper Fraser Valley Regional Homelessness Survey Steering Committee[2] is to determine whether the extent of homelessness in the Upper Fraser Valley has changed over the past 4 years. A repeat survey was conducted in the communities of Abbotsford, Mission, Chilliwack, Agassiz-Harrison, Boston Bar and North Bend, the same communities that were included in the 2004 survey.

1.2. SURVEY OBJECTIVES

The objectives of the survey were to:

- Determine the extent of homelessness in the Upper Fraser Valley in 2008;
- Come to a better understanding of the causes and consequences of homelessness;
- Inform all levels of government, policy makers and community based organizations about the extent of local homelessness and the need for both provincial and federal investment in social housing in the Upper Fraser Valley communities;
- Provide reliable data in support of the work by the Fraser Valley Regional District's Housing and Homelessness Task Force;
- Continue to raise community awareness about homelessness in the Upper Fraser Valley.

[2] The 2008 Regional Homelessness Survey Steering Committee was constituted by representatives from Abbotsford Community Services Society, Chilliwack Community Services Society, City of Abbotsford, City of Chilliwack, District of Mission, Fraser Valley Regional District, Hope & Area Transition Society, Mennonite Central Committee of British Columbia, Mission Community Services Society, Salvation Army Abbotsford, and United Way of the Fraser Valley.

1.3. RESEARCH OUTCOMES

Understanding the quantitative aspects of homelessness is an important step in addressing this socio-economic phenomenon. At a general level it is expected that the research findings will enhance the understanding among service providers, civic, provincial and federal politicians, civil servants, community volunteers, the general public, etc. of homelessness as a socio-economic problem and contribute to the design of additional interventions to reduce homelessness. Furthermore, that it will continue to increase community capacity, including mobilization of resources, to respond constructively to the phenomenon of homelessness. More specific outcomes include:

- Knowledge building in partnership with communities;
- Enhanced empirical understanding of the extent of homelessness in the upper Fraser Valley;
- Facilitation of effective public support and community action in response to homelessness;
- Enhanced understanding of the causes and effects of homelessness;
- Dissemination of research findings; and
- Increased community capacity, marked by greater collaboration among service providers, researchers, all levels of government, for-profit sector and not-for-profit sector to continue to respond constructively to the issue of homelessness in the upper Fraser Valley.

1.4. DEFINING HOMELESSNESS

A precursor to quantifying the extent of homelessness is defining what it means to be homeless. This question, which may appear to be nebulous, upon further inquiry demonstrates the ambiguous and politically charged nature of defining what is considered to be homelessness under what circumstances. Various definitions of homelessness produces various responses by policy makers, politicians, activists and community workers who are constantly engaged in defining the semantics of what it means to be homeless in Canada. This process of definition influences how we as a society respond to homelessness since definitions become “tools that justify action or inaction, depending upon who is doing the defining.” (Layton, 2008: 41)

The United Nations (2005) has distinguished two categories or degrees of homelessness: primary and secondary. These distinctions were made in response to the statistical need to include homeless households in international census methodology. **Primary homelessness** includes persons living in the streets without a shelter. **Secondary homelessness** includes persons with no place of usual residence, who move frequently between various types of accommodations including dwellings, shelters, transition homes or other living quarters.

Drawing upon the international constructs of homelessness by agencies such as the United Nations, Canadian researchers for the Toronto Mayor’s Homelessness Action Task Force defined homelessness “as a condition of people who live outside, stay in emergency shelters, spend most of their income on rent, or live in overcrowded, substandard conditions and are therefore at serious risk” (City of Toronto, 2000: 58).

In British Columbia, a recent report on housing and support defined the homeless as people who “live rough” (i.e. outside in parks, alleys, doorways, parked vehicles, parking garages, etc) as well as those living in shelters. The study also included the invisible homeless – people who live in substandard housing including shacks and cabins without running water, transitional housing and housing in major

disrepair (Patterson, et al. 2008: 17). Each of these definitions illustrates the continuum of homelessness, ranging from the extremes of absolute homelessness, to the inadequately housed. As stated by Frankish et al. (2005: S24): "Homelessness can be viewed along a continuum, with those living outdoors and in other places not intended for human habitation as the extreme, followed by those living in shelters […] Homelessness also includes people who are staying with friends or family on a temporary basis […] Those at risk of being homeless include persons who are living in substandard or unsafe housing and persons who are spending a very large proportion of their monthly income on housing".

The Fraser Valley Homelessness Survey Steering Committee considered two major factors in the formulation of the definition of homelessness for the purpose of this study. These are firstly, the importance of maintaining consistency with similar research in Metro Vancouver so that useful comparisons could be made and secondly, the desire to be inclusive of 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 night time residence where they can expect to stay for more than 30 days. This includes persons who are in emergency shelters, safe houses and transition houses. It also includes those who are living outside and "sleeping rough" in reference to people living on the streets with no physical shelter of their own, including people sleeping in parks, in nooks and crannies, bus shelters, on sidewalks, under bridges or in tunnels, vehicles, railway cars, tents, makeshift homes, dumpsters, etc. and those who "sofa surf".

1.5. METHODOLOGY AND ETHICAL CONSIDERATIONS

A 24-hour snapshot survey method was used to enumerate as accurately as possible the number of homeless people in the Upper Fraser Valley. The research was conducted on March 10 and 11, 2008 and coincided with a similar survey conducted in Metro Vancouver. Following research methodology utilized in prior research in other communities, this survey included a nighttime and a daytime component for data collection. A description of the survey components will be followed by a discussion of methodological considerations and the challenges of "counting" homeless persons.

NIGHTTIME SURVEY COMPONENT

The nighttime component focused on the enumeration of persons at shelters, safe houses and transition houses for the selected night of the count. For this purpose the help of staff at these locations were enlisted to administer the short questionnaire and provide the Survey Steering Committee with the number of people sheltered the night of March 10, 2008.

Preparation for the night-time component included:

- Compiling a list of all emergency shelters, safe houses, transition houses and other temporary emergency accommodation in the respective communities. Each of these places were contacted and one person enlisted to be responsible for administering the survey form and to submit completed survey forms to the Survey Community Coordinator in each community.
- Orientation to the research project and training in the use of the survey questionnaire was provided to the volunteers who agreed to assist with gathering of survey data.
- Providing the community coordinators with copies of the final approved night questionnaire.

DAYTIME SURVEY COMPONENT

The function of the daytime component was to find homeless people who did not stay in shelters, safe houses or transition houses the previous night. Coordinated by the Survey Community Coordinator, this task was carried out by trained volunteer interviewers who visited pre-identified locations throughout the day of March 11, 2008, looking for homeless persons and screening out those counted the night before in shelters and transition houses. The pre-identified locations included meal program sites, drop-ins and other services, and outdoor congregation areas.

Preparation for the day-time component included:

- Compiling a list of all service providers, facilities and outdoor locations (pan-handling spots, malls, parks) where homeless people were likely to be found during the day.
- Demarcating communities into various areas to ensure manageable survey areas and allocating trained volunteers to the areas.
- Working with various service providers (shelter services, drop in centers, meal programs) in each community to enlist their support for and participation in the survey process.
- Providing training to interviewers to ensure that research participants were approached in a respectful manner and that the survey was done ethically.
- Contacting all volunteers prior to the count to confirm their participation, answer questions, and establish co-ordination for the day of the count.

METHODOLOGICAL CHALLENGES

It is important to note that a 24-hour snapshot survey provides an **estimate** only of the number of homeless people at a point in time. It does not capture each and every homeless person. As far as could be ascertained, no known ethical method exists that will provide a 100% accurate number of homeless people in a given region. For reasons mentioned, surveys to determine an estimate of the number of homeless people are known to "undercount." Therefore, it is reasonable to assert that in all likelihood there are more homeless people in the Upper Fraser Valley than the number determined by this survey.

Enumerating the homeless poses longstanding difficulties. Layton (2008:203) explains that the problem of counting the homeless, even those who live rough in outside locations, is that the single most important survival tactic is being invisible. This makes it practically impossible to reliably count the homeless.

For example, it is difficult to measure the extent of homelessness in certain subpopulations such as women with children who are often part of the invisible homeless since safety concerns affect coping strategies that rarely include the visible aspects of homelessness, such as sleeping in public places. Women and children will often sofa-surf relying on friends or families, turning to emergency shelters only as a last resort. Counts that rely on statistics gathered by homeless service providers will under represent these segments of the population, such as women and fewer services are available to them. Therefore, the invisible nature of certain segments of the homeless population makes enumeration difficult.

The following factors are potential reasons for an undercount of homeless people in the Upper Fraser Valley in the winter of 2008:

First, although the survey Community Coordinators consulted with service providers and homeless people to identify places where homeless people may be commonly found, the Survey Steering Committee cannot claim to have identified each and every possible place.

Second, not all homeless people will necessarily visit these identified locations on a given day.

Third, the 2008 survey was conducted towards the end of winter whereas the 2004 survey was conducted during the latter part of summer. In this context it is important to note that information from homeless persons suggests that there is a tendency to start moving more to the outside in upper valley communities from mid to late spring through early to mid fall.

Fourth, all survey community coordinators reported that volunteers had come across camps with obvious signs that people live there, but no-one was around. The wet and cold weather of the night of March 10 and the morning of March 11 could have contributed to this. Specifically in Hope six empty camps were observed and in Chilliwack three empty camps were encountered.

Fifth, in Chilliwack one transition house had zero residents on the night of the count, whereas it normally averages 5 per night.

Sixth, the Cyrus Centre, a youth drop-in and counseling centre in Abbotsford, was closed during the survey. Prior to the survey the Cyrus Centre moved to a new location. A delay in the issuing of an operating permit by the City resulted in the Centre having been closed during the survey. It is plausible that this closure could have contributed to an undercount of the number of homeless youth in Abbotsford.

Seventh, the number of homeless persons should also be looked at in relation to the phenomenon of recovery houses. Although not included in the survey, given the agreed definition of homelessness, a voluntary count of recovery house residents on the day of the survey yielded a result of 181 persons. Exactly how many of these residents do have a home of their own to go to once they leave the recovery homes is not clear. Suffice to say that once these residents leave the recovery houses some may become part of those who have no alternative but to live homeless.

Given the above-mentioned reasons and the unavailability of an ethical method that can produce a 100% reliable number of homeless people, the homeless estimate that was arrived at through this survey represents only the number of homeless people that were identified by the interviewers over a 24 hour survey period on March 10 and 11, 2008. In all probability this number is an undercount of the number of homeless people residing in the Upper Fraser Valley. However, it does provide a guideline for planning purposes.

For purposes of further comparison, estimates derived from snapshot surveys may be compared with HIFIS data (Homeless Individuals and Families Information System), where available. In the absence of HIFIS data, researchers can also rely on what is called a period prevalence estimate. A period prevalence estimate is obtained by arranging with various services providers in the communities under study to keep accurate records, using a standardized form, of the number of homeless people who make use of their services over a period of time, e.g. one year, six months, or 3 months.

ETHICAL CONSIDERATIONS

In keeping with the principles of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, the survey steering committee recognized that “the end does not justify the means.” In other words, the carrying out of 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.

Accordingly, the training of volunteers included this important component and included a discussion of “do’s” and “don’ts” pertaining to confidentiality, non-intimidation, and non-coercion. Furthermore 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 the homeless community, an awareness of the realities contributing to homelessness, empathy for persons in this situation, and who are at ease in relating to homeless persons.

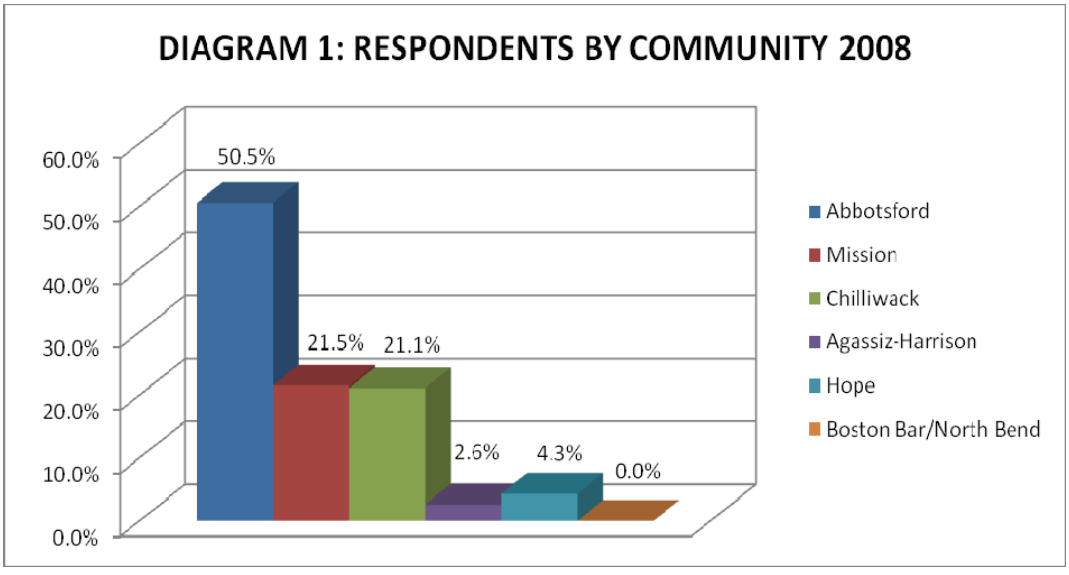
2. THE EXTENT OF HOMELESSNESS IN THE UPPER FRASER VALLEY

2.1. NUMBER OF HOMELESS PEOPLE INTERVIEWED IN THE UPPER FRASER VALLEY DURING 24 HOUR SURVEY PERIOD

The communities in the upper Fraser Valley included in the survey are Abbotsford, Mission, Chilliwack, Agassiz-Harrison, Hope and Boston Bar-North Bend. The total number of homeless people surveyed during the 24-hour period, March 10 & 11, 2008, in the Upper Fraser Valley is 465. This number is made up of 235 in Abbotsford; 100 in Mission; 98 in Chilliwack; 12 in Agassiz-Harrison; 20 in Hope; and 0 in Boston Bar-North Bend (see Table 1 and Diagram 1.

TABLE 1: NUMBER OF RESPONDENTS SURVEYED PER COMMUNITY

Community	2008 n	2008 %
Abbotsford	235	50.5
Mission	100	21.5
Chilliwack	98	21.1
Agassiz-Harrison	12	2.6
Hope	20	4.3
Boston Bar/North Bend	0	0
Total	465	100.0



Results from the 2008 survey indicate that homelessness in the Upper Fraser Valley has increased 13% over the past 4 years. In 2008, 465 homeless persons were counted in comparison with 411 in 2004. It should be noted, as explained in the methodology section, that the number of 465 homeless

persons is likely an undercount and therefore the percentage increase in reality probably exceeds 13%.

It is also important to take into account the Salvation Army Outreach Programme, funded by the Ministry of Housing and Social Development and implemented in 2006 in Abbotsford and Chilliwack. Based on information from the Salvation Army, in Abbotsford, from April 2006 to March 2008, 277 persons have been "housed in their own place", 208 persons were "housed in treatment centres" and 140 persons were "housed in recovery homes" for a total of 625. In Chilliwack, over the same period, the Salvation Army has housed 242 persons. It falls outside the scope of this survey to report on if and how many persons rotate back into homelessness at the end of their treatment and/or recovery.

A further point of interest to be considered when determining the number of homeless persons in our communities is the residents of recovery houses. Although not included in the official survey number of 465, it is important to acknowledge the precarious nature of post-recovery housing for many residents of recovery houses. For this study, a voluntary count of recovery house residents on the day of the survey yielded the following result:

Abbotsford - 112

Mission - 49

Chilliwack - 20[3]

Total – 181

Of those residents in Recovery Houses in Abbotsford who returned a questionnaire, 68 reported that they do not have a place where they pay rent whilst 28 indicated that they do. It is not known how many of these residents do have a home of their own to go to once they leave the recovery homes. Therefore, it is probably fair to state that residents leaving recovery houses are particularly vulnerable to homelessness.

Based on the returned information 56 respondents in Recovery Houses in Abbotsford indicated that "home" is Abbotsford, 20 indicated Mission as "home" whilst 19 called various Metro Vancouver communities "home" and 14 were from elsewhere in BC or from somewhere else in Canada. In Chilliwack the Empress Hotel is slated for demolition later this year. It is estimated by social workers in Chilliwack that between 60-75 people reside in this hotel and will have to find new accommodation when the hotel is demolished.

Another contextual factor with regard to homelessness in the Upper Fraser Valley is the presence of Federal Corrections Facilities in the area. Of the 1,809 inmates incarcerated within the Pacific Region[4], 1,679 are based at the following institutions all situated in the Upper Fraser Valley:

- Ferndale in Mission (Minimum security) – 140 inmates
- Fraser Valley Institution in Abbotsford (Multi-level security) – 46 female inmates
- Kent Institution in Agassiz (Maximum security) – 253 inmates
- Kwikwexwelhp in Harrison Mills (Minimum security) – 44 inmates

[3] Anecdotal information obtained from a representative of the Ministry of Housing and Social Development in Chilliwack.

[4] The Pacific Region refers to institutions on Vancouver Island, i.e. Victoria and institutions on the Lower Mainland, specifically the Fraser Valley.

- Matsqui in Abbotsford (Medium security) – 320 inmates
- Mission in Mission (Medium security) – 282 inmates
- Mountain Institution in Agassiz (Medium security) – 457 inmates
- Pacific Institution in Abbotsford (Multi-level security) – 137 inmates

According to information obtained from Correctional Services Canada, the total number of inmates released from Mainland Institutions for the period January 1, 2007 to September 12, 2008 is 964. This translates into 48 persons on average per month over a 20 month period. Between 25 and 30 applications are processed per month by Corrections Canada for welfare support from the Ministry of Housing and Social Development for inmates soon to be released from the Federal Correctional Facilities in the Fraser Valley. [5]

This translates into between 300 – 360 persons per year applying for welfare support and of these approximately 90% or 270 – 324 qualify for support from the Ministry of Housing and Social Development. The implication of this in the context of homelessness and affordable housing is that annually between 270 - 324 persons look for affordable housing in communities where affordable and accessible options are very limited given current occupancy rates, rental rates and level of shelter and other support from the Ministry of Housing and Social Development. This reality is further complicated by perceptions, rightly or wrongly, within society towards those released from prison.

It is reasonable to assert that without a home it is difficult if not insurmountable to be successful with regard to training or employment and a lack of employment increases the likelihood of re-offence. A result that is quite costly to taxpayers whereas housing appears to be a more economical option.[6] There is evidence that the younger persons settle mostly in Vancouver for reasons of lifestyle choices while older persons and long-term offenders prefer the Upper Fraser Valley with Abbotsford a popular choice due to relative density of services.

2.2. REASONS FOR HOMELESSNESS

Every homeless person has an individual story of their path into homelessness. Although research in the past has explored the personal dynamics that foster homelessness (including addiction and mental illness), Canadian studies have shifted towards understanding the structural/systemic factors that contribute to homelessness.

As Buckland et al. (2001: 3) explains: “The vast majority of Canadian studies accept the view that the homeless are not the authors of their own fate, but have been rendered vulnerable by underlying structural/systemic factors. Many of the homeless […] do suffer from serious personal difficulties which are an important underlying cause of their state of homelessness. However, those difficulties are themselves influenced or caused by underlying structural/systemic factors, and few if any studies

[5] Information based on email correspondence on September 18, 2008 with Stacey Corriveau, Director, Fraser Valley Centre for Social Enterprise and Manager, Community Economic Development, Community Futures Corporation, South Fraser, Abbotsford, BC. and email correspondence from Correctional Services Canada dated October 1, 2008.

[6] Stacey Corriveau, Director Fraser Valley Centre for Social Enterprise and Manager, Community Economic Development, Community Futures Corporation, South Fraser, Abbotsford, BC, cites data that suggests the following annual savings to the taxpayer for every person who does not reoffend: Maximum security $121,294; Medium security $80,545; Minimum security $83,297 and Women’s Facilities $166,830.

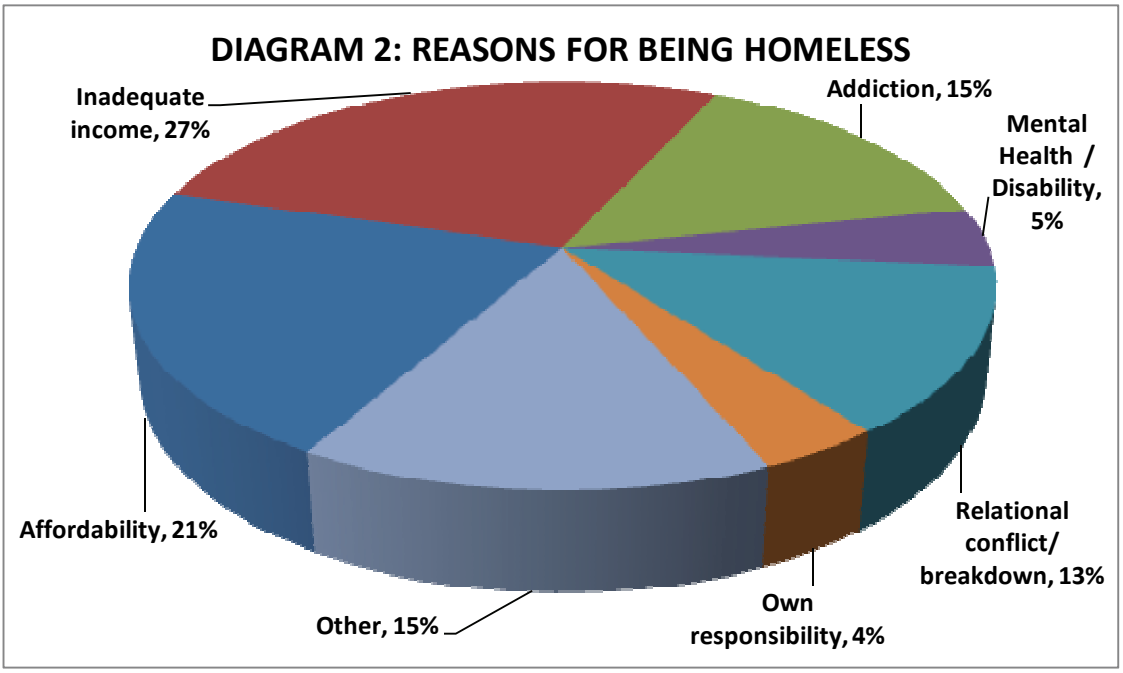
exist which argue that increased homelessness has been caused by a rising incidence of personal problems independent of changing social and economic circumstances".

Thus, the assertion can be put forward that politics, economics, and social issues have all played a role in the dramatic increase in homelessness in Canadian cities.

The reasons for being homeless cited by respondents in this survey are reflected in Table 2.

TABLE 2: REASONS FOR BEING HOMELESS

Reason	2008 n	2008 %
Affordability	60	21.3
Inadequate income	77	27.3
Addiction	42	14.9
Mental Health/Disability	13	4.6
Relational conflict/breakdown	37	13.1
Own responsibility	11	3.9
Other	42	14.9
Total	282	100.0



Almost half of the respondents (48.6%) claim that the reason for homelessness relates to the issue of affordability/inadequate income, an example of a structural cause. A significant percentage (14.97%) of the respondents indicated that addiction is the main reason for their homelessness. Thirteen percent (13.1%) indicated that they are homeless because of relational conflict/breakdown, with 4.6%

citing mental health/disability as the reason for homelessness. Three percent (3.9%) indicated that they are personally responsible for their situation of homelessness.

It is evident from the survey results that homelessness in the Fraser Valley is caused by both structural factors and personal choices. Although poor personal choices play a role in people becoming homeless, structural factors such as a weakened or eroded social safety net, stricter eligibility criteria for welfare support, drastic cut-backs in federal investment in social housing, globalization and a changing economy and job market (e.g. deskilling, growth in McJobs) cannot be ignored in an analysis of the reasons for homelessness.

Based on an interpretation of the growing body of knowledge on homelessness in Canada, it is safe to assert that homelessness is indeed a complex phenomenon and that there is a variety of factors that, in various combinations, contribute to homelessness. In reality most episodes of homelessness will result from a combination of personal, political and economic factors.

Research has shown that there are often precipitating factors including job loss, loss of permanent housing due to eviction, family breakdown, or illness (Buckland et al., 2001: 4). It is when these precipitating factors are compounded by structural and systemic factors that homelessness results. What follows below is a somewhat more detailed elaboration of how structural factors contribute to homelessness.

POLITICS & POLICY

A major structural component of housing and homelessness is government policy and funding. Over the last twenty years, Canada has undergone a major policy shift that has resulted in the erosion of social safety nets in favor of global trends towards decreased social spending (Kauppi, 2003).

The 1930's saw Canada's first national housing legislation to help ease housing shortages, and to promote job creation through the stimulation of the private housing market. Over the next six decades, Canada continued to play a strong role in ensuring the viability of the housing sector for all Canadians. In the early 1990's, however, the Canadian government sought to end its financial involvement in areas of provincial jurisdiction including housing. In 1992 the Canadian government terminated the funding of the federal co-operative housing programs (Begin et al., 1999). In 1993, the federal government froze funding for social housing programs resulting in no federal money to build new social housing until 2001.

As Irwin (2004: 7) states: "Canada now has the dubious distinction of being the only Organization for Economic Cooperation and Development country without an ongoing national housing program – even though Canada is a signatory to the Universal Declaration of Human Rights, which states that everyone has a right to an adequate standard of living, including housing".

Not only did the federal government terminate spending, but in 1996 the federal government announced plans to download national housing programs to the provinces and territories. From 1993 to the early 2000's, British Columbia and Quebec were the only provinces that continued to fund new social housing projects. Yet even with additions to social housing stock, there has been an average waiting list of 10,000 applicants for social housing in British Columbia (Irwin, 2004: 7).

Provinces have downloaded housing to municipal governments without funding to support cities in addressing housing needs (Layton, 2008: 232). The result of the dismantling of federal housing policy and initiatives has resulted in a complete halt to the construction of federal social housing units that in the past had provided low-income Canadians with affordable housing. Fewer available units have contributed substantially to the national housing crisis.

Municipalities are often left to deal with the social and health consequences of homelessness without the funding and expertise of national or provincial authorities. As Layton (2008: 322-323) explains: "As federal and many provincial governments were […] downloading responsibility for housing to municipalities, a common refrain was heard: municipal government is closest to the people and is best able to determine its specific housing needs. There's a large element of truth to that, of course, but municipalities don't have the financial resources of provincial and federal governments. So, they are stuck with the problem without being given the resources for the solution".

Without a national housing policy, Canadians who find themselves homeless are at the mercy of a system that is ad-hoc, piece-meal and not pro-active.

ECONOMICS

One of the most common reasons for homelessness is probably one of the simplest to understand – "homelessness is the fallout of the twin problems of affordability and supply" (Kauppi, 2003: 15). Studies have repeatedly shown that the single biggest cause of homelessness is financial – that people who are homeless cannot afford housing. As Buckland et al.,(2001:10) states, "generally speaking, one shared characteristic of homeless persons is that they have very limited, if any, financial resources. Low income and inability to pay market rents is likely a particularly major cause of homelessness".

The Canadian Mortgage and Housing Corporation (CMHC) has extensively studied the dynamics of housing affordability comparing housing costs to a household's ability to meet those costs. The "Shelter Cost to Income Ratio" (STIR) is a measurement the CMHC has developed in order to calculate the expenditures of Canadian household on housing. STIR is calculated by measuring the before-tax household income spent on shelter costs. According to their research, a benchmark of less than 30 percent for the STIR is commonly accepted as the upper limit for defining affordable housing (CMHC, 2008). In other words, affordable housing means that it should cost less that 30 percent of a household's income.

The root of the affordability problem and its implication for homelessness is two-fold. First, there has been a steady decline in the number of affordable housing units available in British Columbia over the last fifteen years. This has resulted in increased rents and increased competition for these limited affordable units. Secondly, as the cost of rent has risen over the last fifteen years, the incomes of people in the lowest social economic bracket have stagnated. The result is a vulnerable population that cannot afford housing in British Columbia and across Canada.

In British Columbia there are roughly 65,000 households in core housing need, spending 50 percent of their income on rent (Irwin, 2004). This devastatingly high ratio of STIR can partially be explained by the dramatic increases in the market price of housing (fuelled by low interest rates and a growing economy) that has driven up the subsequent price of rents. As rents have gone up, available rental units have declined.

In many Canadian cities, low cost rental units have been lost to gentrification and redevelopment decreasing the inventory of safe, good-quality affordable homes even further (CMHC, 2003b). The combination of current housing market conditions with the federal government's 1993 decision to halt spending on the construction of new social housing units has resulted in a housing crunch that has left Canada's most vulnerable populations precariously housed.

The CMHC (2008) has identified people living alone, female lone parents, renters, immigrants, and aboriginals as being statistically more likely to be part of the population that experiences unaffordable housing. We also know that social assistance recipients make up a very high proportion of high risk

renter households (Buckland et al., 2001). In British Columbia, recent sweeping changes in income assistance have been blamed for causing homelessness (Klein & Pulkingham, 2008).

Rules and regulations that govern social assistance benefits can also make it difficult for homeless individuals to find permanent shelter. In this regard Buckland et al., (2001:13-14) states the following: "Frequently, the exhaustion of financial assets is a priori condition of receiving any financial assistance, yet this creates an additional hurdle for homeless individuals who cannot otherwise accumulate enough resources to cover first and last month's rent".

Buckland et al., (2001: 11) sums up the economic structural constraints upon homelessness by focusing on the importance between inequality and polarization by stating that polarization "helps explain why homelessness and core housing needs appear to have continued to grow in the mid to late 1990s, notwithstanding rising average incomes and an expanding total housing supply." Polarization deepens low incomes at one end of the income distribution and raises affluence at the other. This in turn affects housing through gentrification and the conversion of low cost housing to high end housing. In other words, while the housing supply has increased for higher-income households, the supply of low-cost housing has decreased for low-income households creating a housing crisis that has resulted in increased homelessness.

DEINSTITUTIONALIZATION

A contributing dynamic in respect of homelessness is the deinstitutionalization and lack of discharge planning of mental health patients and inmates. As Layton (2008: 18) explains, "Many people who suffer from mental illness and addiction are homeless partly as a result of deinstitutionalization without adequate community support programs; in addition, their problems have been exacerbated by the inadequate discharge planning of hospitals and jails."

A recent Canadian study in London, Ontario found that discharge from psychiatric wards to shelters or the streets is a real problem. It is conservatively estimated that the incidents of such discharges occurred at least 194 times in 2002 (Forchuk et al., 2006). Forchuk argues that patients being discharged with mental illness without an appropriate housing plan are critically vulnerable to homelessness and place a strain on shelters that often leads to re-hospitalization and a strain on public resources. Buckland et al., (2001:16) argues that "deinstitutionalization has not been accompanied by adequate community supports, and that supportive housing is essential to meet the needs of the homeless and mentally ill people."

Offenders discharged from correctional facilities without adequate housing can potentially contribute to homelessness. Studies have found that "when prisoners being released have few outside supports and do not have access to comprehensive and situationally relevant discharge planning, they have a high probability of being released to a situation of homelessness, which in turn increases their likelihood of re-incarceration" (CMHC, 2007b: 2).

Currently, on any given day, approximately 1000 people are living in the Upper Fraser Valley within the Province's probation system. Although federal inmates are required to have basic plans in place for housing, the lack of long term affordable housing stock remains an obstacle for them. In the provincial correctional institutions, discharge planning is generally not undertaken and inmates are routinely discharged to the street.[7] The absence of housing plans for offenders re-entering a community can "result in ex-prisoners being concentrated in the most problematic parts of the

[7] Information obtained at a meeting of the Affordable Housing Working Group of the Abbotsford Social Development Advisory Committee, September 16, 2008.

community where there are high rates of crime and disorder and an absence of support services" (Griffiths, et al., 2007: 22).

SOCIAL FACTORS

As argued earlier, homelessness is often the cause of structural/systemic conditions that place vulnerable populations at risk. There are, however, individual precipitating factors that will often be the breaking point resulting in homelessness. Buckland et al., (2001:19) explains: "The main argument is that economic and social welfare changes, when coupled with demographic pressures, have created a class of people who live in marginalized housing conditions – the 'proto-homeless' – and that adverse events cause these people to fall into homelessness. These events include eviction, domestic conflict, and loss of job or welfare support".

Issues of mental illness and/or drug abuse have often been cited as overlapping risks of homelessness. Goering et al., (2002) found that 64 percent of first time shelter users in Toronto had a history of drug abuse and 64 percent had other psychiatric problems. For those who had previously been in shelters, 71 percent had drug abuse histories and 69 percent had other psychiatric problems.

A recent study conducted in British Columbia on housing and support for adults with severe addictions and/or mental illness (SAMI), drew a connection between the cyclical and long-term nature of their illness, and the difficulty of gaining and sustaining employment. This difficulty results in precarious economic circumstances. As Patterson et al., (2008:20) explains: "Without a regular income, many depend on a patchwork of provincial and federal benefit programs for disabled persons. However, entitlement programs, designed to provide assistance to meet basic needs, are often inadequate. Moreover, SAMI individuals often experience difficulty gaining access to and establishing eligibility for these programs. Once eligibility is established, loss or interruption of benefits may also become a precursor to episodes of homelessness".

Youth "aging out of care" is another important contributing factor specifically to youth homelessness. A variety of policy issues present barriers to housing for youth leaving provincially-funded foster care. The province withdraws all responsibility for a youth's housing, funding, and support services when he or she turns 19 years old. Youth in care lose all provincial support on the day of their 19th birthday, whether or not they have the skills and cognitive ability to live independently. For various reasons, many youth are not properly prepared for this transition, and are therefore automatically placed at risk of homelessness at this time.

Few youth living in foster care are adequately screened before they turn 19 for "global functional deficiencies" (a term sometimes used to describe the disabilities presented by autism, FASD, etc.). Once they "age out of care" these youth have no recourse to support services. People with global functional deficiencies need permanent subsidized housing with appropriate supportive services in order to maintain and develop their abilities to function adequately in society. To get adequate housing services, youth over 19 years living with undiagnosed disabilities such as fetal alcohol spectrum disorder (FASD) must somehow, unaided, navigate the adult system to diagnosis and recognition of their need for permanent care. Their difficulties are compounded by a severe lack of diagnostic services targeted to adults with these conditions.

Adults with diagnosed FASD are eligible for income assistance and living skills support only if their IQ is recognized as below 71 points. This presents yet another difficulty, as FASD clients may need permanent support despite having higher cognitive function in some areas. For adults that have been recognized as having global functioning deficiencies, operating funds are available in the Upper Fraser Valley to provide the needed support services. In this case, affordable housing stock is the limiting factor in their quest for housing. At this time only two 6-month supportive housing beds are available for youth "aging out of care" in Abbotsford. Three facilities exist in Chilliwack: a four-plex operated by

Xyolhemeylh Family Services; a four-plex ("Phoenix House") run by Chilliwack Community Services; and 8 permanent units for FASD tenants, provided by Communitas Supportive Care Society.[8]

Family violence and/or breakdown are often another precipitating factor for homelessness for both youth and women. In a 2004 paper, Morrow et al., describes the impact that British Columbia's unprecedented restructuring of welfare has had on the safety of women. Changes in base funding and eligibility threshold have the "potential to severely curtail the ability of women to be financially independent from abusive partners and to afford housing."

Explained in detail by Morrow et al., (2004: 364): "Single parents are now expected to work when their youngest child turns three (down from seven years). This means that women with children aged three and over who want to leave abusive partners will not be eligible for assistance even if they have been kept out of the workforce by that partner (not an unusual form of control in abusive relationships)".

In other words, women who leave abusive relationships are at increasing risk of becoming homeless since government sponsored programs in BC have been so radically reduced. Women at risk are often forced to choose between staying with an abusive partner or being homeless.

Family violence, SAMI, eviction, sexual abuse, fetal alcohol effect/syndrome and brain injuries are just a few of the personal tragedies that can propel people into homelessness. Without adequate social support, certain segments of the population, most notably the poor, are at increased risk of loosing their housing. Once housing is lost, it can be an overwhelming challenge to regain, particularly for persons who suffer from mental, cognitive or drug addiction challenges. For these people, housing may be more complicated requiring a comprehensive approach that extends beyond merely providing a roof over one's head.

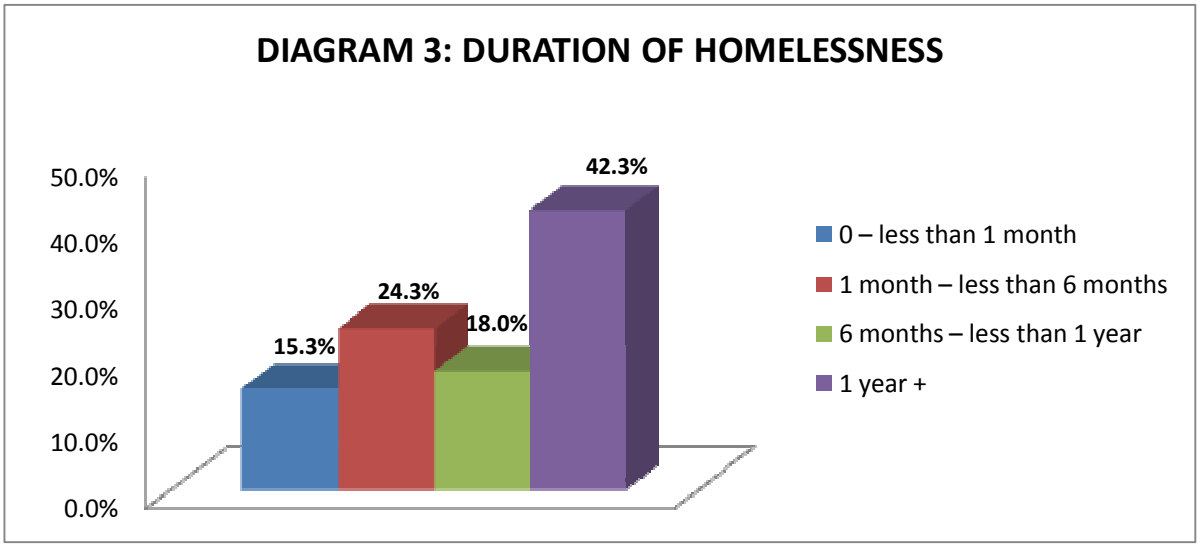
2.3. DURATION OF HOMELESSNESS

The respondents were asked to indicate how long they had been homeless. Those who have been homeless for a year or longer constitute 42.3%, whilst 18.0% indicated that they are homeless for more than six months but less than a year, 24.3% have indicated that they have been homeless for more than a month but no longer than 6 months, and 15.3% indicated that they were homeless for less than a month (see Table 3).

TABLE 3: DURATION OF HOMELESSNESS

Duration	2008 n	2008 %
0 – less than 1 month	46	15.3
1 month – less than 6 months	73	24.3
6 months – less than 1 year	54	18.0
1 year +	127	42.3
Total	300	100.0

[8] Information obtained at a meeting of the Affordable Housing Working Group of the Abbotsford Social Development Advisory Committee, September 16, 2008.



Based on the above it can be argued that 60.3% of respondents are experiencing relative long-term homelessness. Thus there are people in the Upper Fraser Valley who experience chronic homelessness. When these findings are compared with findings of 2004 it is evident that those who are homeless for one year or more have increased from 36.2% in 2004 to 42.3% in 2008. This situation of long-term or chronic homelessness is in line with the assertion of Begin et al. (1999:8) that the duration of homelessness is a contributing factor in the continuum of homelessness characterized by three subgroups:

The *chronically homeless* includes people who live on the periphery of society and who often face problems of drug or alcohol abuse or mental illness. It is estimated that this subgroup constitute about 10-15% of the homeless population in a given locally. In Abbotsford this number is estimated at 30-40 people who have severe drug or/and alcohol addictions and/or mental illness. This is a subgroup that manifests behaviour that is described as unruly, destructive, etc. resulting in them being "banned" from accessing services at certain locations.[9]

The *cyclically homeless* includes individuals who have lost their dwelling as a result of some change in their situation, such as loss of a job, a move, a prison term or a hospital stay. This group must from time to time use safe houses or soup kitchens and include women who are victims of family violence, runaway youth, and persons who are unemployed or recently released from a detention centre or psychiatric institution.

The *temporarily homeless* includes those who are without accommodation for a relatively short period. Likely to be included in this category are persons who lose their home as a result of a disaster (fire, flood, war) and those whose economic and personal situation is altered by, for example, marital separation or loss of job.

[9] Information gleaned from a meeting at Abbotsford City Hall of City of Abbotsford officials and community based service providers on September 9, 2008.

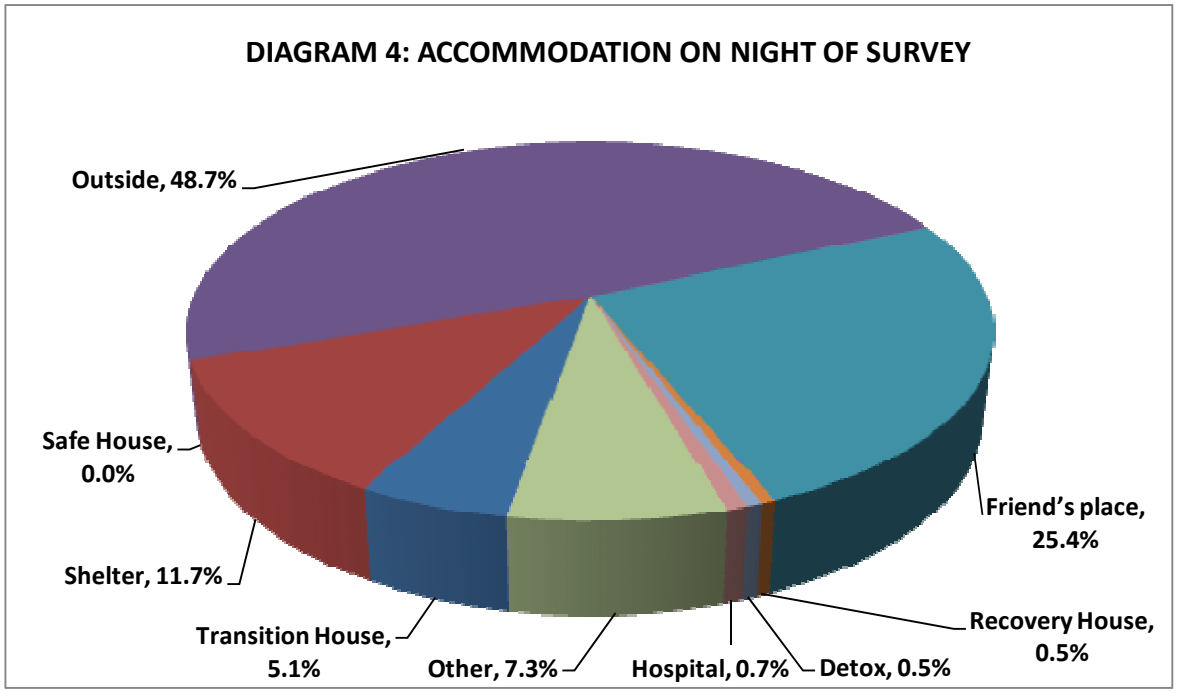
2.4 ACCOMMODATION ON NIGHT OF SURVEY

In addition to 25.4% of respondents indicating that they were “sleeping at a friend’s place” (sofa surfing), the places where respondents spent the previous night included: outside 48.7%; transition house 5.1%; shelter 11.7%; recovery house, detox, hospital and other 9.0% (see Table 4).

The proportion of homeless people “not sheltered” remains high in 2008, namely 199 persons or 48.7% of the respondents in comparison with 43.4% in 2004. More people have made use of shelters in 2008 (11.7%) than in 2004 (6.0%). This may in part be a result of more shelter beds being available in 2008 in the Upper Fraser Valley than was the case in 2004 (see Section 2.6 for more information). Fewer people were counted in transition houses in 2008 (5.1% or 21 persons) than in 2004, when 42 persons (11.5%) were counted in transition houses.

TABLE 4: ACCOMMODATION ON NIGHT OF SURVEY

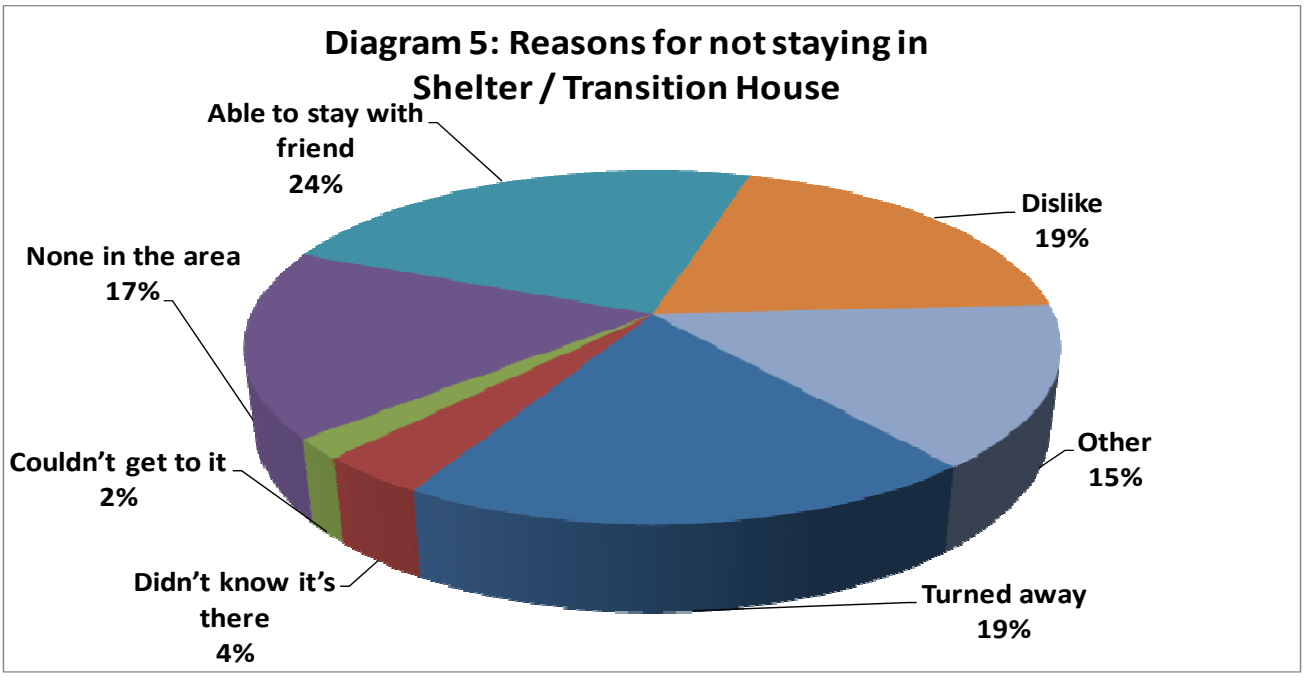
Place stayed	2008 n	2008 %
Transition House	21	5.1
Shelter	48	11.7
Safe House	0	0.0
Outside	199	48.7
Friend’s place	104	25.4
Recovery House	2	0.5
Detox	2	0.5
Hospital	3	0.7
Other	30	7.3
Total	409	100.0



The respondents were asked to state the main reasons for not having used a transition house or a shelter the previous night. The biggest proportion falls into the category “able to stay with a friend”, 23.6%. Those who cited “turned away” and “dislike” as reasons for not having stayed in the shelter represent 19.4% each. The category “turned away” includes reasons such as: the shelter was full, used up my allotted days, saving my allotted days for when it is needed more, banned from the shelter, etc. The category “dislike” includes responses such as don’t want to share accommodation with drug addicts, privacy issues, not safe, people steal from you, etc. The category “other” includes responses such as own camper, car, hospital, etc. (see Table 5).

TABLE 5: REASONS FOR NOT STAYING IN SHELTER/ TRANSITION HOUSE

Reason	2008 n	2008%
Turned away	42	19.4
Didn’t know it’s there	8	3.7
Couldn’t get to it	4	1.9
None in the area	37	17.1
Able to stay with friend	51	23.6
Dislike	42	19.4
Other	32	14.8
Total	216	100.0

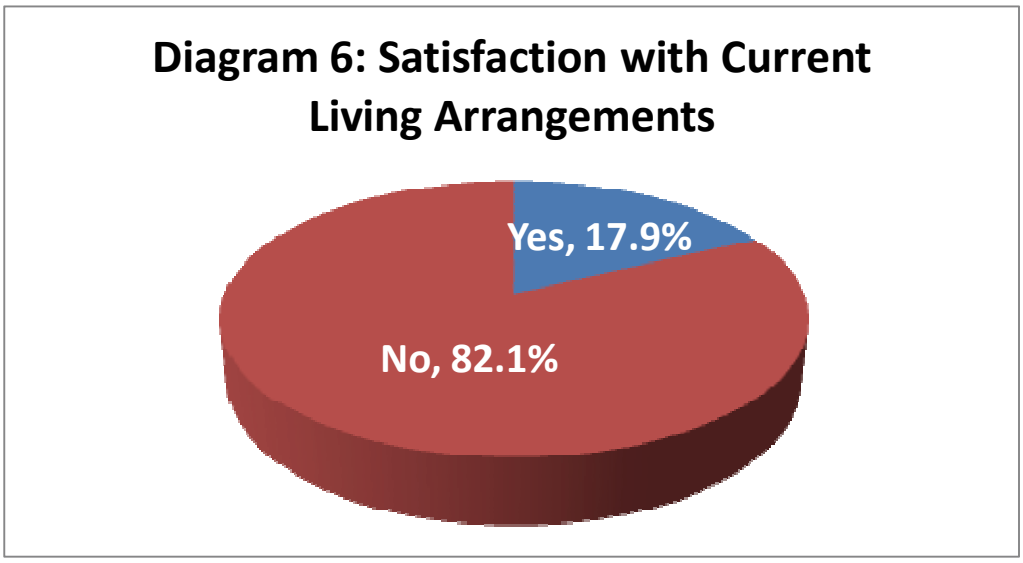


2.5 SATISFACTION WITH CURRENT LIVING ARRANGEMENT

The majority of respondents (82.1%) reported that they are not satisfied with their current living arrangements (see Table 6).

TABLE 6: SATISFACTION WITH CURRENT LIVING ARRANGEMENTS

Response	2008 n	2008 %
Yes	54	17.9
No	248	82.1
Total	302	100.0



2.6. SHELTER AND TRANSTION BEDS IN THE UPPER FRASER VALLEY

The total number of shelter beds in the Upper Fraser Valley in 2008 is 41 compared to 28 in 2004.

- Abbotsford - 20 emergency shelter beds that are used for males and females based on need.[10] Chilliwack – 11 emergency shelter beds, 3 for women and 8 for men.
- Hope - 2
- Mission - 8 (4 bed shelter, 2 males and 2 females plus 4 family beds). Although there is capacity to provide more as required. There is also Procter House that provides transitional housing for two families.[11]

[10] In addition to the 20 emergency shelter beds the Salvation Army's Centre of Hope in Abbotsford has 15 supported independent living beds, located in three self-contained living units with 5 beds each, where persons can stay for up to one year.

[11] On October 3, 2008 a Youth Transitional House with 4 beds was opened by Mission Community Services Society. This 4-bed youth safe house is located in city owned property and operating funding comes from BC Housing. The District of

The total number of beds in transition houses in the Upper Fraser Valley is 58 compared to 60 in 2004.

- Abbotsford – 13 beds
- Aldergrove – 10 beds
- Mission – 10 beds
- Chilliwack – 17 beds
- Hope – 8 beds

The total number of Safe House beds for youth is 8, compared to 0 in 2004. Of these, 2 are in Abbotsford[12] at the Cyrus Centre, 4 in Mission operated by Mission Community Services Society, and 2 in Chilliwack at the Salvation Army Shelter with support services provided by the Youth Services component of Chilliwack Community Services Society.

In addition to the low number of beds at shelters and transition houses, there are also limits on the number of days people can stay at these facilities. This arrangement does not facilitate either the complicated "road" toward self-sufficiency or linking someone to an integrated arrangement for service provision. The desired outcome of self-sufficiency for those for whom it is possible cannot be achieved overnight and is dependent on medium to long-term supports.

Mission also approved during October 08 the development of a 30 bed First Stage housing project on privately owned land. Funding for rent of the building and operating the facility comes from BC Housing. As of October 08 two full time outreach workers have been employed by Mission Community Services. These outreach workers, similar to those in Abbotsford and Chilliwack will connect homeless persons with services. (Information provided by Joy Cox, Executive Director of Mission Community Services Society.)

[12] Les Talvio, Director of the Cyrus Centre indicates that they turn away youth every night; confirming the need for more youth safe house beds in Abbotsford.

3. WHO ARE THE HOMELESS?

Stereotypes of homeless persons typically conjure up images of vagrants, alcoholics and vaguely crazy adult males. There are numerous flaws inherent in such stereotypes. Most important among these is the fact that they are wrong and contribute to misunderstanding regarding the social and political context of homelessness (Reid et al.: 2005: 238 – 239).

The homeless population in Canada at any given time will be comprised of several groups including, but not limited to persons with severe addictions and/or mental illness (Patterson et al., 2008), families (CMHC, 2003b), persons with disabilities, seniors, children and youth (Thomson, 2003), and aboriginals (Krupp, 2003). Although single men are still the majority of the visible homeless, according to the National Homeless Initiative, the fastest growing components are families and youth.

The majority of families are headed by single mothers (CMHC 2003b). Aboriginal people are "over-represented among the homeless population. In Toronto, Aboriginals make up 25 percent of the homeless population while making up only 2 percent of the city's population" (Kauppi, 2003: 14). Other growing components include refugees/immigrants, ex-offenders, and the working poor.

The 2008 Upper Fraser Valley Homelessness Survey was not designed or resourced to record this level of detail. However, based on the limited information obtained from respondents, the following can be reported regarding a profile of homeless people in the Upper Fraser Valley.

3.1. PROFILE OF HOMELESS PEOPLE IN THE UPPER FRASER VALLEY

The following information obtained from homeless people surveyed on March 10 & 11, 2008 in Upper Fraser Valley communities will be discussed in this section:

- Gender
- Age
- Ethnicity
- Community of Origin
- Street community and mutual support
- Source of Income
- Health Problems
- Usage of medical services and other services

3.1.1. GENDER

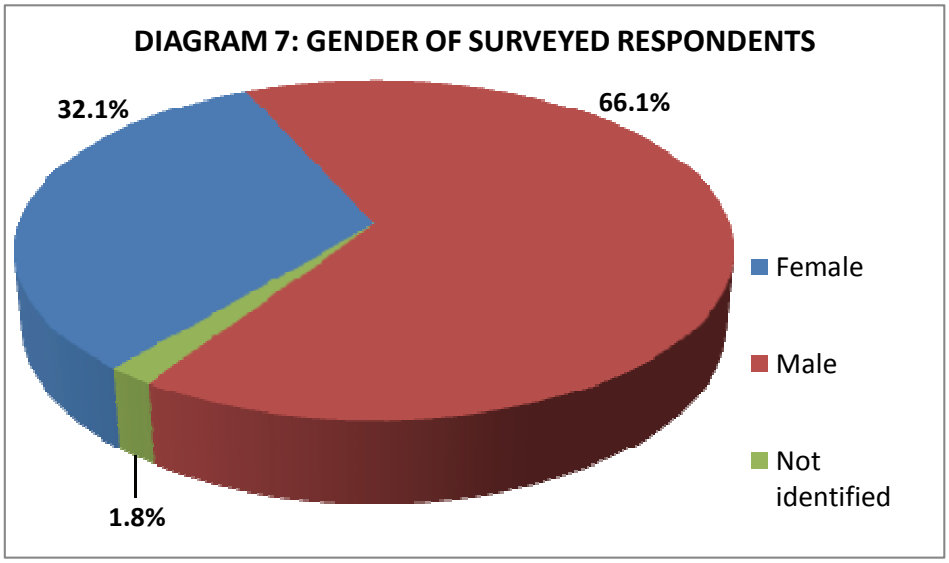
The gender distribution of homeless people in the Upper Fraser Valley in 2008 is similar to that of 2004 (Van Wyk and Van Wyk, 2005:12) and does not differ significantly from available data regarding homelessness in Canada. Women constitute one third to one half of the homeless in major urban areas across Canada (Neal 2004:1; Wove, Serge, Beetle, and Brown 2002:9; Lenon 2000: 1). Homelessness in the Upper Fraser Valley is therefore not a "male-only" experience. The finding that almost one third (32.1%) of the respondents were women could be seen to constitute an underrepresentation (Table 4), as there may be more homeless women who are not on the streets for reasons of safety and security. As indicated earlier, it is difficult to measure the extent of homelessness in certain subpopulations e.g. women and therefore homelessness among women is more hidden than among men.

This survey does not reflect extensively on the hidden aspect of homelessness and may therefore exclude women who find themselves in a situation of concealed homelessness. Therefore, the gender distribution among homeless persons in the Upper Fraser Valley should be seen in the context of this methodological challenge.

It is apparent from Table 7 that males represent two thirds (66.1%) of the homeless persons in the Upper Fraser Valley whilst female respondents constitute 32.1% (142) of this population.

TABLE 7: GENDER OF SURVEYED RESPONDENTS

Gender	2008 n	2008 %
Female	142	32.1
Male	292	66.1
Not identified	8	1.8
Total	442	100.0



3.1.2. AGE

Similar to the 2004 survey, the biggest proportions of homeless respondents in 2008 fall in the age categories 25 – 34 (22.1%); 35 – 44 (28.0%) and 45 – 55 years (20.3%). Combined, these three categories amount to 70.4% in 2008 and 69.7% in 2004 (Van Wyk and Van Wyk, 2005:12-13).

A significant proportion (20.4%) of respondents are 24 years and younger, with 11.1% or 43, 19 years and younger.[13] The largest proportion of respondents (28.0%) as indicated in Table 8 and Diagram 8

[13] This number is likely an undercount as the Cyrus Centre (a youth drop-in and counseling centre in Abbotsford) was closed during the 24-hour period of the count. According to Les Talvio, Director of the Centre, between 12 and 20 homeless youth could be added to this number given the Centre's experience over the past 3 years with homeless youth.

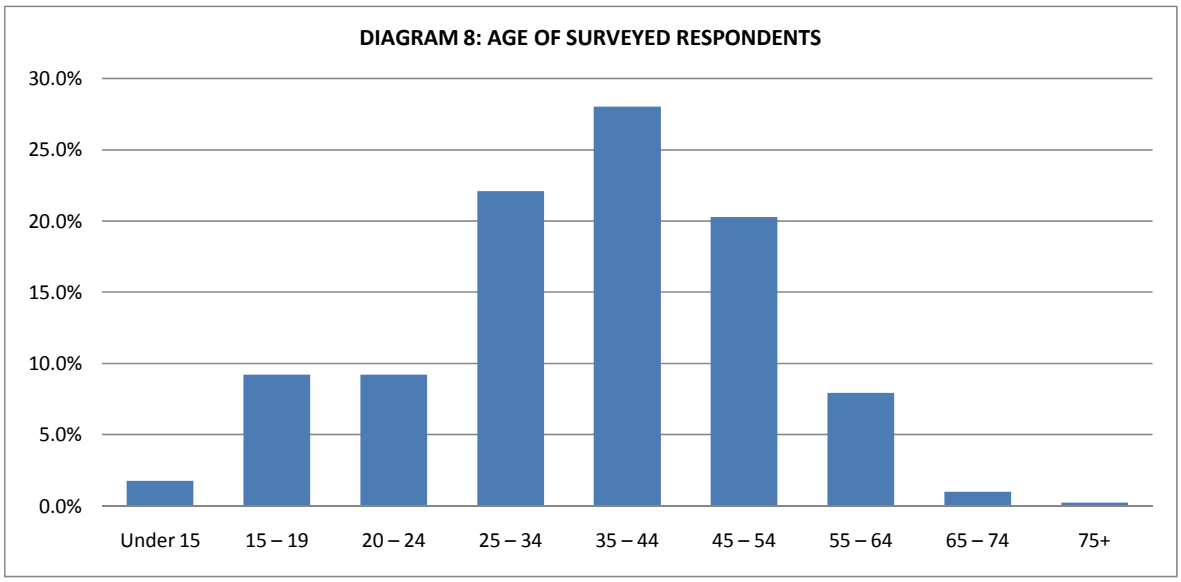
was 35-44 years of age. A significant number of the respondents (22.1%) are 25-34 years old. More than two thirds of the respondents (70.4%) were between 25 and 54 years of age. There were 36 (9.3%) respondents in the 55 -75+ year age group. This group is dealing with homelessness and the physical and psychological challenges involved in the process of growing older. One point three percent (1.3% or 5) of the homeless respondents in the Upper Fraser Valley indicated that they are older than sixty-five. The proportion of the older population that is represented among the homeless or those at risk of homelessness might increase dramatically in the next few decades as Canada's population continues to "grey". However, given the typical life expectancy of chronically homeless people, this may not happen.

Homelessness affects health and life expectancy in significant ways. Homeless Canadians are more likely to die at a younger age and to suffer more illnesses than the general Canadian population. Many factors contribute towards the lower life expectancy of homeless people including lack of social support networks, education, unemployment, living conditions, personal health practices, biology and genetic endowment, unavailability of health services, etc.

A study by Cheung and Hwang (2004:170) found that the mortality rate between younger homeless women and homeless men was not significantly different from their corresponding age cohort in the general population. In contrast the mortality rate was significantly higher among older homeless people. Of further interest is the fact that the mortality rate was also significantly higher among older homeless women than older homeless men. Homeless women 18-44 years of age were ten times more likely to die than women in the general population. Among men using homeless shelters in Toronto, mortality rates were 8.3, 3.7 and 2.3 times higher than the rate for men in the general population aged 18-24, 25-44 and 45-64 years respectively.

TABLE 8: AGE OF SURVEYED RESPONDENTS

Age	2008 n	2008 %
Under 15	7	1.8
15 – 19	36	9.3
20 – 24	36	9.3
25 – 34	86	22.1
35 – 44	109	28.0
45 – 54	79	20.3
55 – 64	31	8.0
65 – 74	4	1.0
75+	1	0.3
Total	389	100.0

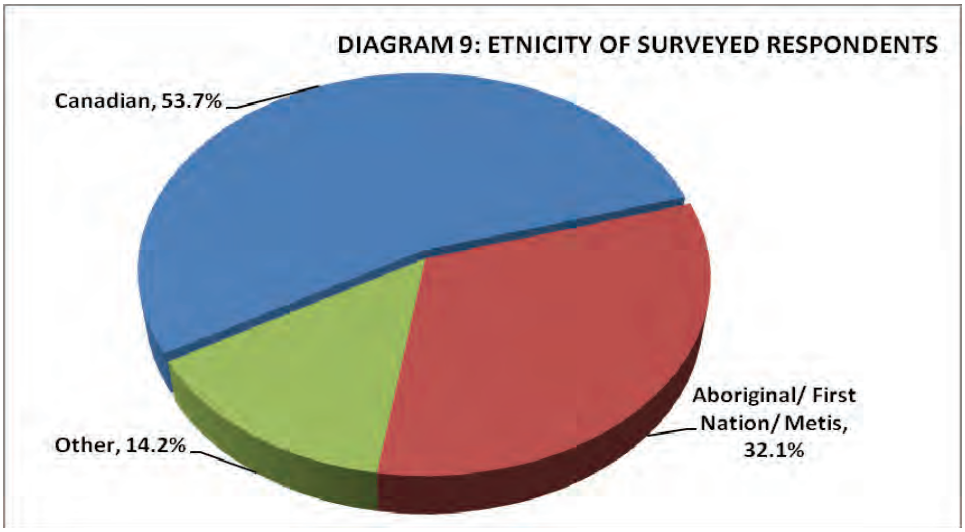


3.1.3. ETHNICITY

Ethnicity is the cultural heritage or identity of a group based on factors such as language or country of origin. The respondents were asked to indicate their ethnic background. For more detail see Table 9.

TABLE 9: ETHNIC BACKGROUND OF SURVEYED RESPONDENTS

Ethnicity	2008 n	2008 %
Canadian	159	53.7
Aboriginal/ First Nation/ Metis	95	32.1
Other	42	14.2
Total	296	100.0



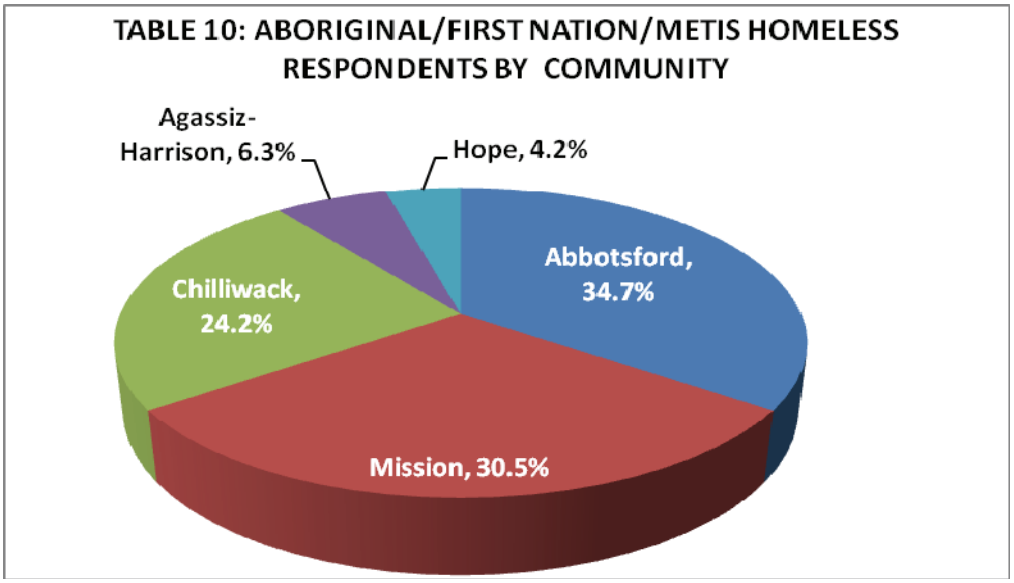
More than half of the respondents (53.7%) indicated that they are Canadian. This includes 11 who identified themselves as French Canadian, whilst the rest of the respondents in this category identified themselves as either Canadian or English Canadian. Almost a third of the respondents (32.1%) are

Aboriginal/First Nation/ Metis.[14]. Of this sub-population, 33 or 34.7% were in Abbotsford, 29 or 30.5% in Mission, 23 or 24.2% in Chilliwack with 6 or 6.3% in Agassiz-Harrison and 4 or 4.2% in Hope (see Table 10 below).

The literature indicates that the Aboriginal homeless have special needs (e.g., cultural appropriateness, self determination, and traditional healing techniques that need to be considered (Beavis, Klos, Carter, Douchant, 1997). In the 2004 Upper Fraser Valley study some aboriginal respondents did indicate that the Friendship Centre in Mission provides some assistance in regards to their special needs. It fell outside the scope of the 2008 survey to make further determinations in this regard, suffice to say that the notion to provide cultural appropriate services for Aboriginal persons probably remains valid and require further analysis.

TABLE 10: ABORIGINAL/FIRST NATION/METIS HOMELESS RESPONDENTS BY COMMUNITY

Community	2008 n	2008 %
Abbotsford	33	34.7
Mission	29	30.5
Chilliwack	23	24.2
Agassiz-Harrison	6	6.3
Hope	4	4.2
Total	95	100.0



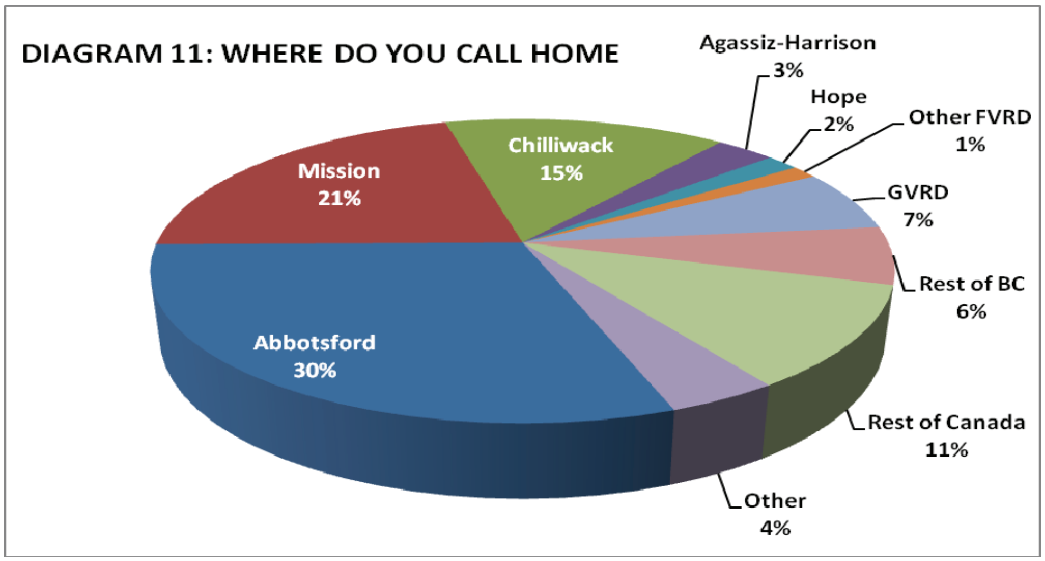
[14] The 2008 Metro Vancouver survey report cites 32% Aboriginal persons among the homeless population in Metro Vancouver (Greater Vancouver Regional Steering Committee on Homelessness, 2008:16).

3.1.4. COMMUNITY OF ORIGIN

More than two-thirds of the respondents (72.7%) indicated that they call the Upper Fraser Valley "home". Nevertheless, a substantial number of the respondents, or just more than a quarter (27.4%), indicated that their last permanent home was not in the Fraser Valley, but in "Metro Vancouver" 6.4%, "Rest of BC" 6.1%, "Rest of Canada" 10.9% and "Other" 4.0% (see Table 11). The question then arises: Is there an influx of homeless people into the Fraser Valley? Based on the survey results, the majority of homeless people (72.7%) are originally from Upper Fraser Valley communities; with some coming here from other communities.

TABLE 11: WHERE DO YOU CALL HOME

Home community	2008 n	2008 %
Abbotsford	89	30.3
Mission	62	21.1
Chilliwack	43	14.6
Agassiz-Harrison	9	3.0
Hope	5	2.0
Other FVRD	4	1.7
Metro Vancouver	19	6.4
Rest of BC	18	6.1
Rest of Canada	32	10.9
Other	12	4.0
Total	293	100.0



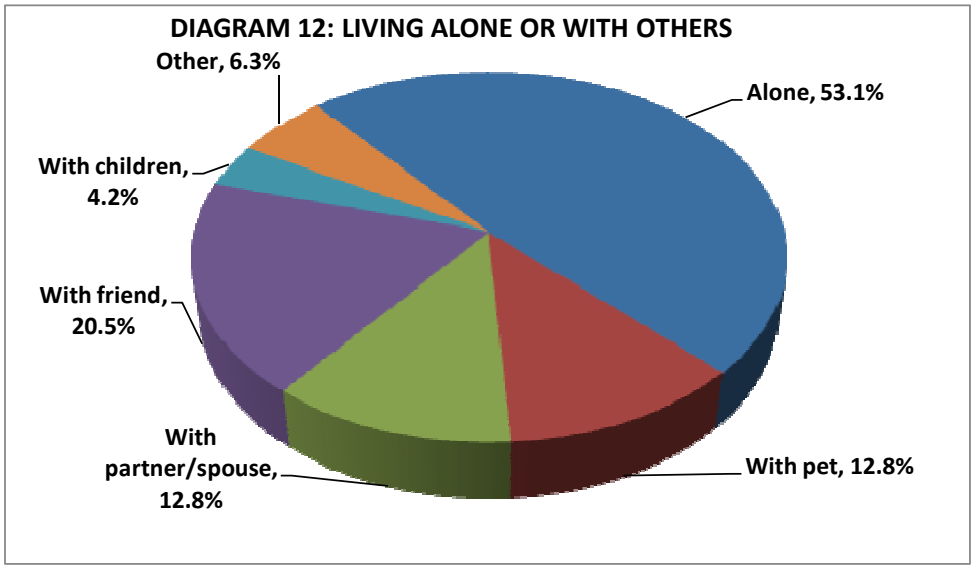
3.1.5. STREET COMMUNITY AND MUTUAL SUPPORT

Based on the survey findings, it can be reported that just more than half (53.1%) of respondents indicated that they live alone, while 37.6% live with someone else, e.g. a partner/spouse (12.9%), a friend (20.5%) or with children (4.2%). It could perhaps be argued that those who live with others do find social support through this arrangement and that this is a way to counter social isolation. In a previous study (Van Wyk and Van Wyk, 2005:19), it was reported that, based on information obtained through focus groups and qualitative interviews, homeless people do look out for each other and that there are "rules of engagement". They respect one another, and they know who not to fool around with. Young women indicated that they learned quickly to keep a male companion with them.

Others in the same study reported "that they don't trust anyone and that homeless people steal from one another and attack one another". Furthermore, because of "… basic survival needs, relationships among street people are frequently characterized by distrust and suspicion." (MacKnee & Mervyn, 2002:301).This can be juxtaposed with the aforementioned picture of rules and respect and co-existence. Thus, it can be argued, "street families" can be highly dysfunctional, similar to dysfunctional families among non-homeless people. This may be why a substantial number (53.1%) of homeless people in the Upper Fraser Valley have opted to live alone (see Table 12).

TABLE 12: LIVING ALONE OR WITH OTHERS

Company	2008 n	2008 %
Alone	153	53.1
With pet	9	3.1
With partner/spouse	37	12.9
With friend	59	20.5
With children	12	4.2
Other	18	6.3
Total	288	100.0



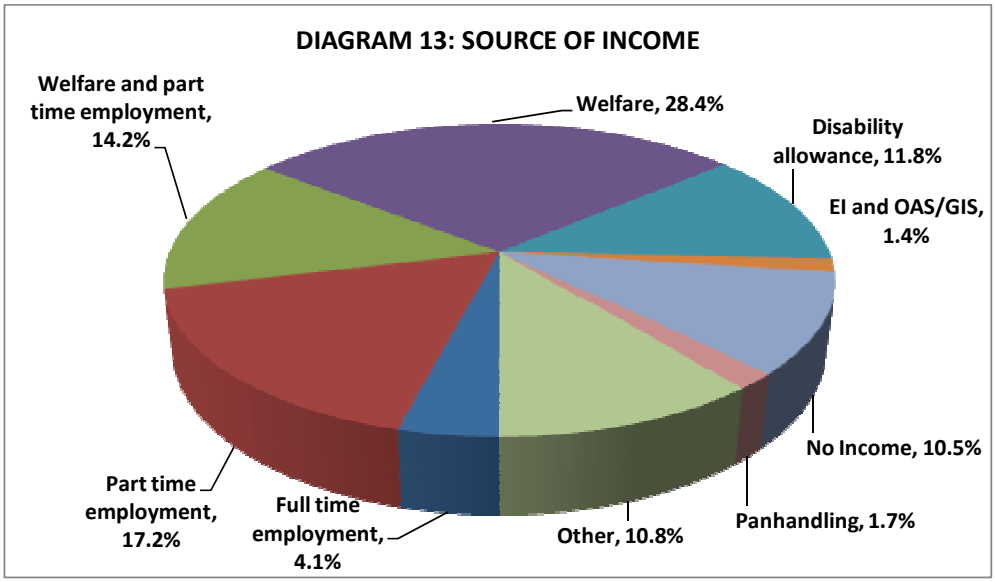
3.1.6. SOURCE OF INCOME

Thirty five comma five percent (35.5%) of respondents indicated full time or part time employment as a source of income (see Table 13). This number is almost 6% higher than results in 2004. Homeless persons typically hold unskilled, seasonal, and lower-pay jobs. The level of income associated with this type of employment makes it challenging to save money for emergencies such as periodic or seasonal unemployment, or to secure the kind of economic stability that would prevent homelessness (Van Wyk and Van Wyk, 2005:26).

The number of respondents reporting welfare as a source of income dramatically increased from 4.8% in 2004 to 28.4% in 2008. This increase may be attributed to the Salvation Army Outreach Programme in partnership with the Ministry of Housing and Social Development in both Abbotsford and Chilliwack,[15] the purpose of which is to connect homeless persons with services in the community.

TABLE 13: SOURCE OF INCOME

Source	2008 n	2008 %
Full time employment	12	4.1
Part time employment	51	17.2
Welfare and part time employment	42	14.2
Welfare	84	28.4
Disability allowance	35	11.6
EI and OAS/GIS	4	1.4
No Income	31	10.5
Panhandling	5	1.7
Other	32	10.8
Total	296	100.0



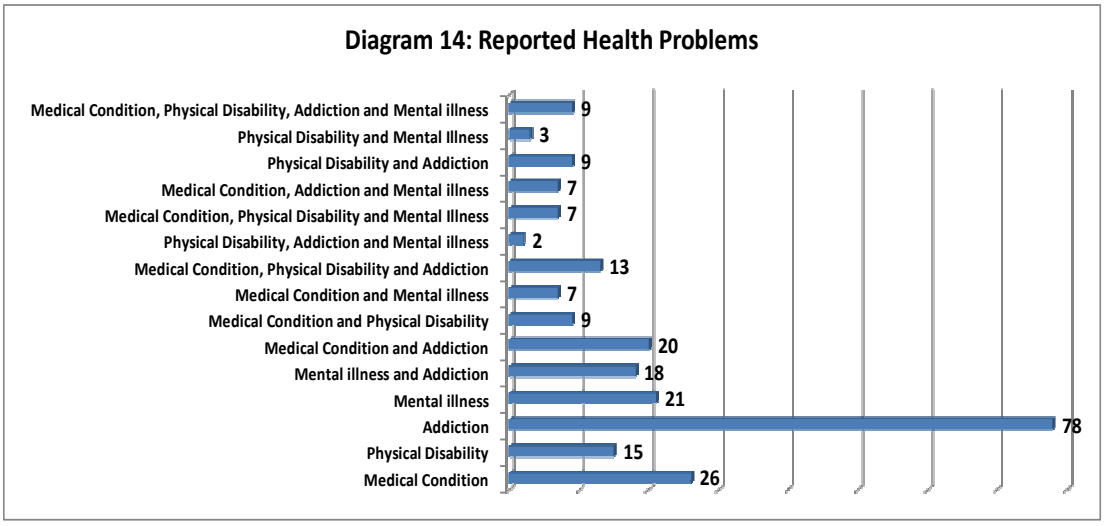
[15] As of October, 2008 a similar program has been implemented in Mission by Mission Community Services Society.

3.1.7. HEALTH PROBLEMS

Survey respondents were asked to report on their health problems. In total, 244 of the 465 respondents or 52.5% reported a health issue or a combination of health issues (see Table 14). Of these, 32.0% reported that they have an addiction, with another 32.0% reporting addiction in combination with another health problem, for a total of 64.0%. It could be argued that substance abuse contributes to medical problems such as tuberculosis, hepatitis and HIV. Thirty point four percent (30.4%) of respondents reported mental illness and mental illness in combination with another health problem. Respondents were not asked to specify the nature of their mental illness suffice to state that it is reasonable to argue that chronic emotional and mental illness complicates daily existence and can mask acute illnesses or prevent people from accessing services and taking care of themselves.

TABLE 14: REPORTED HEALTH PROBLEMS

Health issue	2008 n	2008 %
Medical Condition	26	10.7
Physical Disability	15	6.1
Addiction	78	32.0
Mental illness	21	8.6
Mental illness and Addiction	18	7.4
Medical Condition and Addiction	20	8.2
Medical Condition and Physical Disability	9	3.7
Medical Condition and Mental illness	7	2.9
Medical Condition, Physical Disability and Addiction	13	5.3
Physical Disability, Addiction and Mental illness	2	0.8
Medical Condition, Physical Disability and Mental Illness	7	2.9
Medical Condition, Addiction and Mental illness	7	2.9
Physical Disability and Addiction	9	3.7
Physical Disability and Mental Illness	3	1.2
Medical Condition, Physical Disability, Addiction and Mental illness	9	3.7
Total	244	100.0



According to Hulchanski (2004), homelessness in itself is an “agent of disease". The homeless are more exposed to and more likely to develop health problems than the general population as living conditions predispose them to be particularly at risk to develop ill health. For example, they are at greater risk to be infected with communicable diseases (Alperstein & Arnstein, 1988; Miller & Lin, 1988 in MacKnee & Mervin 2002: 294).

Furthermore, homeless people are subject to stress because of the factors that made them homeless and because of the experience of being homeless. Poor diet, stress, cold and damp, along with inadequate sleeping arrangements, sanitation and hygiene, increase the risk of health problems and decreased life expectancy. For example, prolonged exposure to cold puts strain on the heart, and high stress is associated with an increased incidence of cardiovascular disease and cancers.

It is not clear whether the diseases and disorders identified by homeless people in the Upper Fraser Valley preceded the loss of a place to live or whether they were precipitated by life on the streets. However, it is probably reasonable to assert that homeless persons in the Upper Fraser Valley do in fact suffer from a wide variety of chronic and acute illnesses that are aggravated by life on the streets.

3.2. USAGE OF COMMUNITY BASED SERVICES

In this section, the focus is on health services and other services used by homeless persons.

3.2.1. HEALTH SERVICES USED IN THE PAST 12 MONTHS

Of those who responded to this question, 230 respondents or 80.1% indicated that they have used health services in the past 12 months. (See Table 15 below for more detail as to which services have been used.)

TABLE 15: USAGE OF HEALTH SERVICES IN THE PAST 12 MONTHS

Health Service	2008 n
Emergency Room	128
Hospital (non-emergency)	75
Ambulance	47
Dental clinic/dentist	37
Walk-in Health clinic	122
Mental Health services	40
Addiction services	79
Other	9
None	57
Total	594[16]

[16] The total of 594 in Table 15 is a cumulative total and therefore higher than the total number of respondents (287) for this question. The cumulative total is higher because respondents could check off more than one response category. For example, some respondents indicated that they visited the Emergency Room, Medical Drop-In Clinic and Mental Health Services during the past year. In such case each response has been added, resulting in a higher total number. This cumulative total does not reflect the number of individuals or the number of visits. It only provides an indication that the services checked off, have been used at least once during the past 12 months.

3.2.2. USAGE OF OTHER COMMUNITY BASED SERVICES DURING THE PAST 12 MONTHS

Three hundred and eleven respondents out of 465 or 66.9% indicated that they have used community-based services over the past 12 months. These services include food, shelter, clothing, counseling, showers, training/education, communication, churches, library and employment. Various types of services have been used.

Abbotsford:
- Abbotsford Community Services Food Bank
- Salvation Army Centre of Hope
- Cyrus Centre
- Global Harvest Church
- Youth Resource Centre at Abbotsford Community Services
- Women Resources Society
- Triangle Community Resources
- Labour Unlimited
- ACE (Adult Continuing Education Centre)
- Mennonite Central Committee Thrift Stores and Employment Centre

Mission:
- Mission Community Services Food Bank and Shelter
- Indian Friendship Centre
- Union Gospel Mission
- Triangle Community Resources
- Mennonite Central Committee Thrift Store
- Womens Resources Society

Chilliwack:
- Ruth and Naomi
- Salvation Army
- Alliance Church
- Saturday Manna
- Chilliwack Community Services
- Triangle Community Resources

Agassiz-Harrison:
- Community Services Food Bank and Thrift Store

Hope:
- The Free Store

4. SUMMARY OF FINDINGS

The following is a summary of the main findings of this survey:

- Since 2004, homelessness has increased 13%.
- The fact that the increase is restricted to 13% is probably related to the Ministry of Housing and Social Development's targeted outreach program in partnership with the Salvation Army in Abbotsford and Chilliwack.
- Homelessness in the upper Fraser Valley cannot be viewed in isolation from the presence of recovery houses in Abbotsford and the presence of 8 Federal Corrections Facilities.
- Homelessness is a result of a lack of affordable housing, addiction and relational breakdown.
- Lack of affordable housing is directly related to low wages, erosion of the social safety net, insufficient inventory of social housing and increased cost of rental accommodation.
- Almost two thirds of homeless persons experience long-term homelessness with some experiencing chronic homelessness.
- The number of homeless persons experiencing long-term homelessness has increased 6% to 42.3% over the last 4 years.
- The proportion of homeless persons "not sheltered" remains high. 48.7% in 2008.
- More persons were counted in shelters in 2008 than in 2004. This may be the result of the increase in available shelter beds from 28 in 2004 to 41 in 2008.
- By far the majority of homeless respondents (82.1%) indicated that they are not satisfied with their current living arrangements.
- There is a strong need for first stage transitional housing. Emergency shelter beds are not appropriate substitutes for long-term housing solutions.
- The number of Safe House beds have increased from 0 in 2004 to 8 in 2008. Although this is an improvement, the need for more Safe House beds greatly exceeds current levels.
- Similar to 2004 women constitute one third of the homeless population with men making up the rest.
- The proportion of women is probably an underrepresentation of women given the higher incidence of concealed or hidden homelessness among women and women with children for safety reasons.
- Similar to 2004, the largest proportion of homeless respondents are between the ages of 35 – 44 years old.
- Roughly a third of homeless respondents were Aboriginal.
- Most of the homeless respondents (72.7%) call the Upper Fraser Valley home.
- More than half (53.1%) of the respondents live alone.

- 35.5% of respondents have reported that there source of income, in full or in part, is derived from employment.
- Since 2004 the number of respondents reporting “welfare” as their source of income increased from 2.4% in 2004 to 28.4% in 2008. This may be the result of the Salvation Army Outreach Programme in partnership with the Ministry of Housing and Social Development in both Abbotsford and Chilliwack.
- Slightly more than half of the respondents (52.5%) reported a health related problem.
- 32.0% reported an addiction problem and 23.0% reported a mental health problem with 15.6% reporting “dual diagnosis” i.e. both addiction and mental health issues.
- 52.0% of respondents reported that they have used community based health services in various combinations over the past 12 months.

5. CONCLUDING CONSIDERATIONS

5.1. HOUSING CONTINUUM

There is a wide variety of typologies of responsiveness to homelessness, ranging in degree from homelessness prevention to emergency shelter to independent housing. Each typology requires different funding and management resources and serves different client needs. The goal of communities, governments and service providers should be to provide the right type of service to clients fitting their long and short term needs.

PREVENTION

The first approach to addressing homelessness is prevention. Keeping people housed is the primary way of avoiding homelessness. Many communities have set up programs such as rent banks, landlord mediation, community worker/tenant aid, basic needs services/referrals to limit the number of people who become homeless.

EMERGENCY SHELTERS AND SAFE HOUSES.

Emergency shelters provide short term accommodations to individuals who have lost their homes and who would otherwise "live rough" in parks, parking garages, doorways, etc. Some emergency shelters are permanent and some only operate in adverse weather conditions. Emergency shelters are often a point of entry for persons into the housing continuum.

Emergency shelters will often limit their service to certain populations (e.g. men, women or youth only.) Emergency shelters have historically underserved certain populations, including single women, women with children, two-parent families, couples, youth and pet owners.

SUPPORTIVE HOUSING

Supportive housing represents the broadest area of the housing continuum and ranges from short-term transitional housing for crisis stabilization to permanent supportive independent living. This type of housing can be targeted to different groups and the ratio of individuals needing little or more support can vary. Supportive housing assists clients who would otherwise find great difficulty in maintaining housing due to addiction, mental illness, or limited functional capacity. Supportive housing provides clients with a wide variety of services including addiction recovery programs, counseling, mediation, financial planning, medication management, vocation and life-skill training, and meals. Supportive housing can be delivered through residential care models, congregate housing, group homes, block apartments and satellite apartments. The key to successful supportive housing is matching the needs of the client with the appropriate levels of service.

LOW BARRIER HOUSING

Low Barrier Housing (also referred to as minimal barrier housing) refers to flexible service based on need regardless of eligibility to income assistance, lifestyle, condition (e.g. intoxication) or number of times receiving the service, in a building that is accessible to everyone, regardless of physical condition, while acknowledging that acuteness of health needs, behavior or level of intoxication, may limit the ability of a provider to give service." (Social Planning and Research Council of BC, 2003: 29).

Two recent Canadian studies have identified the need to provide homeless persons with substance use issues with a "housing-first" model (also referred to as low-barrier housing).

"Housing-first" is defined "as the direct provision of permanent, independent housing to people who are homeless. Central to this idea is that clients will receive whatever individual services and assistance they need and want to maintain their housing choice. The housing is viewed primarily as a place to live, not to receive treatment" (Kraus et al., 2005: f). Housing-first models are predicated on the assumption that all individuals, regardless of substance misuse, are entitled to a safe place to live. It is also predicated on the assumption that addiction recovery is more likely to be successful when secure housing is met. Housing-first models encourage clients to seek addiction treatment, but do not make it mandatory before housing is provided.

The Canadian Housing and Mortgage Corporation (Kraus, 2005:h) found that "people who are homeless, even if they have substance use issues and concurrent disorders, can be successfully housed directly from the street if they are given the right supports when they want them. If the goal is to end homelessness, the results of this study make it clear that for many people who are homeless, a housing-first approach would make this possible." Thus, the inclusion of the housing-first approach in policies and practices addressing homelessness is strongly recommended.

The literature is clear that effective treatment for homeless people with substance use issues requires comprehensive, highly integrated, and client-centred services, as well as stable housing. Housing is essential both during and following treatment. There is growing evidence that supported housing is essential regardless of treatment. Safe and secure housing was identified as a key factor that makes it possible for residents/program participation to address their substance use issues and to become abstinent, reduce their substance use, or reduce the negative impacts of their use.

In other words, housing is the foundation that recovery programs (if chosen by the clients) can build upon. Patterson et al., (2008: 63) found that providing housing with supports without requiring clients to actively engage in treatment services is very effective and that BC would benefit from more housing-first and low-barrier housing.

In April, 2008 a telling report was published calculating the annual public sector costs of housing and supporting adults with serious addiction and/or mental illness (SAMI) in British Columbia at $644 million in health, corrections, and social services (Patterson, et al, 2008). On average, homeless persons with SAMI cost taxpayers $54,833 per year while supported housing costs an average of $36,848 annually – a savings of $17,985. Overall, the study estimates that "after removing what the province is paying for health care, jail and shelters, and by spreading the capital costs out over several years, taxpayers could ultimately stand to save nearly $33 million annually by providing supported housing for all homeless persons with serious addiction and/or mental illness in our province".

INDEPENDENT HOUSING

Independent housing is at the far end of the housing continuum and represents individuals who have achieved successful housing in self-contained units either with or without government subsidies. Although clients may still have access to a variety of support, the support is not directly linked to their housing.

5.2. CONSTRUCTING HOMELESSNESS AS A COMMUNITY PROBLEM IN NEED OF REDRESS

In the winter of 1998, eastern Ontario and Quebec were hit with devastating ice storms that knocked out power and services in many communities for extended periods of time. Millions of people were left in the dark for periods varying from days to weeks. The national media recorded with great interest families forced to live in crowded school gymnasiums, seniors unable to get medications and isolated communities waiting for help.

In *Dying for a Home*, Cathy Crowe, a homeless advocate and street-nurse relays her dismay and feelings of wanting to help those who were suffering as she watched the horror unfold on television. As a street nurse experienced in working in shelters with homeless people in emergency situations, she felt she could be of assistance during the ice-storm crisis.

After making the decision to leave Toronto and go to Quebec to assist in the relief efforts she had an epiphany. She realized that for the homeless population she had spent years serving in Toronto, there would be no relief efforts – no politicians flown in to assess the situation – little community sympathy – no "turning on the power." Her epiphany was that disasters are not just "natural" but "man-made" through policy and neglect with equally devastating consequences. As Crowe (2007:19) explains: "I realized that to go [assist in relief efforts in Quebec] was to deny that homeless people here were living in a disaster! I realized that the images on television that had moved me were the daily, hellish circumstances of homeless people's lives. Homeless people spending three hours in one drop-in centre until it closes, then moving on to the next one that's open. The constant line-ups for meager resources – lining up to use the phone, to see a nurse or a lawyer, to get a bus ticket, for food, for a shower, or the bathroom. Then wondering where you'll sleep that night, which church basement is open, again getting in line, wondering who you'll be sleeping next to, will there be enough blankets, food? I remember that I had recently been looking at disaster and relief literature in hopes of getting some tips on how to deal with the problems I was seeing in my work. I was overcome with grief and nausea as the truth hit home. This was my nursing epiphany: Homelessness is a man-made disaster".

The 1998 Ice Storm was a horrible crisis that devastated an extraordinarily large number of individuals, families and communities. Acting on behalf of the Canadian people, the government immediately responded to the crisis providing resources to reinstate electrical power to devastated areas, and providing shelter and essentials to those whose power could not be quickly reinstated. The response reflected the empathy that Canadians across the country felt for those whose lives had been so utterly disrupted by the natural disaster. Yet, as Kathy Crowe poignantly expressed, homelessness is an ongoing reality for many Canadians, yet because the problem is man-made – a slowly accumulating condition resulting from numerous structural, systemic and personal issues - interest and redress of the problem rises and falls without a sense of urgency.

What makes a social problem collectively defined as in need of redress? Social researchers have taken particular interest in answering this question. In the past, it has been assumed that social problems are objective conditions caused by deviance, dysfunction or structural strain and that these conditions were harmful to the normal functioning of society. This thinking, however, was seriously challenged with the 1969 publication of Herbert Blummer's *Symbolic Interactionism: Perspectives and Method.* Blummer (1971) made the argument that social problems are not the mere reflection of objective conditions, but the result of collective definitions and claims-making activities.

As Bullock (1998:1) explains. "According to Blummer, social problems are not mere reflections of objective conditions as such. There are many harmful social conditions that are never considered problematic. Conversely there are many 'social problems' that upon critical examination appear

harmless. This is because social problems are not defined merely by quantifiable objective realities. Subjective elements are always intertwined into the process of discovering and defining any social problem".

According to Blummer (1971: 301), social problems must pass through a series of stages in order for them to be collectively acknowledged as issues requiring redress. The five stages include: (1) the emergence of a social problem, (2) the legitimization of the problem, (3) the mobilization of action with regard to the problem, (4) the formation of an official plan of action with regard to the problem, and (5) the transformation of the official plan of action with regard to the original problem. Blummer's work can add insight into the issue of homelessness in the Upper Fraser Valley and the process by which redress can be developed and carried out.

Stage one, the emergence of a social problem, recognizes that many problems exist that are harmful, but never collectively recognized as such. To have conditions recognized as a social problem, activity and dialogue must occur in regards to a specific issue. Factors such as interest groups, politics, media portrayals, violence, research etc., contribute to a problem being defined as such. Homelessness in the Upper Fraser Valley has existed for a number of years. In 2004, researchers identified 411 homeless individuals in the Upper Fraser Valley (Van Wyk and Van Wyk, 2005).

Even though numerically, homelessness obviously existed, the problem was not widely recognized until the emergence of 'Compassion Park' in the spring of 2006. 'Compassion Park', as it came to be called, was comprised of a group of twelve to fifteen homeless persons who took up residence in a green belt running along the Abbotsford Bypass and Sumas Way. Even though advocates, social service providers and researchers had been laying claim to the problem of homelessness in Abbotsford, it was not until Compassion Park catapulted the issue into the political and social discourse of our community that the problem was recognized on a wider scale, as existing, and in need of redress.

Stage two is the legitimization of a problem. In Canada, problems become legitimized when governing bodies respond to the emergence of a problem. In Abbotsford, Mayor George Ferguson visited Compassion Park, acknowledged the residents and committed city hall to work with local groups to address and deal with the growing homeless population in Abbotsford. Similarly, the Fraser Valley Regional District Board formed the Mayors' Task Force on Homelessness and Affordable Housing. In addition the majors of Hope, Chilliwack, and Mission all publicly acknowledge the phenomenon in their respective jurisdictions and started to officially engage with the issue. These responses by local elected officials all contributed to the legitimization of the problem.

Stage three is the mobilization of action in regards to the issue. In Abbotsford and other upper Fraser Valley communities, many groups already existed that served the homeless population. They included the Salvation Army, Ruth and Naomi, the Abbotsford Christian Leaders Network, Cyrus Centre, Abbotsford Food Bank, Mission Community Services Society, Chilliwack Community Services Society, Agassiz-Harrison Community Services Society, various church groupings that collaborate on a regular basis, Women's Resources Society of the Fraser Valley, Ann Davis Transition Society, Hope and Area Transition Society, government agencies, the Abbotsford Police, and the Fraser Valley Housing Network and Mennonite Central Committee of British Columbia.

These organizations were brought together and mobilized to respond to the new interest in the local homeless population. Mayors from all the municipalities in the Fraser Valley convened the Mayor's Task Force on Homelessness and Affordable Housing to raise public awareness, obtain and maintain housing data, lobby and advocate collectively for solutions. Homelessness in Abbotsford, and the Fraser Valley at large, became mobilized with new interest and new energy.

The formation of an official plan of action is the fourth step. In Abbotsford specifically, the official plan of action required a two-fold response. First, a plan had to be developed to address the residents of Compassion Park. A second plan was required to deal with the larger issue of homelessness in Abbotsford. Dealing with Compassion Park became a joint effort amongst several service providers. In May, 2006 the city announced the upcoming closure of Compassion Park and the measures that had been taken to provide its residents with needed resources.

Developing a larger plan that deals with the wider issues of homelessness has been ongoing. Official plans of action "represent the decision of a society as to how it will act with regard to the given problem" (Blummer, 1971: 304). This stage is potentially long and complicated, and involves the input from many stakeholders including, but not limited to: service providers, federal, provincial and civic policy makers, business groups, researchers, politicians, residents, and the homeless themselves.

5.3. THE IMPERATIVE FOR AN ACTION PLAN TO END HOMELESSNESS

It is fair to assert that Abbotsford, Mission and Chilliwack are deeply rooted in the fourth stage of Blummer's process. Much work has been done in regards to the issue of homelessness with a view to develop an official plan for addressing, reducing and/or eliminating homelessness in the Upper Fraser Valley. Given the legal framework that the five municipalities are operating under, it stands to reason that each jurisdiction will have to develop its own plan. However, there is certainly an imperative to make this complimentary to one another given the fact that homeless people are mobile and resources always finite and therefore jurisdictions should guard against unnecessary duplication of resources.

Some communities, in both British Columbia and Canada, have successfully completed stage four, developing comprehensive plans and putting them into action, as per stage five in Blummer's process. For example, Victoria, Kelowna, Metro Vancouver, Calgary, etc. have developed comprehensive official plans to deal with homelessness. These plans have been endorsed by local and regional policy makers and politicians. Within these communities, purposeful action is being taken, and levels of homelessness are continuously being monitored.

The question remains whether communities in the Upper Fraser Valley will emerge from the fourth stage and develop a comprehensive plan of action, or whether the problem will once again slide under the radar with little or no collective acknowledgment of the problem. In this regard it is encouraging to note certain developments that do hold promise that homelessness and affordable housing have been registered as issues worthy of redress.

To this end it is worth mentioning the formation of the Fraser Valley Regional District's Mayors' Task Force on Homelessness and Affordable Housing which presents an opportunity for an integrated and coordinated response to homelessness in the Upper Fraser Valley. This Mayors' Task Force could further build on the success of the homelessness count partnerships and their role in awareness building to create a Regional Task Force on Homelessness and Affordable Housing. If this Task Force was to include representatives from all levels of government, community leaders, service providers and the business community the momentum to create and systematically implement an action plan could be realized.

As mentioned previously, there is opportunity to learn from comprehensive models for responding to homelessness that exist in other communities. However, the Fraser Valley Regional District requires an action plan that reflects the region's unique geography, culture, socio-demographics and housing needs as well as a historic funding deficit partially due to limited political acknowledgment and commitment to social problems in the past in this region.

Another promising development is the formation of new socio-economic planning structures in Abbotsford, Mission and Chilliwack that are officially sanctioned at local government level. This development holds much promise in terms of harnessing various ideas, thoughts and energy to respond constructively to the issue of homelessness in our communities.[17] Examples of these new official structures are:

- Abbotsford's Social Development Advisory Council, with its various working groups, of which one focuses on affordable housing and another one on ending homelessness, the establishment of an affordable housing fund and the consideration by city council to annually contribute to this fund.

- Mission's Social Development Commission, formed two years ago by the Council of the District of Mission. Subsequently the District of Mission has adopted a Social Development Plan developed by this Commission. This plan facilitates an integrated approach to social development.

- Chilliwack's Health and Social Development Network. Flowing from this initiative is a recent decision in October 2008 by the City Council of Chilliwack instructing staff to start discussions with BC Housing regarding the possibility of a Memorandum of Understanding between the City of Chilliwack and BC Housing. The City of Chilliwack in consultation with the Chilliwack Health and Social Development Network is considering the following priority action steps:

    - Establish a Community Housing Foundation
    - Establish an Affordable Housing Reserve Fund
    - Engage in partnerships with other levels of government
    - Improve access to affordable rental housing
    - On-going education, advocacy and monitoring of homelessness and affordable housing

To date the cities of Abbotsford and Mission have signed Memoranda of Understanding with BC Housing to build and operate, by means of contracting with community based not-for-profit agencies, social housing developments in these two cities. Although these are indeed constructive steps in the right direction a lot of work must still be done at local level to address concerns raised by local residents in order to balance concerns of local residents and the need for housing and support services for those who are homeless.

In order for Abbotsford, Mission and Chilliwack to continue along their respective continuums, the momentum built in stages one, two and three must be maintained at local level with concomitant planning coordination at regional level by the Fraser Valley Regional District in order to prevent unnecessary duplication and to include the provisioning of affordable market and non-market housing in the regional growth strategy of the Fraser Valley Regional District.

Local leadership and the general public must be continuously educated and reminded of the realities of homelessness and the implications of not addressing the issue in terms of economics, community safety, social justice and quality of life for all residents.

[17] The Fraser Valley Housing Network continues to track progress in this regard.

Responding constructively to homelessness and affordable housing require collaboration and innovation and it must continue to be part of the work done by community development leadership that informs our community development plans and programs. It should remain within our collective community conscience as something that needs ongoing attention and resourcing in the interest of safe, healthy and vibrant communities.

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APPENDIX 1 – SURVEY QUESTIONNAIRES

2008 Fraser Valley Regional Homeless Survey

DAYTIME QUESTIONNAIRE

This survey is intended to help improve services and supports for people who are homeless in Upper Fraser Valley communities.

Your identity and responses will remain confidential.
Your participation in this survey is voluntary. You may end this interview at any time.

A copy of the survey report will be available from Community Services and the FVRD.

Venue/Location: _____ Interviewer: _____ Date and time: _____

Observed Gender [1] Male [2] Female [3] Not identified Observed Age _____

Declined to be interviewed ☐

Significant observations & comments

_____

_____

_____

_____

Screening Questions

1. Have you already answered this survey?

[1] Yes ->END [2] No ->GO TO 2

2. Do you have a place that you pay rent for?

[1] Yes ->END

[2] No ->GO TO 3

[3] No answer ->GO TO 3

3. Where did you stay last night?

[1] Transition house ->END

[2] Shelter ->END

[3] Safe house ->END

[4] No response ->END

[5] Own place inside (specify) ->END

_____

[6] Outside ->GO TO 4

[7] Someone else's place ->GO TO 4

[8] Recovery house ->GO TO 4

[9] Detox ->GO TO 4

[10] Other (specify) ->GO TO 4

_____

Turn page over for survey questions

2008 Fraser Valley Regional Homeless Survey

DAYTIME QUESTIONNAIRE

4. How long have you been without a place of your own?

_____days ____weeks ____months ____years

5. How long have you lived in this city/community?

____days ____weeks ____months ____years

6. Where do you call home? (Name of city)

_____

7. What are the main reasons for not having your own place?

_____

_____

8. What is your age/year of birth? _____

9. Why did you not stay in an emergency shelter, safe house or transition house last night?

[1] Turned away (why) _____
[2] Didn't know it's there
[3] Couldn't get to it
[4] None in the area
[5] Able to stay with friend
[6] Dislike (specify) _____
[7] Other (specify) _____

10. Have you stayed at a shelter in the past 12 months?

[1] YES [2] NO

11. If "yes" to #10, how many different times in the past 12 months have you stayed at a shelter in this city/community?

_____

12. I'd like to ask you about who is with you today. Are you... *(read list)*

[1] Alone [2] With a pet
[3] With a partner/spouse [4] With a friend
[5] With a child(ren) Age(s) _____
[6] Other (specify) _____

13. Do you consider yourself to be an Aboriginal/First Nation/Metis person?

[1] YES _____ [2] NO [3] No response

(If "YES", state band/nation. Then SKIP QUESTION 14 and go to QUESTION 15.)

14. What ethnic or cultural group do you identify yourself with (e.g. English Canadian, French Canadian, African, Latino, etc.)

_____

15. Where do you get your money from?
*(Check all that apply. If more than one source, ask about the major source of income. Place a * by the major source)*

[1] Welfare
[2] No Income
[3] EI
[4] Disability benefit (specify) _____
[5] Old Age Security/Guaranteed Income Suppl'mt
[6] Employment (FT)
[7] Employment (PT/Casual)
[8] Panhandling
[9] Binning/ Bottle collecting
[10] Financial support from family
[11] Other (specify) _____

16. Do you have any of the following health problems? (specify) *(Check all that apply)*

[1] Medical condition _____
[2] Physical disability _____
[3] Addiction _____
[4] Mental illness _____
[5] Other _____

17. What health services have you used in the past 12 months? *(Check all that apply)*

[1] Emergency room [2] Hospital (non-emergency)
[3] Ambulance [4] Dental clinic or dentist
[5] Health clinic *(walk-in)* [6] Mental health services
[7] Addiction services [8] None
[9] Other (specify) _____

18. What OTHER services have you used in the past 12 months? (specify where)

[1] food _____ [2] training/education _____
[3] shelter _____ [4] communication _____
[5] clothing _____ [6] churches _____
[7] counselling _____ [8] library _____
[9] showers _____ [10] employment _____
[11] other *(specify)* _____

19. Are you satisfied with your current living arrangements?

[1] YES -> END Interview
[2] NO -> How can the community help you more?

_____

_____

2008 Fraser Valley Regional Homeless Survey

NIGHT TIME QUESTIONNAIRE

1. Have you already answered this survey?
   [1] Yes (END of interview) [2] No

2. Do you have a place that you pay rent for?
   [1] Yes (END of interview)
   [2] No
   [3] No answer

3. How long have you been without a place of your own?
   _____days _____weeks _____months _____years

4. How long have you lived in this city/community?
   _____days _____weeks _____months _____years

5. Where do you call home? (Name of city)
   _____

6. What are the main reasons for not having your own place?
   _____
   _____

7. What is your age/year of birth? _____

8. Including tonight, how many nights in a row have you stayed at this shelter/safe house/transition house?
   _____

9. How many different times in the past 12 months have you stayed at a shelter in this city/community?
   _____

10. I'd like to ask you about who is with you today. Are you... *(read list)*
    [1] Alone [2] With a pet
    [3] With a partner/spouse [4] With a friend
    [5] With a child(ren) Age(s) _____
    [6] Other (specify) _____

11. Do you consider yourself to be an Aboriginal/First Nation/Metis person?
    1 YES _____ 2 NO 3 No response
    (IF "YES" state band/nation. Then SKIP QUESTION 12 and go to QUESTION 13.)

12. What ethnic or cultural group do you identify yourself with (e.g. English Canadian, French Canadian, African, Latino, etc.)
    _____

13. Where do you get your money from?
    *(Check all that apply. If more than one source, ask about the major source of income. Place a * by the major source)*
    [1] Welfare
    [2] No Income
    [3] EI
    [4] Disability benefit (specify)_____
    [5] Old Age Security/Guaranteed Income Suppl'mt
    [6] Employment (FT)
    [7] Employment (PT/Casual)
    [8] Panhandling
    [9] Binning/ Bottle collecting
    [10] Financial support from family
    [11] Other (specify) _____

14. Do you have any of the following health problems? (specify) *(Check all that apply)*
    [1] Medical condition _____
    [2] Physical disability _____
    [3] Addiction
    [4] Mental illness _____
    [5] Other _____

15. What health services have you used in the past 12 months? *(Check all that apply)*
    [1] Emergency room [2] Hospital (non-emergency)
    [3] Ambulance [4] Dental clinic or dentist
    [5] Health clinic *(walk-in)* [6] Mental health services
    [7] Addiction services [8] None
    [9] Other (specify) _____

16. What OTHER services have you used in the past 12 months? *(Check all that apply)*
    [1] food [2] training/education
    [3] shelter [4] communication
    [5] clothing [6] churches
    [7] counselling [8] library
    [9] showers [10] employment
    [11] other *(specify)* _____

17. Are you satisfied with your current living arrangements?
    [1] YES (END of interview)
    [2] NO -> How can the community help you more?
    _____
    _____