

LIVING HOMELESS:

Abbotsford 2018 Homelessness Survey

ABBOTSFORD, BRITISH COLUMBIA

Findings, Conclusions and Recommendations



Funded in part by the Government of Canada's
Homelessness Partnering Strategy's Innovative Solutions to Homelessness



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Canada

INTRODUCTION

1.1 Survey Objectives

The objectives of the survey are as follows:

- Provide data to support the work by the municipal government as it relates to the design, implementation and refinement of a systems approach in collaboration with community stakeholders to reduce and prevent homelessness, including the planning and provisioning of additional supportive social housing with concomitant wrap around support services and expanding affordable housing options to residents of Abbotsford.
- Contribute to the ongoing building of a data set on the basis of which over time, trends in respect of homelessness in Abbotsford can be observed.
- Contribute to increasing awareness and understanding of homelessness and good practice in response.

1.2 Defining Homelessness

Homelessness has been a systemic Canadian problem since the 1980s (Gaetz, 2011). Prior to this, there were homeless persons, but the issue intensified following economic and policy changes regarding the social safety net, housing provision and the role of the Canadian Mortgage and Housing Commission (CMHC). Since significant issues with homelessness in Canada developed later than in other countries around the world, policy development has lagged behind. While numerous definitions of homelessness exist worldwide, it was not until 2012 that the Canadian Observatory on Homelessness (COH) introduced a national definition. The COH defines homelessness as “[describing] the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it.” (Canadian Observatory on Homelessness [COH], 2012, p. 1). Furthermore, the COH identified a typology with four physical living situations: “1) Unsheltered, or absolutely homeless and living on the streets or in places not intended for human habitation; 2) Emergency Sheltered, including those staying in overnight shelters for people who are homeless, as well as shelters for those impacted by family violence; 3) Provisionally Accommodated, referring to those whose accommodation is temporary or lacks security of tenure, and finally, 4) At Risk of Homelessness, referring to people who are not homeless, but whose current economic and/or housing situation is precarious or does not meet public health and safety standards” (COH, 2012, p 1).

In 2014, Abbotsford’s municipality developed a Homelessness Action Plan. Abbotsford defines homelessness as “when an individual/family lacks a safe, fixed, regular and adequate place to sleep, or who regularly spends the night in an emergency shelter, similar institution, or a place not intended for human habitation” (City of Abbotsford, 2014). In addition, the action plan also specifically defines absolute, sheltered, at-risk, chronic, episodic, cyclical, and invisible homeless populations. The Greater Vancouver Regional Steering Committee on Homelessness (RSCH) defines homeless people as individuals that do not have a place of their own where they can

expect to stay for more than 30 days and if they do not pay rent (Greater Vancouver Regional Steering Committee on Homelessness [RSCH], 2014).

This report on the 2018 homelessness survey considers two major factors in defining homelessness: the importance of maintaining consistency with previous FVRD surveys and similar research in Metro Vancouver to make useful comparisons, and the desire to include the variety of situations in which homeless persons can be found. Therefore, in the context of this survey, homeless persons are defined as persons with no fixed address, with no regular and/or adequate nighttime residence where they can expect to stay for more than 30 days. This includes persons who are in emergency shelters, safe houses, and transition houses. It also includes those who are living outside and “sleeping rough,” in reference to people living on the streets with no permanent physical shelter of their own, including people sleeping in parks, in nooks and crannies, in bus shelters, on sidewalks, under bridges, or in tunnels, vehicles, railway cars, tents, makeshift homes, dumpsters, etc. It also includes those who “couch surf”, meaning they sleep at a friend’s or family member’s place for a night or two or three, then move on to another friend, etc. In this regard, it is important to note the difficulty in accurately counting the more hidden homeless population --such as those who couch surf or who may be trading sex for temporary shelter (Layton, 2008). While this survey includes these situations in its definition of homelessness, people in these more hidden situations would most likely be significantly under-counted.

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

1.3 Methodology and Ethical Considerations

A 24-hour snapshot survey method, known as a Point-in-Time (PiT) count, was used to enumerate as accurately as possible the number of homeless people in Abbotsford on March 19 & 20, 2018. These dates were chosen in order to conduct the 2018 survey in the same month and same season as the 2017 survey in order to facilitate better comparisons. Following the research methodology utilized in the 2004, 2008, 2011, 2014 and 2017 for FVRD surveys and prior research in other communities, this survey included nighttime and daytime components for data collection.

1.3.1 Methodological Challenges

Gathering data on individuals living homeless has inherent challenges and although the PiT method is generally regarded as an acceptable method, it has limitations related to reliability

and validity. Thus, it is important to note that a 24-hour snapshot survey provides at best only an estimate of the number of homeless people at a point in time. It does not capture each and every homeless person and as such this methodology may result in undercounting the number of people who live homeless in a community.

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

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

1.3.2 Ethical Considerations

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

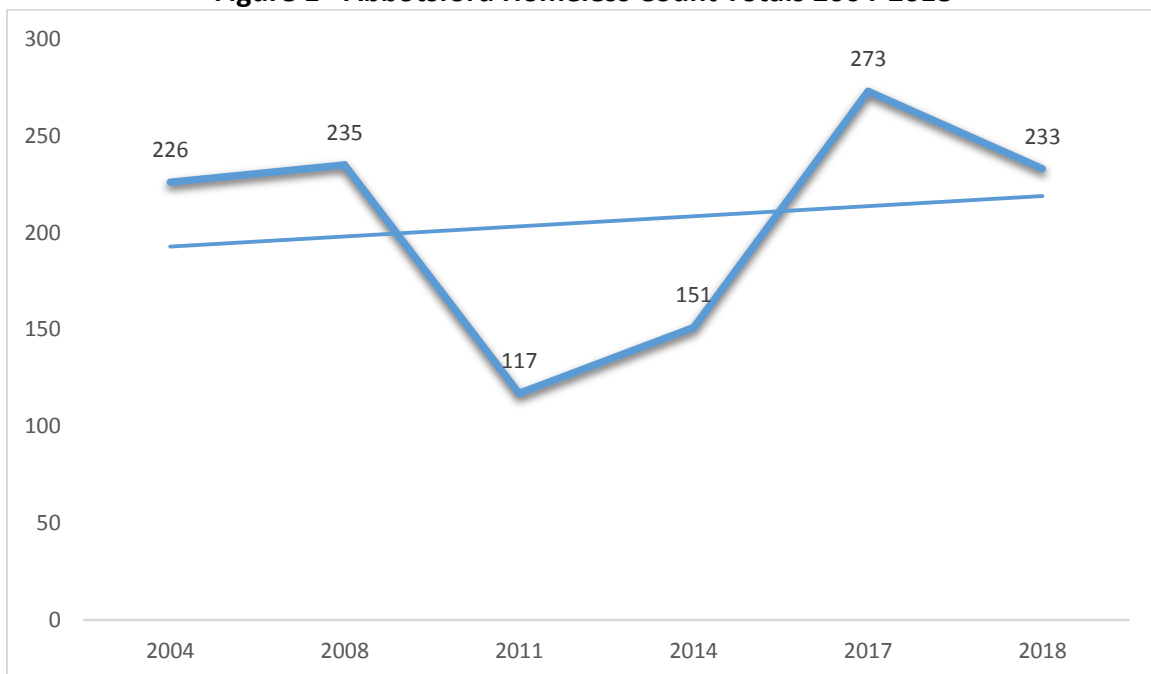
- Interviewers had to agree to keep shared information confidential, assure anonymity of interviewees, and only interview persons if they freely complied, based on informed voluntary consent.
- Interviewees were clearly informed about the nature of the project and were not deceived in order to elicit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

EXTENT OF HOMELESSNESS IN ABBOTSFORD

2.1 Number of Homeless People Interviewed in Abbotsford in 2018

Two hundred and thirty three (233) homeless people were surveyed in Abbotsford during the 24-hour period, March 19 and 20, 2018. This represents a 15% decrease from the survey done in 2017 when 273 persons were surveyed. Census data from the 2016 census allows for a calculation of per capita rates, and the per capita rate of homelessness is less than 1% in Abbotsford. Of the 233 persons, 88 indicated that they were homeless for the first time.

Figure 1 - Abbotsford Homeless Count Totals 2004-2018



2.2 Reasons for Being Homeless

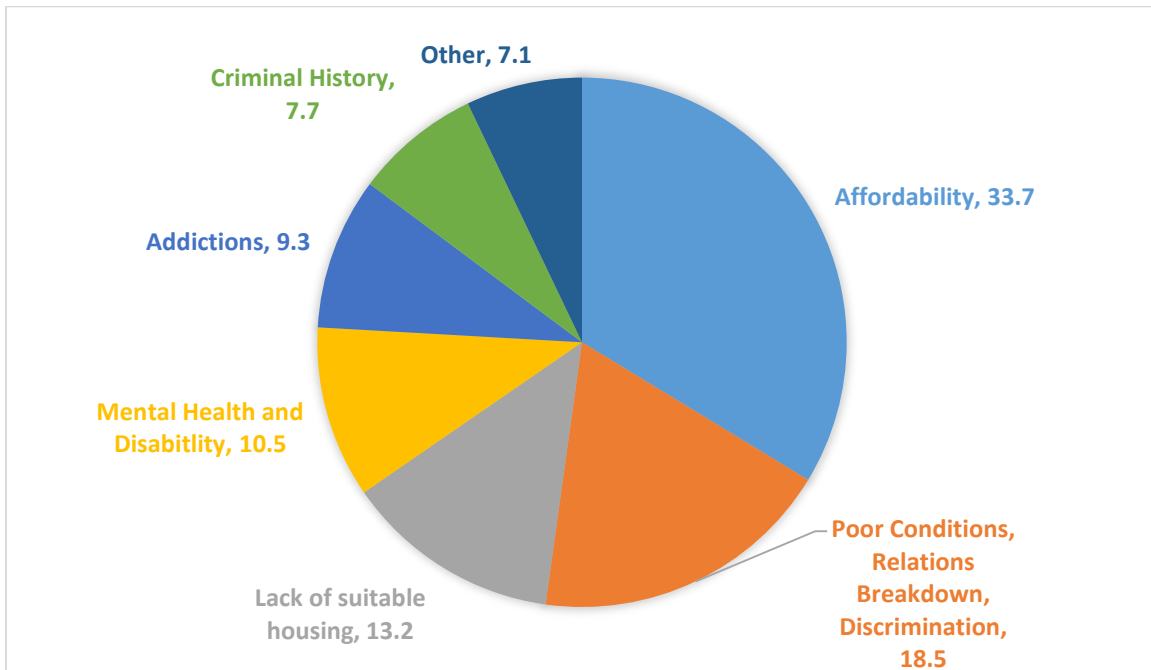
Survey respondents were asked to identify the number one reason for their homelessness. The top three selected reasons —representing 47% of responses—related to the affordability and suitability of housing. The next highest reason (9% of responses) identified addiction as the number one reason for homelessness, closely followed by discrimination (8.5% of responses).

Table 1 - Reasons for Being Homeless – 2017 & 2018

Reason Given:	2018 (N)	2018 (%)	2017 (N)	2017 (%)
Income Too Low	127	16.9%	161	16.6%
Rent Too High	126	16.8%	160	16.5%
Lack of Suitable Housing	99	13.2%	112	11.6%
Addiction(s)	70	9.3%	81	8.4%
Discrimination	64	8.5%	70	7.2%
Family Breakdown, Abuse or Conflict	31	4.1%	60	6.2%
Mental Health	43	5.7%	51	5.3%
Poor Housing Conditions	44	5.9%	50	5.2%
Criminal History	46	6.1%	49	5.1%
No Income	36	4.8%	45	4.6%
Disability Issue	36	4.8%	41	4.2%
Other (Including “choice”)	2	0.3%	40	4.1%
Conflict With Law	12	1.6%	26	2.7%
Pets	15	2.0%	22	2.3%
Total Responses	751	100.0%	968	100.0%

Note: Respondents could check of more than one response category

Figure 2 - Reasons for homelessness



This section further focuses on structural, systemic and individual factors of homelessness—all of which impact access to housing.

2.2.1 Structural Factors

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

Affordable Housing

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

This issue has not abated. Housing prices have risen sharply in the Fraser Valley since 2011 (Canadian Real Estate Association [CREA], n.d.). In January 2011, the composite housing benchmark price was \$404,500, and it increased to \$860,000 in September 2018 (CREA, n.d.). The causes for the lower mainland affordability crunch are complex, including the supply of available units, historically low interest rates spurring local demand, and foreign capital inflows putting additional upward pressure on housing prices.

Although comparatively more affordable than other parts of the lower mainland, analysis by VanCity Credit Union has shown that the search for affordable housing in the lower mainland core communities has created a ripple effect in the Fraser Valley with “prices rising in step with demand”. (VanCity, 2017, p. 5). Homeowners appear to be taking advantage of the high prices to cash out and buy elsewhere- where housing prices are lower. This in turn increases housing costs in these areas- such as the Fraser Valley. For new construction in the FVRD, price increases accelerated in 2015. Between Q1 2015 and Q2 2017 the median price of absorbed new units increased by 63% in the Abbotsford-Mission CMA (Canadian Mortgage and Housing Corporation [CMHC], n.d.). As of Q2 2017 the median price of newly absorbed homeowner and condominium units was \$880,000 in Abbotsford-Mission CMA (CMHC, n.d.). As of October 2018 the Benchmark Price for a detached home in Abbotsford was \$812,000 with a median

selling price of \$750,000 and the average selling price at \$795,000 (Fraser Valley Real Estate Board n.d.)

Data from the Canadian Rental Housing Index, run by BC Non-Profit Housing Association and VanCity, highlights the pressure on the rental market. The index shows the percentage of renter household income that is spent on rent and utilities; Fraser Valley renters who earn between \$0 and \$18,886 spend an average of 73% of their income on rent and utilities each month. (Canadian Rental Housing Index, n.d.). The income assistance rate for a qualifying single individual in BC in 2018 is \$710.00 per month. The rent range for a one bedroom apartment in Abbotsford in 2018 is \$850- \$1,200 in the City Centre and \$750- \$1,100 outside of the city centre. A three bed-room apartment rent ranges from 1,400-2,500 (Numbeo, Abbotsford Cost of Living, October, 2018).

Low vacancy rates contribute to increasing rental rates as demand outweighs supply. Vacancy rates in the FVRD rental market are at historically low levels. Where the vacancy rate in the City of Abbotsford sat at 6.1% in 2010, the rate has fallen dramatically to 0.6% as of October 2016 and to 0.5% in February 2018. Vacancy rates are indeed at a historical low. Older, less desirable units generally have high vacancy rates, but even these “less desirable units” in terms of consumers are seeing low vacancy rates, squeezing those who are most vulnerable out of the market rental housing universe.

2.2.2 Systems Failure

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

Foster and Institutional Care

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

The foster care system cares for children from birth to age 18, and in BC, there are an average of 700 youth a year who age-out of care (Representative for Children and Youth, 2016). In addition to the typical challenges facing adolescents, many youth aging out of care have undergone adverse and traumatic life experiences that can affect social, emotional, cognitive, and physical development (Representative for Children and Youth, 2016, p. 11). Without proper supports, youth leaving care are less likely to attend post-secondary education, and more likely

to experience difficulty finding work, become homeless, come into contact with the criminal justice system, and have mental health or substance use issues (Representative for Children and Youth, 2016). These issues attracted public attention in 2015, when a teen in provincial care died after falling from a hotel window in Abbotsford (“Teen in BC”, 2015).

Veterans

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

Canadian Newcomers

Canada is a diverse nation, with a range of cultural, linguistic, and religious groups. Statistics Canada data from 2011 shows that approximately one in five Canadians is foreign-born, representing 20.6% of the total population--one of the highest proportions among G8 countries (Statistics Canada, 2016). Between 2006 and 2011, Canada accepted over 1.1 million foreign-born immigrants (Statistics Canada, 2016) and welcomed nearly 40,000 Syrian refugees between November 2015 and January 2017 (Canadian Immigration and Citizenship [CIC], 2017).

In general, newcomers are more likely to spend more than 50% of household income on housing, placing many at-risk of homelessness (Preston et al., 2009). Others suffer from hidden homelessness, sharing accommodations, couch surfing, and relying on their social network to provide shelter (Preston et al., 2009). Most Canadian newcomers settle in Vancouver, Toronto, or Montreal, and one HPS-funded study compared newcomer housing needs in these cities; the study noted that the supply of affordable housing is inadequate to meet the needs of newcomers (Francis & Hiebert, 2011). Compounding matters, some landlords refuse tenants on income assistance or Resettlement Assistance Program (RAP), a problem further exacerbated by restricted access to subsidized housing (Francis & Hiebert, 2011). The 2018 survey found only 3 respondents in Abbotsford who were new to Canada within the last five years. There were no survey respondents who indicated that they were refugees.

2.2.3 Individual and Relational Factors

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

Sexual Identity

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

The most common cause of youth homelessness in general is family conflict (Abramovich, 2016, 2012; Public Health Agency of Canada, 2006). LGBTQ youth leave home at nearly double the rate of non-LGBTQ youth (Wilson & Kastanis, 2015). They are also more likely to leave because of physical, sexual, or alcohol abuse in the home and become homeless at an earlier age than heterosexual youth (Ecker, 2016). Furthermore, LGBTQ youth are more likely than non-LGBTQ youth to experience mental health challenges, including depression, suicide, and self-harm (Representative for Children and Youth, 2017; Tunåker, 2015).

Post-Traumatic Stress Disorder (PTSD)

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

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

Aboriginal Ancestry

Gaetz et al (2016) note that 28-34% of the shelter population across Canada is Indigenous; as Indigenous people represent approximately 4% of general the population, they are disproportionately represented in the homeless population. The National Shelter Study (Employment and Social Development Canada [ESDC], 2016) found Indigenous peoples to be ten times more likely to use a shelter and overrepresented in each community where data was available.

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

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

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

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

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

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

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

2.3 Duration of Homelessness

2.3.1 Homelessness Typologies

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

“Chronically homeless refers to individuals, often with disabling conditions (e.g. chronic physical or mental illness, substance abuse problems), who are currently homeless and have been homeless for six months or more in the past year (i.e., have spent more than 180 cumulative nights in a shelter or place not fit for human habitation); Episodically homeless refers to individuals, often with disabling conditions, who are currently homeless and have experienced three or more episodes of homelessness in the past year (of note, episodes are defined as periods when a person would be in a shelter or place not fit for human habitation, and after at least 30 days, would be back in the shelter or inhabitable location)” (Employment and Social Development Canada, 2016).

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

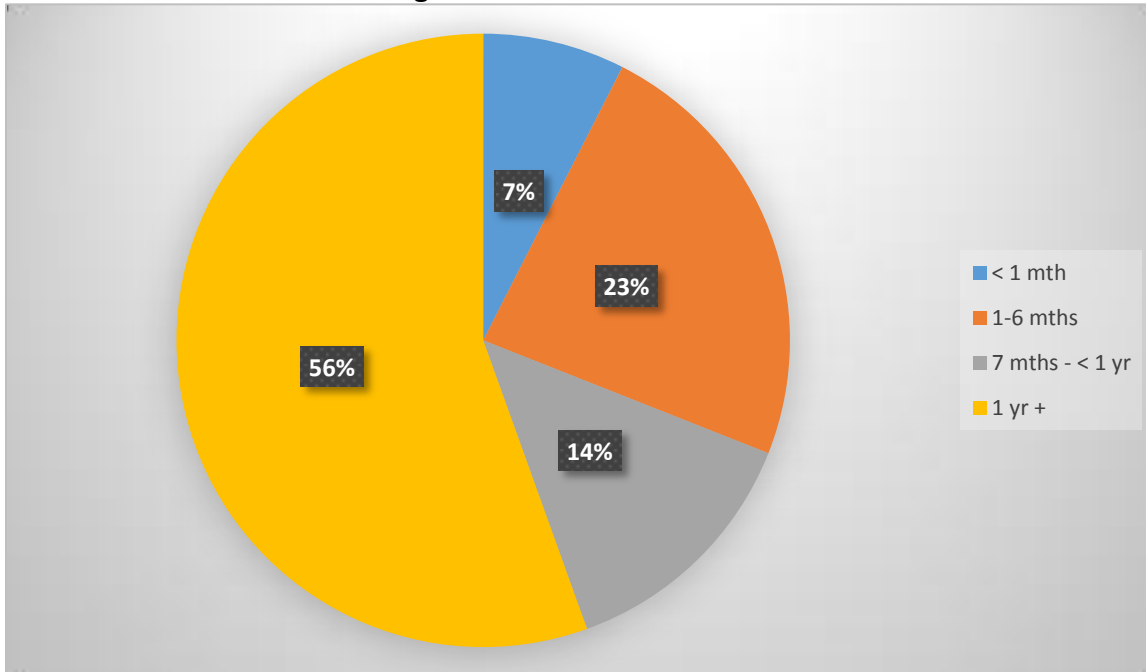
Survey respondents were asked to indicate how long they had been homeless. Just over half of those who responded (55.5%) indicated they had been homeless for more than one year or longer. This is a slight increase from the 2017 survey, when 52.8% of respondents indicated they had been homeless for more than one year or longer. This speaks to the extent to which living homeless in Abbotsford is seemingly becoming more entrenched.

Table 2 - Duration of Homelessness

Duration	2018 (N)	2018 (%)	2017 (N)	2017 (%)
Less than one month	15	7.5%	20	8.7%
1-6 months	47	23.5%	44	19.0%
7 months – 1 year	27	13.5%	45	19.5%
Over 1 year	111	55.5%	122	52.8%
Total	200	100.0%	231	100.0%

Using the HPS definition, a significant proportion (69%) of those who live homeless in Abbotsford, or 138 individuals could be considered chronically homeless. This number speaks to the notion of entrenchment of homelessness; not only are there more people living homeless, but more people are homeless for longer periods of time. Only 7.5% or 15 individuals reported in 2018 to be homeless for less than 1 month in Abbotsford; however, this does not necessarily denote new entry into homelessness, as shorter durations of homelessness could also represent episodic homelessness. It is of further interest to note that just over half of the persons who indicated that they are homeless for the first time have reported that they are homeless for more than a year. See Figure 3 below for a breakdown of duration of homelessness among homeless persons in Abbotsford.

Figure 3 - Duration of Homelessness



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

2.3.2 Targeted Policy Solutions

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

2.4 Health Problems

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

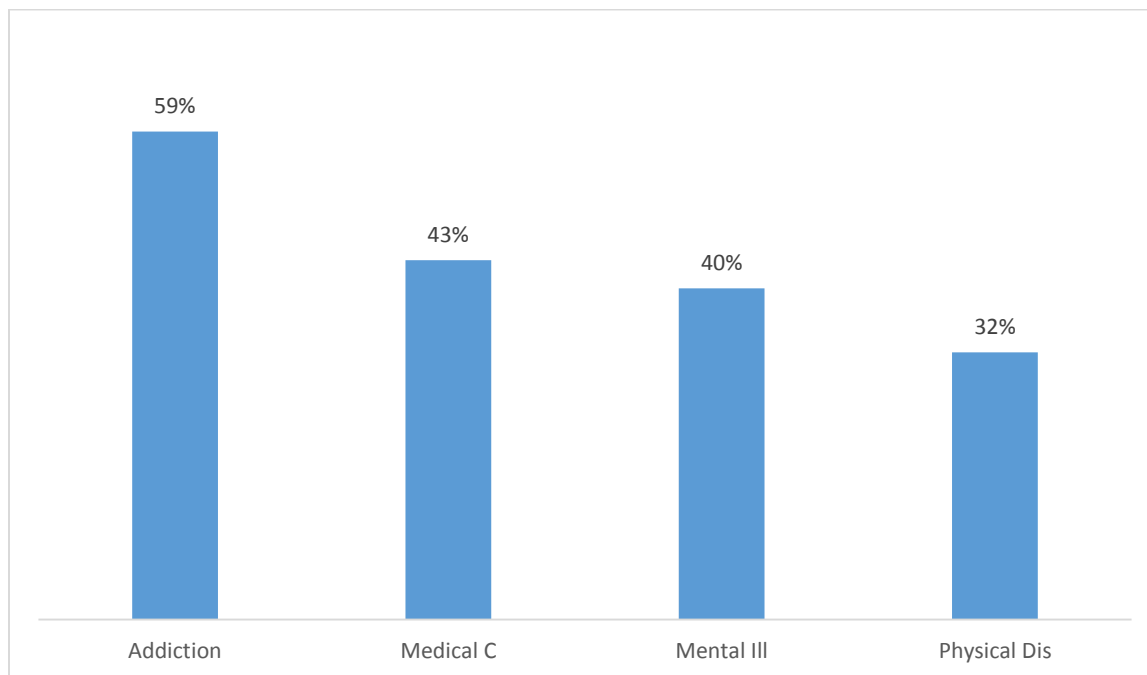
Survey respondents were asked to report on their health problems. Addiction represents the biggest proportion of responses at 58.8% followed by 43.3% representing those who reported a medical condition while the responses representing a mental illness constitutes 39.9% and physical disability 32.2%.

Table 3 - Reported Health Problems

Health Issue	2018 (N)	2018 (%)	Receiving Treatment	2017 (N)	2017 (%)	Receiving Treatment
Addiction	137	58.8%	16.8%	183	67.0%	18.2%
Medical Condition	101	43.3%	29.7%	136	49.8%	28.8%
Mental Illness	93	39.9%	26.9%	126	46.2%	15.2%
Physical Disability	75	32.2%	18.7%	82	30.0%	13.4%

Respondents were also asked to identify whether they were receiving treatment for their condition. In all categories, significant percentages of people are not receiving treatment; however, the highest percentages of un-treated health problems are physical disability (81.3% not receiving treatment) and mental illness (73.1% not receiving treatment). Addictions closely follow, with 83.2% not receiving treatment. Cross tabulation of the data on respondents receiving treatment with the length of time homeless, revealed that a greater proportion of individuals who were homeless for longer than one year do not receive treatment for health issues. When those who reported mental health issues are cross tabulated with gender the data shows that of those who reported mental health issues, 55% are men and 41% are female and 3% are of a gender other than male and female. When those who reported addiction are cross tabulated with gender the data shows that two thirds (67%) are of the male gender and 30% is of the female gender and 2% are of a gender other than male or female.

Figure 4: Presence of Health related issues.



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

2.4.1 Access to Family Doctor or Walk-In Clinic

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

Respondents were asked if they had access to a family doctor or a walk-in clinic.¹ The 2017 data showed that nearly two-thirds were able to access medical services through a family doctor or clinic as shown in the table below, but only one third had access to a family doctor. As discussed above, homeless individuals have serious and complex health issues, and walk-in clinics are unable to provide effective care without access to past records or test results. Only general practitioners can supervise patient progress and create personalized, extensive, and long-term care. Funding for BC’s “GP For Me” program ended in 2016, leaving many without access to high-quality, sustainable medical care (Zussman, 2016).

The 2018 survey found that just under a quarter (22.8%) of respondents reported not accessing a family doctor or walk-in clinic which is small decrease from 2017 when a quarter (25.5%) of respondents reported not accessing a family doctor or walk-in clinic. Just over one third (34.9%) and 42.3% of respondents said that they access a family doctor or a walk-in clinic respectively. Compared to 2017 it appears as if this is an area where there is slight improvement for people who live homeless in Abbotsford.

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

Service	2018 (N)	2018 (%)	2017 (N)	2017 (%)
Family Doctor	66	34.9%	63	28.0%
Walk-In Clinic	80	42.3%	92	33.6%
Neither	43	22.8%	70	25.5%
Total	189	100.0%	225	100.0%

¹ This question was not part of previous tri-annual homelessness surveys and first introduced in 2017.

2.5 “Sheltered” and “Unsheltered” Homeless Persons

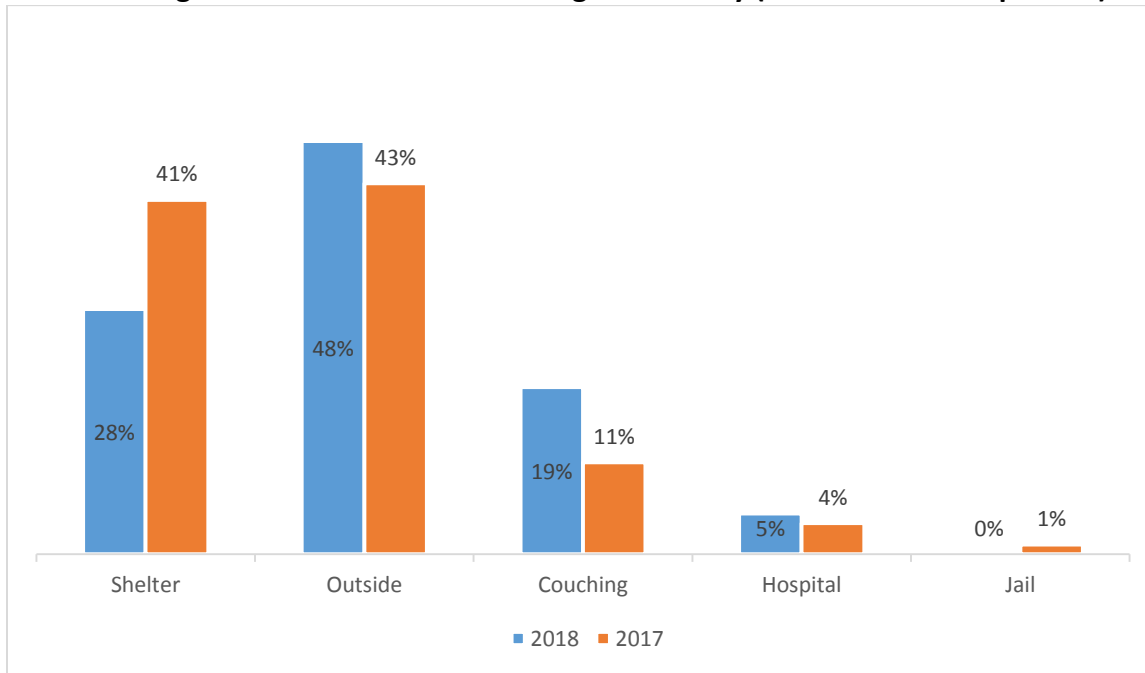
The number of homeless persons surveyed in Abbotsford in official shelters was 66 or 28% and those surveyed outside totaled 111 or 47.7% including those who slept in their cars/campers. Those who reported that they were sleeping at the homes of friends/family (couch surfing) totaled 45 or 19%. It needs to be noted that extreme weather beds had not been activated during the time of the 2018 count, which is different from 2017 when, given a cold/wet weather spell, extreme weather beds were operational at the time of the 2017 survey which may have had a bearing on the larger number of people surveyed in shelters in 2017, namely 112 or 40% of the respondents compared to 66 or only 28% of the respondents in the 2018 survey. However, there was a special shelter (15 mats) for seniors operated by The5&2 Ministries at an MCC BC owned location.

Just over two thirds (68.5%) of those who were interviewed in shelters are of the male gender. Of those couch surfing, just over half (57.6%) are females and the biggest proportion (61%) of respondents who checked off “couch surfing” fall in the age category 19 and younger.

Table 5 - Accommodation on Night of Survey

Location	2018 (N)	2018 (%)	2017 (N)	2017 (%)
Shelter, Safe House or Transition House	66	28.3%	112	40.9%
Outside	99	42.5%	104	38.0%
Someone Else’s Place	45	19.3%	29	10.6%
Car, Van or Camper	12	5.2%	16	5.8%
Hospital	11	4.7%	10	3.6%
Jail	0	0.0%	3	1.1%
Total	233	100.0%	274	100.0%

Figure 5: Accommodation on Night of Survey (2017 & 2018 Comparison)



Respondents were also asked to state their main reasons for not having used a shelter bed or transition house the night of the count. The most common reasons given were “stayed with a friend”; “dislike shelters”; “shelter was full” or “banned from shelter”.

2.5.1 National Patterns

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

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

A follow-up study to this report was slated for release in the fall of 2016, but only key findings have been publicized so far (Employment and Social Development Canada, 2016b). This study

extends shelter findings to 2014, and includes data on indigenous identity, citizenship, and military service. Findings reveal the shelter system is operating at over 90% capacity, more beds are used by fewer people, fewer people are using shelters more often, emergency shelter users rarely return, and indigenous people are ten times more likely to use a shelter (Employment and Social Development Canada, 2016b).

2.5.2 Length of Shelter Stay

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

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

3. Overview of people who live homeless in Abbotsford

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

The homeless population in Canada includes several population groups particularly at risk, including, but not limited to, persons with severe addictions and/or mental illness, Aboriginal peoples, families, seniors, and youth. The 2018 Abbotsford survey obtained the following information from homeless people surveyed:

- Gender
- Age
- Sexual Identity
- Aboriginal heritage
- Community of origin
- Length of residency in local community
- Source of income
- Service Usage
- Ministry Care
- Canadian Newcomers
- Service with Canadian Forces or First Responder

3.1 Gender

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

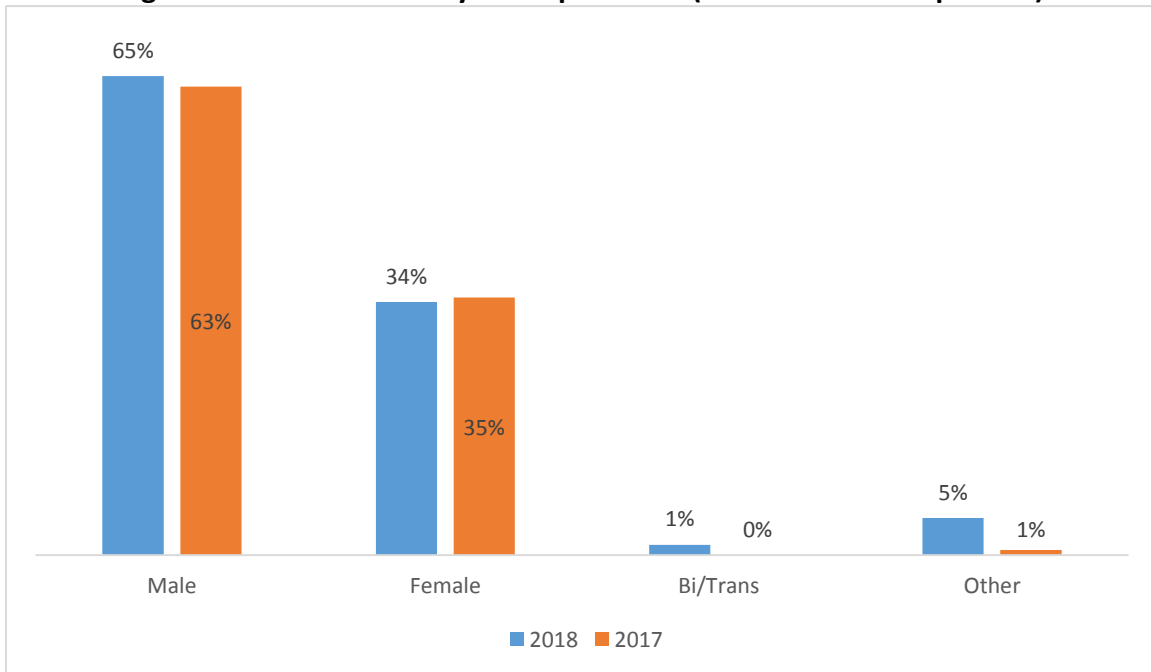
FVRD counts have consistently found men to account for two-thirds of respondents. The gender distribution of homeless persons surveyed in the Fraser Valley in 2017 confirms this data, as 64.1% were male and 35.2% were female. As previously noted, Point-in-Time methodology, while the best available, does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

Similar to the findings of past surveys on homelessness in FVRD communities, the gender distribution of homeless people surveyed in Abbotsford in 2018 breaks down into 64.5% males and 34.1% female, with three people who identified as bi-sexual and/or transgender. This does not represent any real change from 2017 data; however, it must be noted that females are more often part of the “hidden homeless” population, who could be engaged in for example survival sex trade or other more hidden situations.

Table 6 - Gender of Surveyed Respondents

Gender	2018 (N)	2018 (%)	2017 (N)	2017 (%)
Male	136	64.5%	166	63.1%
Female	72	34.1%	95	36.1%
Bi-sexual/ Transgender	3	1.4%	0	0.0%
Other	0	0.0	2	0.8%
Total	211	100.0	263	100.0%

Figure 6: Gender of Surveyed Respondents (2017 & 2018 Comparison)



3.2 Age

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

In 2014, youth aged 15-19 made up 18% of the homeless population, similar to nationwide findings where 20% of the population is between 13 and 24 (Gaetz et al., 2016). Youth homelessness has been declared a priority in Alberta and Ontario, where both provinces have implemented unique preventative strategies (Gaetz et al., 2016). While the percentage of youth homelessness in the FVRD has gone down slightly since 2014 (15.8% in 2017 compared to 18% in 2014), the actual numbers have gone up.

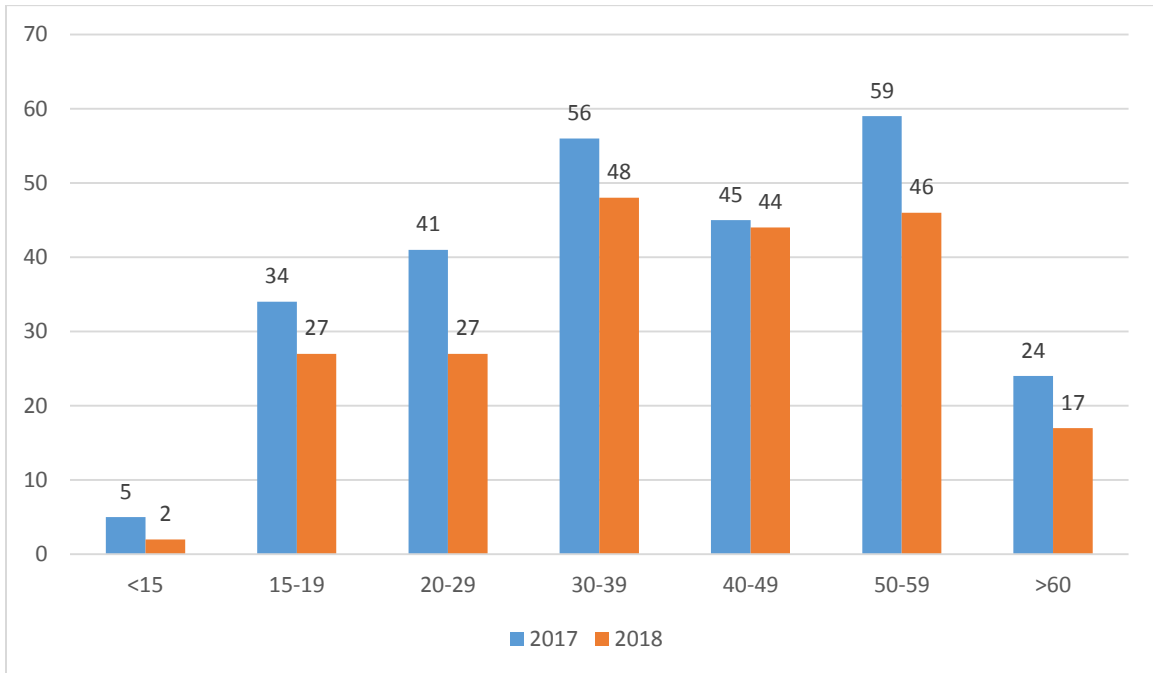
In the case of Abbotsford the proportion of youth homeless (19 and younger) in 2018 (13.7%) has remained more or less the same compared to 2017 when it constitutes 14.9%. However, the actual number of young homeless surveyed in Abbotsford is down from 39 in 2017 to 29 in 2018.

It is clear when comparing the age distribution of the homeless population with the general population that there is a disproportionate percentage of homeless persons in the age ranges 15-19; 20-29; 30-39; 40-49 and 50-59 compared to the general population. Homeless persons in the age range 15-19 appears to be the category where the largest disproportion exists followed by more or less equal disproportionate ranges in the categories 30-39; 40-49 and 50-59 with a significant drop in the number of homeless persons 60 and older compared to the general population.

Table 7 - Age of Surveyed Respondents

Age	2018 (N)	2018 (%)	2017 (N)	2017 (%)
Less than 15	2	0.9%	5	2.0%
15-19	27	12.8%	34	12.9%
20-29	27	12.8%	41	15.5%
30-39	48	22.7%	56	21.2%
40-49	44	20.9%	45	17.0%
50-59	46	21.8%	59	22.3%
60 or older	17	8.1%	24	9.1%
Total	211	100.0%	264	100.0%

Figure 7 - Age of Surveyed Respondents (2017 & 2018 Comparison)



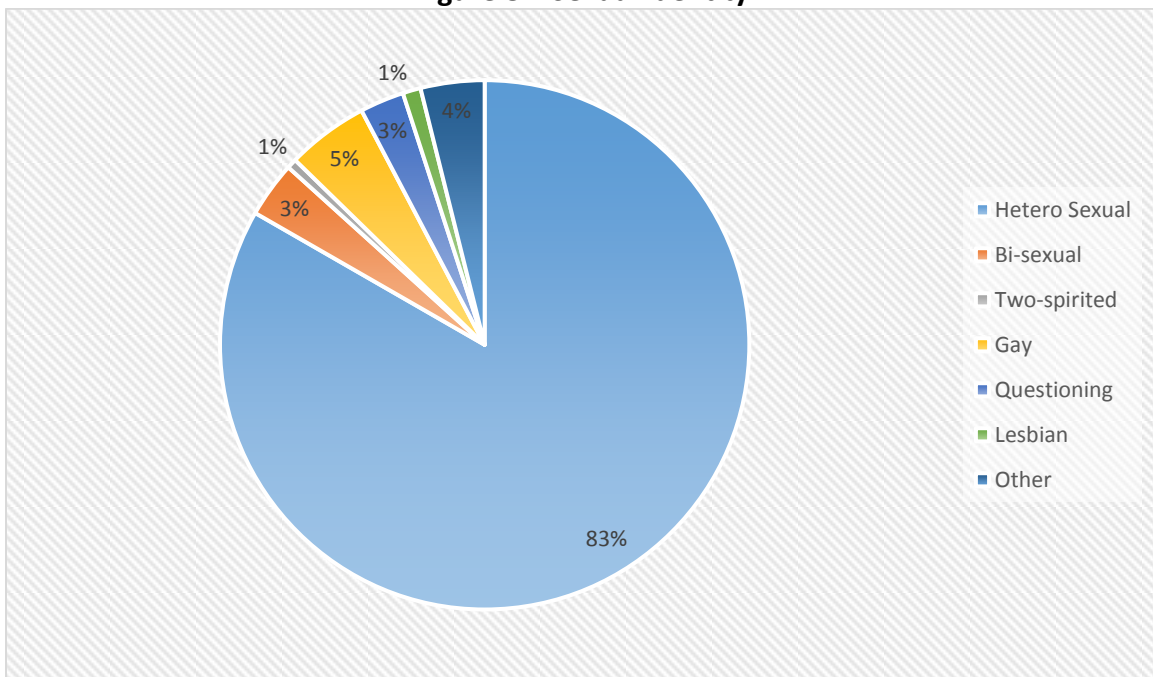
3.3 Sexual Identity

Similar to the 2017 survey, respondents were asked about their sexual identity. As noted in Table 8 below, 88.3% identified as “straight”, 3.4% identified as “bi-sexual” and 3.9% as “other” including “queer”, and “confused”. In 2017, 86.5% identified as straight and 7.7% as bisexual, with smaller percentages in the remaining categories. While the majority of academic discourse on LGBTQ2S+ individuals experiencing homelessness focuses on the youth population, a cross-tabulation of data revealed that those in Abbotsford who identify with a non-strait sexual orientation, although relatively low in actual numbers (17) and thus small in proportion, were spread across age range from 15 – 60+, with the majority (11) in the 30-49 year old age group.

Table 8 - Sexual Identity of Abbotsford Homeless Population

Sexual Identity	2018 (N)	2018 (%)	2017 (N)	2017 (%)
Straight	158	88.3%	199	86.5%
Bisexual	6	3.4%	21	9.1%
Two-Spirited	1	0.6%	2	0.9%
Gay	0	0.0%	3	1.3%
Other	7	3.9%	2	0.9%
Questioning	5	2.7%	2	0.9%
Lesbian	2	1.1%	1	0.4%
Total	179	100.0%	230	100.0%

Figure 8 – Sexual Identity



3.3 Aboriginal Heritage

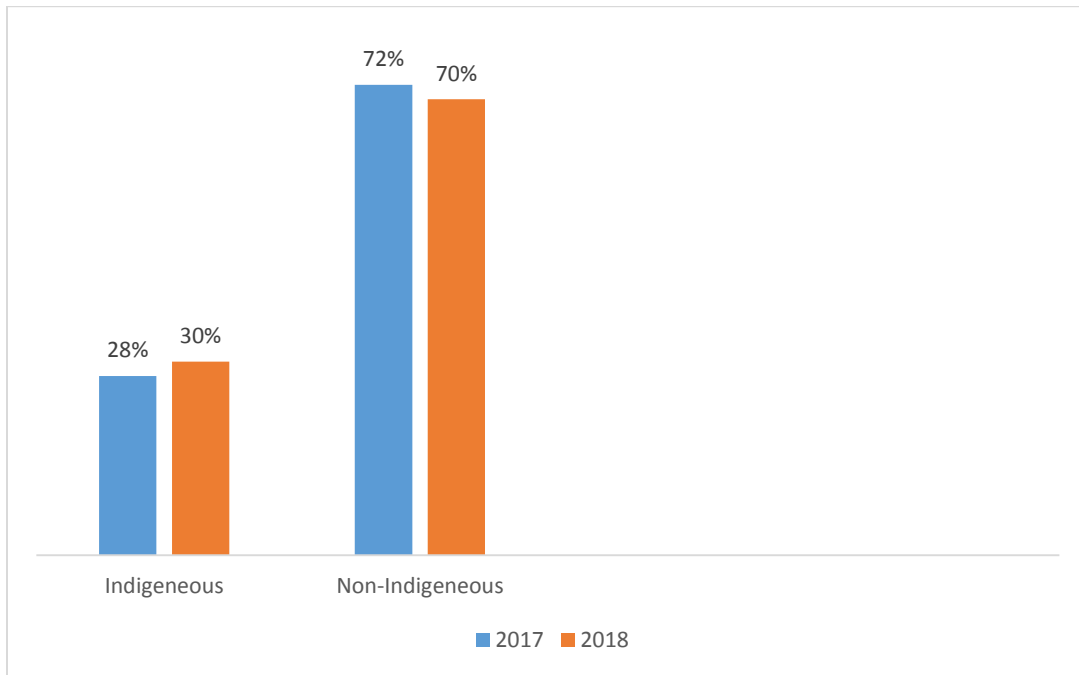
As previously noted, Indigenous people are disproportionately at risk of experiencing homelessness and face many barriers to housing affordability. Gaetz et al (2016) note that 28-34% of the Canadian shelter population is Indigenous, and while this does not exactly correlate with Point-in-Time data, which includes sheltered and unsheltered homeless persons, the overrepresentation is the same in the FVRD where 35% of homeless individuals identify with some form of Aboriginal ancestry as detailed below based on responses to the 2017 survey.

In 2018 in Abbotsford, respondents were asked to indicate whether they self-identify as Aboriginal. Survey design consultation with First Nations stakeholders during questionnaire construction in 2017 added more specific designations for people to choose. In Abbotsford in 2018, 29.8% of respondents self-identified as having an Indigenous heritage, with the highest percentage (18.8%) identifying as First Nations. This closely resembles the 27.6% who self-identified as having Indigenous heritage in Abbotsford in 2017. This finding confirms the significant over-representation of Aboriginal community members who are homeless.

Table 9 - Aboriginal Heritage in regard to Homelessness in Abbotsford

Identification	2018 (N)	2018 (%)	2017 (N)	2017 (%)
First Nations	36	18.8%	39	16.3%
Inuit	0	0.0%	1	0.4%
Metis	10	5.2%	19	8.0%
Indigenous/Aboriginal Ancestry	11	5.8%	7	2.9%
Does Not Identify as Aboriginal	134	70.2%	173	72.4%
Total	191	100.0%	239	100.0%

Figure 9: Indigenous and non-indigenous heritage within Abbotsford Homeless population (2017-2018 Compared)



3.5 Home Community

Respondents were asked where they moved from. The highest percentage in 2018 (35.7%) moved from Metro Vancouver whereas in 2017 the highest proportion (35.9%) came from “Another part of BC”; in 2018 those coming from “Another part of BC” constitutes the second biggest proportion (23.1%), followed by 21.7% from “Another part of Canada” and 16.3% from FVRD communities other than Abbotsford. Interpretation of this data must also consider the results from Table 11 below.

Table 10 - Where Did You Move Here From?

Home Community	2018 (N)	2018 (%)	2017 (N)	2017 (%)
FVRD	24	16.8%	56	33.5%
Metro Vancouver	51	35.7%	14	8.4%
Another Part of BC	33	23.1%	60	35.9%
Another Part of Canada	31	21.7%	27	16.2%
Another Country	4	2.7%	10	6.0%
Total	143	100.0%	167	100.0%

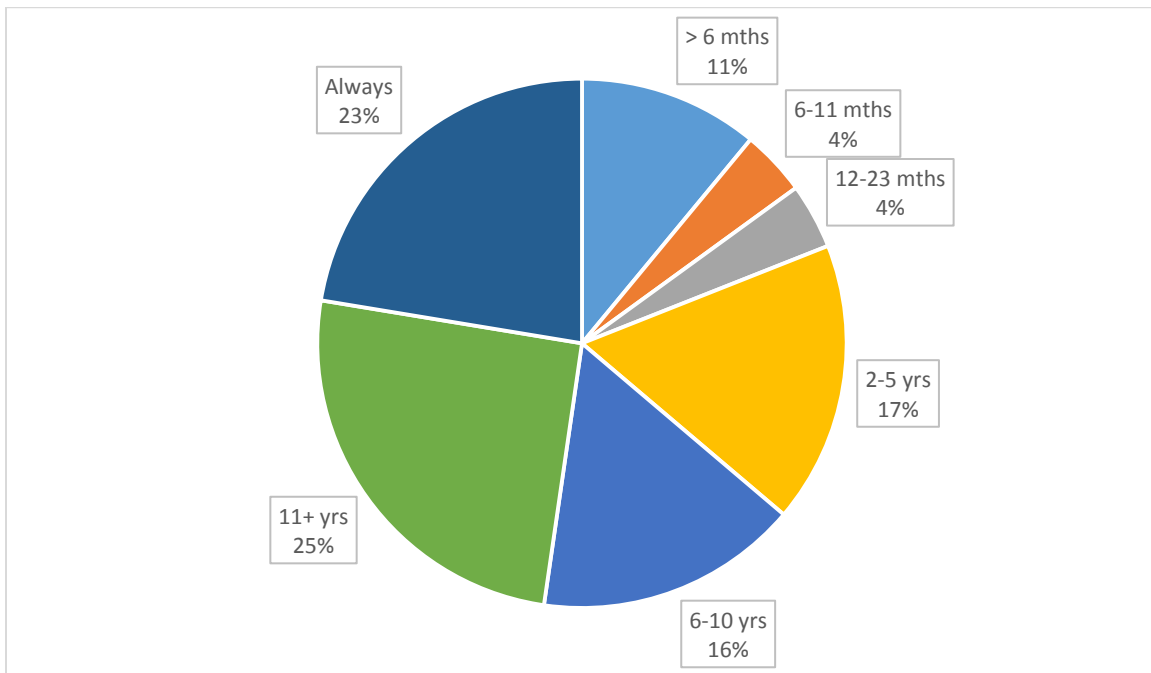
3.6 Length of Residency in Local Community

Almost half (47.7%) of respondents indicated that they had lived in Abbotsford for 11 or more years or have always lived in Abbotsford. An additional 33.3% have lived in Abbotsford between 2 to 10 years. Only 15.0% of survey respondents have lived in Abbotsford under one year.

Table 11 - How Long Have You Been Living in Abbotsford?

Length of Residency	2018 (N)	2018 (%)	2017 (N)	2017 (%)
Less than 6 months	19	11.0%	27	11.8%
6-11 months	7	4.0%	9	3.3%
12-23 months	7	4.0%	12	5.2%
2-5 years	30	17.2%	34	12.4%
6-10 years	28	16.1%	28	12.2%
11 or more years	44	25.3%	71	31.0%
Always	39	22.4%	47	20.5%
Total	174	100.0%	229	100.0%

Figure 10: Length of residency in Abbotsford



3.7 Source of Income

In line with past surveys, respondents were asked to identify various sources of income. Homeless community members are typically unemployed and rely primarily on government assistance, despite expressing a desire to work (Poremski, Distasio, Hwang, & Latimer, 2015). In 2014, Metro Vancouver reported income assistance (43%), disability benefit (21%), and part-time employment (16%) as the most common forms of income (RSCH, 2014). This is significantly different than the FVRD figures, where—despite income assistance and disability benefit also accounting for the highest two sources of income—only 23.7% indicate receiving income assistance, and 15.3% report disability benefits. Additionally, only 5.1% have part-time employment. In the FVRD, Binning was the third highest-reported source of income at 12.6% based on findings from the 2017 FVRD homelessness survey.

Based on responses to the 2018 survey on homelessness in Abbotsford, income assistance as a source of income represents 27.2% of the responses, followed by disability allowance (23.3%), and binning (10.1%). Compared to the 2017 data there seems to be an increase in the proportion of persons who have listed income assistance, disability (welfare) as sources of income. Income Assistance as source of income has increased from 22.7% in 2017 to 27.25 in 2018. Disability (welfare) has increased from 16.2% in 2017 to 23.3% in 2018. Since 2004, the FVRD composite data, that includes Abbotsford, shows a significant decrease in the percentage of homeless individuals that are employed (See *Out in the cold: 2017 Homeless Survey Fraser Valley Regional District*).

Table 12 - Source of Income (Respondents could select more than one response category)

Source of Income	2018 (N)	2018 (%)	2017 (N)	2017 (%)
Income Assistance	78	27.2	102	22.7%
Disability (Welfare)	67	23.3	73	16.2%
Binning/Bottles	29	10.1	57	12.7%
No Income	20	7.0	40	8.9%
Panhandling	16	5.6	31	6.9%
Part-time Job	15	5.2	26	5.8%
Vending	20	7.0	24	5.3%
Other	8	2.8	22	4.9%
Family/Friends	15	5.3	20	4.4%
Honoraria/Stipend	8	2.8	15	3.3%
Disability (CPP)	0	0.0	12	2.7%
CPP	5	1.7	11	2.4%
Other Pension	0	0.0	6	1.3%
Old Age Security	1	0.3	4	0.9%
Youth Agreement	1	0.3	3	0.7%
Employment Insurance	2	0.7	3	0.7%
Full-time Job	2	0.7	1	0.2%
Total Responses	287	100.0	450	100.0%

Figure 11: Source of Income 2018

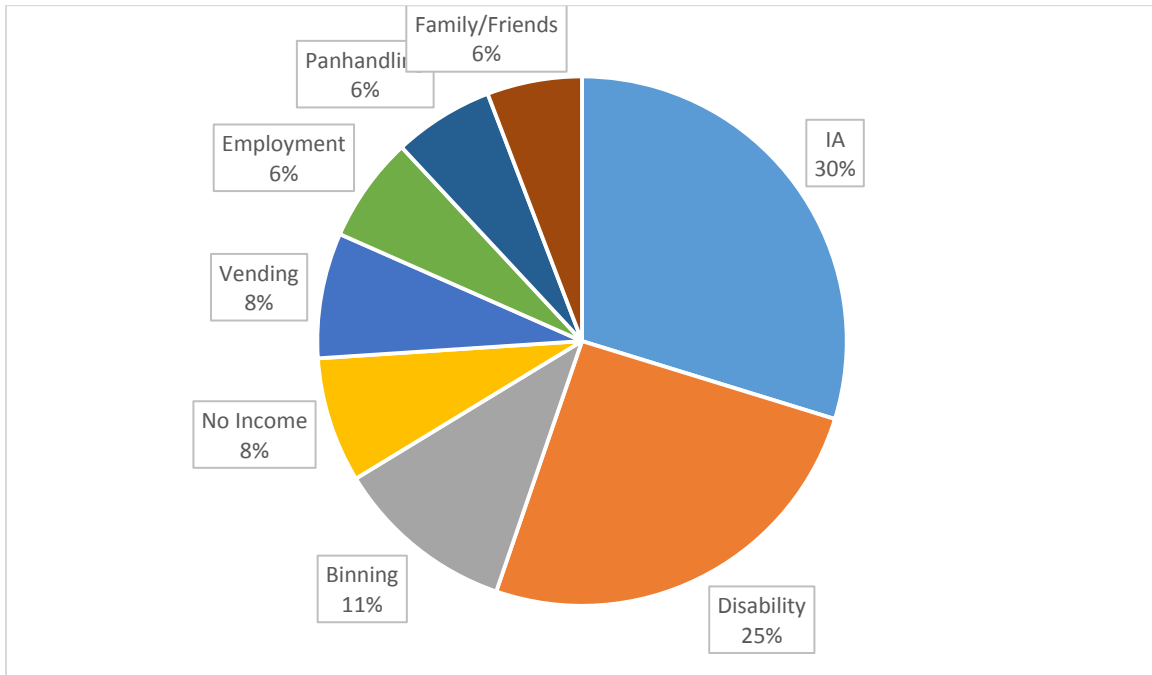
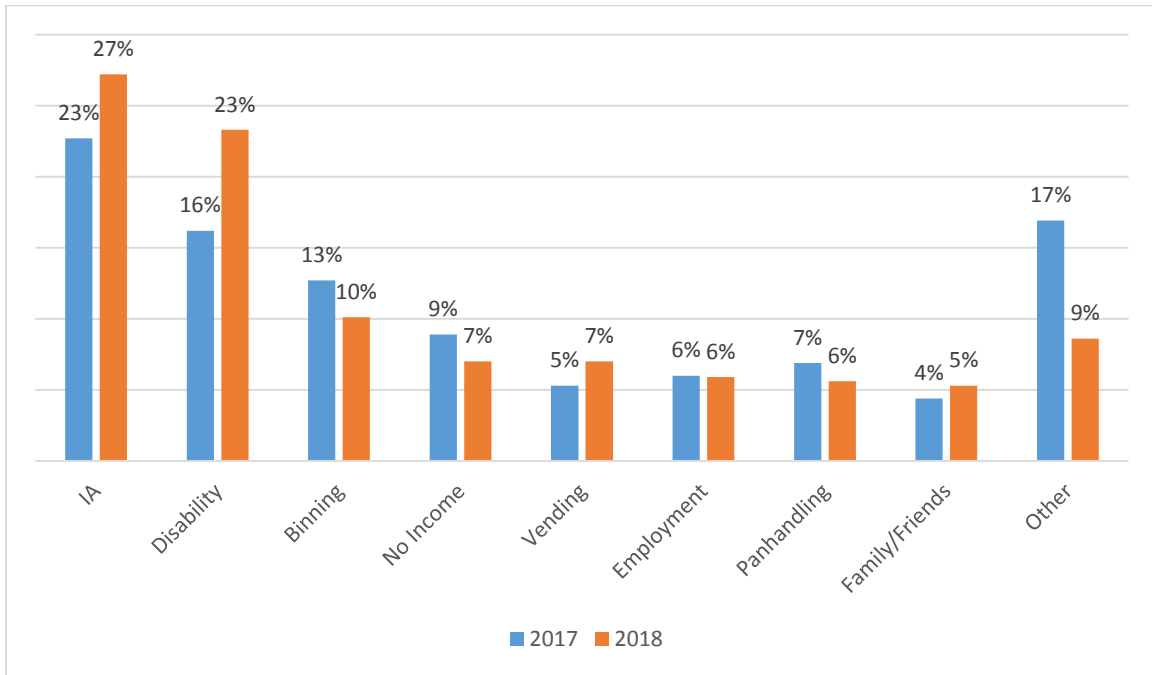


Figure 12: Source of Income (2017-2018 Compared)



3.8 Service Usage

Point-in-Time counts reveal that the most used community services across Canada are meal programs, drop-in centres, and hospital or emergency rooms (Latimer, McGregor, Méthot, & Smith, 2015; University of Saskatchewan, 2015; RSCH, 2014b; City of Toronto, 2013). As noted by Gaetz et al. (2014), these types of services are reactionary. Their purpose is to satisfy an urgent need through the use of shelters and soup kitchens, but they are unable to remedy the underlying problem.

The lack of affordable housing and supportive social housing are symptoms of homelessness in the Fraser Valley and requires long-term investment to move individuals into stable housing and to arrest the ever growing drug culture. Local service providers and non-profits work hard to ensure the immediate needs of the population are met; however, the meaningful benefits affordable housing offers serve as the most effective foundation for homeless individuals to rebuild their lives.

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

The 2018 survey on homelessness in Abbotsford asked respondents what services they have used the past 12 months. Table 13 indicates the extent of service use. The highest-used services were emergency room and meal programs, with 125 individuals indicating they have used meal programs and 127 have made use of emergency room services. Extreme weather beds were used by 106 persons and 101 individuals said they used the food bank. The proportion of responses related to various types of services in 2018 are fairly similar to that of 2017.

Table 13 - Services Used (Note: Respondents could select more than one response category)

Service Used	2018 (N)	2018 (%)	2017 (N)	2017 (%)
Meal Program/Soup Kitchen	125	10.1%	155	10.3%
Emergency Room	127	10.3%	149	9.9%
Extreme Weather Shelter	106	8.6%	148	9.8%
Food Bank	101	8.3%	118	9.0%
Drop-In	117	9.6%	135	9.0%
Outreach	111	9.0%	121	8.1%
Harm Reduction	93	7.5%	119	7.9%
Ambulance	88	7.1%	95	6.3%
Non-Emergency	72	5.8%	82	5.5%
Addiction Services	59	4.8%	77	5.1%
Probation/Parole	38	3.1%	64	4.3%
Mental Health Services	45	3.6%	53	3.5%
Employment	46	3.7%	46	3.1%
Housing Help/Eviction Prevention	29	2.4%	44	2.9%
Dental Services	43	3.5%	39	2.6%
Transitional Housing	24	1.9%	28	1.9%
Other	5	0.4%	20	1.3%
None	1	0.1%	6	0.4%
Newcomer Services	3	0.2%	1	0.1%
Total	1233	100.0%	1500	100.0%

Figure 13: Service Usage 2018

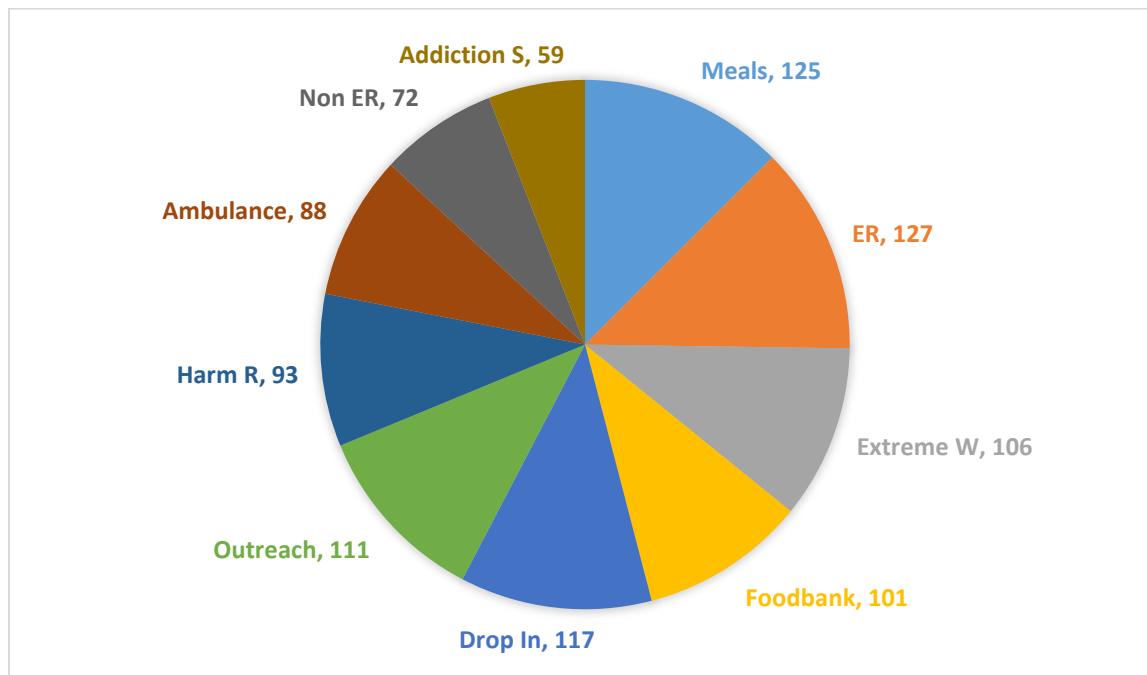
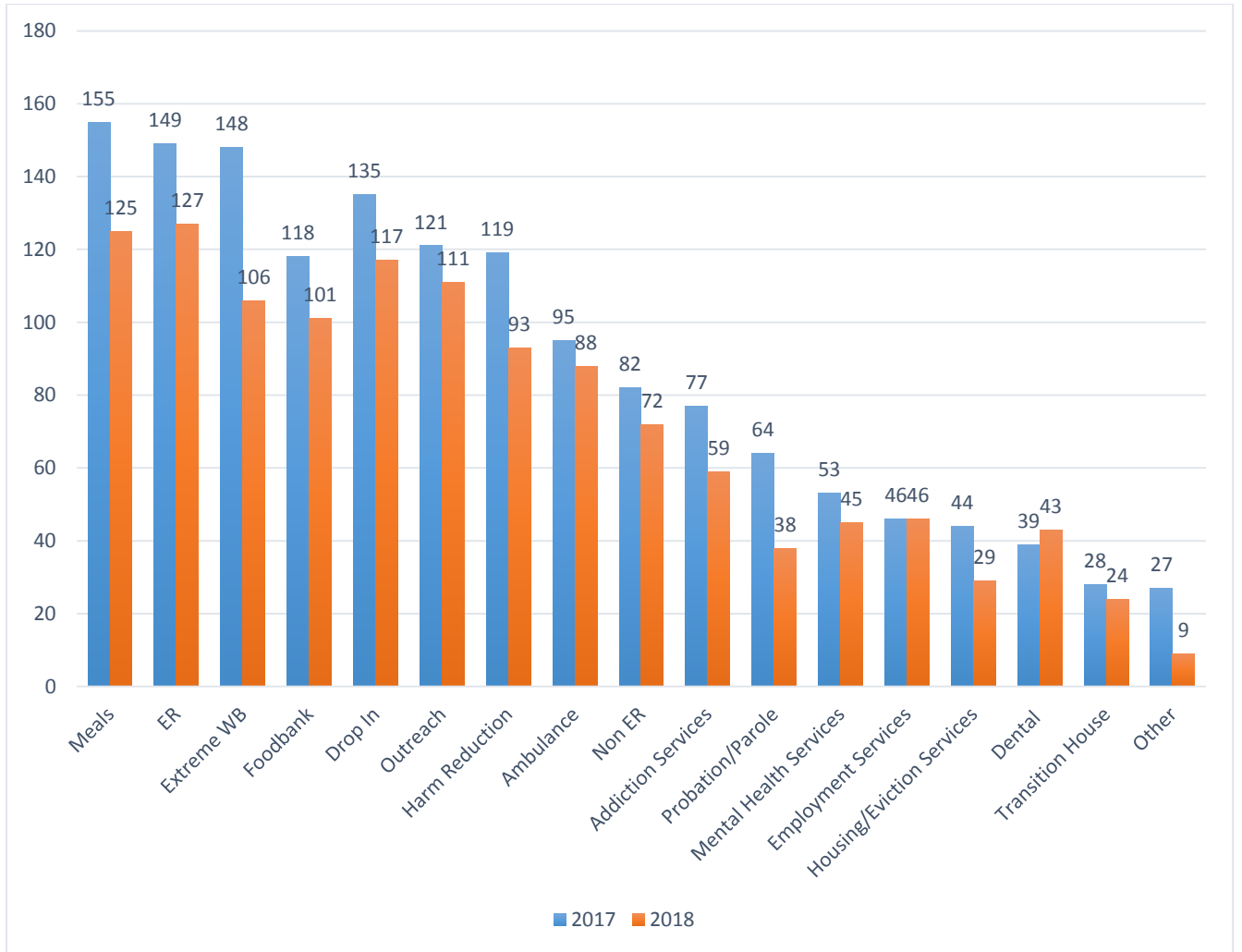


Figure 14: Service Usage (2017 & 2018 Comparison)



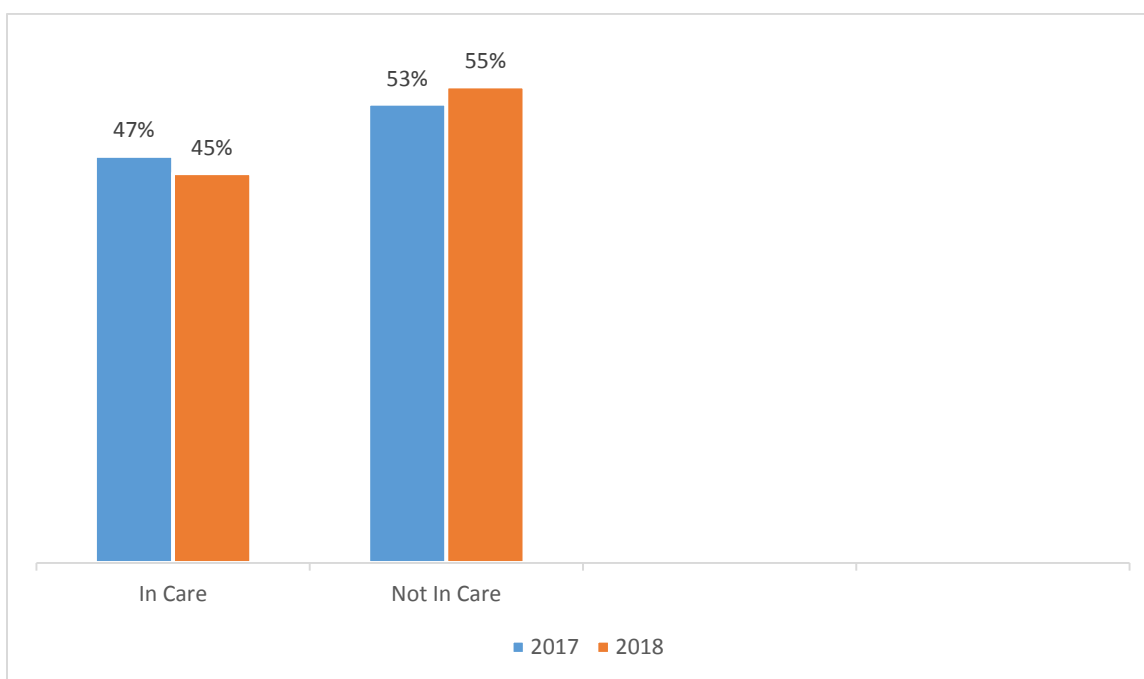
3.9 Ministry Care

The 2017 FVRD survey, inclusive of Abbotsford contained a new question asking respondents if they had been or were currently in Ministry care. As discussed above, foster or institutional care has been identified as a systemic factor related to homelessness. Similar to 2017, nearly half of survey respondents in 2018 indicated having been in Ministry Care. It is important to note that just over half (52%) of Indigenous persons who were interviewed during this survey have indicated that they have been in Ministry care. When “ministry care” is compared with gender the data shows that 71% are males and 28% female and compared with age it shows that the biggest proportion (48%) or almost half, fall in the age range of 40-59 year of age with 32% in the age range 20-39 and 8% 15-19 years of age.

Table 14 - Prevalence of Current or Past Ministry Care

Ministry Care	2018 (N)	2018 (%)	2017 (N)	2017 (%)
Yes	90	45.2%	114	46.7%
No	109	54.8%	130	53.3%
Total	199	100.0%	244	100.0%

Figure15: In Ministry Care (2017 & 2018 Comparison)



3.10 Canadian Newcomers

Other new questions in 2017 focused on the population’s history in Canada. These were repeated in the 2018 Abbotsford survey. Respondents were asked if they were new to Canada within the last five years, and if they entered Canada as an immigrant or refugee. Results show the homeless population in Abbotsford is dominated by individuals who have lived in Canada for longer than five years and who did not come to Canada as immigrants or refugees. From this, we can infer that the individuals living homeless are primarily not “newcomers” to Canada.

The 2018 survey found only 3 respondents in Abbotsford who were new to Canada within the last five years. There were no survey respondents who indicated that they were refugees.

Table 15 - New to Canada within the Last Five Years

New Last 5 Years	2018 (N)	2018 (%)	2017 (N)	2017 (%)
Yes	3	2.0%	1	0.5%
No	147	98.0%	195	99.5%
Total	150	100.0%	196	100.0%

Table 16 - Enter Canada as Immigrant or Refugee

Immigrant/Refugee	2018 (N)	2018 (%)	2017 (N)	2017 (%)
Yes, Immigrant	3	2.0%	6	12.2%
Yes, Refugee	0	0.0%	0	0.0%
No	147	100.0%	43	87.8%
Total	150	100.0%	49	100.0%

3.11 Service with Canadian Forces or First Responder

Respondents were asked if they had ever served in the Canadian Forces or as a first responder. As discussed above, studies are finding increasing numbers of veterans among the homeless population. The 2018 data revealed 10.2% or 14 individuals who live homeless in Abbotsford had experience in Canadian forces, as a First Responder or involved in military duty in another country. This compares to 5.2% or 12 individuals in 2017.

The majority of respondents in Abbotsford (89.8%) indicated that they had not served in any of the Canadian Forces or as a First Responder.

Table 17 - Service with Canadian Forces or First Responder

Service with Canadian Forces or First Responder	2018 (N)	2018 (%)	2017 (N)	2017 (%)
Yes, Military	7	5.1%	8	3.5%
Yes, First Responder	6	4.4%	3	1.3%
Other Country military	1	0.7%	1	0.4%
No	123	89.8%	216	94.7%
Total	137	100.0%	228	100.0%

4. Summary of Findings

1. The total number of homeless people surveyed during the 24-hour period during March 2018 in Abbotsford, BC was 233 which is 15% lower than the 274 surveyed in 2017.
2. The number of people who live homeless and surveyed in official shelters was 66 (112 in 2017), followed by 111 (120 in 2017) people living outside and “couch surfing” totaled 45 (29 in 2017) people.
3. Respondents who served in the Military or as First Responders constitute 10.2% (14 persons) of the persons who live homeless in Abbotsford, BC.
4. As Indigenous people constitute approximately 4% of the general population, they are disproportionately represented in the homeless population. In Abbotsford, 29.8% of homeless persons identify with some form of Aboriginal ancestry.
5. A significant proportion of homeless persons interviewed had experiences with foster or other institutional care, bringing to the fore the role of “system failure” as a cause of homelessness. Nearly half, 45.7% of respondents were in Ministry Care in some capacity.
6. 58.8% of respondents (137 individuals) reported addiction; 43.3% (101 individuals) a medical condition; 39.9% (93 individuals) a mental illness; and 32.2% (75 individuals) reported a physical disability. In all categories mentioned, a significant number of people do not receive treatment.
7. Gender breakdown is 64.5% male, 34.1% female, and 1.4% identified as bi-sexual or transgender.
8. When it comes to how respondents identify sexually, 88.3% identifies as hetero-sexual and 11.7% identifies as bi-sexual, transgender, gay, questioning, lesbian or other.
9. The biggest proportion of those who live homeless are in the age bracket 40-59 years (42.7%) followed by those 20-39 years of age constituting 35.5% with those who are between the ages of 15-19 making up 12.8% of the Abbotsford homeless population.
10. The proportion of persons who live homeless in Abbotsford and rely on government assistance in the form of income assistance makes up 27.2%, representing a slightly higher proportion than the 22.7% reported in 2017. In 2018 there is also a bigger proportion of respondents who rely on disability allowance if compared to 2017 findings, namely 23% compared to 16%.
11. The most used community services in order of largest number of people using it are: emergency room, meal programs/soup kitchens, extreme weather shelters, food bank, Drop-in, out-reach services, harm reduction, etc.

5. Conclusions and Recommendations

1. Lack of affordable housing was listed as a contributor to homelessness. The need for more affordable and supportive social housing is not a new issue and although progress has been made in Abbotsford in terms of an increase of options within the housing spectrum, advocacy efforts in this regard should continue.

2. In Abbotsford, 29.8% of respondents self-identified as having an Indigenous heritage. The findings and calls to action in the final report of the Truth and Reconciliation Commission is quite instructive. Special attention should be given to the content of this report and it will be an act of reconciliation by Abbotsford's municipal government to publicly recognize the multi-generational impacts of the residential school system and the manifestation among others of these impacts in the form of over-representation of Aboriginal people among those living homeless and to work collaboratively with First Nations communities to mitigate these impacts over time.
3. There is an opportunity to consider policy and practice rethink because of the issues people living homeless are facing. The survey shows that 58.8% of homeless persons live with addictions, have medical conditions (43.3%), and are dealing with mental illnesses (40%).
4. Future policy development would benefit from noting the diversity among homeless individuals and implementing strategies to target specific populations. What should be considered is the introduction of a multi-faceted approach related to securing housing and lengthening intense social service support. In doing so, street entrenched persons could move into stable, long-term housing, freeing up emergency shelter beds for temporary stays.
5. Furthermore, housing resettlement and ongoing social support would assist the episodically homeless, while quick rehousing strategies can reduce transitional homelessness.
6. Coordinated by the City of Abbotsford and in partnership with Fraser Health and BC Housing, significant further progress has been made since 2015, and through collaboration a Coordinated Intake and Referral Project, with funding in part from the Government of Canada's Homelessness Partnering Strategy's Innovative Solutions to Homelessness, has been designed and piloted. This model developed and piloted by the City of Abbotsford in collaboration with existing service agencies has proven to have further solidify a coordinated response to homelessness prevention and reduction.
7. The Coordinated Intake and Referral Project has contributed to laying a solid foundation upon which the Abbotsford Homelessness Prevention and Response System can be further strengthened.
8. The Abbotsford Homelessness Prevention and Response System is the manifestation of much needed community infrastructure that over time should be maintained and expanded.
9. Sustaining what has been achieved to date and further expanding it, requires ongoing funding partnerships with the Government of Canada's Homelessness Partnering Strategy, Province of BC, specifically requiring continued partnering with BC Housing, Fraser Health, and Ministry of Social Development, Innovation and Poverty Reduction among others.

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