

Homelessness and Low-Barrier Housing in Chilliwack A Qualitative Research Report

for the

Chilliwack Social Research and Planning Council

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Executive Summary

Homelessness is a concern facing many communities and Chilliwack is no exception. Following up on a research project on the issue conducted in 2006/2007, the Chilliwack Social Research and Planning Council set out in the summer of 2014 to investigate through a qualitative interview based approach the concerns and issues around what made access to housing difficult for those identified as homeless or those at risk of homelessness. Interviews were ultimately conducted with 27 individuals from this population. 20 of these were recorded “on the record” while 7 spoke to us in an unofficial capacity. These 7 did not want to be audio recorded but were willing for notes to be taken during the discussions and these notes were included in the coding process. Field notes were also taken throughout data collection. 7 individuals identified as “stakeholders” with jobs related to Chilliwack homelessness – either as a service provider, policy maker, or other related occupation – were also interviewed for their thoughts on related issues and concerns.

The interviews were all transcribed and entered into nVivo qualitative software where they were coded for their content. As a result of this process, several themes were identified that served to highlight the issues that many have with accessing housing in Chilliwack and addressed many of the needs and concerns of the homeless population. These themes included safety, community, landlords, mental health, addiction, cost/money, trust, and service agencies/service limitations.

When speaking directly to the issues that prevented them from securing an adequate housing form they addressed concerns of safety, being taken advantage of by landlords, or not having a shield from the street issues that they may be attempting to stay away from. Economics was a key factor throughout all aspects of this. Whether working or on social assistance, the high cost of rent was identified as a significant barrier to appropriate housing. Once homeless, the stigmatization combined with the inability to provide references or appropriate deposits were also identified.

The recommendations in this assessment suggest that a supportive mixed-model housing first approach be undertaken in order to provide safe and humane shelter as the first step in a multi-faceted approach to transition those from the street into housing free from the barriers identified as currently existing. This model is not contingent on requiring individuals to be drug or alcohol free in order to secure housing. The services required to address these issues should, however, be readily available with as little confusion to the individual as possible. Mental health services should be available with the same caveats as current research indicates that recovery from addiction has a higher chance of success when safe and healthy housing is in place.

DEFINING HOMELESSNESS

The Canadian Homeless Research Network (CHRN) defines homelessness as:

“the situation of an individual or a family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of 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. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing”. Canadian Homeless Research Network (2012)

As a broad and overarching definition, it encompasses many of the nuances that accompany issues surrounding homelessness. This definition articulates the role of economics, mental health, and addictions as well as recognizing the shortcomings of policy and other social structures that can exacerbate the situation. This definition of homelessness and some of the issues and concerns also aligns with the data produced in this project.

Homelessness is readily apparent to most when an individual is living on the streets yet this is but one of the defining characteristics that falls under the umbrella of homelessness. According to the CHRN, anyone not living in a place intended for human habitation, even if technically a structure, is homeless by definition. Individuals residing in emergency shelters, including shelters for persons escaping from domestic violence are homeless. Also included in this definition are those that “provisionally accommodate”- couch surfing with friends for example – as they have no security for any long-term residency. This definition also includes those at risk of homelessness. This group of people may currently have a housing situation but it is generally also a tenuous situation as far as tenure or lacks some of the minimum requirements with regards to concerns of health or safety. The existing research on homelessness identifies that it is a situation that is fluid and that shelter is in a constant state of flux, which can only lend to the increase of stress and insecurity in those experiencing homelessness.

A report released in early 2015 by Megaphone Magazine (a Vancouver street magazine) looked at the BC Coroners Service data from 2006 and 2013 and determined that the average age of death of homeless individuals is between 40-49 which is approximately half the average life expectancy of the average British Columbian which is 82 years. Almost half of these deaths, 47 percent, were accidental whereas the general population only had 18 percent. It recommends that housing is the primary step in helping this population.

programs, group homes for persons with developmental disabilities, or facilities located outside of Chilliwack – the report identifies 181 beds.

This total does not include Chilliwack Health and Housing Centre, which has 22 beds, but the total does include several facilities that would present significant barriers to the homeless population when attempting to access. For instance, 86 of the beds are only for those with diagnosed medical illness like bi-polar disease or schizophrenia yet are judged to be able to live independently. Therefore those individuals with economic or addiction based reasons for their housing plight would not be eligible.

The Canadian Mortgage and Housing Corporation (CMHC) report on rental market statistics for Fall 2014 identifies a total universe of 3,077 private rental units with this “primary rental market” having a vacancy rate of just 3.5%. This is a decrease from 2013’s 4.2% vacancy rate. The average rental cost for a 2 bedroom apartment is \$786 per month and the median rate is \$775 per month. Both of these are an increase over the previous year where the figures were \$776 and \$750 respectively. With barriers to housing including addiction, low or no income, mental health, stigmatization, discrimination, physical disability, or simply a lack of available units on the market, homelessness is one of the resultant concerns that needs to be approached in future policy development and service implementation.

Methodology

PARTICIPATORY ACTION RESEARCH

This project utilized a Participatory Action Research (PAR) methodology. An individual from the homeless population, James Robson, participated as a full member of the research team during all stages of the research including designing questions, interviewing, coding, and in the writing of the report. A presentation was given to the City of Chilliwack’s Low-Barrier housing committee at the halfway point of the project and the community researcher was also able to present and disseminate those preliminary findings as well as answer questions. James also functioned as an inside person to access interviews. James provided the research team with context and insight during all of these phases that would potentially otherwise not exist. James received training on all aspects of the project including the theories and mechanics of the interviews, issues and concerns about confidentiality and ethics, qualitative software analysis, interview coding, and data extrapolation.

James’ input throughout the entire process was significant as his “view from the inside” presented several thoughts or suggestions that may have otherwise never occurred.

GROUNDING THEORY, nVIVO, QUALITATIVE DATA ANALYSIS

In its simplest definition, Grounded Theory Methodology (GTM) is a way to engage with data free of preconceptions in order to allow a theoretical perspective (or perspectives) to emerge. The key characteristics of GTM contend that the collection and analyses of interview data continually inform sampling and subsequent analyses in an iterative process; sampling choices are made to generate theory; codes emerge from the data; the epistemological approach of the researcher provides the technique(s) utilized; constant comparisons throughout the process can show variations in the data; theoretical density should produce theoretical saturation. Saturation occurs when further qualitative interviews fail to produce any new

While the original premise of GTM was qualitative in its design, it is still essentially a positivistic approach as there is an overriding assumption that there existed some larger objective social reality that was the end goal of GTM. This approach in the research project here involved a researcher(s) and an interview respondent(s) actively engaged in the act of creating a reality. The approach to GTM employed in this project shows the constructed nature of meaning through our interactions and also aligns itself with the Active Interview technique utilised in the data collection process. Ultimately the potential benefits available with this afforded the research team an inductive, theory discovery methodology that allows the research team to see the theoretical account emerge directly from the data collected which grounds the results and recommendations in a strong methodological framework.

The research team began data collection in August 2014 conducting interviews with individuals identified as homeless, formerly homeless, or at risk of homelessness according to the definitions provided or as self-identified by the individuals. One focus group interview was also conducted as it provided an opportunity for several people to be interviewed at once and in a small group setting and in a location both familiar and comfortable to them. The 5 persons interviewed in the focus group were all in a transitional housing situation and had either previously been homeless or were at risk of homelessness.

This interview style provides a unique dynamic for interpersonal interaction and has the potential to spark thought or dialogue in the other respondents that may not have occurred in an individual interview scenario. It also allowed the researchers the opportunity to lean back and allow for a more organic discussion to occur which can potentially decrease the chance of unwitting researcher bias or leading. Yet, while it is convenient, time effective, and cost effective, the research team let those involved know that if they wished to also talk in an individual setting that would be

regarding this new direction. The research team went through each line of each interview and created codes for the thematic content expressed in those thoughts. These codes provide a visual map to the ideas and concerns of the population being interviewed and allowed the research team to then make links between interviews and to quantify some of the ideas and opinions expressed.

LIMITATIONS

There were several limitations that the research team encountered throughout the process of data collection. Perhaps the one limitation that was first apparent was access. Our community researcher certainly provided access to members of the population at the beginning but eventually, trust became the primary issue that the researchers had to deal with. Certain members of the homeless population were also fearful of the research team, as they were unsure of who we were and what we wanted. Even after finding out about the project they still took time to develop some trust, and frankly not everyone did. The research team attempted to make themselves as visible as possible without putting any undue pressure or stress on the homeless population, eventually community members opened up and even convinced others to speak with us, but it certainly caused the research to get off to a slower than anticipated start.

Following up with population members was a difficult proposition as well considering the relatively transient nature of the population. There was also a certain level of apathy, at the outset for sure, as several people mentioned something to the effect of “Why waste my time? Nothing is going to change to help me”. Mental health and addiction issues also served as limitations to varying degrees. Field notes indicate that several potential interviews did not occur, as the individuals appeared to be struggling with issues related to these concerns. It also affected a couple of interviews that essentially made them unusable.

There was also an early limitation in access to some of the local services related to the problems of homelessness but several key members of the Chilliwack community worked diligently to ensure that the research team was afforded appropriate access and support where necessary.

The cities of Calgary & Edmonton have both adopted a Housing First approach to homelessness and both have had successful results (Gaetz et al, 2013). Edmonton's homeless pop has dropped by 30% since its implementation in 2008. This has been a multi-agency endeavour that has had a significant focus on the homeless Aboriginal population in both being the focus of services but also as having a significant voice throughout the process. Homeward Trust (the agency overseeing the development and implementation of the strategies), has strong representation from the Aboriginal Advisory Council and have thus "Aboriginal people have had a strong say in program directions, strategic responses, service delivery models and funding decisions" (p. 36). Calgary was the first city in Canada to implement a "Ten Year Plan to End Homelessness" and have used the Housing First model as the priority focus in their system. As a result the homeless population reduced 11.4% over a four-year period from 2008-2012.

HOUSING FIRST

Housing First (HF) is simultaneously a policy and services approach to homelessness predicated on the principle that

"homeless individuals stand a far poorer chance of improving their conditions while they remain homeless; that the stability of a permanent home provides the foundation that allows individuals to begin addressing the issues that led to their housing instability in the first place" (Turner, 2014).

One of the significant barriers to most housing is based on the model whereby the homeless individual needs to first address the core underlying reason for their situation, whether addiction or mental health in order to gain access to accommodation. The HF model requires nothing beyond what a standard rental situation might entail. This generally includes not destroying the property, not being a nuisance to neighbours, and generally not engaging in activities that would harm or inconvenience others.

Without the requirement of sobriety, the argument is that the security of housing combined with a developing sense of home and safety allow for individuals to then address their concerns through an integrated support and services network in a fashion that has shown to be more successful in the long term. One of the core philosophies of HF is a client centric focus that provides opportunity for input, choice, and self determination to further invest the client in the processes of their recovery from homelessness.

From an economic perspective, Gaetz's (2012) report *The Real Cost of Homelessness: Can we save money by doing the right thing?* looks at significant evidence indicating

house” in Red Deer Alberta, as well as initiatives encouraged within Victoria’s community as well, Pauley et al assert that low barrier “programs have achiev[e] exemplary rates of housing stability for populations with high rates of...” mental health and alcohol instability – two traits that have been heavily linked to homeless individuals.

Low barrier houses are often built as one large unit, housing several individuals at a time, in order to meet the housing needs of a larger segment of the homeless population. However, the larger size and all-inclusive nature of low barrier housing has the potential to bring with it community concern. As Gordon Fuller explains in his blog, when Nanaimo proposed the creation of low barrier housing near their cities hospital, there was immediate concern voiced by the community surrounding everything from property values dropping to a perceived lack of safety (Blog, 2010). However, the facility was ultimately built and now houses 40 residents (City Of Nanaimo, Website) because of the support of various groups and influential members within the community.

More locally, the City of Abbotsford recently declined the building of a similar facility in February due to fear and contention surrounding the buildings proposed placement near the downtown business core - a fact that further reveals the importance of including key community groups and members when choosing the location to situate these types of housing units.

MODEL 2 – INTEGRATED MENTAL HEALTH AND ADDICTION FACILITIES

Building upon the “low barrier” housing model, many successful housing units also incorporate the use of integrated mental health and addictions facilities. Patterson et al note that many homeless individuals have an “extensive overlap between mental illness and substance use disorders” (13). In fact, “many homeless individuals ... interested in obtaining housing” are “aware that their substance use poses a barrier to this goal” (Collins et al, 7). Therefore, when creating housing for homeless individuals, facilities tend to place trained personnel into the facility to address this issue (Patterson et al, 13). It has been proven 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” (Van Wyk and Van Wyk, 39). An important insight that has guided many low barrier facilities to integrate key agencies and services right into the housing unit or at least into the facilities offered programs. For instance, Chilliwack’s Communitas Supportive Care Society currently offers a mixture of housing and mental health support for those living within their facility. Operating with twelve units, this society combines affordable housing with “formal and informal programming in practical life skills such as medication management, money handling, cooking and nutrition” (Chilliwack Social Housing Inventory, 11).

AFFORDABLE HOUSING – “TINY HOMES”

In addition to purchasing apartment units, there are also structures known as “Tiny Homes,” that have the potential to house individuals. These homes are self-sufficient and often portable, with an average size being between 100-400 square feet (“The Tiny Life,” Blog). While these homes have gained traction and publicity, they are also time consuming to build and relatively expensive to construct: the “Pad Portland Alternative Dwellings” website quoted the minimum cost of one home being around \$15 000 to fully build. So while affordable when compared to buying or building a conventional home in Chilliwack, these structures are not as effective or feasible when compared to other housing choices in the city.

AFFORABLE HOUSING – B.C. HOUSING

Another affordable housing option within Chilliwack would be for the City to apply to B.C Housing for the funds to build a low barrier facility within the community. As mentioned above, these facilities are effective in helping to transition large groups of homeless individuals from the streets to more permanent housing. And while these facilities are beneficial in that they create a group atmosphere and often are attached to social agencies: however, these facilities also require careful site planning and time to build.

CONCLUSIONS

Transitioning homeless individuals from street life into supportive housing environments is a large task that, although seemingly overwhelming, is feasible when approached with caution and care. Through careful examination of these various models and low barrier housing approaches, one can better understand the approaches housing homeless individuals and how a supportive housing first approach could be implemented in Chilliwack.

to Chilliwack because of the services available. The availability of services also brought one of the females here from Edmonton although she did mention that she had lived in Chilliwack before. One of the women has been in Chilliwack since 1988 and currently resides in a van. 4 of the female participants identified themselves as life long residents of Chilliwack.

Not all of the respondents were forthcoming with their ages as some didn't want to initially answer and ultimately identified themselves among a larger age cohort. Based on the data here is the overall breakdown of the relative ages or age groups of the participants.

37 or 38, 44, 50s, 64, 55, 51, 50s, 46, 34, 43, 26, 48, 55, 39, 41, 51, 40, 24, 50, 38.

For those that identified "50s" as their age, if using a neutral 55 then the median age of this population is 45 years of age. The average age is 44.85.

REASONS FOR HOMELESSNESS

For participants, self-identifying why they were currently homeless, or at risk of homelessness, garnered many varying responses. However, one of the largest commonalities was that of rent cost. Of the 20 participants interviewed on the record, 14 of those individuals identified high rental rates as being their primary obstacle. Other significant obstacles, such as addictions, landlord discrimination, lacking references, and criminal records were also identified as creating barriers.

Furthermore, respondents also acknowledged being overwhelmed by the procedures required to obtain accommodations. Navigating available housing lists, government assistance, and rental applications were all skills that many respondents either did not have or did not feel they were able to navigate alone.

CURRENT HOUSING

When asked to describe the current low income housing options in Chilliwack, participants pinpointed several issues with the currently available facilities, one of the largest issues being that of rent cost. For many individuals living on government assistance or with no financial support at all, coming up with damage deposits and rent is an unfeasible financial burden.

In fact, as Steve L. explains, it is hard for those currently living on the streets or in shelters to lay out any substantial sum of money at all:

detrimental to their health and caused numerous participants to lose their belongings or keep unsanitary possessions. As one individual explains,

“[Bed Bugs] dig into your furniture and what have you. And some people just carry on to keep that stuff. Or piles of clothes in the corner and stuff like that where they, you know they’re living, right? They just, and they’re quite fond of me, bed bugs. They ahh I got connect the dots all over my ass from sitting at some one person’s house and it’s not nice.

... So every time I’d go sit down on the couch, they’d bite me. And you know, have dinner. And it wasn’t nice. It was painful.”

The health hazards in these facilities were also acknowledged by service providers. Kim Lloyd noted that they had witnessed one client living in low barrier housing where they didn’t have any running water for 8 months.

“When they had to go to the washroom, what they ended up doing, is they would get buckets from the next door neighbor apartment building, take it over, fill it up the tank, da, da, da, da, da. In addition to that, the excrement that was coming out was going into the basement. They were living in that. They were living in that. They had no running water, uhhh a refrigerator that didn’t work, just all of those things.”

Health concerns, like those of safety and high rent, currently act as significant barriers between individuals obtaining suitable housing within the city. These are barriers that Chilliwack can actively engage with and address through implementation of controlled housing first facilities.

SAFETY

The concept of safety was a significant theme that emerged from the data. Safety was defined as any discussion surrounding an individual’s sense of personal security. However, the theme of safety was also further broken down into two sub-categories, physical (including both the physical self or body and the physical possessions that they may have) and emotional.

Of the interviews that were conducted, safety was referenced 151 times, physical safety making up 72 of the references and emotional safety making up 41 - a breakdown that clearly reveals the extent to which physical safety concerns those currently living on the street or those at risk of it.

“Then when you’re homeless and don’t have secure housing, your mind can’t have the time to work on it: therefore, it keeps steam rolling to grow bigger and bigger and bigger to the point where you don’t know where to start.”

So, by giving individuals a safe space to call their own, housing can help address the need for personal security, present these individuals with a sense of ownership and pride which will have a positive affect on their sense of self worth and allow individuals the opportunity to focus on other factors hindering their success within the larger community.

LANDLORDS

Another key theme that emerged from the data was that of landlords and the role they play in creating and maintaining safe, affordable housing.

“Landlords,” which were defined as any individual or individuals responsible for the daily running and managing of housing facilities, became a key code early on in the research. Participants from both the homeless and stakeholder groups, spoke candidly about this demographic within Chilliwack. In fact, “landlords” as a theme emerged most often as a service limitation when discussing an individual’s ability to obtain housing.

Landlords, who act as initial gatekeepers to accessing housing were frequently described as being discriminatory to those looking to rent from them. Discrimination based on an applicant’s reliance on welfare or disability assistance was noted by several respondents. And as Doug explains, often this form of discrimination is hard to prove:

“Oh ya. They, a lot of the landlords don’t like welfare, people on welfare ... Well they don’t say it directly, but you can, you go look at an apartment and they don’t know who you are. And then the first thing they say to you is how are you paying? Oh well I’m waiting for my welfare check. Oh well, we’ll phone you. It’s a way of getting around it without... saying it, you know. ‘Ya, we’ll get back to ya.’”

Other respondents spoke to landlords not accepting their applications because they lacked any references. And while asking for references is legitimate, many individuals, both currently homeless and at risk, do not have an up to date reference list to supply. As James L notes:

“It makes it hard for other people who are trying to do that transition. And, you know, you can be as honest as you want, say, ‘Hey, I’m an honest person; I’m gonna pay my bills; you won’t have any problems with us; you know, we’re just trying to get on track. But, it comes down to paperwork and references.”

“I found an ad on Craig’s list. It sounded good, everything lined up perfectly. I, I went; I got the place; signed the rent; gave him the damage deposit. They gave me no rent receipt, so I said, ‘that’s alright.’ Move my stuff in and then two months later, I paid the rent \$950, \$950. No receipts ... And then all of a sudden, ‘[they] have to move to Agassiz; ‘oh we’re gonna be in contact.’ They moved. I don’t hear a word from them.

They’d already taken my money, damage deposit, pet deposit, and full months’ rent. The real landlord shows up from Vancouver and says, ‘Who are you? You’re not on my paperwork.’

Although there were several issues discussed regarding landlords running less expensive facilities within Chilliwack, there was also a recognition that the population being housed can be difficult to manage as well - Linda B (retired from the Ministry of Social Development and a community volunteer for the Mayor’s housing committee and the low-barrier housing sub-committee) notes that,

“You [can] get a really good landlord and you [can] get a really difficult individual and umm that can create a lot of havoc. So, they burn, the individuals actually burn their own bridges in some ways.”

The discussion surrounding current landlords points to the need for active, involved, and engaged management. Running a successful low barrier facility is largely dependent on the commitment and care of the person running it, as it is in the case of any management-tenant-housing relationship.

COMMUNITY

The notion of community was the largest theme to emerge from the data, mentioned by homeless respondents more times than any other topic. Community was defined as any discussion surrounding feelings of kinship, belonging or togetherness. However, this theme was further broken down into “negative,” when belonging and togetherness was not felt, and “positive,” to reflect responses when it did.

At the end of the study, there were 59 instances of negative community and 32 positive found in the data – revealing that although more negative than positive feelings of community are present among those living on the street or at risk of it.

When discussing “negative” community, most respondents spoke to being victimized by other community members (both within the homeless community itself and the larger Chilliwack general public whether through physical violence or threats, a desire to get

individuals and those at risk of homeless are constantly forced to re-examine who they are.

In fact, Danielle and Ray explain that they “gained back their life” once they found housing and were able to keep and collect important possessions – a shift that allowed them to reconnect with the social norms of the larger community and maintain a feeling of normalcy.

“D: When he was saying he got a little bit of something back - when you get even just a handful of things – a suitcase full of clothes and a couple little things – you don’t feel like such a street person anymore. You start to feel like you’re actually gaining your life back again. ... And you get, you get just a few things together and even find a really nice little cubby hole under the stairs where it’s nice and warm: you can put uh some carpet down or whatever, you almost feel like you’re back in society again.

R: That’s when you do accomplish something”

Although negative community was discussed frequently, respondents also acknowledged that there were positive elements to being a member of this group as well. Sharing spaces together at shelters and living amongst each other on the street does create a sense of being united and “sticking together,” as Doug explains:

“Ya, street people look after street people. If they, if they have confidence in you and trust in you, then, there’s a clique.”

In fact, Adrian made a strong connection with a fellow resident while staying at a shelter because of their common struggle with housing and disabilities, revealing that mutual understanding and circumstance can foster positive connection:

“I did feel connected to the one lady that was handicapped like me and she just left for uh Surrey a couple days ago. So, I went and got on the bus with her to the Grey Hound and then I walked back. But ya, I kept telling her the night before and the night before that, I was like, ‘Look. You’re going to be leaving here, like really soon. You’re going to miss me a lot. Blah, blah, blah. And she didn’t really pay attention. But then at the end, still she’s like, ‘Adrian. Adrian,’ from the back of the bus. What? Get back here.”

The overall lack of trust and safety, although tempered with positive experiences, is an obstacle that the current and at risk homeless community faces in Chilliwack. When looking to house individuals, it is important to recognize the problems within the community itself, as those problems will come with the group, as well as the individuals, that housing is made available to.

directs you where you need to go or, 'I know what you need to do in order to; this is where we go.' And he will pick you up and take you there.

R: Yep. Yep.

J: Like that's, those are the kinds of things ...

R: And always tells you if you need him to call him and ...

J: Oh exactly and like times he's, like I said, he's picked me up to make sure that I'm, you know 'cause I don't have a ride, that I need to go where I go. A lot of people, like being in that position, you don't get that a lot.

R: That's right."

The contrasting experiences of the above individuals reveal that service provider interactions are heavily dependent on the person – it comes down to the way they choose to do their job and how they build relationship with the people they are interacting with and are a crucial component of the experiences that an individual has as they attempt to navigate through the system.

Along with service provider relationships, several respondents also identified family support, or the lack of it, as a defining factor in their street life experience. And while participants acknowledged that their life choices were at times the cause of tension, the loss of family support removes viable and significant support systems for individuals.

As Vincent further notes, losing his family's support subsequently limited his awareness of available options and led him to the street:

"Ahh, I ran out of options. I mean just because of the way I was conducting myself, everybody gave me up on me. My family, I mean they were just done. Nobody wanted to (cuts self off) Why would they want to help me? I mean I wasn't helping myself, right? So, I mean it was kind of a tough love It was done. They had had enough. They'd tried and tried for a couple years and ahh I was just, I wasn't (pause) I wasn't helping myself and they were just banging their heads against the wall. They were enabling me in a way, right? So (pause) they just gave up and I was – I ran out of options..."

Whereas other respondents, like Shane who maintained a connection with his mother, were able to more effectively manoeuvre back into mainstream society:

"... I lived in the shelter for a while and actually I could go and visit my mother whenever I want. I really wasn't on the street. I mean I was in the shelter, but I could

“...The whole idea of CHC was to bring these people to one table because they’re applying for grants and sometimes this group and this group are both applying for the same grant ... And, you know, there’s no sense in doubling up on stuff and that was the whole idea of this. And, and this is ...I believe this is the third year in umm that we’re really gaining some traction”

Beyond local service providers, Linda B also notes that government funding does not always stretch as far as the population’s needs demand. For instance, she speaks to the inability of government funding to allocate money for two different housing providers at one time. So, for addicted individuals using government assistance and desiring detox, many are forced to choose between keeping their current housing or going to treatment – a choice that has the potential to make detox less desirable:

“They’d have a place and they’d go into treatment. And then they’d phone me from treatment saying, ‘I’m going to lose my rental’ because they – we can’t pay two shelters: the treatment and the rental. And so, when they’d get out of treatment they had nowhere to go. So, they’d come back to the welfare office and say, ‘I’m out of treatment, now I need a place to go.”

In addition to funding, both stakeholders and the population addressed limitations with the current bureaucratic process of gaining access to specific services. For “Shandra,” the process of trying to navigate government assistance was one that she observed causing physical stress in other community members within the population:

“I can see people’s health is deteriorating and they’re getting more stressed, more, like ya unstable because they’re not getting the help as fast as they should, right? Some people are just like, they have nowhere to go, nothing. Don’t know how to get it. So when they find out how to get it, and they’re going through huge fights to try and get it, and it’s – some people can’t take the stress. Especially if you’ve been living on the street, freezing cold. You haven’t been eating and you’re feeling sick, you just get worse, right?”

Many respondents, including “Shandra”, acknowledged that this stress was occurring, at least in part, because the individuals lacked basic life skills. For many in the population, bureaucracy and processes that require multiple steps are intimidating – a fear that has the potential to lose people desiring to obtain assistance and secure housing.

In fact, for Participant, “Gary,” simply being taught life skills like “how to shop for food” and “how to budget” would make the process of attaining housing seem less “overwhelming and insurmountable.”

Kim Lloyd understands perspectives, like Jenny's, as they have also witnessed repeated abuse in the lives of their clients explaining that *"what makes it terrible"* for those struggling to find housing:

"is that they are victimized over, and over, and over again."

The continual presence of abuse also led participants to feel apathy in regards to their current lack of housing. Rather than feeling empowered or that they could possibly find safe housing, many individuals did not look beyond the immediate future in regards to where they would be. For instance, when asked where he would like to see himself living in five years, Doug answered:

"Can't tell you that right now. I don't even know ... I might be dead in 5 years...It's one day at a time for me. Ya, ya. I can't be more honest than that..."

Similarly, when Sharon was asked about her experience finding housing in Chilliwack, she replied:

"Oh ya. I told Mom, 'That's it. I'm done. I don't give a shit anymore. I'll just fucking leave the cats and you know get a duffle bag and that's it – I've fucking had it. ... Discouraged? (Short Laugh) (Pause) I was done. Like "ffftttt" – Whatever. I didn't care if I died in a ditch or not. Like fuck it – who cares?"

This sense of apathy seen in Doug and Sharon's perspective is a barrier when looking to address the homeless and at risk population in Chilliwack – services must be aware that the individuals they are looking to help house are coming from a mentality that has been broken down into a state of apathy or protective indifference to their current situation.

There was also marked sense of hopelessness observed among those living, or at risk of living, on the street. Comments regarding death and a sense of despair when discussing their chances of leaving the streets were common.

For Ray being on the streets was a painful and emotionally distressing experience.

"... It felt like you were in an airplane, and the Bombay doors drop out from underneath you, and you got no control, uh, being poor. Dropped out on the street cause you lost everything and you feel so impaled with pain and sorrow you don't even have enough energy and try and move on in life, constructively. It uh, it hurts. It really, really hurts when you hit rock bottom ..."

Pet companionship, like Kyle's, was common in the data and speaks to not only the therapeutic ability of animals to provide companionship and comfort, but also the extreme lack of trust within the community itself as well as the importance of a low barrier housing model that has accommodations for pets.

When addressing housing or any other concern within this population it is important to also recognize that those looking to help will not instantly be trusted, but can, as Ray puts it, "earn trust" over time.

ADDICTIONS

Addictions was a significant issue discussed in detail by both the stakeholders and the population. In the research, addictions was defined as any discussion surrounding the use of addictive substances. Because addictions was such a large topic, this theme was further broken down into several sub-categories to address the various drugs discussed and drug related activities.

Addictions was mentioned 95 times by the population. And of those 95 references, the top three topics were alcohol at 17 references, drug dealers at 17 references, and the drug "crack" at 7.

Alcohol was a key form of addiction that many respondents discussed. Stories of public drunkenness and arrest, drinking to keep warm at night, and alcohol as a way of self-medicating were all reasons people gave for drinking. For Doug, although having been sober for over a decade, drinking was his way of medicating a "nervous breakdown":

"I had a nervous breakdown. I was clean, sobriety for 14 years and I went back to drinking. Burned out. Burned out..."

Furthermore, one participant, "Dale," explained that they had continued to use alcohol to help medicate the withdrawal symptoms of stopping heroin, revealing that on the streets sometimes people rely on one addiction to help alleviate the symptoms of others.

Many participants also referenced staying in "crack homes" while looking for housing. Whether they were consistently living in these places themselves, couch surfing, or actively using the drug, the presence of "crack" is linked to many individual experiences of homelessness in Chilliwack.

Interestingly, the stakeholder break down for addictions was different. Of the 64 references made to addictions the top three was: detox at 15, alcohol at 6, and drug dealers at 2.

Detox, and specifically the need in Chilliwack for more detox beds, was a considerable source of discussion. As one service provider explains, adding detox beds and ensuring that housing remains in place for when treatment is completed, would give local individuals desiring to fight their addiction the opportunity to do this locally:

“Instead of sending them to Surrey on a two week waitlist I would rather have them right in Chilliwack when they make that decision to detox or sober up beds, sobriety beds, to happen ... I would love to have a sobriety centre.”

In order to effectively meet the housing needs of the homeless and at risk population in Chilliwack, resources to address addictions will also have to be included as fighting addictions is an essential part of increasing the possibility of success in accessing and maintaining stable housing.

GENERAL PUBLIC

Addressing the concerns and opinions of the general public is another important aspect in meeting low income housing needs within Chilliwack. Several participants recognized that in order for low barrier housing to truly be successful, the entire community needs to be behind it and supportive.

Of the 74 references made to the general public by stakeholders, 24 of those directly addressed “community push back” or when the general public actively opposes low barrier housing and views it in a negative light.

Many responses regarding community push back centered on the public’s lack of knowledge regarding low-income housing and those in need of it. In fact, Garrett Schipper notes that he receives many concerns from people regarding low-income housing, a fact that he partially equates to incorrectly constructed perceptions and stigma:

“I think its perception. And I think in today’s day and age of social media, and some of these people that are you know posting on Facebook constantly about the extremely high rates of crime, and downtown you know? Umm that uh, there’s just this perception that you know, right away that somebody that’s a little bit different is suddenly the one causing the problem.”

Instances like this reveal that both street entrenched individuals and those living in low barrier housing are faced with unsanitary conditions that affect their health – it’s hard to remain healthy and physically fit when you are sleeping and living in areas that have human waste.

Another health issue noted by the population was that of head injuries. Many respondents had either suffered from a head injury themselves or knew someone living on the streets that had. Ruth and Naomi’s volunteer, “Betty Ann,” supports the presence of these head injuries, noting that:

“A lot of people that are (pause) many people have head injuries, eh? Nothing is saying you can’t fall on the ground and bump your head today – you’d be a head injury, eh? You don’t know anything. And lots of people have really good lives before they had a head injury, fell off a roof, or whatever they did.”

Furthermore, various respondents struggling with addiction, such as “Dale,” had open wounds on their faces and sores on their arms – physical ailments that left untended will lead to infection and hinder the individual’s health further as well as putting extra strain on the emergency room and general health services.

Along with unsanitary living arrangements, head injuries, and drug induced cuts and sores, the presence of bed bugs was also a large concern noted by multiple respondents. As one participant notes, their body was covered in painful bites for several months, due to the presence of bed bugs:

“I mean it’s all faded out now, and healed, and what not, but still it was like I didn’t even know what it was ... So every time I’d go to sit down on the couch, they’d bite me, and you know have dinner. And it wasn’t nice, it was painful.”

The presence of bed bugs causes harm to those living with these pests long term, not only to their physical body but also to individual property that infestations destroy.

By examining the data surrounding health it becomes clear that current low income housing options as well as living on the street itself does not adequately supply individuals with healthy forms of shelter – a form of health that is needed to maintain connections with the community and foster personal well-being that will in turn increase the chances for successfully transitioning back into society.

However, as Constable James Rae notes, the homeless population's mistrust of police officers is often garnered because of misinformation regarding how the process of policing works:

"The distrust of whether or not we can help them often comes with the fact that umm we, we everything we do is evidence based; and a lot of that stuff is accusations without evidence. Umm a lot times when I've been called, and have been called to things like that they're making the accusation because they can't think of anyone else who could have done it. Or because they know that person does 'that kind of stuff.' Well, in the policing world, that's not evidence, that's a suspicion, that's a gut feeling. We don't have any legal authority to pursue something where there's no evidence.

We as police officers have to maintain integrity of every investigation, which means that we have to do it umm with evidence based on the Criminal Code, as well as keeping in mind the Charter of Rights and Freedoms. And a lot of, a lot things like this, you know people stealing from each other in these shelters, a lot of those types of accusations are, are based on suspicion without actual fact or evidence. And a lot of times we're being asked to contravene the Charter of Rights and Freedoms by doing illegal searches. In order for us to be able to do our job as police officers, we have to maintain our integrity. Without that you know we're really not that useful. We can't give evidence in court. We can't, you know, be believed to do our job and, and keep our oaths. So, just because your rights have been violated by somebody stealing, doesn't mean that because you point a finger at somebody I can turn around and violate their rights. I have to, I have to have evidence..."

Reflecting an understanding of the policing process, stakeholders had a much more positive relationship and view of police intervention, Kim Lloyd noting that:

"The RCMP are onboard: they're wonderful to deal with. I've always had excellent, excellent experiences with them and I'm highly supportive of them too, right? And I always have been."

The difference in perception helps to reveal how strong the pull of self-policing is within the homeless and at risk community. Rather than seeing police as a helpful force capable of enacting justice, individuals are more concerned with maintaining credibility and protection from the self-policing forces of their community, despite the lack of safety and abuse many silently endure because of this.

Along with self-policing and the presence of police officers, participants also discussed the presence of vigilante justice acts from members of the general public. Multiple respondents spoke about being attacked and beaten by a member of the public while

The ability of integrated facilities to successfully help individuals transition from street life to other forms of low income housing can be seen clearly in Rhonda's statements regarding the effect of staying at the Contact Centre:

"I've done well out here ... I got fortunate and got into the Contact Centre, and here there's been some resources that I've been able to use to, to get where I am today – and I have stability here..."

Stakeholders were also positive about the integrated housing and services model. In fact, of the 120 references made to housing models by stakeholders, 36 of those were about integrated housing, second only to discussions surrounding the need for low barrier facilities.

Stakeholders also appreciated this model's ability to address issues facing the demographic, such as mental health and addictions, in a safe and supported way.

Although many respondents desired access to services, participants also expressed a desire for independent living – subsidized apartments being a common desire of the demographic. Individuals spoke to needing their own space because they did not trust other members in the community enough to live comfortably in a communal living situation.

For one respondent, it is the perceived safety that an apartment can offer that makes this type of housing appealing:

"Definitely apartments are a little safer, I think. If with, ya security for sure because you know it makes it a little harder for them to get in at ya – anybody anyways."

However, some stakeholders were hesitant in regards to how agencies would be able to effectively help the population if they were spread out amongst the city in various apartments in different buildings. As Linda B questions:

"Well, I would wonder how the professionals who are helping these individuals monitor them? So, I think you need a ...small place ... where someone is helping them ..."

However, other stakeholders, like volunteer "Betty Ann" acknowledged the need for privacy and personal, private space:

“You have to consider what barriers we’re removing. Are we removing the barriers of having to have a criminal background check? You know, that’s, that’s reasonable. But you also take on a certain amount of risk. Like for example, if you’ve got a guy that’s on the National Sex Offender Registry and now he doesn’t have to have a background check and winds up moving next to the type of person that he’s on the registry for - now you have an issue, because now you’ve made the person beside him unsafe. So now that person’s rights are no longer being considered. So, I think [with] low barrier, you have to define what low barrier means.”

The desire to create open, reputedly run, safe and secure low barrier facilities within the city is a key concern, that if addressed will allow homeless and at risk individuals to address the obstacles that face them by starting with a key source of security – consistent and stable housing.

CONCLUSIONS

The homeless and at risk population is a heterogeneous group with different situations, needs, and wants. Despite these differences, there are still many overarching themes in common that will need to be addressed in order to provide a meaningful opportunity for this population to not only secure safe and stable housing, but to have access to those services that will provide further security and assistance.

The realities of the homeless population’s situation do not allow for them to simply find a place that provides them safety, security, emotional stability, or the ability to meet general requirements for healthy living. This inability to quickly or easily address housing concerns ultimately leaves the individual in a cycle of homelessness and poverty as well as in danger of health concerns as they move through this cycle of street to shelter to inadequate housing situations and back. This in turn places undue strain on the health care system and emergency services.

Current housing options for the homeless and at risk population are primarily unsafe, unstable for any kind of tenured housing situation, unhealthy, unsanitary, and are generally located in geographic locations within the city that make it extremely difficult for those individuals attempting to address lifestyle concerns. Many of the low barrier options also feature absent or unscrupulous landlords that take advantage of those marginalized groups residing in their locations or will simply discriminate against the population altogether leaving undesirable options when one exists at all.

Cost is a key barrier to finding accommodation that meets the basic humane needs of this population. Compounded with addiction and mental health concerns it is

Recommendations

Based on the existing literature on homelessness and housing, the evidence provided by those jurisdictions having already employed this model, and the data generated in this project it is recommended that Chilliwack:

- Develop a **Housing First** approach to help alleviate the problem of homelessness in the city.
- This should not be contingent on any “housing ready” requirements.
- This Housing First Approach needs to be integrated with flexible services that this population requires to further add stability to their lives.
- Actively engage with the homeless population to ensure that their voice is a part of the discussion.
- Employ mixed-model housing forms to meet the needs of this diverse population.
- Ensure that services are coordinated in their delivery and the process is as straight forward as possible. An example would be to ensure that anyone choosing to enter a detox or treatment facility would not be in danger of losing their housing situations.
- Educate the general public on the purpose, function, and benefits of the Housing First model. Both the individual and the larger economic benefits.

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