2023 COMMUNITY SURVEY ON HOMELESSNESS REPORT

Prepared by

Journey **HOME**

**KELOWNA
HOMELESSNESS
RESEARCH
CENTRE**

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INTRODUCTION

Between February and May 2023, the Central Okanagan Journey Home Society (Journey Home) collaborated with the Lived Experience Circle on Homelessness (LECoH) and the Ki-Low-Na Friendship Society to develop a comprehensive, novel dataset in Kelowna focusing on people experiencing sheltered and unsheltered homelessness.

After filtering for duplicates and errors, 280* completed surveys were analyzed among an estimated 485 people counted as visibly homeless as of May 2023. Surveying was conducted by members of LECoH, PEOPLE Employment Services, and employees from several community partners paid by an hourly honorarium. Using paper surveys, surveyors carried out in-person interviews in different areas of Kelowna consisting of 77 quantitative and 15 qualitative questions. Questions were grouped under several themes or areas of interest related to homelessness such as:

Housing Needs & Preferences   **Housing History**

Employment Goals   **Health**   **Homelessness Prevention**

BY THE NUMBERS

77 Quantitative & 15 Qualitative questions

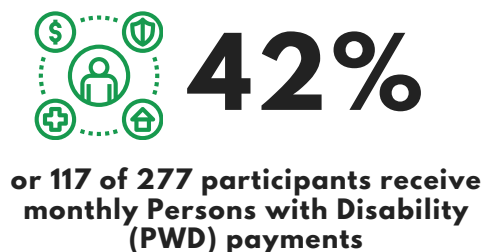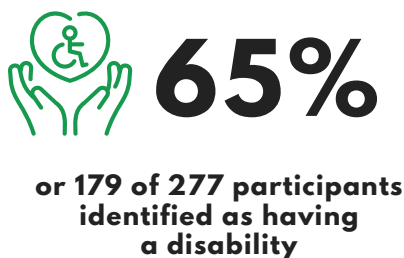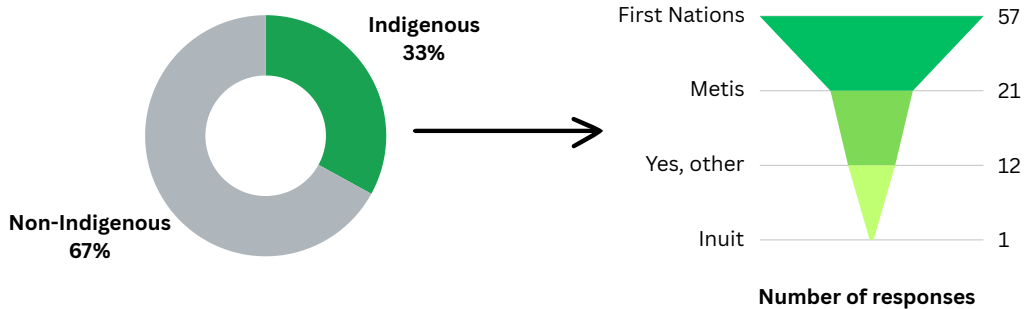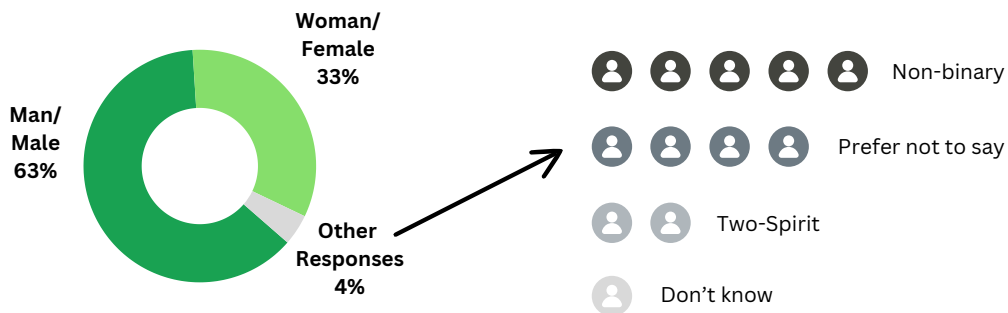**280* surveys completed among estimated 485 people counted as visibly homeless**

Data collection conducted across four months

Participants could decline answering any question. Therefore, total number of responses may be lower than 280 for each question.

The survey was based on a Point-in-Time (PiT) count, which is a systematic measure of how many people are experiencing sheltered and unsheltered homelessness on a given day in a community or city (Infrastructure Canada, 2023). The Central Okanagan Foundation, which partially funds Journey Home, conducted the most recent PiT count on March 10, 2020 and revealed at least 297 people were experiencing homelessness, a 4% increase from 2018 (Bardos, 2020).

While our survey included many of the categories of typical questions in a PiT count, we sought to capture data beyond demographic characteristics and over a longer period of time. An optional by-name list consent form was also included. The names of participants who consented to the by-name list would then be entered into a future coordinated access system as outlined in the original Journey Home Strategy.

DEMOGRAPHIC CHARACTERISTICS

53

Average age of respondents

12%

or 32 of 277 participants said they were responsible for someone else's care

Woman/ Female 33%

Man/ Male 63%

Other Responses 4%

Non-binary

Prefer not to say

Two-Spirit

Don't know

Indigenous 33%

Non-Indigenous 67%

First Nations — 57

Metis — 21

Yes, other — 12

Inuit — 1

Number of responses

65%

or 179 of 277 participants identified as having a disability

42%

or 117 of 277 participants receive monthly Persons with Disability (PWD) payments

SERVICE CONNECTIONS

With more than 50 organizations supporting homeless and housing needs, we wanted to explore the rates of connections to community resources as well as participants' ability to access them. Participants were asked about which resources they were already connected to, which resources they would like to connect with, and their means of getting around as well as barriers to mobility around Kelowna.

Just under half of 277 participants who answered questions in this section are already connected to outreach/community support workers (49%) and Outreach Urban Health (48%) — the two most selected service connections. While being connected to community resources is necessary to access support, it is imperative to consider how effective those resources are, as connection alone does not lead to improved outcomes. Since participants could select multiple or all options, we received 640 total selections of resources from 277 respondents, indicating a high level of simultaneous connections.

While frontline services are critically vital to responding to homelessness, they were experiencing unprecedented demand even before the COVID-19 pandemic. Locally, frontline staff have noted that turnover is incredibly high from burnout while inadequate pay and poor working conditions severely limit service and system capacity. Their experiences and insights are supported in recent literature (Voronov et al., 2023; Waegemakers Schiff & Lane, 2019).

Our results suggest that continuing working toward the Journey Home Strategy's goal of bringing a robust coordinated access system informed by real-time data beyond the society's operations is of the utmost importance.
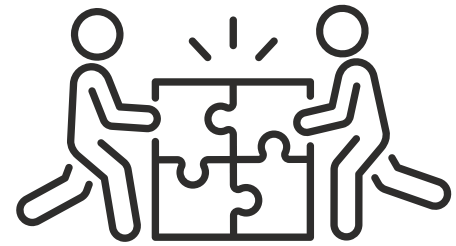
CHRONICITY & HISTORY

We sought to measure several dimensions of time, including length of time living in Kelowna, duration of experiencing homelessness in our community, and how long ago they first interacted with homelessness support services. We were also interested in what areas or neighbourhoods of Kelowna participants would spend their time and which they would like to access resources from.

In a systems-thinking context, the longer someone remains homeless, the more complex their situation can become, from the increasing overlapping of resources engaged to support them to the compounding health impacts that exacerbate each other. With approximately 100 new individuals entering homelessness, year over year, this issue is only growing. An individual is considered chronically homeless if they have spent at least six months sleeping rough over the past year or have recurring experiences of homelessness over the past three years, as defined by the federal Reaching Home initiative (Infrastructure Canada, 2022). Approximately 87% of 277 respondents met the definition of chronic homelessness whereas roughly 55% of 272 reported having first interacted with homelessness support services a year ago or more. Our findings suggest that experiences of homelessness are not brief in our community — the norm not the exception.

The City of Kelowna's 2021 Complex Needs Advocacy paper makes a strong case against maintaining the status quo for individuals with complex needs — such as fetal alcohol spectrum disorder (FASD) with substance use and/or mental health disorders — who often experience chronic homelessness. "Business as usual" costs of failing to provide comprehensive supports for those individuals sits between $14 and $18 million annually, while providing those supports could cost around $9.5 million (City of Kelowna, 2021).

87% of 277 participants have experienced homelessness six months or longer

Percentage of 272 respondents who first interacted with homelessness services **55%**

MENTAL HEALTH, SUBSTANCE USE & PATHWAYS INTO HOMELESSNESS

Previous research has explored the prevalence of substance use and mental health disorder symptoms for people experiencing homelessness (Palepu et al., 2012). However, we wanted to investigate to what degree those in this cohort identified substance use and mental health challenges as playing a role in their path to homelessness.

Our findings revealed that 64% of 272 respondents identified substance use, their own or someone else's, and 64% reported that mental health, their own or someone else's, were contributing factors to them experiencing homelessness. Unpacking those percentages, for substance use, 151 respondents of 272 identified their own substance use while 23 said someone else's. For mental health, 137 of 272 participants said their own mental health while 36 said someone else's.

We caution that even though participants identified substance use and mental health challenges as part of their experiences of homelessness, these are not casual factors on their own but risk factors, which may be occurring amidst many others such developmental disability, traumatic brain injury, abuse, sexual violence, lack of affordable housing, or adverse childhood experiences (ACEs). A systematic review and meta-analysis of existing research found that lifetime prevalence of 54% for four or more ACEs for adults experiencing homelessness — compared to 3-5% in general population globally (Koh & Montgomery, 2021).

Approx. 64% of 272 respondents identified substance use and mental health as contributing to them experiencing homelessness
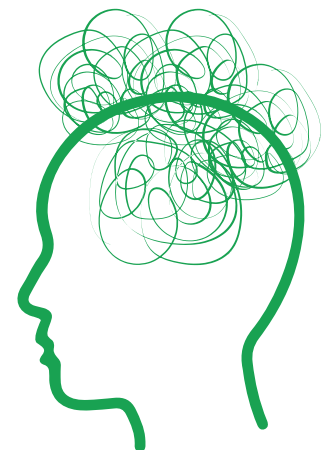
DIVERSION & RAPID RESOLUTION
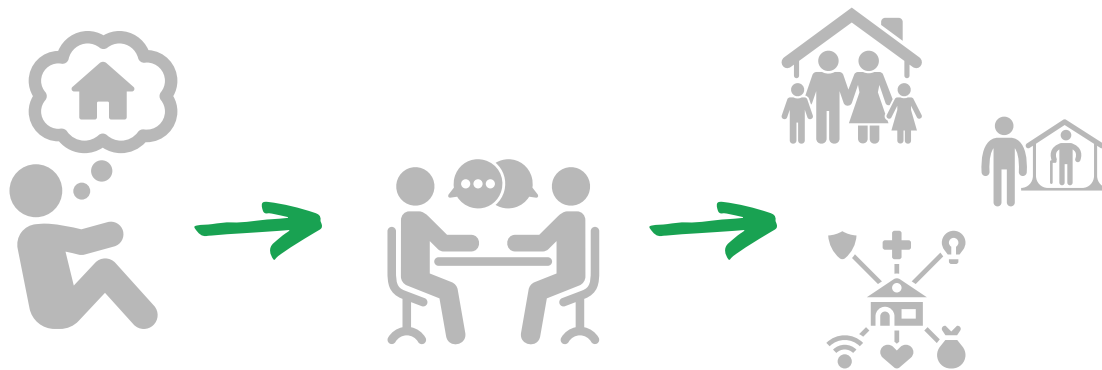
Diversion is a practice used to prevent the use of emergency shelters or sleeping outside by talking with incoming clients to explore preexisting resources and relationships that the person can tap into, redirecting them from entering homelessness.

To explore diversion and rapid resolution, we asked participants where they were staying before they became homeless, the primary reason they had to leave along with their perceptions of if they could have stayed longer, as well as current barriers to finding permanent housing.

We found that 54% of 272 respondents who gave answers in this section were living in their own housing while 31% said they were living with friends and family before becoming homeless, meaning the majority of those experiencing homelessness in Kelowna are not born into it. When asked if they could have stayed longer if they had received support or other services, 45% said yes compared 44% who said no.

We then asked participants what was their primary reason for leaving the place they were staying at last. Conflict (49%) and Finances (39%) were the two most reported. However, several participants provide reasons in the Other category, such as eviction/forced loss, social and personal hardship, substance use, abuse and violence, with structural factors such as poverty and lack of affordability.

The most reported barrier to finding permanent housing was finances at 52%, along with written answers that respondents provided such as conflict, stigma, and availability of housing.

HEALTH & HEALTH IMPACTS

Adverse health outcomes, in both the short and long term, have been shown to impact people experiencing homelessness at higher rates than the housed population including greater rates of morbidity and mortality (Guirguis-Younger et al., 2014). Due to the cumulative and compounding stressors of chronic health issues, infectious diseases, suicide, fatal injury and violence, those experiencing homelessness are inflicted with "the highest all-cause mortality rates of any population in Canada" (Guirguis-Younger et al., 2014, p. 2). As such, it was important to capture local data to understand risk factors and adverse health outcomes for those experiencing homelessness in Kelowna.

Of 266 participants who answered this question, 63% or 167 individuals reported a need for greater services. The top three most identified categories of health needs were dental conditions (70%), substance use disorder including alcohol use (67%), and psychiatric and mental health (55%). Furthermore, most participants (68%) have accessed the hospital while experiencing homelessness. Of 180 who answered, 51% reported not receiving adequate care when they accessed the hospital while 59% of those experiencing homelessness said they had left before receiving care. While Guirguis-Younger et al. (2014) notes the reasons are complex for these barriers, our findings are indicative of previous work which found that individuals experiencing homelessness commonly feel unwelcome in health care settings because of discrimination and thus are less inclined to seek out care in the future (Guirguis-Younger et al., 2014).

63%
reported a need for greater services

TOP THREE MOST REPORTED NEEDS

70% reported dental conditions

67% reported substance use including alcohol use disorders

55% reported psychiatric & mental health needs

EXPERIENCES IN HEALTH CARE

59% reported leaving the hospital before receiving care

51% reported not receiving adequate care when having accessed the hospital

EMPLOYMENT

"**People experiencing homelessness** are lazy" or they should "just get a job" are two of the many misconceptions around homelessness and employment (Aleman, 2016). In fact, people entering homelessness struggle to meet their basic needs while contending with the structural forces, systemic failures and individual crises that make it extremely difficult to look for, let alone maintain, employment. Journey Home wanted to interrogate misconceptions of laziness by asking participants about their employment goals and whether having access to housing would help them achieve those goals.

Our findings indicate that contrary to those myths: 66% of 270 participants have employment goals or aspirations, while a larger share of participants (84%) believe that having "stable, permanent and appropriate housing" would help them work on employment goals. Further, 7% of 277 respondents selected employment as a source of their monthly income.

From our data, a majority of respondents clearly want to participate in the workforce and feel that having housing is a critical part of achieving that. However, without safe and secure housing, individuals experiencing homelessness encounter barriers such as not having a fixed address to put on job applications, a working phone for potential employers to reach them, or a place to attend to hygiene needs and prepare for interviews (Aleman, 2016). Often under threat of theft or constant relocation due to municipal bylaws and law enforcement, they must also carry their belongings everywhere, which is not conducive to a positive first impression for a successful interview or offer of employment. Indeed, 42% of 277 participants cited lack of storage as a transportation barrier.

66% of participants have employment goals or aspirations

Percentage of respondents who believe that having "stable, permanent and appropriate housing" would help them with their employment goals
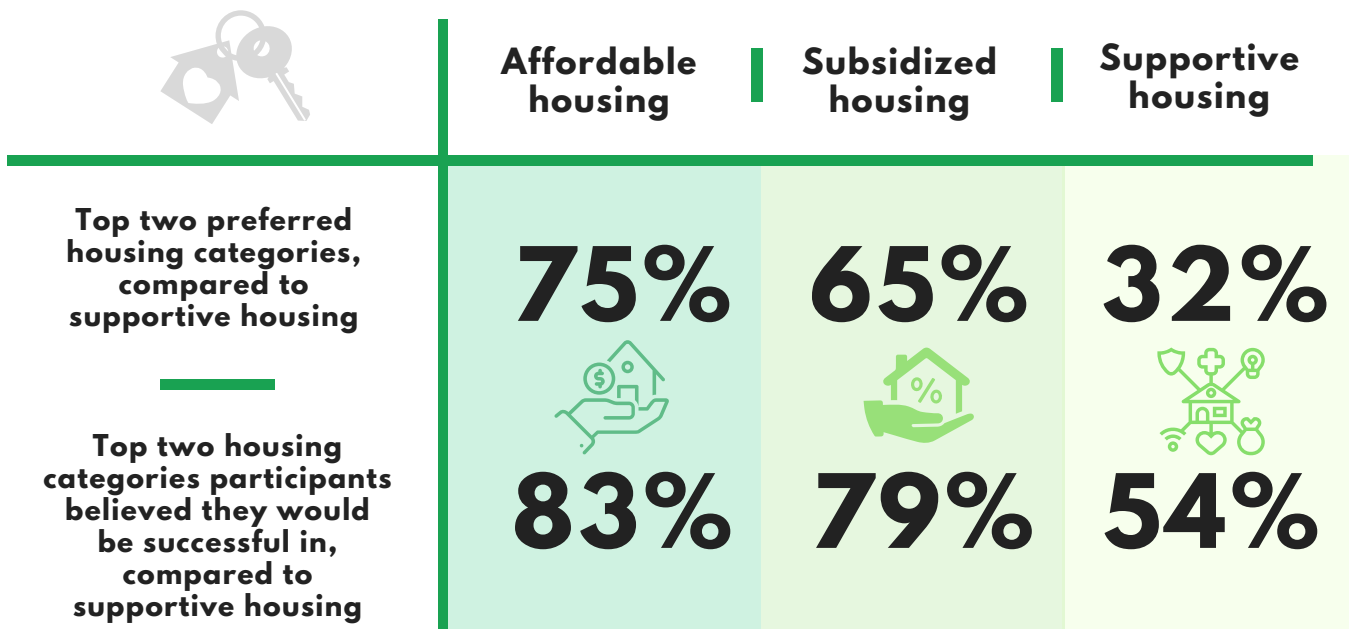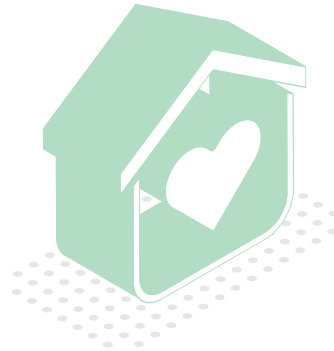
84%

HOUSING NEEDS AND PREFERENCES

Supportive housing is generally assumed to be a robust and comprehensive housing option for individuals experiencing homelessness. This is based on the presumption this kind of housing can provide the best care, which includes staffing, on-location or connected services and rent control. However, our findings suggest a clear preference for less intensive alternative options such as affordable housing (housing at or below market-rental rates) and subsidized housing (rent-controlled housing geared to 30% of household income).

Of 267 participants who provided answers in this section — 75% preferred affordable and 65% for subsidized, compared to supportive (32%) and the other categories such as transitional, Indigenous-owned, market rentals and home ownership. Most respondents also felt they would be most successful in both affordable (83%) and subsidized (79%) housing versus supportive housing (54%).

Of 270 participants who answered in this section, a majority did not identify needing attached services and supports such as childcare (87%), accessible housing (80%) or health services (70%). Less intensive housing can also be more cost-effective. An 2005 analysis comparing the costs of different social and institutional housing categories in Vancouver, Toronto, Montreal and Halifax found that, on average, a unit of affordable housing without supports costs $5,000 to $8,000 annually while a unit of supportive housing required $13,000 to $18,000 (Pomeroy, 2005). To our knowledge, no more recent work has been done to update these findings, but given inflation and other factors, it could be argued this continues to be the case as of 2023.

	Affordable housing	Subsidized housing	Supportive housing
Top two preferred housing categories, compared to supportive housing	75%	65%	32%
Top two housing categories participants believed they would be successful in, compared to supportive housing	83%	79%	54%

CONCLUSION

The results from our survey highlight what is missing from the current point-in-time counts. While knowing the number of people experiencing sheltered and unsheltered homelessness helps communities understand the size of the current housing crisis on a local level, that number alone does not reveal other critical dimensions of homelessness, most saliently individuals' own perceptions, connections, wants, and desires. This multi-dimensional approach is necessary to continue working on establishing a robust coordinated access system informed by real-time data — moving beyond a tally of homelessness and into structural, systemic changes so individuals no longer fall through the cracks.

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