

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.

Introduction

Homelessness is not an issue that only Chilliwack faces. Most cities in North America have some level of homelessness within their communities. The overarching factors that lead individuals into homelessness are generally identified as issues with drug and/or alcohol addiction, mental health issues, insufficient finances, or any combination of the above. Shapcott (2009) suggests that traditional policy approaches to homelessness and housing haven't addressed reduced housing supplies in most communities and is also leading to an increase of homelessness across all demographic groups.

It is estimated that each year in Canada, about 200,000 people experience homelessness and that on any given evening, there are as many as 30,000 homeless (Turner, 2014). This has a significant effect on emergency services whether in the form of shelter, policing, ambulance, or visits to the emergency room that cost as high as \$7.05 billion annually (Turner, 2014).

From 2006-2008 the Chilliwack Social Research and Planning Council undertook research asking homeless Chilliwack individuals, and those at risk of homelessness, about their understandings and relationships to available social services in the community as well as asking them what they think could be done to improve both the availability and delivery of services to this particular population. The primary findings from this initial exploration saw low-barrier housing, a one-stop shop service delivery model, and improved mental health and addiction services as the significant themes to emerge from the qualitative component. The City of Chilliwack did ultimately heed the report's recommendation and in 2011 delivered its health contact centre for the homeless, addicted, and mentally ill which operates under the "one-stop shopping" model and functions as a first stop resource addressing many different social concerns.

Access to low-barrier housing remains the significant factor from the initial project yet to be fully addressed and this current research looked specifically at models currently employed in other communities to identify successes; to see what issues and concerns need to be considered in this process; to identify the costs of homelessness to the community versus the costs of providing access to housing. This report identifies the services already available in Chilliwack, the current state of housing in the community, the goals of the City moving forward, and identifies how these goals might best be met. This report also contains a qualitative component where members of the homeless community are given a voice to express their experiences with housing concerns in Chilliwack, what they think would work best for them to make a successful transition into long term housing, and what needs to be adequately addressed were a low-barrier project to be implemented.

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 lead 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.

The homeless population, while often experiencing many similar situations and obstacles, is a heterogeneous population in their makeup. Age, race, ethnicity, gender, and the underlying causes of their situations and needs in order to alter their current state are different. As such, this diversity needs to be appropriately recognized in any attempts to improve their housing situations and lives.

HOMELESSNESS & CHILLIWACK

Chilliwack has a perceptible population of homeless individuals that have been at the fore of much media attention in recent months as a result of a “homeless camp” that grew in a highly visible public space and generated significant debate from individuals on all sides of this issue. The population of Chilliwack according to the 2011 census is 92,308. The population of the City of Chilliwack proper (excluding places like Rosedale, Harrison, and Kent for example) is 77,936. The most recent count of homeless in Chilliwack identified 73 individuals who self-identified as homeless compared to 111 in 2011 (Van Wyk, 2014).

While the number of homeless in the Van Wyk (2014) report has shown a decrease over the past three years, this project did identify several individuals who are new to Chilliwack, some as recently as having arrived within a week of our interview with them. Many others may have been in Chilliwack for slightly longer than a week but identified the availability of services in Chilliwack as one of the primary reasons for their relocation to the city. A couple of the interview respondents mentioned, in at least one case, that they were told by another homeless individual that Chilliwack offered services that were lacking in other Lower Mainland communities while another intimated that a service provider in another locale had suggested that they would receive better services in Chilliwack so they ultimately made the journey. With the implication that the City of Chilliwack is garnering a reputation as somewhere that homeless individuals can receive more (or more effective) services, it is reasonable to think that more individuals may come to Chilliwack in search of these supports.

With rental rates that are cost prohibitive to many low income persons, and low vacancy rates for affordable housing options, the at risk population in the City also needs to be considered in any approach to homelessness and housing that is undertaken. The 2009 Chilliwack Social Housing Inventory (Van Wyk) identifies the availability of beds and services in the community that range from Emergency shelters and safe houses to transitional housing options, supportive housing, and independent housing. If considering those that would be available to a general homeless population in Chilliwack – thus discounting private facilities, residential care facilities for seniors, youth focused

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.

Having been (or currently being) in the same position as the interview respondents, the perspectives that James could offer throughout each stage of the project enabled a deeper understanding of the issues and concerns of the homeless population and their situation in Chilliwack. With James as a “community researcher”, there were instances throughout the project where his presence helped to facilitate interviews or to alleviate the concerns that some respondents may have had about participating. For the purposes of this project at least, the PAR approach provided critical insight and access that could likely not have occurred otherwise.

THE ACTIVE INTERVIEW

The interviews were conducted with an “active interview” methodology that recognizes the importance of the interactive processes between researcher and interview subjects in the construction of knowledge. Contrary to an empiricist ideal of collecting data, the active interview recognizes that data is produced through an interactive process that involves both parties. It is with this approach to the qualitative interview that subjects stop being vessels of information that need to be opened and are envisioned as ‘active’ participants in both the interview itself and subsequently in the knowledge created. If both actors in this process are involved in the making of meaning, then this active collaboration implicates the act of interviewing and the resultant narratives, as well as their interpretations in the production of knowledge. This allows for the socio-cultural contexts (the how) of an interview to reside in tandem with the lived experiences (the what) of the subject. This interactivity allows for the collaboration required to produce meaningful knowledge in an interview situation and also has the potential to provide a feeling of empowerment to the respondents, as they become significant contributors to the entire process.

The active nature of these interviews also left ample room for participants to express their ideas in a manner that best suited them. Rather than responding linearly or stating “this is how I feel,” many of the participants answered questions with layered personal anecdotes. Because of this, when compiled, the data from these interviews became a patchwork of insight into the barriers and issues that face the population. While each anecdote is individual to the person responding, the compilation speaks to larger concerns that, although manifesting differently, stem from similar places and are faced collectively. Individuals are complex and their lives are made up of stories that are not always easily explained in one sentence. And while the open nature of the interviews did at times gather information outside the scope of the original questions, all of the data received added to the research’s overall insight and depth.

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

accommodated. Unlike many of the other interviews conducted with the homeless population, as this group resided collectively in a housing situation, we were able to follow up were further questions to arise during the coding process. The focus group interview as with all of the on-the-record interviews, was audio recorded but was also video recorded as a tool to aid in transcription as several voices at once are common and it is tough to discern the persons speaking simply from audio. Conducting the focus group with individuals from the Contact Centre also gave James the unique opportunity to speak with peers and share his own insights. Throughout the interview, James added to collective conversations with personal stories that both deepened the participant's willingness to share their own struggles and added depth to the overall research itself. Ultimately, the information provided by James proved so valuable that it was coded and added to the overall findings.

The other interviews with the homeless population occurred in a variety of different situations and locations. Members of the research team spent considerable amounts of time in different locations like the needle exchange, Ruth & Naomi's, The Salvation Army, a Winter Warm-Up event held at the Evergreen Hall, as well as the area where the tent city was in order to become visible, speak casually, and eventually hope to earn the trust of the individuals. Over time, the consistent presence of the research team did garner trust from various members in the community, a fact that both opened doors to other potential participants and made those being interviewed more willing to share their opinions.

Interviews were also conducted with individuals involved, directly or indirectly, with issues related to the homeless population in Chilliwack. These stakeholders were given the opportunity to discuss how they see the current situation in Chilliwack regarding homelessness and housing, what currently exists to meet these issues, and what might be considered in the future.

All of the interviews were transcribed and coded as soon as possible after the interviews as this ongoing process informed the interviews going forward as new information arose and as holes and omissions emerged. It allowed the research team to ensure that it wasn't limited to any "box" of thought from the initial inquiries as the ever broadening scope of the interviews brought new themes of inquiry to light. For instance, very early in the process of coding, the theme of "safety" was identified as a significant concern expressed by the homeless respondents. This related to personal physical safety or safety and security of their possessions so the research team saw an area that while important to the respondents had not yet been identified or tackled through the research. This enabled the inclusion of questions regarding notions of safety as well as the inclusion of further interviews with law enforcement and a city bylaw officer

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.

Literature Review

Homelessness, and more specifically housing homeless individuals, is a challenge that Chilliwack currently faces. As of March 2014, it was reported that more than half of the homeless individuals currently residing in the Fraser Valley live without any form of permanent shelter (Fraser Valley Regional District, 9). Although a seemingly overwhelming community issue, academic research surrounding this topic points to several demonstrated effective housing models for this at risk population.

Several different communities in North America have adopted low-barrier and/or housing first approaches to the issue and will be looked at here to determine feasibility in the context of Chilliwack's needs as well as later related to the data that emerged from the qualitative portion of the research.

The University of Victoria produced an approach to policy report on Housing and Harm Reduction (Pauly et al, 2011) that looked to identify the barriers to housing that homeless persons faced in relation to addiction and mental health. After their review of the literature the report concluded that while wholesale shifts in policy are difficult to implement, the current approaches that focus on addiction first and housing as a secondary consideration needs to be reworked in order to truly serve the needs of the homeless community and to benefit the larger community. The report suggests that a policy approach needs to be implemented that is centred on client needs, as opposed to service efficiencies for example, and takes a "housing first" approach that offers choice and inclusion in the entire process of assistance. It indicates that the "one model fits all" policy framework that is often the default approach has clearly shown to be unsuccessful in dealing with issues of both homelessness and addiction.

The cities of Vancouver and Nanaimo have both committed themselves to the application of significant resources focussed on the issues related to homelessness. Vancouver has committed to building more affordable housing, have already begun developing housing units scattered throughout the city, have given housing priority to those living "on the street and in shelters", and have opened "low-barrier winter shelters" (Gaetz et al, 2013. P. 35). The Mayor's office claims that through the implementation of these initiatives, the population of street homeless in Vancouver has been reduced by 66% (Mayor of Vancouver, 2013). Nanaimo has developed a low-barrier supportive housing project as a 36-unit apartment complex that has provided 40 formerly homeless individuals with permanent affordable housing (City of Nanaimo, 2014). The City of Nanaimo has also adopted a Housing First approach to the issue that looks first to get individuals into a safe housing situation while simultaneously providing "the supports they need to maintain their housing and begin to get their lives back on track" (City of Nanaimo, 2014).

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

that focusing primarily on the provision of emergency services to tackle the issues associated with homelessness has significant implications. The approach “not only has a negative impact on the health and well-being of people who experience it, but is also expensive” (p. 32). He cites a study done in British Columbia in 2001 indicating that a homeless person in the province costs between \$30,000 - \$40,000 per year in supports (Eberle et al., 2001). He also points to a study from Halifax in 2006 that shows investment in “social housing would generate a per person savings of 41%” (p. 32).

The Wellesley Institute produced a *Blueprint to End Homelessness* paper in 2007 highlighting the associated costs and savings. The report shows the cost of housing homeless individuals in a shelter bed is \$1,932 per month, the provincial jail cost is \$4,333 per month, and a hospital bed costs \$10,900 for the same time frame. In comparison the City of Toronto’s average monthly cost of rent supplements per person is \$701 and social housing costs \$199.92 per month per person. The State of Utah (Wrathall et al) produced the *Comprehensive Report on Homelessness* in 2013 and indicate that over the first 8 years of an integrated approach to chronic homelessness including supportive housing, Salt Lake City has seen a 74% reduction of chronic homelessness.

Turner’s report emphasizes that placement in housing, while important, is simply one of the steps in the process and is in and of itself not the solution. When all of the principles of HF are employed however, the research clearly demonstrates that it is significantly more successful in addressing homelessness, and saving costs, than traditional policy approaches

MODEL 1 – LOW BARRIER, GROUP HOUSING

As Patterson et al explain there are three main types of housing models that have proven especially helpful when addressing homelessness: low barrier housing, integrated mental health and addictions facilities, and supported housing (13). The first model, known as “low barrier housing” or “housing first” rests on the principle that applicants do not need to meet any specific requirements to enter into a provided facility, especially surrounding their use of drugs and/or alcohol (Patterson et al, 13) (Van Wyk and Van Wyk, 38). While true that this method does not immediately curtail the consumption of substances, this model has been proven effective because of the “trust” that is implicitly built between the participants and those facilitating their housing: the idea being that a “conscious” commitment on the part of the facilitator in “ensur[ing] that nothing ...get[s] in the way of keeping a roof over someone’s head” will ultimately encourage participants to make their own active choice towards a “healthier lifestyle” (Van Wyk and Van Wyk, 8). This belief is further supported by research surrounding low barrier housing in Victoria. Using the successful example of Harbour

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).

MODEL 3 – SUPPORTIVE HOUSING (SINGLE UNIT SPACES)

In addition to low barrier housing, Patterson et al also point towards supportive housing as an effective strategy. This method encompasses the “broadest area” in housing options as it “ranges from short term transitional housing for crisis stabilization to permanent supportive independent living” (Van Wyk and Van Wyk, 37). While low barrier housing facilities tend to be specialized in their focus on homeless individuals, supported units tend to be less immersive, ranging anywhere from individual apartment “units with on-or off-site support” within a larger apartment complex to “block apartment” (Patterson et al, 13) units bought on mass. Although this method lacks the low barrier mentality of housing multiple individuals together in one large home, supportive housing offers the unique ability to help people on a case by case circumstance, housing people separately (ie: various apartments around the city), while still “matching the needs of the client with the appropriate levels of service (Van Wyk and Van Wyk, 37).

The success of this single unit supportive housing model can be seen clearly through a study surrounding homeless individuals by Susan Collins et al. Following the housing retention of chronically homeless individuals with severe alcohol addictions over a two year period, this research determined that homeless individuals were not only interested in single unit housing, but also that this type of model is capable of “fill[ing] a gap in housing needs for a key segment of the homeless population (1, 7). While true that this same study found “23% of participants retur[n] to homelessness during the 2-year follow-up,” due to the “flexibility of the single-site Housing First program” the researchers also saw “one quarter of these individuals mov[e] back into the same housing project at a later time” (7).

AFFORDABLE HOUSING –SINGLE APARTMENT UNITS

Currently in Chilliwack, B.C Housing “provides 33 apartments of supportive housing in a four-storey building for adults with mental-health barriers and youth at risk of homelessness” (B.C Housing, Website). Building upon B.C Housing’s success, the addition of more subsidized apartment units would further benefit the homeless community. In 2009, McClanaghan and Associates reported housing costs as being one of the major challenges facing residents of Chilliwack - a challenge that is exacerbated when individuals are already homeless and/or dealing with poverty (3). So, by creating more subsidized apartment units in the community, the City of Chilliwack will add another feasible option for homeless individuals to leave the streets and enter into safe housing.

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.

AFFORDABLE 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.

Findings

DEMOGRAPHICS

The homeless and at risk community in Chilliwack that ultimately participated in this research project is diverse in several ways. They have different reasons for their current situations, they currently exist in various situations under the banner of homelessness, and they identify different approaches that could help with their reintegration back into mainstream society.

The research team spoke on the record with a total of 27 individuals. 20 from the homeless and at risk population and 7 from the stakeholder population. We also spoke with 7 individuals from the homeless population that did not want to be audio recorded but allowed for notes to be taken during the discussion effectively bringing the total number of interviews that resulted in coding to 34.

Of the 20 persons in the homeless and at risk population, 11 self identified as currently homeless while 8 identified themselves as previously homeless and by definition at risk of homelessness. One individual said that she is not currently homeless and has never been but her current financial situation puts her at great risk of being homeless. All 7 of the individuals that spoke off the record were currently living on the streets.

Of the 20 interviews, 12 of the respondents were male and 8 female.

Of the males, one was an immigrant to Canada but had been in Chilliwack long term. Another was a long term citizen of Chilliwack who moved here from Calgary. One of the men had very recently arrived in town from Ft St John to try and help a friend. Another also came from Ft St John a while ago although he had lived in Chilliwack for most of his life. One of the male participants came here from Prince George but couldn't recall exactly how long ago that was. Fort Langley was home to another of the respondents and he moved to Chilliwack for a job, as did another as he moved here 2 years ago for work. Another has been in Chilliwack for 16 years and did not identify where he came from originally. 2 of the male participants had only been in Chilliwack for 5 days before speaking with us and did not identify why they came here or where they came from. Another was from the United States and came to Chilliwack because of family. Only one of the male participants identified himself as a life long resident of Chilliwack

One of the female respondents was from Burnaby and made her way to Chilliwack after a short stay in Abbotsford where she was told that better services existed in Chilliwack. Another had a similar story as she was born and raised in the Lower Mainland but came

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:

“Ya, sure, there’s a list out there. You know \$600, \$700 places, you know one bedroom places. But who, living in a shelter you know whose trying to make that transition can afford that, right? So it makes it difficult.”

Echoing this sentiment, Jenny D. further explains that even when individuals are able to outlay the money needed for rent, the high cost makes it very difficult to live as well:

“They say that you’re not supposed to spend more than 35% of your income on housing and yet we’re spending 85% of our income because there’s no allocation for people with low income. They say ‘low income’ but then they just ... the rent is the same as somebody with a high income – moderate to high or average – I don’t know what the word would be appropriate to use. It doesn’t add up. It completely doesn’t add up.”

While true that there are currently places in Chilliwack that are geared towards housing low income individuals, many of these places do not offer the safety or the removal from past lifestyles needed to maintain a healthy lifestyle. As an outreach worker explains, current low income housing options in the city often do not benefit those living in them because they lack the proper resources needed to keep residents housed:

“Umm, most of the places that are available for umm an affordable rent when you’re at \$375 support are in the ‘War Zone.’ So ya, these people maybe can get stable housing, but they’re totally exposed to the past way of life and the only thing that’s changed is they’ve got a roof over their head for a month, right?”

The outreach worker’s sentiment is shared by those individuals living within the facilities themselves. Participants spoke of shootings, people breaking into their rooms, endangerment associated with drugs and drug dealers, as well as a lacking personal safety.

One participant, “Dale,” described being sprayed with bear mace by another resident in his current low barrier facility, going on to explain that he

“Sleeps with a “sledge hammer” and a knife because he is constantly scared that someone is going to break into his apartment and hurt him. He was in his apartment when someone started to pry his door open. He called out “what are you doing? Who is it?” but no one answered. They left but he is still scared that people are able to pry open doors and no one cares in the building.”

Along with safety, health concerns within the units were also prevalent. Many respondents spoke of bed bugs in their apartments, a problem that was both

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.

In regards to physical safety, individuals often referenced moments of fear and danger. In fact, anecdotes surrounding being attacked by both others living on the streets and members of the general public, were common.

As one respondent explains, remaining physically safe is impossible to guarantee because street safety is often dependent on where you happen to be at any given moment:

“I don’t know, there’s been an awful lot of killings and you know stabbing and that kind of shit going on. And I’m not a part of it, but I mean I could be a part of it. If I’m at the right place at the wrong time and that’s it – I’m done.”

“Kate” and “Shandra” share this sentiment, explaining that in their experience street violence is often random:

“S: Ya, it’s random everywhere.

K: Random, just people coming out of nowhere and smacking you or hitting you or something.

S: They make the fight happen right? People have anger issues.

K: Some are robbed, some are just someone beating somebody.”

In addition to lacking physical safety, deficient emotional well-being also hinders those without permanent housing. Respondents identified feelings of depression, lacking self-worth, and hopelessness when describing their time on the street. One respondent, Danielle, explains how homelessness completely deteriorated her mental state:

“You’re hungry; your heart is crushed; your soul is crushed; you’re in complete devastation. And you feel that there’s nobody who loves you; nobody who cares about you; the world just run you down and, and there’s no place to go. All you wanna do is die.”

It is this constant fear of harm and subsequent emotional decline that causes many individuals to lose trust and become fearful – a fear that forces individuals to focus a significant portion of their time and energy on basic self-security, rather than other issues, such as addictions or mental health that they may be facing.

In fact, Steven Esau, manager of the Chilliwack Health and Housing Centre, explains that without safe housing, individuals will struggle to address the obstacles that hinder their re-entry into mainstream society:

“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.”

Kim Lloyd, who does street outreach and HIV/HEP C prevention for Pacific Community Resources Society (PCRS), echoes James' frustration explaining that:

"Most of the folks that are out there do not have references. So when they go to, perhaps to a little more reputable place to rent, if they go through a management company for example, which I'm finding a lot of properties, even the lower income properties, are being managed by management companies. Umm they're not able to get places available umm because they don't have references. How do you get references when you've been on the streets for 8 years, 9 years? So that's a big (emphasis on the word 'big') barrier."

Beyond discrimination and lacking references, many landlords were described as being absentee from the properties that they manage. The lack of landlord presence was connected to building depreciation, health and safety concerns, as well as complacency when faced with tenant complaints and concerns.

As City Bylaw Enforcer, Garrett Schipper, explains it is the combination of absentee landlords and a largely momentary focus that leads to a lack of care for those actually using the facilities and living around them.

"It's, it's uh, again they, the landlords, uh, are (pause) I'm going to be quite frank here, it's uh, it's the bottom line for them. They're (pause) there just uh (pause) it's financial for them and they don't, they don't, it's, it appears that they don't uh really have a lot of concerns on what affect that their building is having on their surrounding neighbors or what is happening to the tenants that they rent to."

Similarly, "Betty Ann" a volunteer with Ruth and Naomi's, explains that because landlords are absent, low income residents are left living in unhealthy circumstances that they accept, due to fear of losing their "home".

"You know what, landlords a lot of them are absentee landlords and the own a lot of places. And you know what? They really don't care. We only hear the stories from the people, but you know what, horrid stories. Like they haven't had a fridge for 2 months and just, just nonsense. And you know what? They don't have a voice and their voice is so weak – whatever. You know what? If somebody phoned with some authority and demanded, you might get more response."

Absentee landlords also leave room for con-artists and impersonators to take advantage of an already victimized and at risk population. This was true for Kyle, who paid his rent to an individual impersonating his landlord - a fraud that ultimately led to him losing money and his home.

“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

away from negative aspects of the community like drugs, as well as feeling isolated or removed from the general public.

Ruth and Naomi's volunteer, "Betty Ann," observes this destructive form of community often, noting:

"You know what? They're always getting beaten up and they beat up each other all the time. It's horrid. It's not good. No, it's not good. Ya, somebody's always got black eyes. Someone's always got punched in the face by somebody. Like really harsh stuff."

This fear of harm also manifested itself in the respondent's perceptions of safety within their own housing. For instance Jennifer expressed uneasiness and fear about living around other low-income individuals in her building:

"Umm well I lived in the Newmark just quite recently, like a year – a year ago. And that was on Bole Avenue. Lots of shootings and stuff go down there. I heard somebody got stabbed. That was very scary. And somebody I assume tried to go on the wrong floor and they tried to use their key to open my door. I was really scared."

The common complaint of theft among participants also caused participants to feel secluded and distrustful of the community.

For one respondent, repeated and consistent theft has stripped them of their trust in any fellow homeless individual's ability to treat them well:

"Watch your back. Do not trust anyone. I don't care what it takes because nobody's honest out there. There's very, very little honesty out there. I mean as nice as they are to your face, they'll steal your wallet or whatever. They're not nice."

This distrust due to theft was shared by many other participants, like Kyle, who explained:

"I can't trust people. I let them in, they take something – that's it - my trust is gone for the day. I, I can't, can't do it. I cannot bring myself to trust another person because in a sense they do it while smiling. They steal from you and the second you try to stand up for yourself, everybody else takes you down."

After speaking with respondents it became clear that possessions are tightly linked to an individual's ability to create and maintain their own identity. So, in having things constantly stolen from them or having no secure place to store them, homeless

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.

RELATIONSHIPS

Relational ties also largely defined the participant's experience of street life and their interactions with varying service providers. To properly account for the diverse types of relationships that made up each respondent's life, the theme of relationships was broken down into 4 separate categories: agency worker interactions, family support, individuality, and personal relationships.

The first sub-category, "agency worker interactions" was defined as any reference to an agency worker's relationship with service users or the homeless population. When discussing these relationships, respondents expressed both concerns and optimistic anecdotes regarding their experience.

One of the main participant concerns was that front line service providers either lacked the knowledge they needed to properly aid the homeless and those at risk or they didn't know how to discern when help was being asked for. As "Shandra" explains:

"I've talked to lots of people, and they're telling me their story, and I'm the one giving them information. But if you're talking to some of the staff, the workers or somethin', they know the answers, but the persons telling their life history or what they need help with and they're not asking questions. So the workers aren't giving them answers. Which I think is really sucks. So in, I found in my journey here, that I'm the one giving even the workers the information"

However, other respondents spoke positively about their interactions with service providers. This can be seen clearly in a focus group discussion, where James R., Vincent, and Rhonda speak highly about specific staff and the help that they received while at the Contact Centre:

"V: They take action. You know, she knew what my needs were. She knew like I was in dire straits. And she made, you know, she made the uh, the phone calls and connections that I needed, that I needed to have to get me on the right track.

J: That's like one thing, when I got hooked up with (stakeholder). You guys know (stakeholder). I mean he was the guy that helped me get into here. He always checks up on you and if you need to talk to him.... like I said like you can tell him what the problem is and instead of going, 'yah, yah, yah' and then walking away he gets, he

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

go and visit my mother ... as soon as I wanted a job, I got a job. Well, if I can do it, anybody can do it."

Individuality, or the unique personality and desires of respondents, was also a large theme within the data. Current and at risk homeless participants reflected a broad amount of diversity when it came to responding to all of the questions. The unique life experiences and choices of individuals, as well as their varying future goals informed each participant's view on the key issues discussed. For instance, an outreach worker explains that for one of their clients, simply getting new teeth was a major step towards helping him re-enter mainstream society:

"But one example of (pause) when I ask a client, you know, what would make his life better, he told me teeth. So, I have was able to help him get teeth and umm he's now working. He's moved. He's getting married."

Therefore, acknowledging the immense diversity within the population is a key to successfully helping individuals find housing. Every person's desires and struggles are unique and, therefore, require unique and personalized plans to help those within the population succeed.

SERVICES

Participants were also asked to discuss the varying services they used in Chilliwack. Responses ranged from shelters and the food bank, to legal advocates and government assistance - the majority of respondents using at least two or more services.

When speaking of services, both stakeholders and the population had varying opinions and experiences. However, two main concerns emerged: funding and the limitations of bureaucracy.

Funding, or perhaps more appropriately the lack of it, was prevalent throughout the data. In fact, all stakeholders spoke to the limited funds allocated for working with the population on various platforms. Whether it be sponsoring more beds for shelters, expanding limited services, such as detox facilities, or various services competing for the same grants, financial support within Chilliwack is limited.

However, as City Councilor Ken Popove explains, the allocation of funding within the city has become a smoother process, due to the continued growth of Chilliwack Healthier Community (CHC). CHC allows services to openly communicate their needs with each other and collectively work together to insure funding and support is given where it is needed:

“...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.”

Despite limitations, several participants also noted the wealth of services in Chilliwack compared to other areas in the Lower Mainland - three respondents are currently staying in local shelters because they had heard Chilliwack had space and resources available.

MENTAL HEALTH

Mental health was another recurrent theme throughout the data. Discussions surrounding either the specific mental state of the participant or those they come into contact with permeated almost all of the interviews. However, three key themes emerged: the effect of continual victimization, apathy, and feelings of depression or hopelessness.

Many population members spoke of being abused. Whether they had been beaten, threatened, or in one case raped multiple times, the lives of the respondents reflects a pattern of victimization. However, due to the tumultuous and unstable nature of their life circumstances, many respondents were unable to properly heal or did not seek counseling. Compounded on top of this, participants also noted a continual cycle of abuse. Rather than being a onetime occurrence, exploitation and mistreatment were rampant and, therefore, left respondents feeling as though they would always be a target.

As Jenny explains, the lack of stability in her life hindered her from truly addressing harmful abuse – a fact that has left her feeling hopeless and stuck as a victim.

“There’s no amount of money, nothing that will stop that abuse and change what it did and what it was intended to do. So there is no chance for recovery; there is no opportunity for any recovery to even begin to happen ... If you’re sick for a year, it is going to take you, guaranteed rule of thumb, half that time to heal at least. So where in our life, as, where do we get that opportunity for that six months, or year, or 10 years to even occur? ‘Oh, do it as you go.’ Well I mean, come on, you know?”

... You need a period of time for healing to occur from the past before you even get a fricking chance to move on to any kind of future. Most people that come here are not even in the now. They’re still haunted by their past so badly that they’re not even here today, present in mind, now.”

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 ..."

Ray's perspective, reflective of many others, reveals the level of hopelessness that people living on the streets feel. It is important to understand this is the current mental state of many homeless individuals in order to effectively meet their needs.

TRUST

Trust was another theme that emerged from the data. Trust was defined as any time an individual referenced either trusting or distrusting others. Whereas stakeholders referenced trust only 7 times, this theme was mentioned 109 times by the homeless population. The large difference in the statistics reveals that building trust is a key tool in building relationships and helping those in the homeless community that currently may not be at the forefront of service provider consciousness.

However, service providers are still aware that building trust is a hard, but necessary, part of tapping into the homeless community and ultimately helping them. As Kim Lloyd notes, without mutual trust working with the population is difficult:

“Well the trust is enormous. If you don't have the trust with these folks, I don't care who you are, it's very, very, very (strong emphasis on last 'very') difficult to work with them. They just are tight lipped, umm they're suspicious, umm all of those things.”

This was seen clearly during the interview process itself, when respondents became nervous about sharing information. When asked about his experience living on the streets in Chilliwack, Adrian responded with extreme caution out of fear that the information would be used against him:

“Well I feel like uh umm (pause) I have to be limited to what I say and stuff. 'Cause if not then they'll use that against me or whatever”

A loss of trust in people, whether they were service providers, friends, family, or other members of the population, was also common. Instead of spending their time with people, many respondents noted that the only friends they could trust anymore were pets. As Kyle explains:

“I have to look out for myself and my cat. My cat is me, I look out for him: he's my friend. He's the only one that's always been for me. It's a cat, but ... I trust an animal more than I trust a person because I've been ripped off by people who smile and take my money. And there's no decency to it.”

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.

As Vincent explained, while homeless “crack houses” became a viable option, despite being surrounded by addiction:

“I would just stay and flop in crack houses – just sleeping wherever I could. You know, addicts places or just wherever – wherever.”

The availability and easy access to these types of structures make them appealing to those looking for housing. Nevertheless, by staying in housing that makes “crack” and the dangers of this lifestyle available, those looking for shelter are put in a compromising position – they are asked to choose between housing and the street, even if that housing is not particularly safe or stable.

And while city officials, like Garrett Schipper can step in and regulate these types of buildings, they are limited by the law and their role as by-law enforcers. As Schipper notes, enforcement needs to be done in conjunction with other agencies capable of addressing the issues of addiction that cause concern:

“We can go uh do our enforcement thing and say to them, ‘you guys gotta move on.’ And they’ll move on. But five minutes later they’ll be right back again. You know, because we’re not solving the problem through enforcement alone. Umm there has to be a lot more to just enforcement”

Along with alcohol and “crack,” the presence of drug dealers was also a significant topic among participants. For individuals currently living in the same building as drug dealers, fear for safety and paranoia were revealed. As “Dale” describes:

There is a constant flow of drug dealers coming in and out of the building and passing by his apartment (lives by the stairs). He believes that the group of drug dealers living in the building have cut all of the wires to security cameras so that they can come and go unsuspected.

Acts of violence, such as stabbings and beatings, by drug dealers were also described. The lack of safety associated with drug dealers makes this demographic one that created general unease in the respondents, regardless if they themselves are addicted. So, when addressing housing for these individuals, it is also important to be cognisant of the effect that drug dealers have on perceived and actual safety of the homeless and at risk populations that agencies are looking to help house.

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.”

These feelings of suspicion and uneasiness described by Schipper, are also noticed by those in need of the facilities as well. Ray believes that it is the general public's opposition to low barrier housing in Chilliwack that has hindered more facilities being created:

"...See the City Hall has to listen to the public, the neighbourhood. And the neighbourhood, there's consensus from the neighbourhood. And nobody wants umm uh (pause) a halfway house on their street. Nobody wants low income housing because it would bring their property value down. So there's a challenge with surrounding people around the housing project."

This stigma can also cause individuals struggling with housing to feel further isolated and create sentiments of bitterness towards the community. For instance, Jenny notes:

"They did not grow up wanting to be addicts. They did not grow up wanting to die young. And to be scoffed at and made fun of by public and swept into a gutter like trash, they did not when they were little kids they did not want those things for themselves."

The frustration and anger with the public found in Jenny's words reflects the danger of not properly educating the public and encouraging inclusivity at every level of society. Therefore, it is important to encourage open dialogues and be forthcoming with the public about housing locations and intent as well as actively educating the general public to the positive realities.

HEALTH

The physical health of the current homeless and at risk population was another theme that emerged from the data – especially in terms of sanitization.

By studying field notes in conjunction with testimonials from interviews, the research revealed that most participants, both currently living on the streets and in low income housing, are living in varying levels of unsanitary and unsafe conditions.

For instance, while conducting interviews under an overpass, the research team observed individuals urinating openly in areas that others were also sleeping and living in. Similarly, another respondent noted that they had lived in a low-income apartment that had excrement on the floor when he moved in.

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.

POLICING

Policing, defined here as maintaining law and order in or for an area or event, became a theme as through the data collection and coding process as respondents began discussing the various forms of policing they had witnessed or experienced themselves.

From these discussions three main forms of policing emerged: self-policing within the community itself, “vigilante” justice from the public, and policing from recognized law enforcement personnel.

Self-policing was a common theme among respondents. Instances of retaliatory violence, reasons which ranged from standing up to drug dealers, owing money, or looking at a person wrong, were common. One respondent was stabbed multiple times for asking a drug dealer to stop dealing drugs in front of children.

And while retaliation was a large portion of the self-policing within the community, other respondents noted that self-policing built connection and encouraged respect for individuals. Doug, spoke of a young individual coming to his defence when another young person began being rude to him:

“And the other person said, ‘That’s an old man. Respect him. Do you respect your dad?’ And this is coming from a street person. ‘Would you respect your dad?’ The guy goes, ‘ya.’ ‘So why don’t you respect him?’ It’s cool coming from a young person.”

Although self-policing was regularly discussed, the data showed participant desire to avoid police officer involvement in their problems and disputes. In fact, there was often mistrust or disbelief in the police’s ability to aid individuals or to effectively protect them. Multiple respondents did not report the violence and exploitation they faced out of fear that involving the police would actually cause them more harm and trigger worse retaliation from the community.

Other respondents, like Jenny, simply didn’t believe that the police were capable of helping her:

“When there’s a problem, I can’t phone the police because they don’t do jack shit. They’re not adept at their own job: they can’t even take care of their own business let alone mine. And these are the obstacles that I find from my experience are insurmountable. They add up so fast that you can’t possibly, you spend your whole life fighting those battles, and then your life is wasted. And for what?”

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

sleeping on the street because the individual did not agree with their homelessness. These attacks seriously injured individuals, one participant losing several teeth after having been repeatedly kicked in the face.

Similarly, participants also spoke of a group of teenagers spraying homeless individuals in the face with mace. In fact, one participant was initially fearful of talking to the research team, because they were anxious the team might have mace.

These acts of violence from the public add to an already widespread fear culture within the homeless and at risk community. These occurrences not only harm the population, but also further isolate and divide the general public from those who are struggling to find housing in the community.

HOUSING MODELS

When discussing perspective low income housing models with stakeholders and the population alike, there were many varying views. However, both groups did find commonalities within their ideas and desires for future housing options in the city.

Housing models were discussed 69 times by the population. Of those 69 mentions, the top two types of housing were integrated housing and services facilities, similar to the Contact Centre, at 45 mentions and apartments with 26. On site security was also of heightened importance to the population, noted 28 times.

For many participants, integrated housing and services was a desired option as it addressed their immediate needs for both housing and agency related help. Individuals dealing with addictions, mental health issues, health problems, and government assistance appreciated the capped cost of the housing, as well as the access to needed services, such as counselling.

As Danielle explains, people coming off the streets and into housing need integrated facilities to help combat “disease” and ease people back into a stable housing scenario:

“I think what they need to build is an apartment that has almost like a small hospital in the bottom of the building ... cause there’s a lot of disease and stuff like that, and sickness, and illness and stuff like that. People that have lived on low income housing need to be treated ...”

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 know what? People like their private space, eh? They at least need a room that they could lock and call their own – it’s their stuff in their room. That might work too.”

Beyond the type of housing, the presence of onsite security was a significant housing feature desired by almost all of the participants. As Ray explains:

“It’s always about security. Just ... how much was built into the program of security, whether a security guard is warranted or not...”

Other participants talked about the issues with drug dealers and theft in previous or current low-income housing – issues they believed would be resolved should security be a present and active force where they lived.

For stakeholders, one of the main housing model concerns surrounded the general need for additional low barrier housing facilities within the city. Although there are current low-income buildings that allow people to openly remain addicted within Chilliwack, these properties tend to be “really questionable residences with questionable owners” (Lloyd). The argument being that there is a need for reputedly run facilities that still allow people to use.

As Kim Lloyd continues, there is currently a demographic of addicted homeless unable to find safe housing, due to the lack of reputable low barrier facilities within the city that will still allow them to use:

“I see folks that are really, really trying to find safe, stable housing where they can just live their lives. They may still be in their addiction or whatever –that’s their business – but um they just want somewhere safe.”

However, the location of these facilities was also noted as being a key concern. As Garrett Schipper explains, location and the actual design of the building also play a key role in making these types of facilities as success:

“So, I think if we’re going to umm look at a low barrier housing it would have to be designed in such a manner that, well it would have ... to be designed... you know, you want to respect their rights and privacies of those living there, but you also want to make sure that there is this sense of openness.”

Constable James Rae also stressed the importance of considering each barrier being removed, in order to thoroughly understand the benefits and consequences associated with eliminating certain housing regulations:

“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

exacerbated. If able to secure some form of affordable shelter, the respondents identified safety as their key concern. This includes their personal physical safety and that of any possessions they may have. Those interviewed indicated that at times when they wanted to get help for their addiction, it came down to a choice of having a roof over their heads or losing it to go to detox. Unfortunately the prospect of having no shelter when leaving detox served as a deterrent from seeking this avenue of support.

Those individuals living on the streets for any length of time and utilizing a variety of services can feel the decrease in funding to many of these service providers. While the respondents generally expressed positive attitudes towards the individual service providers that they interact with on a regular basis, both sides of this relationship expressed frustration with the economic constraints placed on the delivery of different services with the reduction in funding support.

One of the most interesting things to emerge from the qualitative data served to identify a key focus for future policy and service delivery development. Respondents were asked generally where they saw themselves in the future as well as what a housing they might look like that could benefit them most. When coding and then going through the results after, the only responses that were able to conceive of themselves in any future scenario were those that resided at the Chilliwack Health and Housing Centre. Individuals still living on the street were unable to articulate an identifiable future that involved housing.

This suggests that while living on the streets the concerns are immediate. Food, safety, and addiction are the issues that occupy that individual's time and attention. As such, any ability to imagine a better personal scenario is suppressed to those immediate needs for survival. The interviews with those living in the transitional units, however, demonstrated that while the basic necessity of shelter and sustenance are met, and services are available to then deal with one's personal issues, the possibility of not only imagining and articulating a future self emerges, but working in a supportive environment to make that a reality provides significant opportunities for success.

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.

References

- Canadian Homelessness Research Network (2012) *Canadian Definition of Homelessness*. Homeless Hub: www.homelesshub.ca/CHRNhomelessdefinition/
- Collin, Susan E., Daniel K. Malone, and Seema L. Clifasefi. "Housing Retention in Single-Site Housing First for Chronically Homeless Individuals with Severe Alcohol Problems." *Am J Public Health* (2013): 1,7. Web. 15 Jul. 2014.
- Eberle, M., Kraus, D., Pomeroy, S., & Hulchanski, D. (2001). *Homelessness - Causes & Effects: The Costs of Homelessness in British Columbia*. Victoria, BC: Ministry of Social Development and Economic Security.
- Gaetz, S., Jesse Donaldson, Tim Richter, & Tanya Gulliver (2013): *The State of Homelessness in Canada 2013*. Toronto: Canadian Homelessness Research Network Press.
- Gordon Fuller's Building Community Blog. More on low barrier supportive housing. Blogspot. 9 Nov. 2010. Web. 15 Jul. 2014.
- "Homelessness in the Fraser Valley: the continuing challenge." *Fraser Valley Regional District, and Mennonite Central Committee British Columbia 2014*. Power Point, 13 May. 2014. Web. 15 Jul. 2014
- Mayor of Vancouver (2013). New homeless count numbers show street homelessness declining in Vancouver. Retrieved from: <http://www.mayorofvancouver.ca/homelesscount>.
- McClanaghan and Associates "Responding to homeless and housing needs: An Affordable Housing Strategy for the City of Chilliwack" (2008). Web. 15 Jul. 2014.
- "Nanaimo's Response to Homelessness Action Plan." *Nanaimo.ca*. City of Nanaimo: The Harbour City, n.d. Web. 15 Jul. 2014.
- Patterson, Michelle, "Housing and Supports for Adults with Severe Addictions and/or Mental Illness in B.C. *CARMA: Centre for Applied Research in Mental Health and Addiction* 2007. Simon Fraser University, 31 Oct. 2007. Web. 15 Jul. 2014.
- Pauley, Bernie., et al. "Housing and Harm Reduction: A Policy Framework for Greater Victoria." *Centre for Addictions Research of BC* 2011. University of Victoria, Jan. 2011. Web. 15 Jul. 2014

Shapcott, M. (2009). Housing, in *Social determinants of health: Canadian perspectives*. D. Raphael, Editor. Toronto, ON: Canadian Scholar's Press Inc., p. 201-215.

The Tiny House Movement: Tiny Houses, Tiny Living Blog. What is the Tiny House Movement?. thetinylife.com. n.d. Web. 15 Jul. 2014.

Turner, Alina. (2014). Beyond housing first: Essential elements of a system-planning approach to ending homelessness. *The School of Public Policy*. University of Calgary. 7(30). SPP Research Papers.

Van Wyk, Anita, and Ron van Wyk. "Homeless in the Fraser Valley: Report on the 2011 Fraser Valley Regional District Homelessness Survey." *Fraser Valley Regional District* (2011): 8, 37-39.

Wellesley Institute (2010) Wellesley Institute – Precarious Housing in Canada. Toronto: Wellesley Institute.

Wrathall, J. James Day, Mary Beth-Ferguson, Aldo Hernandez, Alyson Ainscough, Kerry, Steadman, Rachelle Brown, Patrick Frost, Ashley Tolman. (2013). Comprehensive report on homelessness. State of Utah 2013