

# Homelessness in British Columbia

---

## Highlights in Summary



BRITISH  
COLUMBIA

*November 2000*

# Acknowledgements

Margaret Eberle, Deborah Kraus, Luba Serge,  
Steve Pomeroy and David Hulchanski

**Sponsored by:** British Columbia Ministry of Social  
Development and Economic Security

**With the support of:** Ministry of the Attorney General;  
Ministry for Children and Families; BC Housing  
Management Commission; Vancouver/Richmond  
Health Board; and City of Vancouver.

## Canadian Cataloguing in Publication Data

Main entry under title:  
Homelessness in British Columbia. Volume 5.  
Highlights in summary  
Authors: Margaret Eberle ... et al. Cf.  
Acknowledgements.  
ISBN 0-7726-4406-3

1. Homelessness — British Columbia.  
2. Homelessness — Government policy — British  
Columbia. 3. Homeless persons — Services for —  
British Columbia. I. Eberle, Margaret Patricia,  
1958– . II. British Columbia. Ministry of  
Social Development and Economic Security.

HV4510.B7H65 2000 362.5'09711 C00-960360-3

# Homelessness in British Columbia

---

## Highlights in Summary

*November 2000*

Volume 5

# Table of Contents

<b>1</b>	<b>Highlights of the Study</b> .....	<b>1</b>
<b>2</b>	<b>Homelessness in British Columbia—Summary</b> .....	<b>6</b>
	2.1 Background .....	6
	2.2 Objectives.....	7
	2.3 Four Volume Study .....	8
<b>3</b>	<b>A Profile, Policy Review and Analysis of Homelessness in British Columbia (Volume 2)</b> .....	<b>9</b>
	3.1 What Causes Homelessness? .....	9
	3.2 Profile of British Columbia Shelter Clients .....	10
	3.3 Profile of Those at Risk of Homelessness.....	12
	3.4 Comparison with Other Provinces.....	14
	3.5 Policies Affecting Homelessness .....	15
	3.6 Analysis and Key Findings.....	16
	3.7 Summary and Policy Issues Facing British Columbia.....	18
<b>4</b>	<b>The Costs of Homelessness in British Columbia (Volume 3)</b> .....	<b>22</b>
	4.1 Method.....	22
	4.2 Findings.....	23
	4.3 Conclusions and Recommendations.....	25
<b>5</b>	<b>Homelessness and the Health Care, Criminal Justice and Social Service Systems: A Review of the Literature (Volume 1)</b> .....	<b>27</b>
	5.1 Homelessness and Health Care .....	27
	5.2 Homelessness and Social Services.....	29
	5.3 Homelessness and Criminal Justice .....	30
	5.4 Costs Associated with Homelessness .....	31
	5.5 Costs Associated with Preventative Measures .....	32
	5.6 Conclusions .....	33

---

## Homelessness in British Columbia—Highlights in Summary

# 1 Highlights of the Study

In many parts of Canada, most notably in Ontario and Alberta, the number of people experiencing homelessness increased significantly in the 1990s. In British Columbia, there are also indications that homelessness is on the rise, although not to the same extent as in other Canadian jurisdictions.

Another trend in most provinces is the changing demographics of people experiencing homelessness, for example, increasing numbers of youth and families with children. Information about the nature and extent of homelessness in British Columbia is limited.

Homelessness is a complex social issue—its genesis and its solutions are the subject of much debate. While general conditions and broad economic, government policy and societal trends set the stage for the development of homelessness, conditions affecting low income households determine how many people are homeless in each region. Housing availability, adequacy of income and availability of support are the key determinants of homelessness. Differences in these variables account for variations in the number of people who are homeless in each region or province. There has been little research addressing the reasons for these differences in Canada's larger provinces and cities.

In addition to the human costs of homelessness, there is growing awareness that there are substantial government costs associated with homelessness. It is argued that these costs exceed the cost of providing adequate affordable housing and support services. The published literature shows that there is a strong relationship between homelessness and the health care, social services and criminal justice systems. People who do not have safe, secure, affordable housing have more health concerns than the general population, experience social problems that may be exacerbated by their lack of housing, and are more likely to become involved in criminal activity than the general public. This tends to result in greater use of some services by the homeless, particularly hospital emergency departments, emergency shelters and correctional institutions. Specific evidence of the service use patterns of homeless people in British Columbia is sought, as is an estimate of the cost of homelessness in British Columbia compared to the cost of adequate supportive housing.

In 1999, the B.C. government initiated a major research project to:

- Describe the nature and extent of homelessness in British Columbia;
- Examine this in the context of other Canadian provinces and cities;
- Review public policies affecting homelessness in British Columbia and elsewhere;

## Homelessness in British Columbia—Highlights in Summary

- Explain the reasons for differences in homelessness in four Canadian provinces;
- Review literature about the relationship between homelessness and health care, social services and criminal justice system;
- Conduct exploratory research to estimate the costs of homelessness to the provincial government;
- Make recommendations based upon the results of the cost analysis; and
- Identify the most important policy issues facing B.C. at this time with respect to homelessness.

The following summarizes the highlights, major findings and recommendations of the entire study.

**A snapshot survey of British Columbia shelter clients on November 19, 1999, found that clients were predominantly male (78%) between the ages of 25 and 44 years old (52%), single (86%) and Caucasian (66%).**

The average age is 37 years old. Just over half of the shelter users cite income assistance as their major source of income. Substance misuse is the largest single health issue facing British Columbia shelter clients (32%) followed by mental illness (22%). Slight variations were noted in the characteristics of different sub-groups of shelter clients, including those in the Lower Mainland and other urban centres, and among Aboriginal, youth and female clients.

**Information on trends in the size of the homeless population in British Columbia shows that it appears to be growing among certain groups, and in some locations.**

At two Vancouver area emergency shelters that serve high-risk populations, the number of people turned away each year grew by 86% between 1993–1994 and 1998–1999. A Vancouver youth shelter showed a 36% increase in the number of distinct clients between the 1998 and 1999 fiscal years. The number of Victoria shelter clients grew by 24% between 1996 and 1997. And homelessness is becoming more visible in urban centres like Kelowna, Kamloops, Nanaimo, Nelson and Prince George.

**The number of households 'at risk' of homelessness in British Columbia is growing.**

Twenty four percent or 115,000 British Columbia tenant households are considered to be at risk of homelessness because they paid 50% or more of household income for rent in 1996 (Federation of Canadian Municipalities, National Housing Strategy, October 2000). The share of British Columbia tenant households at risk of homelessness in 1996 has increased by 6% since 1991. People living in SRO units and rooming houses are considered to be at risk of becoming homeless, as many of these units are neither adequate nor affordable. In 1999, most Vancouver SRO and rooming

## **Homelessness in British Columbia—Highlights in Summary**

house tenants were male (84%). The largest share of residents was between the ages of 15 and 35 years (38%), a significant increase compared to 1991 when the proportion in that age group was 29%.

### **There are fewer people staying in emergency shelters in British Columbia compared to other Canadian jurisdictions.**

Vancouver has the smallest number of clients staying in emergency shelters of the major cities (Toronto, Calgary and Edmonton) when comparing point in time estimates of shelter use. In addition, Toronto, Ottawa and Edmonton have a larger share of children under age 18 among their shelter clients than in Vancouver and the Lower Mainland. Note that shelter client data is a function of capacity of the shelter system, not necessarily a measure of homelessness.

### **Homelessness in British Columbia is due primarily (but not only) to an ongoing shortage of affordable rental housing.**

Although difficult to say with certainty, it appears that different dynamics affect the nature and extent of homelessness in each province. In Alberta, the major determinants of homelessness are the resource economy characterized by frequent ‘booms’ and ‘busts’ and low incomes. Ontario is affected by a lack of affordable housing and fluctuations in the business cycle. Homelessness in Quebec is driven by inadequate incomes.

### **A combination of economic factors and preventive provincial government policies, particularly housing policy, has helped to minimize the growth of homelessness in British Columbia.**

The provincial government policy of focusing on building new permanent affordable (and supportive) housing is a sound one. This review has shown that, in combination with certain economic conditions, provinces that have followed the approach used in British Columbia, such as Quebec, are better off than those that have not, such as Ontario and Alberta.

### **British Columbia faces several outstanding issues related to homelessness.**

The scale or magnitude of the current response to homelessness and households at risk of homelessness in British Columbia is inadequate. More housing units of all types are needed. The provincial government remains challenged to provide adequate and affordable housing and support services for those individuals who need the most support to obtain and maintain a home, particularly those with addictions, mental illness and multiple diagnoses.

## Homelessness in British Columbia—Highlights in Summary

**There is a strong relationship between homelessness and the health care, social services and criminal justice systems.**

People who do not have safe, secure, affordable housing have more health problems than the general population, experience social problems that may be exacerbated by their lack of housing, and are more likely to become involved in criminal activity than the general public. This tends to result in greater use of some services by the homeless, particularly hospital emergency services, emergency shelters and correctional institutions, in terms of frequency and length of use. Some specific sub-groups of the homeless, such as those with mental illness, are even more likely to be involved with the health care, social service and criminal justice system. Several published studies confirm that homeless people result in higher costs to the health care system.

**The health care, criminal justice and social services used by the small sample of homeless people in this study cost the provincial government 33% more on average in one year compared to the housed individuals (excluding housing costs).**

While limited in terms of sample size, this exploratory research describes service use among ten homeless and five formerly homeless, now housed individuals and estimates associated costs. The health care, criminal justice and social services used by the homeless people in this study cost the provincial government an average of \$24,000 per person for one year. The housed individuals in this study (who were formerly homeless) used less costly services, resulting in an average cost of \$18,000 per person per year. This is a conservative estimate as not all costs are included.

**Supportive housing options have the potential to stabilize illness and reduce the incidence of need for more intense levels of service, and are in the same cost range as emergency shelters.**

While incurring costs of \$20 to \$90 per day, supportive housing options have the potential to stabilize illness and reduce the incidence of need for the more intense levels of service. This contrasts with most emergency shelters, which are not designed to address the physical and mental health issues of their clients. An emergency shelter with higher levels of support costs \$60–\$85 per day compared to \$20–\$25 for a supportive hotel, \$21–\$38 for a self-contained apartment with some support, and \$67–\$88 for an enhanced apartment.

**Total costs (services and housing) for the housed, formerly homeless individuals in this study amounted to less than the government costs for the homeless individuals.**

When combined, the service and shelter costs of the homeless people in this study ranged from \$30,000 to \$40,000 per person on average for one year (when the costs of staying in an emergency shelter are included). The combined costs of services and housing for the housed individuals ranged

## Homelessness in British Columbia—Highlights in Summary

from \$22,000 to \$28,000 per person per year. Providing adequate supportive housing to the formerly homeless people in this sample saved the provincial government money.

### Recommendations for the Provincial Government

It is recommended that the provincial government undertake:

1. Initiatives that help people maintain their existing housing (eviction prevention, demolition and conversion controls, rent protection, . . .etc.) Preventing homelessness and the corresponding human tragedy that accompanies it, would reduce government health care and criminal justice costs.
2. Initiatives that help people who are now homeless to obtain adequate, permanent, or more specifically, supportive housing as a positive alternative to emergency shelters (damage deposits, social and supportive housing). This can be accomplished by maintaining existing housing and support programs and expanding their scope to accommodate individuals who are presently receiving no service. This includes people with addictions, people who are not connected to the mental health system, youth and other special needs groups.
3. Research to address the following related public policy issues.
  - a) To the extent that this research has applied an exploratory methodology, and the findings are premised on a small illustrative sample, it is recommended that the provincial government generate a more comprehensive assessment of the costs of homelessness in British Columbia using a larger sample size and perhaps including additional services. This would also benefit research in other public policy areas.
  - b) Despite the fact that the majority of the individuals who participated in the study were drug or alcohol involved, this sample of individuals had little contact with addiction treatment services. Further research to examine the barriers to substance misuse treatment in British Columbia is recommended.
  - c) The substantial US literature linking homelessness with childhood foster care, the fact that little or no Canadian research on this topic was located, combined with the characteristics of this rather limited case history sample, suggest that the relationship between family breakdown, children in state care and homelessness should be investigated in a Canadian and/or BC context.

## 2 Homelessness in British Columbia—Summary

### *2.1 Background*

In many parts of Canada, most notably in Ontario and Alberta, the number of people experiencing homelessness increased significantly in the 1990s. In British Columbia, there are also indications that homelessness is on the rise, although not to the same extent as in other Canadian jurisdictions. Another trend in most provinces is the changing demographics of people experiencing homelessness, for example, increasing numbers of youth and families with children. We know this because of several recent initiatives, including the Mayor's Homelessness Action Task Force in Toronto and the Edmonton Task Force on Homelessness. They have clearly documented the local homelessness situation as well as recommended strategies for addressing homelessness. Information about the homeless situation in British Columbia is limited.

Factors behind these Canadian trends include:

- Increased poverty resulting from changes in the labour market and to social programs;
- The lack of affordable housing in the private market;
- The loss of funding for new social housing at the federal level and in most provinces (British Columbia and Quebec are the only provinces that have maintained a housing supply program); and
- A lack of capacity in the health system to adequately serve individuals with mental illness and addictions.

Other factors include social issues such as family breakdown, family violence, and physical and sexual abuse. What is not known is how variations in these factors affect homelessness in British Columbia and elsewhere in Canada. For example, how have differing provincial housing, income assistance, mental health and other policies affected homelessness in each province?

There is growing awareness that there are costs associated with homelessness. It is argued that these costs exceed the cost of providing adequate affordable housing and support services. The published literature shows that there is a strong relationship between homelessness and the health care, social services and criminal justice systems. People who do not have safe, secure, affordable housing have more health problems than the general population, experience social problems that may be exacerbated by their lack of housing, and are more likely to become involved in criminal activity than the general public. This tends to result in greater use of some services by the homeless, particularly hospital emergency services, emergency shelters and correctional institutions, in terms of frequency and

## Homelessness in British Columbia—Highlights in Summary

length of use. Some specific sub-groups of the homeless, such as individuals with mental illness, are even more likely to be involved with the health care, social service and criminal justice system. Generally, prevention and early intervention offer the best hope in reducing these costs. The provincial government sought some specific evidence of this in British Columbia.

The British Columbia Ministry of Social Development and Economic Security (MSDES) and BC Housing initiated and sponsored this research to fill in these gaps and answer these questions. Other sponsors included the Ministry of Attorney General, Ministry for Children and Families, Vancouver/Richmond Health Board and the City of Vancouver.

### *2.2 Objectives*

Together, the research contained in the four volumes has the following objectives:

- Prepare a profile of the homeless population in British Columbia, focusing on trends and characteristics.
- Analyse similarities or differences in the nature and magnitude of the homeless population in British Columbia compared to Ontario, Quebec and Alberta.
- Analyse key public policies, programs or other factors, which may explain these differences or similarities.
- Summarize the most critical policy issues facing British Columbia with respect to homelessness.
- Estimate the costs of homelessness in terms of the British Columbia health care, social services and criminal justice systems.
- Analyse whether the provision of adequate and affordable housing is a preventative cost to the government.
- Develop a greater understanding of the relationships between homelessness and the health, social services and criminal justice systems, including the experience of specific sub-groups of homeless people such as families, youth and Aboriginal people.
- Identify what is currently known about the use of the health, social services and criminal justice systems by the homeless.
- Summarize published literature on the financial impacts of homelessness on the health, social services and criminal justice systems as well as the methods being used to estimate these costs.
- Make recommendations based upon the findings of the cost analysis.

## 2.3 Four Volume Study

This document provides overall study highlights and a summary of three<sup>1</sup> of the four volumes of the study entitled “*Homelessness in British Columbia.*” Individual volumes are also available.

**Volume 1** is entitled “*The Relationship between Homelessness and the Health, Social Services and Criminal Justice Systems: A Review of the Literature.*”

**Volume 2**, “*A Profile, Policy Review and Analysis of Homelessness in British Columbia,*” describes the homeless population and those at risk of homelessness in British Columbia, compares homelessness in British Columbia with Ontario, Quebec and Alberta, reviews public policies affecting homelessness in British Columbia, and analyses reasons for differences among the provinces.

**Volume 3** is entitled “*The Costs of Homelessness in British Columbia.*” It documents exploratory research to estimate the cost of homelessness to the British Columbia health care, social services and criminal justice system.

**Volume 4** is the “*Background Report*” containing a profile of homelessness and an overview of relevant provincial government policies in Ontario, Quebec and Alberta.

---

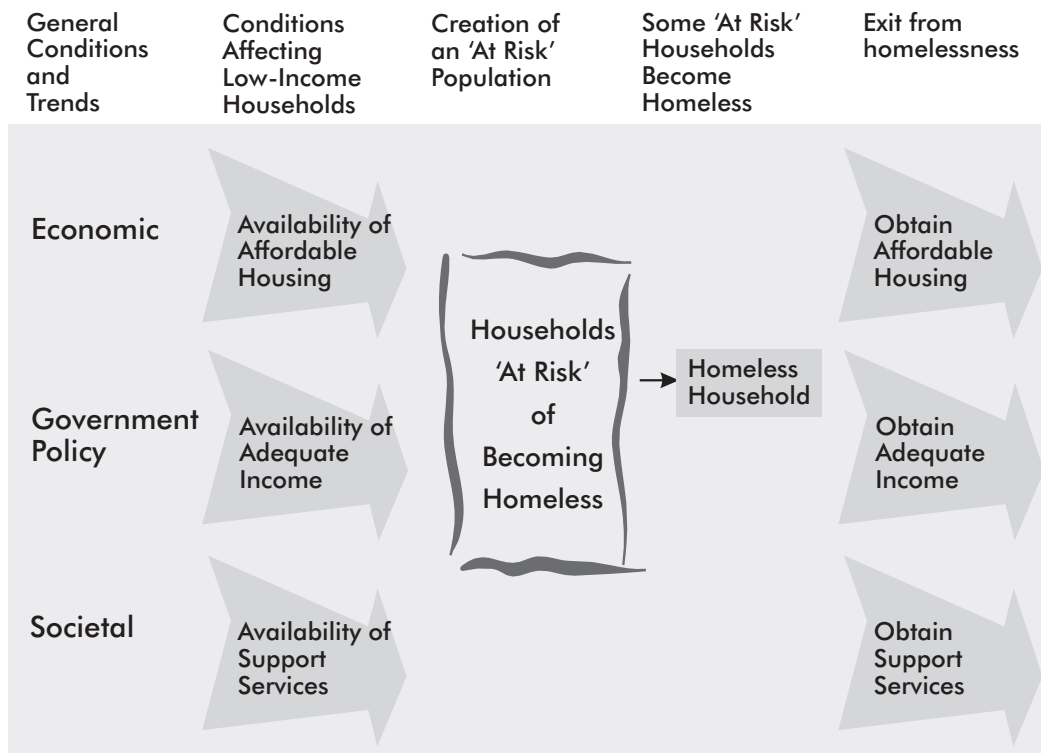
<sup>1</sup> Volume 4 is not summarized.

# 3 A Profile, Policy Review and Analysis of Homelessness in British Columbia (Volume 2)

## 3.1 What Causes Homelessness?

The process of becoming homeless can be viewed as a progression from entering the group who are ‘at risk,’ remaining at risk for some time, and then actually becoming homeless. A conceptual framework of the causes of homelessness is developed and illustrated in Figure 1. According to the model, two sets of factors determine the magnitude of the homeless situation in each region: 1) general conditions and trends (economic, government policy and societal trends) and 2) conditions affecting low income households (housing availability, adequacy of income and availability of support). Differences in these variables account for variations in the number of people who are homeless in different regions or provinces. If a lack of housing, income and support explain why some of the at risk population becomes homeless, the solutions lie in addressing these issues.

Figure 1: Conceptual Framework: Causes of and Solutions to Homelessness



### 3.2 Profile of British Columbia Shelter Clients

The homeless are those people who are literally without shelter and who live “on the street,” as well as those relying on emergency shelters for accommodation. The authors initiated a point in time ‘snapshot’ of shelter clients in British Columbia emergency shelters on November 19, 1999. All emergency shelter providers<sup>2</sup>, including youth safe houses, were asked to participate by completing a simple survey of their clients that night. Information requested included: age and gender, family status, ethnicity, reason for admission, health conditions, major source of income and length of time since last permanent address. The snapshot is considered a first step in beginning to understand the magnitude and nature of the homeless population in British Columbia.<sup>3</sup>

The snapshot found that British Columbia shelter clients that night were predominantly male (78%) between the ages of 25 and 44 years old (52%), single (86%) and Caucasian (66%). The average age is 37 years old. The immediate reasons for staying at the shelter that night were ‘out of funds’ (24%), followed by ‘substance misuse’ (14%). Just over half of the shelter users obtain income assistance as their major source of income. This fairly low figure may be explained by changed eligibility for income assistance and an increase in no barrier shelter beds, which do not require income assistance eligibility. Most clients (67%) have been homeless for less than six months. Substance misuse is the largest single health issue facing shelter clients (32%) followed by mental illness (22%).

- In the Lower Mainland, shelter clients are more likely to be male, single and Caucasian compared to all British Columbia shelter clients. The major reason for admission to Lower Mainland shelters is ‘out of funds’ followed by ‘evicted’. Substance misuse was the largest health issue for 33% of Lower Mainland shelter clients.
- In urban centres outside the Lower Mainland, shelter clients are less likely to be male (74% versus 81% for Lower Mainland shelter clients). Youth represent a smaller share of the shelter client population, only 7% compared to 11% in British Columbia, and 14% in the Lower Mainland. Clients are also more likely to be of Aboriginal ethnicity (26%). The largest immediate reason for admission is substance misuse (22%), much larger than among Lower Mainland and British Columbia clients.
- Youth shelter clients age 16 to 24 years are more likely to be female (26%) compared to all British Columbia shelter clients (21%) and Aboriginal (22%) compared to all British Columbia shelter clients

---

<sup>2</sup> Includes emergency shelters funded by Ministry of Social Development and Economic Security and others. This includes hotels contracted by MSDES to accommodate persons and families on an emergency basis, usually where no other facilities exist.

<sup>3</sup> This approach does not capture the full extent of homelessness. It excludes those who do not use shelters but sleep ‘rough’ and specific sub-groups such as women, youth and Aboriginal people for whom there are few suitable shelters. However, shelter data often tends to be the best information available. The figures are viewed as a description of the characteristics of BC shelter clients, *not as a count or description of all homeless people in the province on November 19<sup>th</sup>*. Further research is required to include these people in the estimate of homelessness in BC.

## Homelessness in British Columbia—Highlights in Summary

(19%). Most youth are staying in an emergency shelter because they are “out of funds” (19%) but a larger proportion is there due to family breakdown (13%) than the shelter population as a whole (10%). Youth staying in shelters have a higher rate of substance misuse (36%) and a lower rate of mental illness (17%) than all British Columbia shelter clients do.

- Aboriginal clients are more likely to be female (41%), families with children (17%), and under age 24 (33%) than all British Columbia clients. Substance misuse and out of funds are the two most common reasons for admission to shelter. Substance misuse as a health condition is more prevalent among this subgroup (43%) than for the entire shelter client population (32%).
- Female shelter clients are younger (58% under 35 years) and more likely to be part of a family with children (18%) compared to the British Columbia shelter population as a whole. Female clients are predominantly Caucasian (52%) but more likely to be Aboriginal (36%) than the general shelter population.

Information on trends in homelessness in British Columbia shows the following:

- In two Vancouver area shelters that serve high risk populations, the number of turnaways grew by 86% between 1993–1994 and 1998–1999;
- A Vancouver youth shelter showed a 36% increase in the number of distinct clients between the 1998 and 1999 fiscal years;
- In Victoria the number of homeless individuals using shelters grew rapidly between 1996 and 1997 (24%); and
- Homelessness is becoming more visible in smaller British Columbia communities such as Nanaimo, Kamloops, Kelowna, Nelson and Prince George.

### 3.3 Profile of Those at Risk of Homelessness

People are considered 'at risk' of homelessness because they pay too much of their income for rent and/or live in unsafe, inadequate or insecure housing. Often, these households are one step away from homelessness. People living in single room occupancy hotels (SROs) represent a conservative definition of those at risk of homelessness. Other potential households considered 'at risk' of homelessness are: people living in rooming houses (many inadequate and insecure); households paying more than 50% of their income for rent; and households doubling up with others or 'couch surfing' (temporarily staying with friends).

- In British Columbia, in 1996, 24% or 115,000 tenant households paid 50% or more of their income for rent.
- The number, share and growth rate of at risk households varies among British Columbia municipalities. Aside from Vancouver and Victoria, Kelowna, Nanaimo, Kamloops and Prince George have the highest absolute number of households at risk.
- Nelson, Nanaimo and Kamloops have the largest share of renter households 'at risk' or paying 50% or more for rent in 1996.

The total number of SRO and rooming house residents in Vancouver is estimated at just under 6,700 people in 1998<sup>4</sup>. However, the number of units has been declining. Other cities with SROs include Burnaby, New Westminster, and Surrey, as well as many other British Columbia communities. There are an estimated 13,000 to 14,000 SRO units in the province with roughly the same number of residents.

In 1999, most Vancouver SRO and rooming house residents were male (84%). The largest proportion of residents is between the ages of 15 and 35 years (38%). This is a dramatic increase compared to 1991 when the proportion in that age group was 29%. The share of residents over age 55 has dropped significantly to only 13% in 1999 compared to 46% in 1986. Possible explanations for the changing age structure include: high mortality rates for SRO residents, increasing numbers of youth, older people are eligible for higher pension benefits and can afford other housing options, and construction of social housing in the area geared for people aged 45 and over. Single person households represent 95% of the Vancouver SRO households and Aboriginal people represent 16% of residents. SRO residents are much less likely to rate their own health status as excellent or very good (24%) compared to the average Canadian (63%).

---

<sup>4</sup> City of Vancouver, *Draft Housing Plan* Downtown Eastside—Chinatown—Gastown—Strathcona. July 1998.

## Homelessness in British Columbia—Highlights in Summary

The following trends in the ‘at risk’ population are evident.

- The share of British Columbia tenant households at risk of homelessness in 1996 increased by 6% since 1991.
- Of those centres reviewed, Nelson and Kamloops experienced the most rapid growth (14 and 10% respectively) in the share of tenant households paying 50% or more for rent between 1991 and 1996.
- The proportion of Vancouver SRO residents over age 55 declined from 46% in 1986 to only 13% in 1999. The 15 to 35 year age group grew significantly from about 17% in 1986 to 38% of the Vancouver SRO population in 1999.
- The share of Aboriginal residents living in Vancouver SRO hotels is 16% in 1999, up from 12% in 1986.
- There are more single person SRO households (95%) and fewer shared households (5%) in 1999 than in 1986.
- In 1999 more Vancouver SRO residents rate their health as excellent or very good (24%) compared to 17% in 1991. This is likely due to the increasing proportion of younger adults in the SRO population today.

### 3.4 Comparison with Other Provinces

Comparing homelessness in different places across the country is challenging due to varying definitions, geographical scope, and program and administrative differences. For this reason observations must often be qualified. A limited comparison of the homeless situation in British Columbia with Alberta, Ontario and Quebec was undertaken using the best available published information and the British Columbia snapshot.

The number of homeless people on any one day in the City of Vancouver is 600 to 1,000 people. Of this, 300 to 400 are shelter clients—the rest are sleeping ‘rough.’ The table shows point prevalence (point in time) and annual prevalence (distinct clients over one year) shelter client data for eight major Canadian cities.<sup>5</sup> The 1996 CMA population for each city is also provided for context. Vancouver has the smallest shelter population of all major cities (Toronto, Calgary and Edmonton) when comparing point prevalence figures. Viewed on a per capita basis, comparing the number of unique shelter clients in one year to the 1996 CMA population, Victoria and Toronto have the highest ratios (.007 and .006 respectively). The remaining cities range between .005 to .002 shelter clients per capita. Annual prevalence figures are not available for Vancouver.

Point and period prevalence estimates of shelter clients in Canadian cities

City and year data collected	Point prevalence <sup>6</sup>	Annual prevalence <sup>7</sup>	Per capita annual prevalence* %	1996 CMA population
City of Vancouver—1998	300-400	N/A	N/A	1,831,665
City of Victoria <sup>8</sup> —1997	N/A	2050	.007	304,287
City of Toronto—1996	3136	25911	.006	4,263,757
Regional Municipality of Ottawa-Carleton—1999	513	5291	.005	1,010,498
City of Calgary—1998	910	3800 <sup>9</sup>	.005	821,628
City of Edmonton—1999	836	N/A	N/A	862,597
Montreal Regional Health and Social Service Board—1996-1997	N/A	8253	.002	3,326,510
Quebec City Urban Community—1996-1997	N/A	2118	.003	671,889

Source: Background report, Volume 4. \*using 1996 CMA population

<sup>5</sup> The number of people staying in an emergency shelter is a function of the capacity of the shelter system, not necessarily a measure of homelessness.

<sup>6</sup> Refers to a count of shelter clients on one day.

<sup>7</sup> Refers to the number of unique individuals who are homeless over a certain period, in this case, one year.

<sup>8</sup> City of Victoria, Community Development Division, Homelessness in Victoria—Fact Sheet, no date.

<sup>9</sup> Calgary figure has been annualized.

## Homelessness in British Columbia—Highlights in Summary

A longer time horizon would show that:

- Toronto emergency shelters served 19% more individuals in 1996 compared to 1988;
- Ottawa shelters showed a 18% increase in the number of distinct individuals using the shelters since 1996; and
- Point prevalence measures of shelter clients in Calgary increased 130% between 1992 and 1998 (partly due to new capacity).

Stability describes the situation in Montreal where 1996–1997 figures are approximately the same as 1988–1989 figures. The lack of longitudinal data in Vancouver, Quebec City and Edmonton hampers analysis of trends in the size of the homeless population in these cities. However the increasing number of ‘turnaways’ at two Vancouver area shelters (86% over five years) indicates a growing number of people seeking shelter accommodation in these shelters that serve high risk populations.<sup>10</sup> A comparison of shelter clients by gender, age, ethnicity, reason for admission and health condition is contained in Volume 2.

### *3.5 Policies Affecting Homelessness*

The report reviews key federal and British Columbia government policies that are relevant to homelessness. More specifically, the aim was to determine how these policies affect homelessness in British Columbia by identifying positive measures and service gaps. At the federal level, the focus is on social, housing, employment insurance and immigration policies. At the provincial level, policies and programs most directly related to homelessness are reviewed: housing, emergency shelter, income assistance, mental health, substance misuse, and discharge planning for people who have been released from correctional institutions. Municipal policies are also briefly examined from the perspective of their role in preventing or alleviating homelessness.

British Columbia and Quebec are the only two provinces in Canada that are continuing to fund the development of new non-profit and co-op housing units. When the federal government cancelled its involvement in these supply programs, the provincial government in British Columbia maintained its level of commitment to fund 600 units per year. In addition, it adopted a partnership approach, particularly with supportive municipalities such as Vancouver, which made it possible to deliver even more units per year.

---

<sup>10</sup>Largest user group are individuals with addictions and mental illness.

## Homelessness in British Columbia—Highlights in Summary

The provincial government's approach in British Columbia has a strong focus on targeting assistance to people with special needs through the Homeless-At-Risk Housing and Lower Income Urban Singles components of the HOMES BC housing program. Priority has been given to providing permanent housing. The provincial government also offers a rent subsidy program for lower income seniors who pay more than 30% of their income to rent. Another key feature of provincial policy is the work that has been undertaken to develop partnerships between housing and mental health services to address homelessness in British Columbia. The new Mental Health Plan adopted in January 1998 and to be implemented over the next seven years recognizes housing as a cornerstone of community care. Partnerships are also being developed with ministries that serve other client groups, such as the Ministry for Children and Families, regarding a housing strategy for youth.

### *3.6 Analysis and Key Findings*

Differences have been observed in the magnitude and characteristics of the homeless population across Canada. Trends in homelessness have also been found to differ. Researchers and analysts have yet to address the reasons for these differences in a systematic way. Despite the difficulties connected with isolating and/or attributing cause and effect to a complex social phenomenon like homelessness, the assembled evidence allows us to make some preliminary observations about why there are regional variations in the extent of homelessness.

The analysis suggests that while all four provinces are experiencing homelessness and have growing numbers of individuals at risk of homelessness, different dynamics are at work in each province.

British Columbia and Ontario are affected primarily (but not only) by an ongoing shortage of affordable rental housing stock. Long term low vacancy rates in major cities in both provinces attest to this. However, the similarities in the two provinces end there.

There are two reasons why **British Columbia** is not witnessing the same explosive growth in homelessness as in Ontario: relatively stable economic growth and provincial housing supply programs. The British Columbia economy grew moderately over the past ten or so years, avoiding the negative consequences of high growth and recessions for people at the lower end of the income scale. Secondly, a comprehensive provincial housing policy, with a focus on permanent housing supply programs particularly for homeless and 'at risk' clients, rent subsidies, actions to preserve the existing SRO stock, and supportive housing for mental health clients, has helped to mitigate the effects of low vacancy rates and prevent more households from becoming at risk or homeless. This is despite the fact that British Columbia (and Quebec) has had larger 'at risk' tenant populations, relatively speaking, for longer than Ontario and Alberta.

## Homelessness in British Columbia—Highlights in Summary

The increased growth of the at risk and homeless population in **Ontario** can be explained by a lack of affordable housing, changes to the system of rental protection and a recession with declining real incomes followed by a period of strong economic performance. In contrast to British Columbia and Quebec, no new affordable housing units are being built in Ontario to alleviate a long-term shortage of rental units. Changes to its system of rental protection have also effectively reduced the supply of affordable rental housing. Furthermore, Ontario experienced a severe recession prior to the recent boom, when many high wage, manufacturing jobs were lost. These were not reinstated with the economic upturn. Real incomes, though high relative to the rest of the country, declined dramatically. This increased the number of Ontarians with reduced incomes, who are either forced to accept low-wage service employment, receive employment insurance benefits, or income assistance benefits (which have been reduced).

In Quebec, with its large stock of vacant rental housing but low incomes, a large pool of 'at risk' households has existed for some time. Homelessness in **Quebec** is primarily driven by inadequate incomes. Indeed, the long-term trend to low incomes and high incidence of poverty would suggest that homelessness should be both more severe and growing in Quebec. However, like British Columbia, the provincial government in Quebec has unilaterally maintained housing supply programs, which has been a mitigating force. Furthermore, recognizing the income side of the equation, it has focused on rent supplements in a rather significant way while maintaining higher income assistance benefits than the other three provinces.

Alberta's resource economy (characterized by frequent 'booms' and 'busts') and low incomes at the bottom of the economic scale (minimum wage and income assistance), are the major determinants for the rapid increase in homelessness there. The recent burst of economic growth has placed pressure on the existing rental housing stock, as vacancy rates are currently the lowest in the country. However, during periods of economic downturn, Calgary and Edmonton have an excess supply of rental units as indicated by high vacancy rates.

### ***3.7 Summary and Policy Issues Facing British Columbia***

In British Columbia, while there are indications that homelessness is on the rise, it is not occurring to the same extent as in other Canadian jurisdictions. This is due to a combination of economic factors and preventive provincial government policies, particularly housing policy. The provincial government policy of building new permanent affordable housing, particularly supportive housing, is a sound one. This review has shown that, in combination with certain economic conditions, provinces that have followed the approach used in British Columbia (and Quebec) are better off than those that have not (Ontario, Alberta) are.

Several specific provincial government policies and programs have helped to minimize the growth of homelessness in British Columbia. These are:

- Increasing the supply of new affordable housing through HOMES BC;
- Targeting homeless individuals and those at risk of homelessness in new housing programs;
- Preserving existing housing, particularly SROs, through purchasing and rehabilitating them;
- Supporting the cold/wet weather strategies;
- Implementing a system of supportive housing for persons with a mental illness;
- Providing security deposits through BC Benefits;
- Maintaining benefit levels for families and persons with disabilities who meet BC Benefits eligibility requirements; and
- Targeting programs and resources for youth aged 16 to 18 years.

In addition to the positive measures in British Columbia that are helping to address homelessness, this study revealed a number of outstanding issues that need to be addressed. In general, the scale or magnitude of existing responses is not sufficient to meet housing needs. More housing units of all kinds are needed. British Columbia also remains challenged to provide adequate and affordable housing and support services for individuals who need the most support to obtain and maintain housing. This includes individuals with a mental illness or a combination of serious health and other concerns, and particularly those with addictions. Addressing these issues affecting low-income households would strengthen the provincial government's response to homelessness.

## Lack of Affordable Housing

- An insufficient supply of affordable housing is the key factor contributing to homelessness in British Columbia. While existing housing policies and programs are exemplary compared to some other provinces, the supply remains inadequate.
- The existing stock of affordable housing is a valuable resource. However, this stock, particularly SROs, continues to be vulnerable to demolition and conversion despite some positive provincial and local government actions to preserve it.
- BC Housing's waiting list for social housing consists of approximately 10,500 individuals, an increase of 50% since the federal withdrawal from new housing supply. (This does not include those on non-profit and coop housing waiting lists.) HOMES BC unit allocations, while a step in the right direction, are insufficient to fill the gap left by the federal government. New stock continues to be essential, particularly with a focus on those who are homeless and at risk of homelessness. Rent subsidies do not address the issue of supply.
- The supply of supportive housing is not adequate. For example, Vancouver Richmond Health Board /Vancouver Community Mental Health Services (formerly Greater Vancouver Mental Health Service Society) maintains a waiting list of 2,600 individuals who are mentally ill who must wait an average of four years for supportive housing.

## Inadequate incomes

- Fewer shelter clients in the Lower Mainland cite income assistance as their major source of income in 1999 compared to 1991. The shelter snapshot found that a significant share of youth (ages 16 to 24) have no reported source of income, higher than for the total shelter population.
- The shelter component of income assistance is inadequate compared to average market rents, particularly in major British Columbia centres. Single persons in receipt of BC Benefits find that rent is 167% of the shelter component, while a single parent with two children would have to pay 122% of the shelter component to rent.
- People ineligible for BC Benefits cannot stay in MSDES funded shelters (with the limited exception of non-SDES funded beds) and there are growing numbers not receiving income assistance.

## Lack of support services

- The number of shelter clients with mental illness and/or addictions is growing as evidenced by increasing turnaways at two Vancouver area shelters that serve high-risk populations. There has been an 88 percent increase in specialized shelter capacity for people with a mental illness in British Columbia since 1987.
- Individuals experiencing a mental health crisis and requiring acute psychiatric hospital care are unable to locate affordable housing and may remain in hospital blocking beds.
- Homeless individuals with multiple needs that cross ministry boundaries are not well served specifically people with a forensic history, HIV, physical disabilities and certain cultural groups.
- Substance misuse is the most common health condition facing British Columbia shelter clients (32%) and it is cited as the immediate reason for admission to a shelter by a significant share. Province-wide ten percent of shelter clients suffer from both mental illness and substance misuse.
- Substance misuse, particularly illicit drug use, is the largest unaddressed issue in the context of British Columbia homelessness. Despite the significant share of shelter clients with substance misuse issues, there is no corresponding policy to provide support services for addicted individuals either in the emergency shelter system or in a supportive housing setting.
- There is a connection between a lack of housing and substance misuse. Without treatment facilities, even people who are housed cannot recover, and without decent affordable housing in a secure environment, individuals with addictions end up in emergency shelters or SRO rooms, not suitable environments for promoting recovery.
- Youth aged 16 to 18 years present a challenge to the child welfare system, in that they often do not wish to be “in care,” yet are not considered adults for the purposes of receiving services. There are few resources for youth aged 16 to 18 years, and there are issues regarding eligibility for income assistance and thus housing and emergency shelters. However, several initiatives are underway to address these issues.

## Emergency shelter issues

- Emergency shelters are serving more individuals with high health and other needs due to substance misuse, medical conditions, mental illness, and dual diagnosis. Shelters are not generally equipped to do so. As housing of last resort, they are accommodating the most challenging individuals with limited resources.
- There is a lack of shelter facilities for certain sub-groups, notably women, youth and Aboriginal people, in some areas of the province.
- There is growth in the number of distinct individuals using shelters that serve high-risk populations and youth in Vancouver, and a growing number of ‘turnaways’ at these shelters.
- Aboriginal people are over-represented among the shelter clients profiled in the snapshot, despite their known preference for Aboriginal run facilities.
- Longitudinal data measuring the number of unique individuals staying in British Columbia shelters is needed to understand trends in homelessness over time.
- While the snapshot filled one information gap, there remains a lack of information about homeless people who don’t use shelters, either because shelter space is not available or is inappropriate, specifically women, youth, Aboriginal people and those who ‘sleep rough.’

## 4 The Costs of Homelessness in British Columbia (Volume 3)

Some observers argue that homelessness costs the health care, social service and criminal justice systems at least as much as decent affordable housing would. In fact, as one observer noted: “we continue paying to put the homeless in hospital beds, while not providing them with ordinary beds of their own” (Starr 1998). The question is do we pay now, by providing those ordinary beds, or do we pay, possibly more, later, by not providing them? The costs of dealing with the consequences of homelessness, such as increased health needs, must be weighed against the cost of investing in longer-term housing solutions. This research provides a preliminary estimate of the costs of homelessness to the British Columbia government.

The specific objectives for this exploratory research are:

- To present a cost analysis of homelessness in terms of the British Columbia health care, social services and criminal justice systems.
- To analyse whether the provision of adequate and affordable housing is a preventative cost to the government.

### 4.1 Method

This study is an exploratory use of case histories and service use records for two subsets of people—homeless people, and housed (formerly homeless) individuals. The case history method involved identification of a cross sectional sample of homeless and domiciled individuals from which volunteer cases were sought. Personal interviews with selected individuals were carried out to determine, to the extent possible based on recall, their service use over the past year. Specific major interventions include:

*Health care:* hospital admissions, hospital emergency department use, physician billings (MSP), prescription drugs, mental health services, ambulance services, fire emergency response and health clinics

*Social services:* BC Benefits (income assistance), child protection, drug and alcohol treatment

*Criminal justice:* correctional institutions, community supervision and police services.

Experienced caseworkers familiar with the Downtown Eastside and its residents were chosen to conduct the interviews. An interview guide designed to elicit information about service use was developed and tested. Upon receipt of signed consent forms and completed interviews, requests were made to government service providers, with appropriate personal identifiers, seeking administrative records detailing the use of the health, social services and criminal justice services identified above. The aim was to

## Homelessness in British Columbia—Highlights in Summary

collect information for the previous year and four years prior for a total of five years, depending upon availability.

Cost estimates for the specific health care, criminal justice and social services included in this study were developed in a number of ways. In some instances, service providers offered a specific cost per service (MSP, Pharmacare, hospitals, BC Benefits and provincial corrections). In other cases, the provider (BC ambulance service, St. Paul's hospital emergency department, Vancouver fire department, health clinics, and MCF addiction services and child protection) offered an estimate of the per diem or per service cost. In yet other cases, the consultants developed an estimate of service cost based upon published research (Vancouver Police). Vancouver Community Mental Health Services provided data allowing us to develop estimates of treatment costs *per client*. A range of different housing and related support costs was calculated separately.

The study is limited in that it employed a small sample of individuals for the purposes of determining service use and government costs. The sample of fifteen individuals selected for the case histories and whose service use patterns are documented and costed, is intended to be illustrative of the range of homeless people living in Vancouver. However, it is not necessarily so, and is not statistically representative. The research is intended to provide preliminary observations about the nature and range of service use among these homeless and formerly homeless, now housed individuals, and estimates of the corresponding government costs. Further research with a larger sample size should be conducted to confirm these findings.

## 4.2 Findings

### Cost of Service Use

The figures show that in 1998–1999 providing major government health care, criminal justice and social services to the homeless individuals *in this study* cost, on average, 33% more than the housed individuals in this study (\$24,000 compared to \$18,000).

The major cost category for many of the homeless individuals in this sample is criminal justice (average \$11,000 for one year). The major cost category for most of the housed individuals in this study is social services (average \$9,000), consisting primarily of BC Benefits (British Columbia's income assistance program). Housed individuals are more likely to be consistently receiving BC Benefits, including the shelter component, in order to pay rent. This is in contrast to homeless people who are eligible only for the basic support amount. Additionally, as the case history interviews showed, a significant share of the housed individuals is eligible for disability benefits at a higher rate. The housed individuals have higher average health care costs (average \$7,000 for one year) than the homeless individuals (average \$5,000 for one year), which is not consistent with the literature. This is may be due to the lack of hospital data for the complete time period, and the fact that most housed individuals in this study are

## Homelessness in British Columbia—Highlights in Summary

mental health consumers, whereas the homeless people are not. These are conservative figures as not all services are included.

The figures also suggest that the health care, criminal justice and social service costs associated with homelessness can be extremely high, but that they are not always so. Costs can also be quite low for a homeless individual who does not make much use of the system. The homeless individuals in this study had annual service related costs ranging from about \$4,000 to over \$80,000. The range of costs for the housed individuals was not as wide—from \$12,000 to \$27,000.

### Housing and Support Costs

There is a range of housing and support options for British Columbia residents within the private market, non-profit sector, and public sector. Generally, it reflects a continuum of responses from high service and support levels to no service or supports. It also reflects different residential components—from less privacy to more privacy. The most expensive interventions are those involving institutional care for serious illness or criminal justice issues and intense levels of treatment—including acute and psychiatric hospitals and treatment facilities for substance misuse. Independent living options reflect much lower costs. Some options may not be at all appropriate for certain clients—although, by default, are used (e.g. seriously ill dual diagnosed individuals living in shelters and private SROs). While incurring costs of \$20 to \$90 per day, supportive housing options have the potential to stabilize illness and reduce the incidence of need for the more intense levels of service. This contrasts with emergency shelters, some of which offer few supports, others more support, but at best are temporary emergency housing and cost between \$31 and \$85 per day.

Supportive housing is an effective option for individuals who may have been chronically homeless and who have the greatest difficulty in obtaining and maintaining housing. This model has been found to help individuals end the cycle of homelessness and evictions, stabilize their lives and re-establish connections with the community. Most of the housed individuals in this study are living in supportive housing. Supportive housing is also cost effective compared to emergency facilities that specialize in serving clients with mental illness. An emergency shelter with higher levels of support costs \$60–\$85 per day compared to \$20–\$25 for a supportive hotel, \$21–\$38 for a self-contained apartment with some support, and \$67–\$88 for an enhanced apartment.

### Total Costs

The findings of this exploratory research examining government costs for a small illustrative sample of homeless and housed individuals in Vancouver, British Columbia suggest that decent, adequate, supportive housing not only ends homelessness but it may reduce the use of costly government services and ultimately save money.

## Homelessness in British Columbia—Highlights in Summary

When combined, the service **and** shelter costs of the homeless people in this study ranged from \$30,000 to \$40,000 on average per person for one year (including the costs of staying in an emergency shelter). The combined costs of services and housing for the housed individuals ranged from \$22,000 to \$28,000 per person per year, assuming they stay in supportive housing. Thus, even when housing costs are included, the total government costs for the housed, formerly homeless individuals in this study amounted to less than the government costs for the homeless individuals. Providing adequate supportive housing to the homeless people in this sample saved the provincial government money.

### *4.3 Conclusions and Recommendations*

The prevention approach to homelessness proved to be more cost effective than the emergency or reactive approach for this small sample of individuals. Focusing on preventing the use of costly government funded health care, criminal justice and social services through the provision of supportive housing for homeless people makes good sense from a financial perspective. This approach also has the benefit of improving the quality of life and well being of homeless people. The interviews and service records suggest that in most cases, housing had a positive impact on these people's lives.

While supportive housing is cost effective compared to emergency shelters, emergency facilities will continue to be an important component of the housing continuum. Emergency shelters are not meeting current needs and emergency capacity to meet crisis and other needs will continue to be necessary. Supportive housing is best viewed as an option for the chronic homeless—people who tend to be frequent users of emergency shelters, hospital emergency wards and the criminal justice system.

These preliminary findings suggest if minimizing government costs is a goal, public policy and service delivery must be focused on the prevention of homelessness.

#### **It is recommended that the provincial government undertake:**

1. Initiatives that help people maintain their existing housing (eviction prevention, demolition and conversion controls, rent protection, . . . etc.). Preventing homelessness, and the corresponding human tragedy that accompanies it, would reduce government health care and criminal justice costs.
2. Initiatives that help people who are now homeless to obtain adequate, permanent, or more specifically, supportive housing as a positive alternative to emergency shelters (damage deposits, social and supportive housing). This can be accomplished by maintaining existing housing and support programs and expanding their scope to accommodate individuals whom are presently receiving no service. This includes people with addictions, people who are not connected to the mental health system, youth and other special needs groups.

## Homelessness in British Columbia—Highlights in Summary

3. Research to address the following related public policy issues.
  - a) To the extent that this research has applied an exploratory methodology, and the findings are premised on a small illustrative sample, it is recommended that the provincial government generate a more comprehensive assessment of the costs of homelessness in British Columbia using a larger sample size and perhaps including additional services.
  - b) Despite the fact that the majority of the individuals who participated in the study were drug or alcohol involved, this sample of individuals had little contact with addiction treatment services. Further research to examine the barriers to substance misuse treatment in British Columbia is recommended.
  - c) The substantial US literature linking homelessness with childhood foster care, the fact that little or no Canadian research on this topic was located, combined with the characteristics of this rather limited case history sample, suggest that the relationship between family breakdown, children in state care and homelessness should be investigated in a Canadian and/or BC context.

## 5 Homelessness and the Health Care, Criminal Justice and Social Service Systems: A Review of the Literature (Volume 1)

Volume 1 reviews and summarizes what the published literature says about the relationship between homelessness and the health, social services and criminal justice systems. Specifically, do homeless people tend to use these systems more than others do and if so, what are the related costs?

### *5.1 Homelessness and Health Care*

Numerous studies conclude that there is a clear relationship between homelessness and health. Homelessness reduces life expectancy by 20 years in the United States. In Canada, the situation may be less severe. One recent study has estimated that the mortality rate for homeless people may be 20%–50% lower than in the United States. However, life expectancy is still lower compared to the general public.

Homeless people are at much higher risk for infectious disease, acute illness, and chronic health problems than the general population (Golden 1999). The most acute ailments among homeless adults are respiratory infections, traumas and skin ailments. Examples of chronic problems include heart disease, emphysema, diabetes, high blood pressure and musculoskeletal disorders. Homeless people are often victims of violent crime, such as rape, assault and robbery. Other health problems associated with homeless people include dental disease, malnourishment and sleep deprivation.

They are also at higher risk for suicide, mental health problems and drug or alcohol addiction (Golden 1999). Approximately one third of homeless people experience mental illness, although rates vary for different sub groups. Studies have shown that as many as 75% of single women who are homeless may experience mental illness (Golden 1999 and Daly 1990). In some cases, mental illness is a contributing factor to homelessness, while in others, homelessness is a trigger of mental illness. The vast majority of those with mental illness also have a concurrent substance misuse disorder.

A review of the literature on homelessness concluded that alcoholism is the most pervasive health problem of the homeless. Alcohol misuse is more prevalent among men than women, although it is found in all age groups and both sexes. Prevalence rates among the homeless were six to seven times higher than among the general population. Elderly homeless people have a high rate of alcohol misuse, while younger homeless people are more likely to misuse crack/cocaine and other street drugs.

## Homelessness in British Columbia—Highlights in Summary

Homeless women have high pregnancy rates compared to other groups of women. Homelessness poses several risk factors to the mothers, such as inadequate nutrition, excessive stress, inadequate housing and sanitation, and illness. These factors lead to a higher proportion of infant mortality and infants with low birth rates. Low birth rates are significant not only because of the risk of infant mortality but also because studies have shown there are several medical and neurological hazards of low birth weight that can put children at risk of improper development and physical and mental health problems (Connelly and Crown eds. 1994 and National Crime Prevention Council 1995).

Studies show that infection of HIV and AIDS among homeless persons is higher than the general population. Homelessness is being seen as contributing to the spread of this disease, which has some health professionals concerned about the possibility of an epidemic. This is the situation in Vancouver, which has identified an HIV/AIDS epidemic particularly in the Downtown Eastside.

United States research estimates that the rate of TB infection among homeless people ranges from at least 25 times higher than the rate in the general urban population to 100 times greater than the average for the general population (Daly 1996 and Wright et al. 1998). TB is emerging as a substantial public health issue in Canadian cities as well (Canadian Public Health Association 1997). TB is highly transmissible, and this is compounded by the spread of HIV, which makes infected individuals even more susceptible to TB infection. Homelessness is being seen as a contributor to the development of treatment resistant TB since studies show that as many as one third of patients with TB do not complete their treatments.

Homeless children face particular health risks compared with children who have permanent homes, including immunization delays, asthma, diarrhea, upper respiratory infections, skin disorders, gastrointestinal disorders, ear infections, poor dentition, obesity, anemia, and a high rate of injuries and burns. Pediatricians affiliated with the New York City Children's Health Project have identified a "homeless child syndrome" which includes the health problems described above as well as behavioural and psychological problems, child abuse and neglect. These problems are more common among homeless children than among children in the general population or even poverty-level children.

There is strong evidence of premature death among homeless youth. One study in Toronto found that young homeless men are eight times more likely to die than men the same age in the general population. Predominant disorders suffered by youth are respiratory infections, traumas and minor skin disorders. Sexually transmitted diseases are also among the leading health problems faced by homeless youth. Substance misuse is also high. Other health problems include lice and scabies, genito-urinary problems, and gastro-intestinal disorders.

## 5.2 *Homelessness and Social Services*

Homelessness is associated with a variety of social problems, most notably, family breakdown and abuse, adverse childhood experiences, pregnancy and inadequate parenting skills, and child development problems. In some cases the social problems are contributing factors to homelessness and in other cases, homelessness is a cause of the social problems.

Domestic abuse is often raised as a contributing factor to homelessness, and there is evidence that violence against women and children is an increasing factor in homelessness. A study in Toronto showed that from 1993 to 1996, spousal abuse, as a reason for admittance into emergency shelters increased from 6.5% to 10%.

Adverse childhood experiences, including lack of care, physical and sexual abuse are powerful risk factors for homelessness. The majority of homeless youth have been found to come from families that were dysfunctional or problematic in some way, as noted below.

- A Toronto study in 1992 found that 70% of young people leave home for the streets because of physical and/or sexual abuse.
- A study of nearly 500 homeless youth in Toronto and Vancouver found that most were from families where physical abuse exacerbated by long-term unemployment and sometimes by parental drug and alcohol misuse is the norm. Sixty percent indicated that on at least one occasion, they had been hit with enough force to cause a bruise or bleeding.
- A study of 200 homeless youth in London, England and Sydney, Australia found that many of the youth did not feel loved, wanted, or accepted by their parents. With the majority of respondents, homelessness was a process that began during childhood. For the most part, hostility, conflict and brutality characterized relationships with parents. Financial hardship was also found to contribute to family tensions.

Several studies, mainly American, have made a connection between homelessness and involvement in the child welfare system. Research suggests an over-representation of people with a foster care history among the homeless population. One study of 21 service organizations throughout the United States found that 36% of the homeless persons had a foster care history. It has also been noted that parents who cannot find housing are increasingly asking that their children be placed in foster care. One study in Toronto found that in 18% of cases, the family's housing situation was one of the factors that resulted in temporary placement of a child into care. A lack of accessible or affordable permanent housing may be a factor in delaying the return of children to their families.

Homeless children suffer from development lags compared to other children in terms of language development, fine motor coordination, gross motor skills, and personal/social development. They are also more likely than the general population to experience learning difficulties and higher rates of mental health problems. However, there is also evidence that these problems are not specific to homeless families. They occur in other families living in difficult conditions and are related to events that precipitate homelessness (e.g. family breakdown, abuse, exposure to domestic violence, and poor social networks).

### *5.3 Homelessness and Criminal Justice*

Studies of homeless people in the United States have found high rates of arrest and incarceration among them, ranging from 20% to 67%. This compares to the rates of arrest in the general population of 22% for men and 6% for women. Research also shows a strong relationship between homelessness, mental illness and crime. Several surveys, including two Canadian studies, have shown that among homeless people, those who report psychiatric illness or hospitalization are most likely to have a history of arrest or incarceration.

A large share of correctional facility inmates has been homeless. Research showed that between 24% and 34% of inmates in the New York City correctional system had been homeless at some time during the two months prior to arrest. A study in the province of Quebec found that homeless persons occupied about 5.5% of the normal capacity of correctional facilities, with most of the homeless people located in Montreal and Quebec City.

There are four different explanations for criminal activity among the homeless:

- As a means of survival;
- Habitual criminals who may suffer from chronic deviant behaviour;
- Manipulation of police into making an arrest in order to obtain “temporary asylum” in a correctional facility; and
- Display of inappropriate/psychotic behaviour that lands a homeless person in correctional facilities rather than a treatment centre.

Activities that are associated with homelessness, such as loitering, noise and panhandling, which contravene municipal bylaws, often bring homeless people into contact with the police and the justice system. In addition, literature from Quebec suggests that homelessness complicates standard criminal justice system processes and may mean that once charged with a criminal activity, homeless people are more likely to be held than domiciled persons. Once brought into the justice system, a person’s homelessness may then play a role in subsequent decision making. For example, the court system may require persons to keep the peace while they are awaiting their court appearance, which can be difficult for homeless people who are often perceived as disturbing the peace. It has been estimated that 30% of those

## Homelessness in British Columbia—Highlights in Summary

incarcerated will have no homes to go to upon their release. In addition, ex-offenders face serious problems in the labour market and landlords may not want to rent to them. One study in Canada shows that those released from a correctional institution tend to be chronic shelter users.

Street youth are more likely to engage in criminal activity than their housed counterparts. Studies estimate that young people aged 12 to 17 account for 22% of all offenders reported by police in Canada although they represent only 10% of the population. Street youth are also disproportionately repeat offenders.

### *5.4 Costs Associated with Homelessness*

The literature suggests that homelessness has a financial impact on the health care system.

- Homeless people are less likely than the general population to have a regular family doctor. Most homeless individuals use hospitals, particularly emergency departments, as their main point of contact with the health care system. An American study found that 20 to 30% of homeless people had been hospitalized in the previous year compared to 15% of a national sample of adults and 18% for housed poor persons. Another United States study shows that 38% of homeless children visited the emergency department two or more times during the past year compared to 20% of domiciled children.
- Homeless people have longer hospital stays (ranging from 36% longer per admission to 600% longer for psychiatric admissions) than other housed low-income households, although this is not necessarily treatment related. One study found this was primarily due to a lack of housing.
- A New York study that compared homeless hospital patients with other low income hospital patients found that the additional days per stay for homeless patients cost the health care system an additional \$2,400 to \$4,000 US.
- Homeless veterans who were inpatients to psychiatric or substance misuse hospital units cost the health care system \$3,000 or 13% more on an average annual basis than similar domiciled veterans.

Published studies on the financial impact of homelessness on social service programs are limited.

- In Metropolitan Toronto, the municipal budget for shelter services was expected to increase by \$8.5 million in 1996 in response to the need to provide emergency shelter.
- Homeless people may also be eligible for income assistance, although a relatively high proportion may not receive these benefits. Between 52% to 82% of homeless people received income assistance according to some American and Canadian studies.

## Homelessness in British Columbia—Highlights in Summary

A Toronto study shows that the relative costs of different types of housing and support that may be used to house homeless people are less costly than the emergency options as follows:

- \$360 per day to provide 24-hour care, professional staff, meals, an intensive level of health care, and housekeeping services in a psychiatric hospital;
- \$124 per day in a correctional facility or detention centre;
- \$38 per day for a shelter bed;
- Up to \$43 per day for supportive housing with 24-hour staffing and mental health support; and
- \$36 per day in a new non-profit apartment.

UK research estimates that well designed housing and supportive housing management services could reduce the need for acute and domiciliary care services among people with HIV and achieve average savings of 40% in the cost of care for tenants.

It costs \$23,000 per child per year for temporary care in Canada according to 1992 estimates.

The research shows that homeless people are likely to have involvement with the criminal justice system. However, there is little published data on the costs of homelessness for the criminal justice system. The following data about criminal justice costs generally applies:

- The annual cost of incarcerating an adult in Canada is estimated to be between \$40,000 and \$80,000 per year, and even more for women. The average length of incarceration for adults in federal correctional institutions is 44 months, representing a total cost of between \$147,000 and \$293,000.
- For every single youth that embarks on a life of crime, society faces a total cost of at least \$200,000.

### ***5.5 Costs Associated with Preventative Measures***

There is evidence in the literature that better access to supportive housing for homeless people (at an estimated cost of up to \$43 per day in Toronto) is cost effective and far less expensive than traditional responses to homelessness. Salit (1998) concludes that supportive housing could reduce hospital stays by as many as 70 days per admission. Even at the rate of \$250/day for sub-acute care, this would cost \$17,500, compared to \$12,500 for a unit of supportive housing with social services for an entire year. Frustration has been expressed that “we continue paying to put the homeless in hospital beds while not providing them with ordinary beds of their own” (Starr 1998).

## Homelessness in British Columbia—Highlights in Summary

Access to safe and affordable housing could also help reduce costs associated with child welfare. For example, such housing could reduce the number of admissions of children into care, stabilize the family's living situation in ways that promote children's well-being, and reduce housing-related delays in the return of children to their homes.

Studies also show that social housing (at an estimated cost of \$36 per day in Toronto) is a primary predictor of housing stability among formerly homeless families, and is critical to ending homelessness for this group (Shinn 1998). A longitudinal study of 564 homeless families in New York City supports the view that for families, homelessness is a temporary state that is resolved by the provision of subsidized housing (Shinn 1997).

There is also conclusive evidence about the ability of social development programs to reduce crime. The literature does not refer specifically to crimes committed by homeless persons, but the programs could apply to them as well. According to the National Crime Prevention Council of Canada, the most effective way to prevent crime is to address factors such as violence in the home, unsupportive family life and parental behaviours, poverty, **poor housing**, failure in school and illiteracy, drug and alcohol misuse and unemployment. Programs designed to prevent crimes are found to be cost effective. Strategies are recommended that promote healthy babies, facilitate attachments and prevent child abuse, increase family cohesion, improve parenting skills, encourage cognitive/social development, reduce aggressive behaviours, break the cycle of violence against women and children, and promote individual responsibility and community development and identity.

### *5.6 Conclusions*

The literature demonstrates that there is a strong relationship between homelessness and the health care, social services and criminal justice systems. People who do not have safe, secure, affordable shelter have more health problems than the general population, experience social problems that may be exacerbated by their lack of shelter, and are more likely to become involved in criminal activity than the general public. This tends to result in greater use of some services by the homeless, particularly hospital emergency services, emergency shelters and correctional institutions, in terms of frequency and length of use. Some specific sub-groups of the homeless, such as those with mental illness, are even more likely to be involved with the health care, social service and criminal justice system.

Several published studies confirm that homeless people result in higher costs to the health care system. They use the most costly elements of the health care system more than housed people do. Fewer studies examine the costs of homelessness for the criminal justice and social service systems.

Research confirms (though the number of studies is limited) that preventative measures are more cost-effective than the status quo. Issues arising from homelessness are more costly to deal with after the fact than if

## Homelessness in British Columbia—Highlights in Summary

homelessness were prevented in the first place. It is essentially a problem of “pay now or pay **more** later.” Studies indicate that better access to supportive housing is cost effective and far less expensive than other alternatives such as hospital beds, emergency shelters and correctional institutions. Combining affordable housing with appropriate services including help in finding work has consistently succeeded in helping people get off the streets and rebuild their lives” (Daly 1996).

Homelessness exacerbates issues associated with poverty. Studies have found that homeless people experience problems and use services more than low-income individuals who are housed. New York pediatricians familiar with the health of homeless children have identified a “homeless child syndrome” consisting of a number of illnesses and developmental problems that are more common among homeless children than others, even poverty level children.

There is growing interest in estimating the costs of homelessness. While little research was located which dealt specifically with this issue, a number of studies are currently underway (Culhane in the United States and McLaughlin in Toronto).

Most studies underestimate the true costs of homelessness. This review of the literature did not include studies of the social costs of homelessness, that is, costs both to the homeless individual and to society as a whole. Rather, it concentrated on studies that estimated costs to government, which would tend to underestimate the true cost of homelessness.