



The Society To End Homelessness In Burnaby

Working Together To End Homelessness In Burnaby

www.burnabyhomeless.org

Shane Simpson
Minister of Social Development and Poverty Reduction
BC Poverty Reduction
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March 28, 2018

Dear Minister,

I am writing on behalf of The Society To End Homelessness In Burnaby and the Burnaby Task Force On Homelessness, the diverse and collaborative strategic planning table supported by our Society. The Task Force was established in 2005 and is comprised of representatives from government agencies, the health authority, RCMP, social service and community organizations, business, housing providers, faith communities and concerned citizens who are committed to working together to identify and address issues of homelessness in the City of Burnaby.

Background

The City of Burnaby is BC's 3rd largest city yet has no shelter, no transitional housing, few permanent homes and minimal services for the homeless despite years of local public education around the need. The 2017 Homeless count reports Burnaby has the 4th highest number of unsheltered homeless persons in Metro Vancouver (49).

Burnaby has seen a 64% increase in homelessness since 2005, and a 19% increase since 2014. Between 2011 and 2016, Burnaby's general population increased by 10.1%, meaning the more recent homeless population is increasing at a rate twice as much as the general population. Much of the increase is within the populations most at risk: 28% of Burnaby's homeless are women, the highest rate for all Metro Vancouver respondents; 27% are homeless youth under 25, the 5th largest youth population in Metro Vancouver, and 32% are seniors (55+) vs. Metro Vancouver average of 16%. While not all the homeless have drug addictions, Burnaby also has the 7th highest total of illicit drug overdose deaths in 2017. Even though Burnaby displays such a high rate of overdose deaths, it still does not have a community action team such as just approved for 18 other BC communities.

Homelessness in Burnaby is expected to continue to increase because of the high cost of housing. 35% of the total households in Burnaby are spending 30% or more of their household income on housing, putting them at risk of homelessness. A full 36% of Burnaby's population are renters. 46% of tenant households

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spend 30% or more of their household income on shelter. 29% of home owner households spend 30% or more of their household income on shelter.

There has recently been a significant loss of affordable rental housing within Burnaby, with minimal replacement housing that is affordable to the combined total of 35% of Burnaby's population that spend 30% or more of household income on shelter. Despite being a wealthy municipality and having commitments from the provincial government to create a shelter and/or dedicated housing for the homeless, there is not any new social housing for the most vulnerable here in Burnaby.

Homelessness steals from the potential of a community by creating barriers to social and economic engagement for those living without a home. It results in dramatically poor health outcomes, such as significantly increased mortality rates; and it erodes the social cohesion of a community by segregating members based upon their housing status. Homelessness affects many: singles, couples, families, youth, seniors, disabled – of any age, all genders and cultures, women fleeing violence, indigenous peoples – a broad and diverse cross section of our community.

At the Outreach Resource Centre, the effects of long term poverty and homelessness are regularly seen. An average of 120 – 150 persons attend weekly. So many in attendance are living outside, without shelter, while others live in precarious living situations, at high risk of homelessness due to housing affordability. Progressive Housing provides services, housing and rent supplements to people who are homeless, and estimates that there is approximately 250 – 300 people in Burnaby that are dealing with homelessness right now.

People who are homeless have complex medical issues and often struggle with the effects of mental illness and addiction. It is clear that the usage of ambulances and emergency services are far higher for this population than the general public. Additionally, many preventable diseases are much more common amongst homeless people than amongst the rest of the community. Diabetes, malnutrition, foot problems, high blood pressure and lung disease are just a few of the health problems Burnaby's homeless struggle with. A whopping ninety percent of Burnaby's homeless have at least one health condition and fifty percent have two or more. Homelessness is a life-threatening health hazard. Distressingly, between January 2005 and November 2017, 49 Burnaby citizens died due to the result of long term poverty and homelessness at the average age of 42. The median age of death for a homeless person in BC is between 40 and 49, almost half the life expectancy for the average British Columbian at 82.65 years (Deaths among Homeless Individuals 2007-2013 *BC Coroners Service 2014*). Further, people who are homeless have access to fewer supports and services to assist them as they approach their end of life.

Indigenous peoples are significantly over represented in the homeless population. 34% of all homeless identify as indigenous, and 41% of the indigenous homeless were unsheltered vs. in shelters (*2017 Metro Vancouver Homeless Count*). Point-in-time homeless counts are notorious for being undercounts. Yet indigenous peoples comprise 2.5% of Metro Vancouver's general population.

The Burnaby Task Force on Homelessness and Society To End Homelessness in Burnaby believe that homelessness can be fully addressed and ended in Burnaby, given the political will and resources.

Recommendations for a Poverty Reduction Strategy

To address the systemic issues around poverty including prevention, The Burnaby Task Force on Homelessness/Society To End Homelessness submit the following recommendations that would significantly improve the situation for people living in poverty in Burnaby:

1. Housing is a basic necessity
 - a. Develop a comprehensive affordable and supportive housing policy for BC that addresses current homelessness and prevention of future homelessness.
 - b. Build a minimum of 10,000 units of new social and coop housing units per year in B.C.
 - c. Allocate 250 new units of social and co-op housing to Burnaby over three years, starting with 100 units in 2018. Attach support workers to the buildings to enable them to successfully integrate people who are more difficult to house.
 - d. Allocate funds for the construction and annual operation of a full-service, 25-bed minimal-barrier emergency shelter in Burnaby, co-located with 25-units of supportive core-need housing that is dedicated to Burnaby residents experiencing homelessness and having few, if any housing options.
 - e. Increase the monthly limit on rent supplements to recognize the actual cost of housing.
 - f. Increase the number of Outreach support workers within Burnaby to assist people experiencing homelessness with successful and long-term housing outcomes.
 - g. Create a “Home Repair Reserve” to prevent evictions of previously homeless or homeless-at-risk individuals/families for building damages over and above damage deposits. To be accessed by non-profit homeless service providers. Similar to the limited program attached to some rent supplement programs, the intent is to prevent damage and evictions.

2. Income – Provide adequate and accessible income support to all people who are not employed and remove policy barriers so that people receiving income support can build and maintain assets. This includes indigenous people living off reserve.
 - a. Increase welfare and disability rates to the Market Basket Measure and index them to the cost of living. Provide additional financial support to people with disabilities as they have additional living costs due to disabilities.
 - b. Improve access to income support services to enable people to access resources in a time sensitive manner.
 - c. Increase earning exemptions so that people working towards employment can be supported through the transition to employment and secure homes.
 - d. Remove unfair barriers preventing people from receiving income assistance that are arbitrary – e.g. the 5-week work search, restrictions based on citizenship status, the two-year independence test.
 - e. Provide youth in care with financial and service supports until age 25, including rent assistance programs, child care, tuition and health care.
 - f. Increase the minimum wage to \$15 per hour

- g. Increase opportunities for the employment of people with employment barriers
 - h. Improve access to training and education for people who live on low incomes, including reduced tuition fees and support for course required text books.
3. Indigenous peoples are significantly over represented in the homeless population.
- a. Work with the indigenous population to address their needs, both on and off reserve, providing funding to bring their living situations up to the same standards of living as non-indigenous peoples.
4. Provide universal publicly funded child care, including adopting the \$10 a day plan recommended by the Child Care Advocates of BC and the Early Childhood Educators of BC.
5. Transportation – the cost of public transit is a barrier to people who are living on low incomes or receiving income assistance. Without transit, people cannot attend critical appointments such as health care and financial services, do housing and employment searches, or maintain connectivity with family, friends and their support network. Social isolation leads to significant health deterioration, especially within an aging population.
- a. work with TransLink to develop and implement a public transit system that is based on income vs. demographics.
 - b. Provide funding to make public transit affordable for people receiving income assistance or living on a low income.
6. Access to health and home support services – with people living longer, many persons need assistance to maintain personal hygiene and/or household standards of cleanliness, health care support such as medication services and mental health services.
- a. Increase the availability of home support and residential care services, removing the barrier that restricts home support workers from assisting in household cleanliness
 - b. increase the number of residential care beds.
 - c. Expand community health services such as dental and optical care and community mental health services.
 - d. Work with municipalities to make better/more affordable/welcoming environments for homeless people to access public facilities such as showers at community centres.

Submitted by:

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