



# **ABBOTSFORD COMMUNITY DATA BOOK**

Key Socio-Economic Trends  
and Challenges



**2021**

Prepared by HelpSeeker



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# Acknowledgement of Traditional Territory

We would like to acknowledge the unceded and traditional territories of the The Sema:th (Sumas) First Nation and the Matsqui First Nation who are Stó:lō people. S'olh Temexw is the traditional territory of the Stó:lō people, and they have lived here since time immemorial. The Stó:lō traditional territory extends from Yale to Langley, BC. It is for this reason that we acknowledge the traditional territories upon which we reside.



**Sumas  
First  
Nation**



**Matsqui First Nation**





## BACKGROUND

To better understand the socio-economic landscape in Abbotsford, and to develop strategies on how to respond to them, HelpSeeker has prepared three different reports to review current and anticipated social needs related to child care, housing, and age-friendly communities within the greater community. This **Community Data Book** summarises the key socio-economic trends and challenges identified in these reports and is intended to serve as a tool for decision makers, researchers, and the general public for the implementation of informed policies, advocacy strategies, awareness initiatives, and creative actions with respect to social challenges in the community.

The analysis and data collected for these reports included a variety of strategies such as the review of available data from primary sources, government documents, previous research and best practices, survey administration, and the implementation of extensive community dialogues. This resulted in valuable feedback from community members from a wide variety of backgrounds, including frontline workers with service providers, Indigenous community members, members of the South Asian community, and people with lived experience of homelessness. As groups met, it was endeavoured to discuss each issue through an integrated lens, working to understand how health, wellbeing, equity, and diversity impact indicators of poverty, child care, and housing needs as well as the needs of older adults and seniors. We thank all community members who were a part of this process.

With the onset of the COVID-19 pandemic in March 2020, and subsequent global lockdown and resulting shocks to the economy and our wider society, it is important to recognise that the needs of particular populations across the spectrum described in this report are likely to be exacerbated as a result of COVID-19 impacts, both in the present and over the long-term future.

Accordingly, the data presented here (most of which was developed prior to the pandemic) can be used as baseline data for social planners and policy makers to support planning needs, to provide evidence of need to support new applications for funding, and to provide data to guide policy and bylaw development to address social issues in the community. For community stakeholders, it can also be used as a reference point for highlighting the need for new community initiatives, such as shared intergenerational or interfaith community spaces, or grassroots programs that fill gaps and help people in Abbotsford who may be struggling or are in need of assistance.

## Methodology

The data for this data book was collected in a variety of ways:

## Community-Level Statistical Data

Quantitative datasets were pulled from the City of Abbotsford, the Government of BC, Statistics Canada, the Canada Mortgage and Housing Corporation, Fraser Health, as well as local service providers. The data focused on the City of Abbotsford Census Subdivision (CY, CSD) level.

## Community Engagement

Community consultations occurred through a variety of means: including meetings with experts in Technical Advisory Groups for specific areas (such as child care and older adults) and focus group-like sessions with local leaders in the social sector or community members in the form of both Design Labs (which were run by the City or organisations working for the city) and Circle Dialogues (which were run by leaders in the community). A community survey was also undertaken—the results of which can be found near the end of this Data Book.

Virtual meetings and small physically-distanced gatherings took place between June and September of 2020 due to the COVID-19 pandemic. Engagement opportunities included stakeholder meetings, an online survey offered in both English and Punjabi for city residents, a series of design labs, and community circle dialogues. The purpose of this engagement was to test and confirm the quantitative data analysis and to better understand the spectrum of community needs in Abbotsford. Further feedback on priorities, issues, and opportunities related to these needs in the light of the COVID-19 pandemic was also explored.



## About HelpSeeker

**HelpSeeker** ([www.helpseeker.co](http://www.helpseeker.co)) is a social innovation company based in Calgary, Alberta. HelpSeeker builds capacity in non-profits, government, and private sector partners to accelerate social impact by leveraging research, community engagement, and creative technologies. We support change-makers, thought leaders, and social entrepreneurs to maximise social impact. HelpSeeker supports leaders in large-scale social change through community engagement, data analysis and visualisation, best practice research, and evaluation. We provide change-makers with technical and strategic support to accelerate social impact initiatives meaningfully and measurably.



## HOW TO USE THIS DATA BOOK

Data reported in this document of key socio-economic trends and challenges in Abbotsford is organised into five main areas: Demographics, Housing Trends, Social Trends, Economic Trends, and Community Engagement.

The Data Book presents comprehensive data indicators on health, poverty, wellbeing, inclusion, housing, economic equity (addressing each of the *Together BC* priorities), and input from the community engagement activities mentioned above. The Community Data Book will serve as a resource for stakeholders across Abbotsford to leverage in program development and systems planning related to poverty reduction.

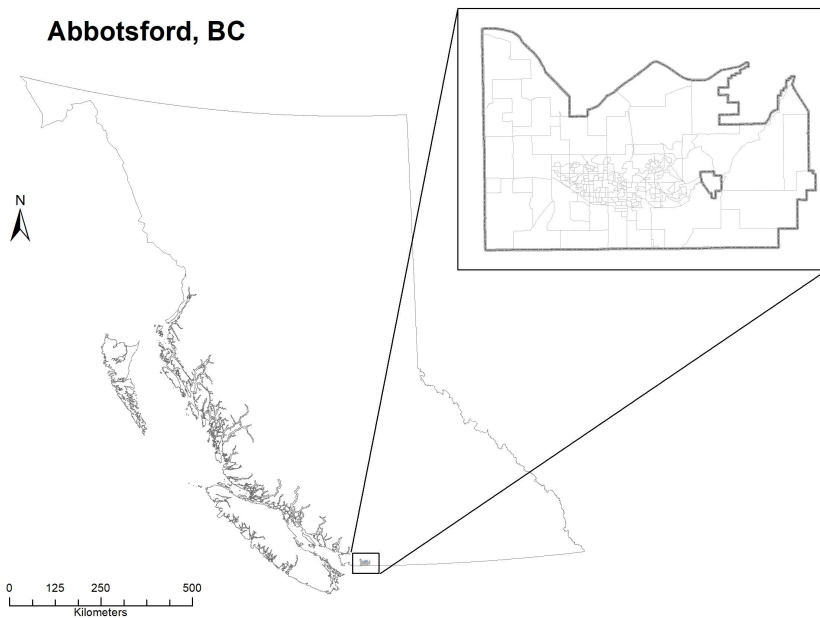
Stakeholders supported this effort to pull together the diverse data, and there was a significant alignment from the research conducted and community consultations to highlight trends around current high-level priorities. The data in this Community Data Book is presented openly for public use to encourage and inspire innovative creative actions to help foster social and community wellbeing in Abbotsford.



# THE DATA BOOK

## LOCATION

Abbotsford is located on the traditional, ancestral, and unceded territory of the Stó:lō Nation. It is the largest municipality in the province outside Metro Vancouver. The city is 45 minutes from Canada's Pacific coast, at the commercial crossroads of Asia-Pacific and North America, with duty-free access to the US and to Mexico. Two US border crossings and the Trans-Canada Highway (Hwy No. 1) make Abbotsford a primary hub in the Fraser Valley and a prime location for businesses in the region.



Businesses using Vancouver ports can take advantage of one of the shortest sea routes from Asia to North America. These routes are connected to all major US economic centres by secure and reliable road and rail networks. The Abbotsford International Airport (YXX) is also a prime access asset, and more than one million passengers departed or arrived at YXX in 2019—an 18.7% increase over the previous year.<sup>1</sup>

<sup>1</sup> Abbotsford International Airport. 2019. Abbotsford International Airport (YXX) reaches 1 million passenger milestone. Retrieved from <https://www.abbotsfordairport.ca/Assets/Abbotsford+Airport/New+Releases/2019-12-30+Abbotsford+International+Airport+Reaches+One+Million+Passenger+Milestone.pdf>



# DEMOGRAPHICS

Demographics commonly refer to statistics about the population of a particular geography. Demographics are key to understanding local issues and planning future investments and services.

Demographic data offers one source of reliable data that provides valuable insights about a community’s future infrastructure needs, resource allocation, and demand for municipal and other services.<sup>2</sup> Knowing how many people live in a given area, and their basic attributes, is critical to make funding decisions and deliver services effectively. The age profile and cultural composition of a city, for example, dictate the types of programs, services, and policies needed to support a population.<sup>3</sup>

*What is happening in Abbotsford regarding demographic change?*

**ABBOTSFORD HAS SEEN STEADY GROWTH AND IS EXPECTED TO REACH OVER**

**170,000** IN POPULATION BY 2026

**POPULATION PRESSURES ASSOCIATED WITH URBANISATION, PARTICULARLY HOUSING AFFORDABILITY AND HOMELESSNESS, are putting strains on existing infrastructure**



THE PROPORTION OF ABBOTSFORD RESIDENTS AGED 65 YEARS OR OLDER IS



AND BY 2026 THIS PERCENTAGE IS EXPECTED TO RISE TO



**32,817** PEOPLE

## PLACING INCREASED DEMANDS ON HOUSING AND HEALTH SERVICES FOR OLDER ADULTS AND SENIORS

Just over **ONE IN THREE** RESIDENTS OF ABBOTSFORD IS A MEMBER OF A **RACIALISED COMMUNITY**



THE **INDIGENOUS** POPULATION HAS **ALMOST DOUBLED** IN THE **LAST 10 YEARS,** with an increase of 85% from 2006.

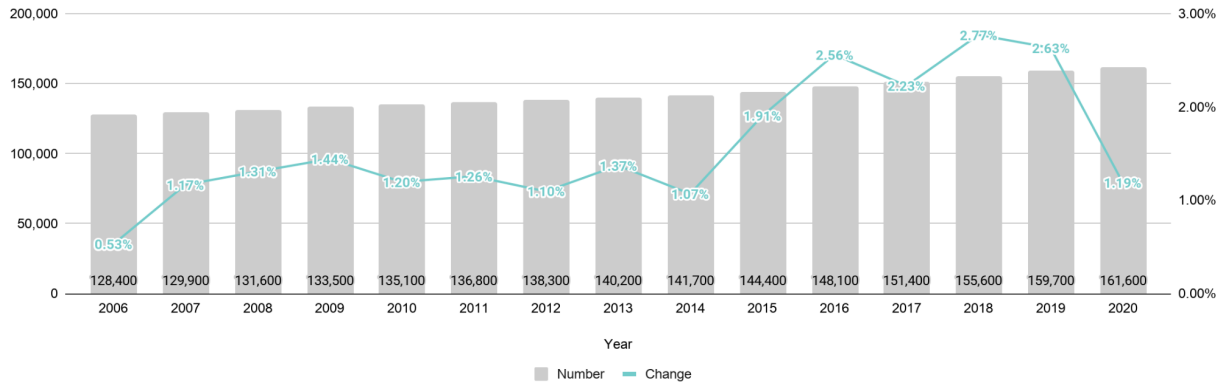


<sup>2</sup> University of New Hampshire. 2014. Community Planning New Hampshire Information Brief #1. Retrieved from: [https://extension.unh.edu/resources/files/Resource004765\\_Rep6784.pdf](https://extension.unh.edu/resources/files/Resource004765_Rep6784.pdf)

<sup>3</sup> Council, Edmonton Social Planning. 2020. Tracking the trends: Updated November 2020. Retrieved from: <https://edmontonsocialplanning.ca/wp-content/uploads/2020/11/Tracking-the-Trends-2020-FINAL-1.pdf>

# Population

## British Columbia Population Estimate: Abbotsford.<sup>4</sup>



### Data Highlights:

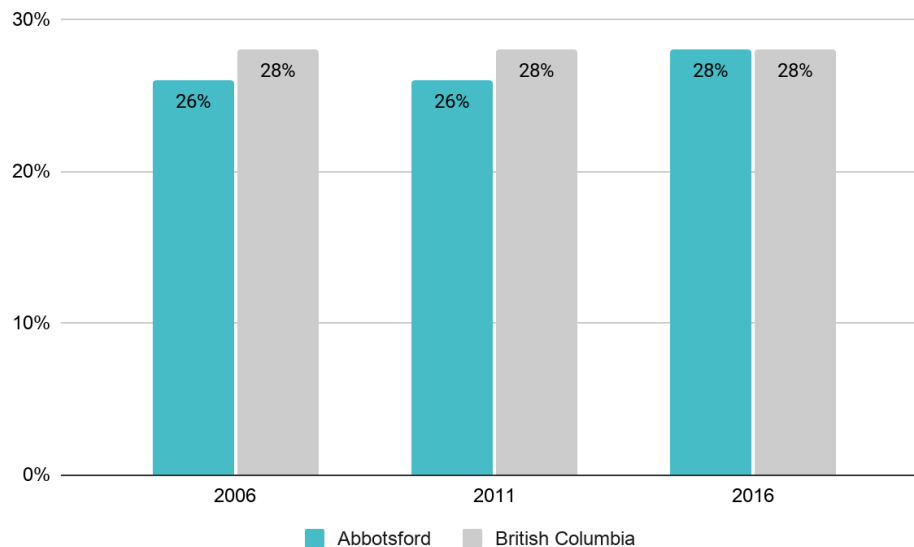
- As of 2020, the population for Abbotsford is recorded at 161,581.<sup>5</sup>
- Abbotsford’s population is growing rapidly, increasing from 129,982 in 2006 to 161,581 in 2020—a 24% increase in only 14 years.
- The median age of the Abbotsford population is 39.9—two years younger than the provincial median.
- While Abbotsford continues to have a higher proportion of younger people relative to the provincial and national averages, the community is ageing.
- The estimated 2016 seniors’ population (65 years and over) in Abbotsford is 23,845 people or 16.8% of the population.
- The proportion of the population aged 65 and over has seen an increase of 3% over ten years, while the proportion of the population aged 19 and under has decreased 2%.

<sup>4</sup> Government of British Columbia. 2020. British Columbia Population Estimates. Retrieved from: <https://www2.gov.bc.ca/gov/content/data/statistics/people-population-community/population/population-estimates>

<sup>5</sup> Government of British Columbia. 2020. British Columbia Population Estimates.

# Immigration

**Percentage of Immigrant Population in Abbotsford and British Columbia, 2006–2016.**



## Data Highlights:

- In 2016, 38,220 individuals living in Abbotsford identified as immigrants, accounting for 28% of the total population in the community.
- This is a significant increase from the previous census in 2011 as Abbotsford saw a 12.6% growth in its immigrant population from 2011 to 2016.
- Over half (53.4%) of people identifying as immigrants came from India, representing a significant portion of the Abbotsford population.<sup>6</sup>
- The most common languages spoken for people who identified as immigrants were Punjabi, Tagalog, Korean, and German.

<sup>6</sup> Statistics Canada. 2017. Abbotsford, CY [Census subdivision], British Columbia (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017.



# Indigenous Peoples

*Indigenous Population by Indigenous Identity in Abbotsford, 2016.*

Aboriginal identity	Number	Percent (%)
Total – Population by Aboriginal identity	138,555	100
Indigenous identity	6,600	4.8
Single Indigenous response	6,305	4.6
First Nations (North American Indian) single identity	3,180	2.3
First Nations single identity (Registered or Treaty Indian)	1,215	0.9
First Nations single identity (not a Registered or Treaty Indian)	1,965	1.4
Métis single identity	3,100	2.2
Inuk (Inuit) single identity	20	0
Multiple Indigenous identities	195	0.1
Indigenous identities not included elsewhere	100	0.1
Non-Indigenous identity	131,960	95.2

## Data Highlights:

**IN 2016**

**6,600** PEOPLE IDENTIFIED AS INDIGENOUS

**MAKING UP 4.33% OF THE POPULATION**

**OF THIS 6,600 PEOPLE**

**3,180** **3,100** **20**

identified as First Nations identified as Métis identified as Inuk (Inuit)

**195** INDICATED MULTIPLE PEOPLE RESPONSES,

**100** INDICATED A RESPONSE PEOPLE NOT INCLUDED IN ONE OF THESE CATEGORIES

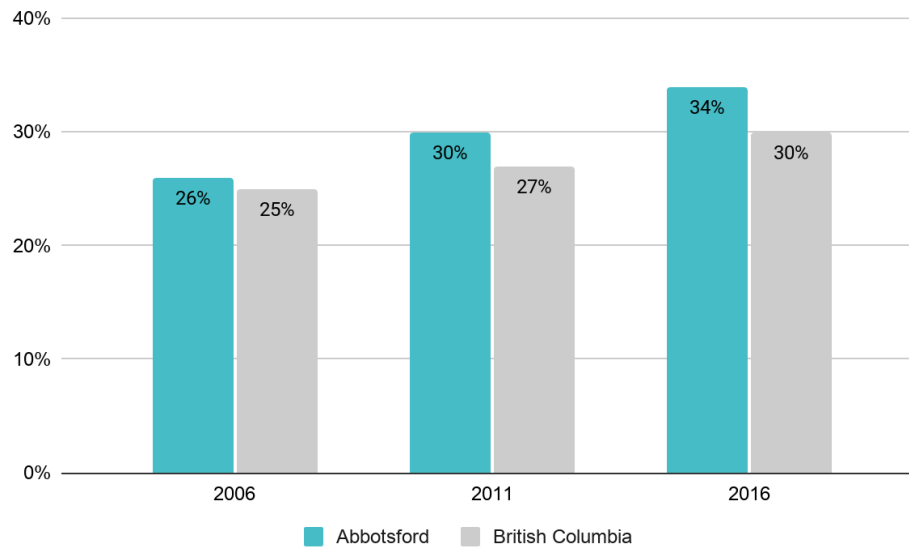
**ONLY 1,620 PEOPLE** RESIDING IN ABBOTSFORD ARE REGISTERED OR STATUS INDIANS

**THE INDIGENOUS POPULATION** HAS ALMOST DOUBLED IN THE LAST 10 YEARS, with an increase of 85% from 2006.



## Racialised Communities

**Percentage of Population Belonging to a Racialised Community in Abbotsford and British Columbia, 2006–2016.**



### Data Highlights:

- In 2016, immigrants made up 26% of Abbotsford’s total population.
- India was the single largest source country for both its total immigrant (53.4%) and recent<sup>7</sup> immigrant populations (65.1%) in 2016.
- Just over one in three residents of Abbotsford are a member of a racialised community (33.7%).<sup>8</sup>
- In Abbotsford, the top three visible minority groups are from South Asia, China, and the Philippines.

<sup>7</sup> Recent immigrant refers to a person who obtained a landed immigrant or permanent resident status up to five years prior to a given census year. In this case: between 2011–2016.

<sup>8</sup> Statistics Canada, 2006, 2011, 2016 Census of Population.



# HOUSING

In Canada and a large part of the world, individuals and families spend a significant portion of their income on accessing safe and suitable housing, impacting all other areas of life for individuals and families. Data on housing units, prices, vacancy rates, household income, and available subsidised housing contribute to estimate real housing needs in the community, develop strategies aimed to reduce barriers to housing for vulnerable populations, and anticipate and appropriately respond to housing needs in the community. Rising rents and decreasing vacancy rates, for example, signal a need for increased rent subsidies and the availability of affordable rental housing.<sup>9</sup>

Core Housing Need<sup>10</sup> is a term used to describe situations where: housing requires major repairs and residents don't have the means to move to a good unit in their community; there are not enough bedrooms for the residents; they don't have the means to move; the current home costs more than the residents can afford; and they do not have the means to make a move or find an available affordable home in their community. Extreme Core Housing Need, in turn, as a subset of Core Housing Need, identifies households that face challenges in one or more housing indicators and the household currently spends 50% or more of their household income on shelter costs.

Core Housing Need and Extreme Core Housing Need data allow for estimates in the number of potential families and individuals at risk of homelessness and helps to guide the implementation of measures aimed to prevent this from happening and support these individuals.

Homelessness estimates provide policy makers with tools to identify service needs and inform plans to prevent and reduce homelessness. This information can support communities to implement strategies to move towards coordinated systems and put in place Coordinated Access.

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<sup>9</sup> Council, Edmonton Social Planning. 2020. Tracking the trends: Updated November 2020. Retrieved from: <https://edmontonsocialplanning.ca/wp-content/uploads/2020/11/Tracking-the-Trends-2020-FINAL-1.pdf>

<sup>10</sup> CMHC. 2020. Understanding Core Housing Need. Retrieved from: <https://www.cmhc-schl.gc.ca/en/data-and-research/core-housing-need>

## WHAT IS HAPPENING IN ABBOTSFORD with housing and shelter?



**RISING HOME PRICES, LOW RENTAL VACANCY RATES, AND RISING RENTS ARE SIGNS OF AN UNHEALTHY HOUSING SYSTEM IN THE COMMUNITY**

**THE AVERAGE SINGLE FAMILY DETACHED/ SEMI-DETACHED HOME IN ABBOTSFORD WAS \$811,077 IN 2019**

**79% INCREASE OVER FIVE YEARS**

**AVERAGE RENT HAS INCREASED BY**



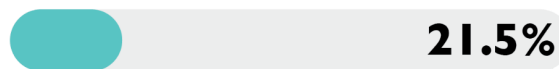
**OVER THE SAME PERIOD. RENTERS LIVING ALONE, LONE PARENTS, INDIGENOUS PEOPLE, AND RECENT IMMIGRANTS ARE EXPERIENCING HIGHER AFFORDABILITY CHALLENGES**

*In Abbotsford,*  
**5,905 HOUSEHOLDS ARE IN CORE HOUSING NEED (CHN)**

*This is an 11.5% increase from 2006*



**THE NUMBER OF INDIVIDUALS EXPERIENCING HOMELESSNESS IN ABBOTSFORD INCREASED BY**



**FROM 2017 TO 2020**

## RENTER HOUSEHOLDS WITH ONLY ONE INCOME EARNER FACE SIGNIFICANTLY GREATER RATES OF CHN

**HIGHEST RATES**

LONE-PARENT FEMALES



LONE-SENIOR FEMALES



MALES



*Rates of CHN are also notably higher among Indigenous and newcomer households.*

## Housing Units

### Breakdown by Structural Type of Units.<sup>11</sup>

	2006		2011		2016	
	Number	Percent	Number	Percent	Number	Percent
Total – Occupied private dwellings by structural type of dwelling – 100% data	43,685	100%	46,450	100%	49,040	100%
Single-detached house	19,155	44%	20,270	44%	19,525	40%
Apartment in a building that has 5+ storeys	1,055	2%	1,015	2%	985	2%
Other attached dwelling	22,830	52%	24,630	53%	28,235	58%
Semi-detached house	1,385	6%	1,420	6%	1,375	5%
Row house	3,620	16%	4,010	16%	4,385	16%
Apartment or flat in a duplex	7,755	34%	8,100	33%	10,095	36%
Apartment in a building that has fewer than five storeys	10,055	44%	11,070	45%	12,325	44%
Other single-attached house	20	0%	35	0%	50	0%
Movable dwelling	645	1%	535	1%	285	1%

### Data Highlights:

- Compared to 2006, the proportion of occupied single-detached houses decreased by 4% in 2016.
- The share of other occupied attached dwellings grew by 6% from 2006 to 2016.
- The proportion of occupied apartments or flats in a duplex registered the highest increase (2%) from 2006 to 2016 among all other types of attached dwellings.

### Breakdown by Size (bedrooms).<sup>12</sup>

	2006		2011		2016		2006–2016 % change
	Number	Percent	Number	Percent	Number	Percent	
Total – Occupied private dwellings by number of bedrooms	43,685	100%	46,450	100%	49,040	100%	12%
No bedroom	755	2%	630	1%	230	0%	-70%
1 bedroom	4,815	11%	4,840	10%	5,230	11%	9%
2 bedrooms	12,490	29%	13,180	28%	14,655	30%	17%
3 bedrooms	11,810	27%	11,490	25%	10,990	22%	-7%
4 or more bedrooms	13,820	32%	16,310	35%	17,930	37%	30%

<sup>11</sup> Statistics Canada, 2006, 2011, 2016 Census of Population.

<sup>12</sup> Statistics Canada, 2006, 2011, 2016 Census of Population.

### Data Highlights:

- Private dwellings with four or more bedrooms were the type of residence with the fastest growth (30% increase) from 2006 to 2016.
- The number of bachelor units has decreased by 70% between 2006 and 2016.

### Breakdown by Date Built.<sup>13</sup>

	Abbotsford		BC	
	Number	Percent	Number	Percent
Total – Occupied private dwellings by period of construction	49,040	100%	1,881,970	100%
1960 or before	2,710	6%	267,560	14%
1961 to 1980	13,275	27%	559,485	30%
1981 to 1990	11,210	23%	289,560	15%
1991 to 2000	11,500	23%	331,865	18%
2001 to 2005	3,490	7%	125,340	7%
2006 to 2011	4,340	9%	171,950	9%
2011 to 2016	2,525	5%	136,210	7%
2017 to 2020	40,618 housing completions in Abbotsford			

### Data Highlights:

- The majority of private dwellings in Abbotsford (79%) were built before 2000, and a third (33%) are more than 40 years old.
- As of 2016, almost a quarter of Abbotsford's housing stock is relatively newer with 23% of private dwellings built after 2000.

## Vacancy Rates

### Rental Vacancy Rate (%) – Overall and for Each Type of Unit (as of October 2020).<sup>14</sup>

	October 2016	October 2017	October 2018	October 2019	October 2020
Bachelor	0	0	0	0	1.3
1 Bedroom	0.6	0.1	0.4	0.7	0.6

<sup>13</sup> Statistics Canada. 2017. Abbotsford, CY [Census subdivision], British Columbia and British Columbia [Province] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017.

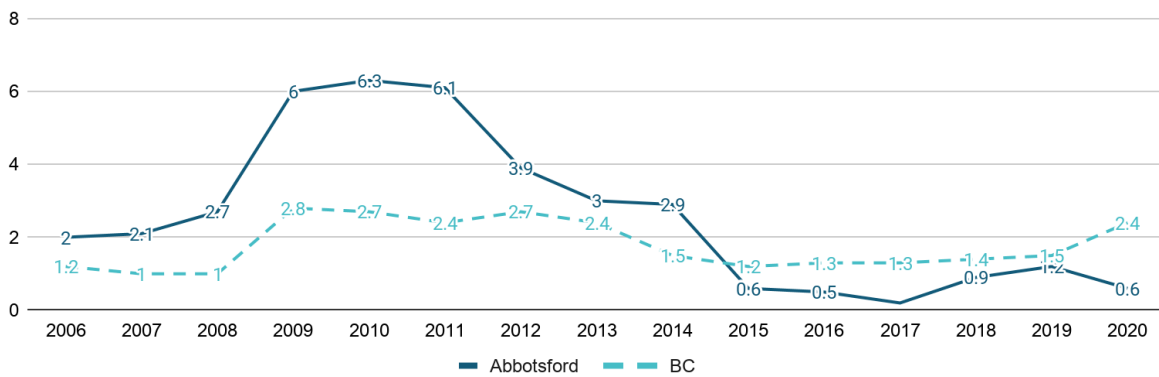
<sup>14</sup> CMHC. 2020. Primary Rental Market Statistics. Retrieved from: [https://www03.cmhc-schl.gc.ca/hmip-pimh/en#Profile/5909052/4/Abbotsford%20\(CY\)%20\(British%20Columbia\)](https://www03.cmhc-schl.gc.ca/hmip-pimh/en#Profile/5909052/4/Abbotsford%20(CY)%20(British%20Columbia))

2 Bedroom	0.4	0.3	1.4	1.6	0.5
3 Bedroom +	0	0	0	3.8	0.0
Total	0.5	0.2	0.9	1.2	0.6

**Data Highlights:**

- Abbotsford’s overall vacancy rate was 0.6% in October 2020, compared to 1.2% in 2019.
- High vacancy rates (3.8%) in three-and-more bedroom apartments have led the vacancy rate increase in 2019. This has fallen again in 2020.
- Bachelor and one-bedroom units historically had very low vacancy rates (0% for bachelor units, <1% for one-bedroom). As of 2020, bachelor units have the highest vacancy at 1.3%.

**Vacancy Rates 2006–2020, Abbotsford & British Columbia.<sup>15</sup>**



**Data Highlights:**

- From 2006 to 2014, vacancy rates in Abbotsford were consistently higher than those in British Columbia, fluctuating between two and 6.3 during the ten-year period.
- Over the last five years, Abbotsford’s vacancy rates have remained lower than British Columbia’s provincial averages, reaching its lowest rate in 22 years in 2017 (0.2%).

<sup>15</sup> CMHC. 2020. Rental Market Statistics Summary by Zone. Retrieved from: <https://www03.cmhc-schl.gc.ca/hmip-pimh/en/TableMapChart/Table?TableId=2.1.31.3&GeographyId=2410&GeographyTypeId=3&DisplayAs=Table&GeographyName=Vancouver#Apartment>

## Households

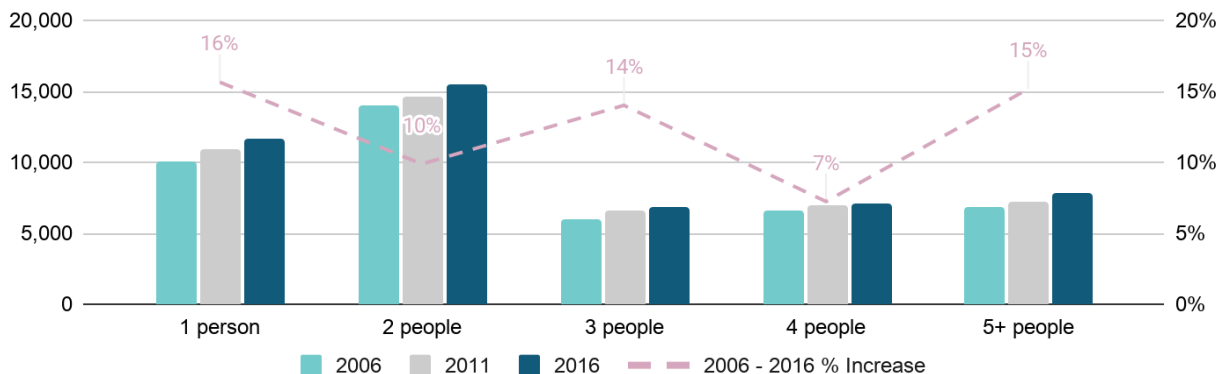
**Total Number of Households and Household Average Size, 2006–2016.**<sup>16,17</sup>

	2006	2011	2016	2020
Total Households (Census)	43,564	46,452	49,040	-
Average Household Size	2.8	2.8	2.8	-
Total Households (Estimates)	45,855	48,855	52,890	57,715

### Data Highlights:

- From 2006 to 2016, the number of households in Abbotsford grew 13%.
- Average household sizes have remained at 2.8 people from 2006 to 2016—higher than the provincial average (2.4) in 2016.
- In 2020, there are almost 4,825 more households in Abbotsford compared to 2016 census data.

**Breakdown of Households by Size (1, 2, 3, 4, 5+ people), 2006–2016.**<sup>18</sup>



<sup>16</sup> Statistics Canada, 2006, 2011, 2016 Census of Population.

<sup>17</sup> Government of British Columbia. 2020. British Columbia Population Estimates. Supplied.

<sup>18</sup> Statistics Canada, 2006, 2011, 2016 Census of Population.



	2006	2011	2016	2006–2016 % Increase
1 person	10,115	10,950	11,700	16%
2 people	14,090	14,660	15,485	10%
3 people	6,055	6,635	6,905	14%
4 people	6,620	6,990	7,100	7%
5+ people	6,815	7,215	7,850	15%

#### *Data Highlights:*

- Housing in Abbotsford is dominated by one- and two-person households, accounting for 56% of the total number of households in the community in 2016.
- Between 2006 and 2016, one- and five-person households registered the fastest growth among other household sizes in the community.
- Despite two-person households having the highest share among other household sizes in Abbotsford (32%), it registered the second-lowest percent of household growth from 2006 to 2016.

## Renter vs. Owner

#### *Renter and Owner Households in Abbotsford, 2006–2016.<sup>19</sup>*

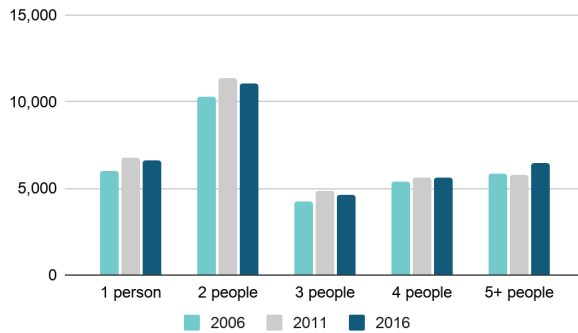
	2006	2011	2016	2006–2016 % Increase
Owner Households	31,670	34,450	34,320	8%
Renter Households	11,895	12,005	14,720	24%

#### *Data Highlights:*

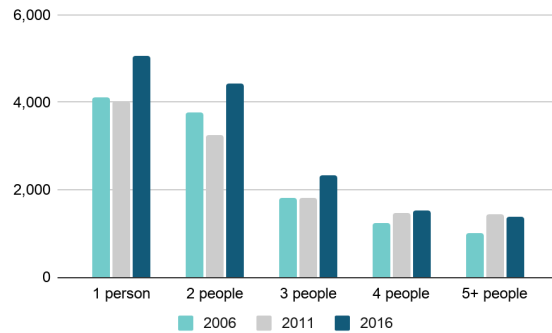
- Although owner households accounted for 70% of the total number of households in Abbotsford in 2016, the number of renter households has registered a much faster increase compared to 2006.

<sup>19</sup> Statistics Canada, 2006, 2011, 2016 Census of Population.

### Owner Households



### Renter Households



### Change in Owner Households, 2006–2016.

	2006		2011		2016		2006–2016 % Increase
	Number	Percent	Number	Percent	Number	Percent	
1 person	6,015	19%	6,795	20%	6,630	19%	10%
2 people	10,315	32%	11,375	33%	11,060	32%	7%
3 people	4,240	13%	4,875	14%	4,610	13%	9%
4 people	5,385	17%	5,615	16%	5,590	16%	4%
5+ people	5,815	18%	5,790	17%	6,435	19%	11%

### Change in Renter Households, 2006–2016.

	2006		2011		2016		2006–2016 % Increase
	Number	Percent	Number	Percent	Number	Percent	
1 person	4,100	34%	4,035	34%	5,055	34%	23%
2 people	3,775	32%	3,250	27%	4,420	30%	17%
3 people	1,810	15%	1,815	15%	2,320	16%	28%
4 people	1,235	10%	1,470	12%	1,520	10%	23%
5+ people	1,000	8%	1,435	12%	1,395	9%	40%

### Data Highlights:

- One-person households make up the highest share of all renter households in the community (34%).
- One- and two-person households have registered a much faster increase from 2006 to 2016 in renter households than in owner households.
- The number of people living in five-or-more person households in Abbotsford has seen the fastest growth from 2006 to 2016 compared to other household types.

# Household Income

**Owner Average and Median Household Income, 2006–2016.<sup>20</sup>**

	2006	2011	2016	10 Year % Increase
Average HH income	\$45,055	\$81,779	\$87,723	95%
Median HH income	\$39,245	\$71,131	\$77,044	96%

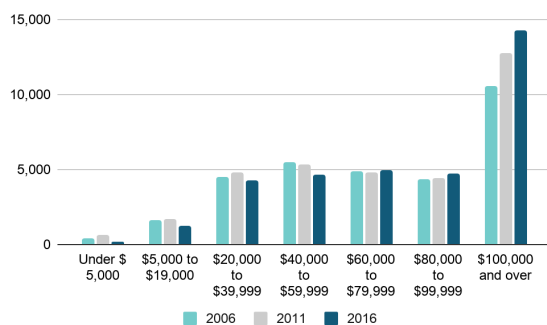
**Renter Average and Median Household Income, 2006–2016.<sup>21</sup>**

	2006	2011	2016	10 Year % Increase
Average HH income	\$28,264	\$48,785	\$47,718	69%
Median HH income	\$24,652	\$40,736	\$41,740	69%

## Data Highlights:

- Average and median income in owner households have increased by 95% and 96% respectively, compared to 2006.
- Average and median income in renter households have grown at a slower pace of 69% from 2006 to 2016.
- Average and median household incomes for owners in Abbotsford are close to two times higher than those in renter households in 2016.

**Owner Incomes**



**Renter Incomes**



<sup>20</sup> Statistics Canada, 2006, 2011, 2016 Census of Population.

<sup>21</sup> Statistics Canada, 2006, 2011, 2016 Census of Population.

**Owner Households in Specified Income Brackets, 2006–2016.**

	2006		2011		2016		2006–2016 % Increase Abbotsford	2006–2016 % Increase BC
	Number	Percent	Number	Percent	Number	Percent		
Under \$5,000	380	1%	610	2%	210	1%	-45%	-9%
\$5,000 to \$19,000	1,630	5%	1,700	5%	1,255	4%	-23%	-8%
\$20,000 to \$39,999	4,520	14%	4,815	14%	4,235	12%	-6%	-1%
\$40,000 to \$59,999	5,465	17%	5,325	15%	4,645	14%	-15%	-1%
\$60,000 to \$79,999	4,885	15%	4,795	14%	4,960	14%	2%	2%
\$80,000 to \$99,999	4,335	14%	4,455	13%	4,725	14%	9%	6%
\$100,000 and over	10,560	33%	12,755	37%	14,290	42%	35%	34%

**Renter Households in Specified Income Brackets, 2006–2016.**

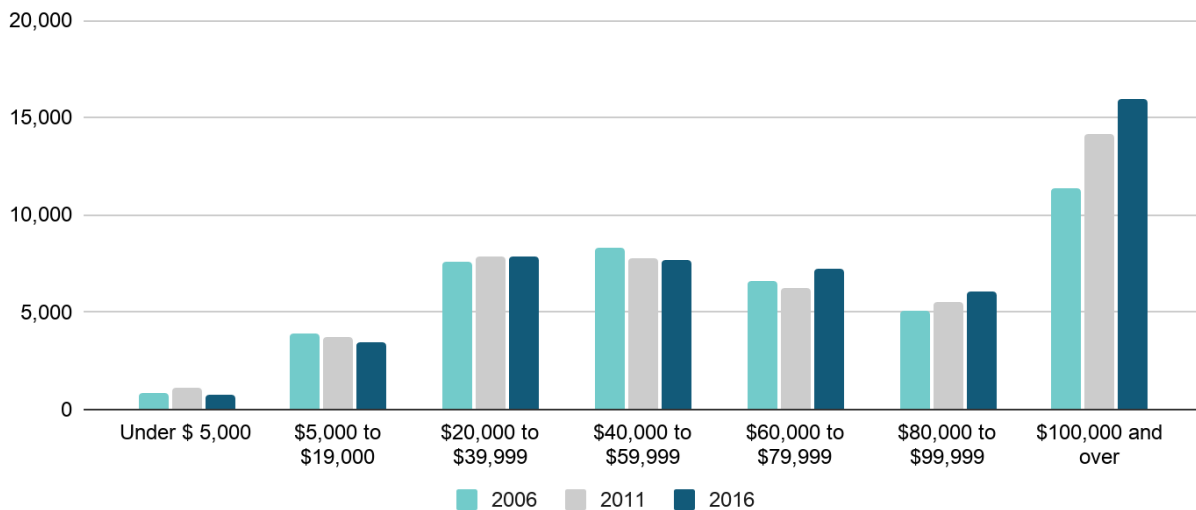
	2006		2011		2016		2006–2016 % Increase Abbotsford	2006–2016 % Increase BC
	Number	Percent	Number	Percent	Number	Percent		
Under \$5,000	485	4%	510	4%	560	4%	15%	-1%
\$5,000 to \$19,000	2,245	19%	2,050	17%	2,230	15%	-1%	3%
\$20,000 to \$39,999	3,100	26%	3,005	25%	3,615	25%	17%	8%
\$40,000 to \$59,999	2,815	24%	2,485	21%	3,055	21%	9%	14%
\$60,000 to \$79,999	1,705	14%	1,465	12%	2,290	16%	34%	31%
\$80,000 to \$99,999	760	6%	1,045	9%	1,360	9%	79%	45%
\$100,000 and over	815	7%	1,440	12%	1,625	11%	99%	92%

**Data Highlights:**

- The number of renter households in Abbotsford has increased its share by 3% with respect to the number of owner households from 2006 to 2016.
- Owners are concentrated in the highest bracket and have grown by 3,730 households from 2006 to 2016—a proportional increase of 9%.

- The number of owner households have increased more rapidly in the two lowest-income ranges (44% increase), and the proportion of owner households in Abbotsford earning between \$20,000 and \$59,999 has decreased by 5% between 2006 and 2016.
- Renter households in Abbotsford are more likely to earn incomes ranging from \$20,000 to \$59,000.
- However, from 2006 to 2016, the proportion of renter households within the \$20,000 to \$59,000 income range decreased by 4%, while the percentage of households in the two highest income ranges grew by 7% during the same period of time.
- Compared to the rest of British Columbia, in Abbotsford, the number of owner households earning between \$5,000 and \$59,999 has decreased more rapidly from 2006 to 2016 although the highest three income ranges have increased at a similar pace in both jurisdictions.
- Renter households, in turn, registered bigger differences in the number of households in each income range compared to the provincial averages.

**Households in Specified Income Brackets, 2006–2016.<sup>22</sup>**



**Households in Specified Income Brackets, 2006–2016.<sup>23</sup>**

	2006		2011		2016		2006–2016 % Increase Abbotsford	2006 - 2016 % Increase BC
	Number	Percent	Number	Percent	Number	Percent		
Under \$5,000	870	2%	1,115	2%	775	2%	-11%	-5%

<sup>22</sup> Gross income information

<sup>23</sup> Statistics Canada, 2006, 2011, 2016 Census of Population.

\$5,000 to \$19,000	3,870	9%	3,755	8%	3,485	7%	-10%	-1%
\$20,000 to \$39,999	7,615	17%	7,825	17%	7,850	16%	3%	3%
\$40,000 to \$59,999	8,280	19%	7,800	17%	7,685	16%	-7%	4%
\$60,000 to \$79,999	6,580	15%	6,255	13%	7,240	15%	10%	9%
\$80,000 to \$99,999	5,105	12%	5,505	12%	6,080	12%	19%	14%
\$100,000 and over	11,380	26%	14,195	31%	15,920	32%	40%	41%

**Data Highlights:**

- The majority of households during this period of time earned \$100,000 and over, with a significant increase (6%) in the proportion of households in this income range in 2016, compared to 2006.
- The proportion of households earning under \$5,000 and between \$40,000 and \$59,999 have dropped by 2% over the same period of time.
- Of particular note, there were over 10,000 households in Abbotsford that had an income below the 2016 market basket measure (MBM) of \$47,563 in 2016.

**Median Total Income of Households for Abbotsford, 2006–2019.<sup>24</sup>**

Year	Median total income (\$)	Percentage change
2006	55,118	N/A
2011	57,299	3.96% increase
2016	61,348	7.01% increase
2019	61,400	0.08% increase

**Data Highlights:**

- In 2019, the median total income of households in Abbotsford was \$61,400, a change of only +0.08% since 2016.

<sup>24</sup> 2011 National Household Survey: Data tables, 2016 Census data, & Canadian Income Survey, 2018

### Household Type and Income Statistics.<sup>25</sup>

	Abbotsford			BC		
	Total – Household income statistics	Median total income of households (\$)	Median after-tax income of households (\$)	Total – Household income statistics	Median total income of households (\$)	Median after-tax income of households (\$)
Total – Household type including census family structure	49,040	72,511	64,112	1,881,970	69,995	61,280
Census-family households	35,590	89,475	78,628	1,251,350	90,760	78,936
One-census-family households without additional people	28,760	82,819	72,691	1,095,845	87,270	75,806
One-couple-census-family without other people in the household	24,905	88,816	77,471	946,470	93,871	81,058
Without children	11,880	75,313	66,609	500,275	81,268	70,840
With children	13,025	101,811	88,201	446,200	109,553	93,857
One lone-parent, census-family without other people in the household	3,855	48,419	44,396	149,375	50,036	45,752
With a male lone parent	740	65,792	57,045	30,630	65,698	56,900
With a female lone parent	3,120	45,111	42,089	118,740	46,946	43,394
Other census-family households	6,825	114,837	103,578	155,510	117,069	103,773
Non-census-family households	13,455	35,559	31,973	630,620	38,556	34,431

### Data Highlights:

- The median after-tax income for the household with children in Abbotsford is much lower than the provincial median, with a difference of \$5,656.
- Only the median household income for lone male parents is higher in Abbotsford compared to other household types in BC.

### Population with Low Income Based on the Low-Income Measure, After Tax (LIM-AT).<sup>26</sup>

	Abbotsford	Percent	British Columbia	Percent
Low-income people	17,800	12.8	694,960	16%
0 to 17 years	4,900	15.7	151,880	19%
18 to 64 years	9,785	11.5	427,085	15%

<sup>25</sup> Statistics Canada, 2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016099.

<sup>26</sup> Statistics Canada, 2016 Census of Population.

65 years and over	3,120	14.0	115,990	15%
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**Data Highlights:**

- About 12.8% of the Abbotsford population is considered low-income, compared to 16% in British Columbia.

## Homelessness

**Number of Individuals Experiencing Homelessness in Abbotsford, 2017–2020.<sup>27</sup>**

Location	2017		2018		2020	
	Number	Percent	Number	Percent	Number	Percent
Shelter, Safe House or Transition House	112	41%	66	28%	125	38%
Outside	104	38%	99	43%	140	42%
Someone Else’s Place	29	11%	45	19%	37	11%
Car, Van or Camper	16	6%	12	5%	18	5%
Hospital	10	4%	11	5%	12	4%
Jail	3	1%	0	0%	1	1%
Total	274	100%	233	100%	333	100%

**Data Highlights:**

- The number of individuals experiencing homelessness in Abbotsford increased by 21.5% from 2017 to 2020.
- The data for 2020 shows that almost 22% of respondents report first experiencing homelessness under the age of 25, and 18% were over the age of 45, indicating that of the population experiencing homelessness in Abbotsford, there are significant proportions of both younger and older adults.

## Shelter Beds and Housing for People Experiencing Homelessness

<sup>27</sup> MCC Community Enterprises. 2018. Living Homeless: Abbotsford 2018 Homelessness Survey. Retrieved from: <https://www.abbotsford.ca/Assets/2014+Abbotsford/Housing+and+Homelessness/Living+Homeless+-+Abbotsford+2018+Homelessness+Survey+acknowledgements+update.pdf>



**Shelters and Homelessness/Housing Support, City of Abbotsford, 2014 & 2020.<sup>28</sup>**

	2014 Beds	2020 Beds	Bed Difference	2014 Units	2020 Units	Unit Difference
<b>EMERGENCY SHELTERS &amp; EXTREME WEATHER (Total)</b>	<b>178</b>	<b>273</b>	<b>53%</b>			<b>0%</b>
Emergency Shelters	28	88	214%			0%
Extreme Weather Emergency Shelters	150	185	23%			0%
<b>TRANSITIONAL OR SECOND STAGE HOUSING (Total)</b>	<b>256</b>	<b>305</b>	<b>19%</b>		<b>52</b>	<b>0%</b>
Transitional Housing – Adults Female	75	75	0%		12	0%
Transitional Housing – Adults Male	83	93	12%		40	0%
Transitional Housing – Mixed Clientele	80	123	54%			0%
Transitional Housing – Youth	18	14	-22%			0%
<b>SUPPORTIVE HOUSING (Total)</b>	<b>941</b>	<b>1,310</b>	<b>39%</b>	<b>782</b>	<b>897</b>	<b>15%</b>
Community Residential Facilities for Adults with Mental Health Diagnosis	60	85	42%	8	8	0%
Low-Income Women and Children			0%	41	41	0%
Men			0%	30	30	0%
Women			0%		39	0%
Mixed Clientele			0%		71	0%
Seniors Residential (Unlicensed)			0%	144	144	0%
Seniors Residential Care Nursing	774	1,024	32%	484	484	0%
Youth		4	0%			0%
Living Options for Adults Mentally/Physically Challenged or with Developmental Disabilities	107	101	-6%	75	80	7%
Respite for Adults, Youth, and Children		96	0%			0%
<b>GROUP HOMES (Total)</b>	<b>97</b>	<b>95</b>	<b>-2%</b>			<b>0%</b>
Community Residential Facilities for Adults with Acquired Brain Injury	10	10	0%			0%
Living Options for Adults Mentally/Physically Challenged or with Developmental Disabilities	87	85	-2%			0%
<b>INDEPENDENT HOUSING (Total)</b>			<b>0%</b>	<b>481</b>	<b>480</b>	<b>0%</b>
Co-op and Other Subsidised Housing			0%	481	480	0%
<b>AFFORDABLE HOMEOWNERSHIP</b>					<b>15</b>	<b>0%</b>
<b>TRANSITIONAL OR THIRD STAGE HOUSING (Total)</b>	<b>20</b>	<b>20</b>	<b>0%</b>		<b>10</b>	<b>0%</b>
Transitional Housing – Adults Male	20	20	0%		10	0%
<b>Grand Total</b>	<b>1,492</b>	<b>2,003</b>	<b>34%</b>	<b>1,263</b>	<b>1,454</b>	<b>15%</b>

<sup>28</sup> Supplied by Strategic Planning, Fraser Valley Regional District.

*Data Highlights:*

## FROM 2014 TO 2020, THE NUMBER OF



**BEDS**  
**+34%**



**UNITS**  
**+15%**

**AVAILABLE FOR EMERGENCY SHELTERS, GROUP HOMES, AND TRANSITIONAL, SUPPORTIVE, AND INDEPENDENT HOUSING HAVE GROWN DURING THIS PERIOD OF TIME** *(except for group homes)*

**the fastest increase experienced in the number of emergency shelter beds**  **+53%** **and supportive housing**  **+39%**

## Subsidised Housing

### *Renter Households in Subsidised Housing, 2006–2016.*<sup>29</sup>

	2006		2011		2016	
	Number	Percent	Number	Percent	Number	Percent
Renter Households in Subsidised Housing	No Data	No Data	1,120	9%	1,274	9%

*Data Highlights:*

- In 2016, 9% of renter households in Abbotsford accessed subsidised housing, remaining stable from 2011. This is lower than the provincial percentage of 12.5%.

### *Number of Units in Subsidised Housing for Abbotsford.*<sup>30</sup>

	Total Units	Studio Units	One-Bedroom Units	Two-Bedroom Units	Three-Bedroom Units	Four-Bedroom Units
Abbotsford Co-operative Housing (Phase 2,3,4)	76		6	70		
Bakerview Housing Co-operative	94		21	18	50	5

<sup>29</sup> Statistics Canada, 2006, 2011, 2016 Census of Population.

<sup>30</sup> BC Housing.2020. Housing Listings. Housing Type: Subsidized. Retrieved from: <https://www.bchousing.org/housing-assistance/rental-housing/housing-listings>

Brooksford Place Housing Co-operative	51			10	41	
Cedarhurst	49			9	36	4
Christine Lamb Residence	41	8	8	10	13	2
Cole Starnes Place	44	44				
Ebenezer Home	16	2	14			
Fernview	31				31	
Kinsmen Creekside Estates	52			26	20	6
Matsqui Townhouses	10				10	
The George Schmidt Centre	30	30				
Sevenoaks Alliance Manor	81	51	29	1		
Sherwood Forest Housing Co-operative	35				35	
<b>Total</b>	<b>610</b>	<b>135</b>	<b>78</b>	<b>144</b>	<b>236</b>	<b>17</b>
Lynnhaven Society*	32					
The Yaleston**	50					
<b>Total</b>	<b>692</b>					

## Core Housing Need & Extreme Core Housing Need

### Abbotsford Households in Core Housing Need and Tenure, 2006–2016.<sup>31</sup>

	2006		2011		2016	
	Number	Percentage	Number	Percentage	Number	Percentage
Household in Core Housing Need	5,295	100%	5,965	100%	5,905	100%
Owner – Household in Core Housing Need	2,080	39%	2,600	44%	2,060	35%
Renter – Household in Core Housing Need	3,220	61%	3,365	56%	3,845	65%

#### Data Highlights:

- In 2016, Abbotsford had 610 additional households in Core Housing Need, compared to 2006—a 19% increase.

### Household Types in Core Housing Need, 2016.<sup>32</sup>

	Total		Owners		Renters	
	Number	Percentage	Number	Percentage	Number	Percentage

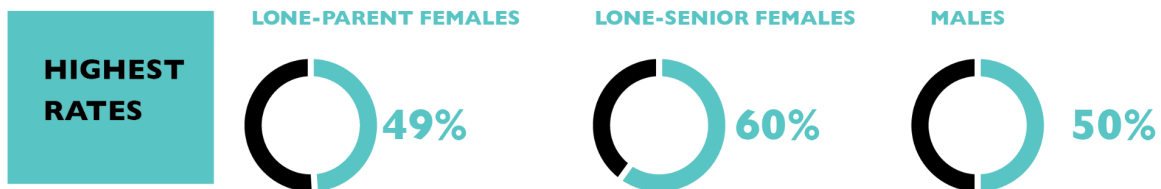
<sup>31</sup>BC Government. 2020. Custom Census Reports (2016, 2011, 2006). Ministry of Municipal Affairs and Housing - Planning and Land Use Management. Retrieved from: <https://catalogue.data.gov.bc.ca/dataset/custom-census-reports-2016-2011-2006>

<sup>32</sup>CMHC. 2020. Core Housing Need (2016) — Abbotsford (CY). Retrieved from: [https://www03.cmhc-schl.gc.ca/hmip-pimh/en#Profile/5909052/4/Abbotsford%20\(CY\)%20\(British%20Columbia\)](https://www03.cmhc-schl.gc.ca/hmip-pimh/en#Profile/5909052/4/Abbotsford%20(CY)%20(British%20Columbia))

All Households	5,905	12.7	2,060	6.3	3,845	28.1
Couple with children	1,120	7.8	650	5.7	470	16.3
Couple without children	425	3.5	150	1.6	275	11
Senior-led (65+) couple without children	175	3.2	90	1.9	85	13.9
Lone-parent household	1,400	32.7	315	16	1,085	46.9
Female lone-parent household	1,225	34.6	265	16.8	965	49.2
Male lone-parent household	170	22.7	50	12.7	125	35.7
Multiple-family household	180	5.7	105	3.8	70	16.3
One-person household	2,505	23.2	790	12.6	1,720	37.8
Female one-person households	1,515	24.7	505	12.8	1,010	46.2
Senior (65+) female living alone	860	25.7	360	14.4	505	60.1
Male one-person household	990	21.2	285	12.4	705	29.8
Senior (65+) male living alone	380	27.6	145	16.2	240	50
Other non-family household	275	16.5	50	7.6	225	22.4
Immigrant household	1,905	13.1	975	8.8	930	27.6
Household has at least one senior (65 or older)	1,855	12.3	825	6.7	1,030	37.9
Household has at least one person with activity limitations	4,100	15	1,300	6.8	2,795	33.9
Indigenous household	620	21.4	90	6.3	530	36.3

*Data Highlights:*

## RENTER HOUSEHOLDS WITH ONLY ONE INCOME EARNER FACE SIGNIFICANTLY GREATER RATES OF CHN



### Overall Extreme Core Housing Need, 2006—2016.<sup>33</sup>

	2006		2011		2016	
	Number	Percentage	Number	Percentage	Number	Percentage
Household in Extreme Core Housing Need (STIR greater than 50%, but less than 100%)	2,330	5.7	2,510	5.8	2,595	5.6

<sup>33</sup> BC Government. 2020. Custom Census Reports (2016, 2011, 2006). Ministry of Municipal Affairs and Housing - Planning and Land Use Management. Retrieved from: <https://catalogue.data.gov.bc.ca/dataset/custom-census-reports-2016-2011-2006>

Owner – Household in Extreme Core Housing Need (STIR greater than 50%, but less than 100%)	1,040	45	1,220	49	910	35
Renter – Household in Extreme Core Housing Need (STIR greater than 50%, but less than 100%)	1,295	55	1,285	51	1,680	65

*Data Highlights:*

**IN 2016,  
2,595**



**OF ALL ABBOTSFORD HOUSEHOLDS  
WERE IN EXTREME CORE HOUSING  
NEED, an increase of 11% compared to 2006**



## ECONOMIC TRENDS

Key indicators such as employment, income, living wage, and GDP indicate the overall health of an economy. These economic trends help assess a population's ability to sustain itself and identify shortfalls that lend themselves to the need for social supports.

In particular, the rates and estimates resulting from each of these economic indicators allow decision makers to develop a reliable picture of current needs and demands in the community. In particular, high unemployment rates suggest the need of increasing income support to help people maintain a minimal standard of living, as well as pose a challenge to government and businesses to find opportunities to stimulate job growth.

A reduced labour force, in turn, implies an increased number of individuals who are unwilling or unable to offer or supply labour services under conditions existing in their labour markets. Age distribution and an ageing population in a community is often considered a significant contributor to the increase of the population not participating in the labour force which may suggest the need of developing strategies to increase the participation in the labour market of individuals such as stay-at-home parents, students, and those not able to work.

Economic diversification, with respect to industries, is a key element to an economy's vulnerability to external shocks that can undermine economic growth. By contrast, a labour market focused on few industries limits employment opportunities for individuals actively searching for jobs with skilled training in different fields, forcing them to find more suitable employment elsewhere.

Similarly, increasing numbers of individuals in low-income families impacts people's ability to maintain a modest standard of living and afford a high standard of living in areas such as food, housing, clothing, education, healthcare, and child care.<sup>34</sup>

Living wage, as an estimate of what workers need to earn to cover the actual costs of living in a specific community, is a proxy for the cost of living in any given community. A living wage is determined by calculating average expenses, taxes, and government benefits for a given household. Differences between minimum wage and living wage is often problematic as it allows for people working full time to still be in situations where they are unable to cover their essential costs of living. This discrepancy also risks social exclusion, healthy child development, poverty, and homelessness. Policy makers need to be aware of these measures to respond with appropriate programs and supports.

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<sup>34</sup> Council, Edmonton Social Planning. 2020. Tracking the trends: Updated November 2020. Retrieved from: <https://edmontonsocialplanning.ca/wp-content/uploads/2020/11/Tracking-the-Trends-2020-FINAL-1.pdf>

## WHAT IS HAPPENING IN ABBOTSFORD *with the economy and employment?*

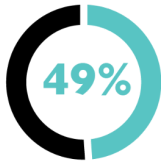


**ABBOTSFORD'S UNEMPLOYMENT RATE, AS OF AUGUST 2020, WAS SIGNIFICANTLY LOWER THAN THE PROVINCIAL AVERAGE**



*which suggests that Abbotsford has coped with the job market impacts of the pandemic better than BC as a whole*

**IN 2019, ABBOTSFORD-MISSION'S GDP WAS 2.5% AND IS FORECAST TO INCREASE TO 3.1%, THE FASTEST GROWTH OF ANY CANADIAN METROPOLITAN AREA.**



**OF ABBOTSFORD'S LABOUR FORCE POPULATION IS IN AGRICULTURE, RETAIL, MANUFACTURING, HEALTHCARE AND SOCIAL ASSISTANCE, CONSTRUCTION, AND TRANSPORTATION AND WAREHOUSING**

*In 2020, nearly all industries are expected to see contractions (with retail, manufacturing, and construction likely to be the hardest hit), while healthcare and social assistance is one of three industries anticipated to post growth - WITH 6.2% OF ABBOTSFORD'S LABOUR FORCE EMPLOYED IN THIS CATEGORY*

**12.8%**  
**OF THE ABBOTSFORD POPULATION IS CONSIDERED LOW-INCOME**

**COMPARED TO 16% IN BRITISH COLUMBIA**

*indicating that Abbotsford has a much lower proportion for low-income people, especially for children or teenagers between 0 and 17*

**MINIMUM WAGE IN BC IS CURRENTLY**

**\$14.60**

*still below the living wage of \$15.54 for the Fraser Valley*

**AND WILL INCREASE ON JUNE 1, 2021**

**\$15.20**

## Employment

**Labour Force by Industry, 2019 (North American Industry Classification System, NAICS).<sup>35</sup>**

INDUSTRY	ABBOTSFORD, CY	PERCENT
Agriculture, forestry, fishing and hunting	5,778	4.72
Mining, quarrying, and oil and gas extraction	333	0.27
Utilities	267	0.22
Construction	7,420	6.06
Manufacturing	7,785	6.36
Wholesale trade	3,169	2.59
Retail trade	8,300	6.78
Transportation and warehousing	6,483	5.29
Information and cultural industries	993	0.81
Finance and insurance	2,129	1.74
Real estate and rental and leasing	1,314	1.07
Professional, scientific, and technical services	3,489	2.85
Management of companies and enterprises	110	0.09
Administrative and support, waste management, and remediation services	3,426	2.8
Educational services	4,763	3.89
Healthcare and social assistance	7,609	6.21
Arts, entertainment, and recreation	908	0.74
Accommodation and food services	5,424	4.43
Other services (except Public administration)	4,319	3.53
Public administration	3,280	2.68

<sup>35</sup> City of Abbotsford. 2020. Demographics. Retrieved from: <http://www.abbotsfordsitefinder.ca/demographics.html>



**Abbotsford-Mission Labour Force Status, 2015–2020.<sup>36</sup> (in thousands)**

	January 2015		January 2016		January 2017		January 2018		January 2019		January 2020		August 2020	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Population 15 and over	144	100.00%	146.2	100%	148.5	100%	151.3	100%	155	100%	159.4	100%	161.9	100%
In the labour force	92.9	64.51%	97.2	66.48%	100	67.34%	98.1	64.84%	103	66.45%	106.4	66.75%	101.8	62.88%
Employment	87.5	94.19%	90	92.59%	93.7	93.70%	93.7	95.51%	97.9	95.05%	101.2	95.11%	93.5	91.85%
Unemployment	5.5	5.92%	7.2	7.41%	6.2	6.20%	4.4	4.49%	5.2	5.05%	5.3	4.98%	8.3	8.15%
Not in labour force	51.1	35.49%	49	33.52%	48.5	32.66%	53.2	35.16%	52	33.55%	53	33.25%	60.1	37.12%

**Data Highlights:**

- Compared to 2015, the labour force employed in the city reached 95% in January 2020—1% higher than registered in 2015.
- Since the COVID-19 pandemic started, the total labour force fell to 101,800 individuals in August—a 4,600-person drop since January 2020. The employment rate dropped from 95% to 91.85% in only eight months.

## Business Trends & GDP

In 2019, Abbotsford-Mission’s economic growth of 2.5 per cent was led by healthy growth in the agriculture sector, construction, transportation and warehousing, and retail trade.

The forecast for 2020 focused on Abbotsford-Mission’s goods sector and its associated transportation and warehousing sector strengths to drive real GDP growth of 3.1 per cent this year.

<sup>36</sup>Abbotsford and Mission labour force data, Statistics Canada. Table 14-10-0294-01 Labour force characteristics by census metropolitan area, three-month moving average, seasonally adjusted and unadjusted, last 5 months, inactive. Retrieved from: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410029401>

## Impact of Automation on the Labour Force

A report released in 2019 by the Brookfield Institute found that between 41–45% of all jobs across the country are susceptible to being significantly impacted by automation by 2040.<sup>37</sup> A subsequent report from the BC Federation of Labour in 2020 indicated that Abbotsford-Mission was in the top five regions of the province considered most at-risk for labour to be significantly impacted by automation due to large portions of the economy made up of industries such as manufacturing, agriculture, and retail which are more likely to be automated in part or in full.<sup>38</sup>

### Highlights:

- 60% of all positions in the province are at “high to medium risk” of being susceptible to AI.
- In Abbotsford, 43.1% of positions are considered to be at high risk and 20.6% are at medium risk, indicating that up to three in five jobs are considered high- to medium-risk of being impacted by automation.

## Income

### Population with Low Income Based on the Low-Income Measure, After Tax (LIM-AT).<sup>39</sup>

	Abbotsford	%	British Columbia	%
Low-income people	17,800	13%	694,960	16%
0 to 17 years	4,900	16%	151,880	19%
18 to 64 years	9,785	12%	427,085	15%
65 years and over	3,120	14%	115,990	15%

### Data Highlights:

- About 12.8% of the Abbotsford population is considered low-income, compared to 16% in British Columbia.
- Abbotsford has a much lower proportion of people with low incomes than provincial averages, especially in children or youth between zero and 17.
- The low-income rate for seniors in Abbotsford (14%) is similar to the provincial level (15%).

<sup>37</sup> Brookfield Institute for Innovation & Entrepreneurship. 2020. Retrieved from: <https://brookfieldinstitute.ca/automation-across-the-nation/>

<sup>38</sup> BC Federation of Labour. 2020. Automation & Labour in British Columbia Final Report. Retrieved from: <https://bcfed.ca/automation-research-report-2020>

<sup>39</sup> Statistics Canada, 2016 Census of Population.

## The Canadian Index of Multiple Deprivation (CIMD)<sup>40</sup>

The CIMD allows for an understanding of inequalities through various measures of social wellbeing, including health, education, and justice. The four dimensions of deprivation included in the CIMD are: residential instability, economic dependency, ethno-cultural composition, and situational vulnerability. Each dimension, as described below, encapsulates a comprehensive range of concepts, providing the user with multi-faceted data to examine different aspects of deprivation.

The first dimension of deprivation—residential instability—speaks to the tendency of neighbourhood inhabitants to fluctuate over time, taking into consideration both housing and familial characteristics. For example, the indicators in this dimension at the national level measure concepts such as: the proportion of the population who have moved in the past five years; the proportion of people living alone; and the proportion of occupied units that are rented rather than owned.

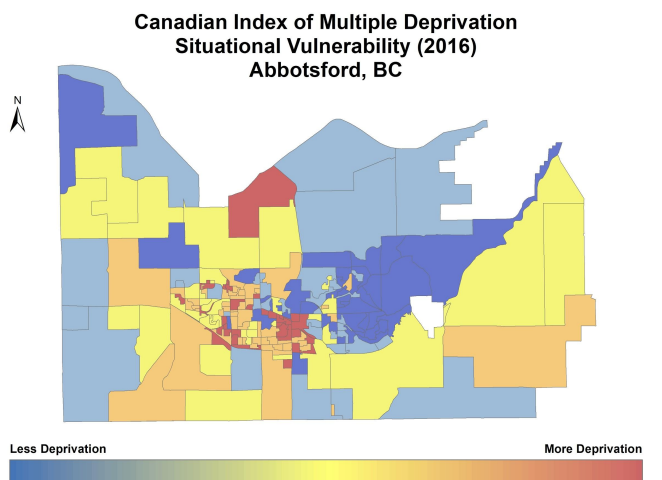
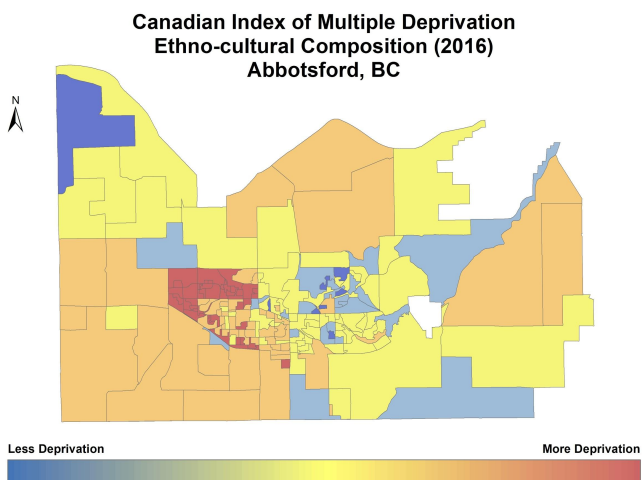
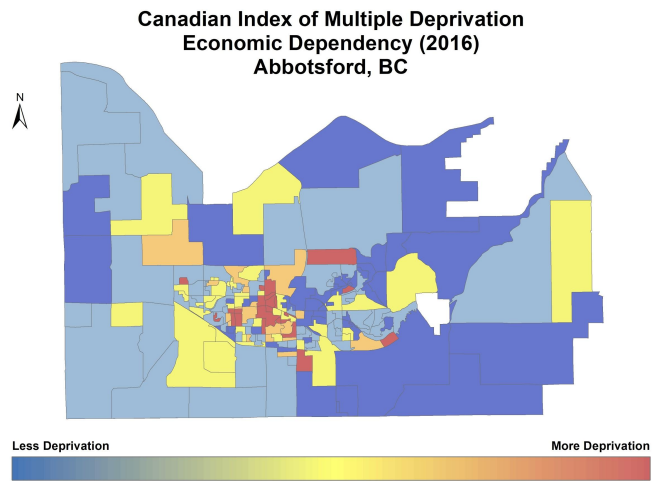
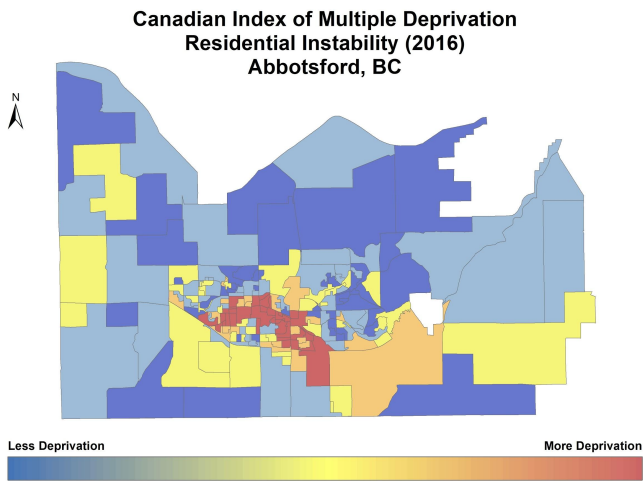
Economic dependency, the second dimension of deprivation in the CIMD, relates to reliance on the workforce, or a dependence on sources of income other than employment income. For example, the indicators included in this dimension, at the national-level, measure concepts such as: the proportion of the population aged 65 and older; the dependency ratio (the population aged zero to 14 and population aged 65 and older divided by the population aged 15 to 64); and the proportion of the population not participating in the labour force.

The third dimension of deprivation is ethnocultural composition. This dimension refers to the community make-up of immigrant populations, and at the national level, for example, takes into consideration factors such as: the proportion of population who are recent immigrants; the proportion of the population who self-identify as visible minority; the proportion of the population born outside of Canada; and the proportion of the population with no knowledge of either official language (linguistic isolation).

Situational vulnerability is the fourth dimension represented in the CIMD. It speaks to variations in socio-demographic conditions in the areas of housing and education while taking into account other demographic characteristics. For example, the indicators in this dimension at the national level measure concepts such as the proportion of the population aged 25 to 64 without a high school diploma, the proportion of the population identifying as Aboriginal, and the proportion of dwellings needing major repairs.

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<sup>40</sup> Statistics Canada. (2020). The Canadian Index of Multiple Deprivation. Retrieved from: <https://www150.statcan.gc.ca/n1/pub/45-20-0001/452000012019002-eng.htm>



**Data Highlights:**

- There is a considerable difference between low and high residential instability as areas closer to Abbotsford’s border have much less residential instability than the inner areas.
- This is similar for economic dependency as there is a correlation between high residential instability and high economic dependency.
- In terms of ethno-cultural composition, the maps suggest that Abbotsford has a moderate to high level of deprivation based on ethno-cultural composition.
- Situational vulnerability is notably unequal across Abbotsford as there is quite a wide range of socio-demographic conditions.

**Market Basket Measure (MBM) Threshold for the Reference Family. British Columbia, population 100,000 to 499,999.<sup>41</sup>**

	2015	2016	2017	2018
Food	12,692	12,641	12,331	12,112
Clothing	2,176	2,157	2,107	2,074
Transportation	4,011	4,030	4,100	4,191
Shelter	16,918	16,921	16,919	16,922
Other expenses	11,810	11,812	11,811	11,812
Total threshold	47,606	47,563	47,267	47,111

## Living Wage

Minimum wage is the lowest amount employers can pay their employees by law. A living wage is an estimate of what workers need to earn to cover the actual costs of living in a specific community

- The minimum wage in BC is currently \$14.60, and will increase to \$15.20 on June 1, 2021.<sup>42</sup>
- The living wage estimated for the Fraser Valley is \$15.54.<sup>43,44</sup> In August 2020, this currently works out to be \$25,185 per year after tax.

<sup>41</sup> Statistics Canada. Table 11-10-0066-01 Market Basket Measure (MBM) thresholds for the reference family by Market Basket Measure region, component and base year.

<sup>42</sup> Government of British Columbia. 2020. Minimum Wage. Retrieved from:

<https://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/employment-standards/wages/minimum-wage>

<sup>43</sup> Living Wage Canada. 2020. Living Wages Across BC. Retrieved from:

<http://livingwagecanada.ca/index.php/living-wage-communities/british-columbia/>

<sup>44</sup> The current Living Wage rate has been frozen from 2019; in light of the COVID-19 pandemic and the resultant temporary Government supports it has been deemed too difficult to calculate an accurate Living Wage for 2020.



## SOCIAL TRENDS

Social trends such as education, life expectancy, and food security have an impact on how health and poverty are intertwined. The relationship between socio-economic status and health has been demonstrated clearly in population health studies, and it is well-documented that people who live in poverty have a higher incidence of chronic diseases.

Access to healthcare has more barriers for those living in poverty, including wait times for care and consistent access to primary care due to transportation, child care, and scheduling issues more common to lower income households. Lack of access to healthcare is concerning as it puts a strain on the existing healthcare infrastructure and system of a region. This can be further exacerbated by economic, transportation, cultural, language, and colonial barriers.

Education, in turn, is a significant determinant of health as educational attainment influences future career options and lifetime earning potential.<sup>45</sup> Higher education provides individuals with higher income opportunities, better employment benefits, better access to healthcare, better dietary and health practices, less dependency on government assistance, and more advancement opportunities.

Life expectancy is another social indicator of community health, as it is a reflection of general community health and the health function of a community's older adults. Health function typically declines with age, meaning seniors may need higher levels of healthcare support than they did in their youth. An increasing senior population combined with longer life expectancy raises concerns about the demand for health services and delivery of care for seniors.

One of the biggest challenges to achieving healthy communities is preventing and managing chronic conditions that develop over time, such as diabetes, respiratory illnesses, high blood pressure, heart disease, and cancer. The relationship between socio-economic status and health has been demonstrated clearly in population health studies, and it is well-documented that people who live in poverty have a higher incidence of chronic diseases such as those listed above.

Having good mental health improves resilience and allows Abbotsford residents to stay balanced, enjoy life, cope with stress, and bounce back from major setbacks. People with mental illness may be more likely to experience chronic poverty. Conversely, poverty can be a significant risk factor for poor physical and mental health.<sup>46</sup>

People experiencing a mental health illness or problem face many barriers over their lifetime, including stigma and discrimination, which may prevent them from securing adequate education and

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<sup>45</sup> Council, Edmonton Social Planning. 2020. Tracking the trends: Updated November 2020. Retrieved from: <https://edmontonsocialplanning.ca/wp-content/uploads/2020/11/Tracking-the-Trends-2020-FINAL-1.pdf>

<sup>46</sup> Canadian Mental Health Association. 2007. Poverty and Mental Illness. (n.d.). Retrieved from: <https://ontario.cmha.ca/documents/poverty-and-mental-illness/>

employment. Experiencing a mental illness can seriously interrupt a person's education or career path and result in diminished opportunities for employment. As a result, people may eventually fall into poverty.<sup>47</sup>

Food security is also a social indicator of wellbeing in the community. There are four main components to food security: availability, access, utilisation, and stability—all of which are closely tied to social and economic factors of a community; for example, high numbers of individuals experiencing food insecurity increases their reliance on social support provided by food banks.

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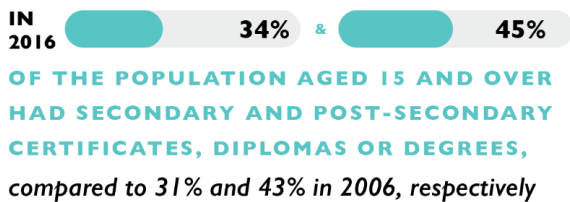
<sup>47</sup> Horwitz, A. V., & Scheid, T. L. (Eds.). 1999. *A handbook for the study of mental health: Social contexts, theories, and systems*. Cambridge University Press.

# WHAT IS HAPPENING IN ABBOTSFORD

## regarding social trends?



The education level of individuals in Abbotsford has increased from 2006 to 2016.



THE PERCENTAGE OF GRADUATES WITH UNIVERSITY DIPLOMAS OR DEGREES AT BACHELOR LEVEL OR ABOVE HAVE CONSIDERABLY INCREASED, GOING FROM



The Abbotsford Local Health Area (Lha) HAS A RELATIVE DEFICIT OF HEALTH PRACTITIONERS ACROSS ALL CATEGORIES COMPARED TO THE REST OF THE PROVINCE

Abbotsford has some of the lowest scores on the Canadian Index of Multiple Deprivations INDICATING POTENTIAL FOR POVERTY AND A GROWING NUMBER OF SENIORS (AND FRAIL SENIORS) THAT WILL INCREASE PRESSURES ON THE HEALTHCARE SYSTEM



In the Abbotsford Local Health Area,

**INFANT MORTALITY WAS REPORTED LOWER THAN THE PROVINCIAL AVERAGE,**

A POSITIVE INDICATOR OF HEALTHY DELIVERIES. HOWEVER, INFANTS BORN IN ABBOTSFORD HAVE A HIGHER RATE OF LOW BIRTH WEIGHT THAN BC AS A WHOLE



ABBOTSFORD'S INCREASING SENIORS POPULATION, COMBINED WITH LONGER LIFE EXPECTANCIES,

HAS RAISED CONCERNS ABOUT THE DEMAND FOR HEALTH SERVICES AND DELIVERY OF CARE FOR SENIORS



ABBOTSFORD HAS HIGHER RATES OF SOME CHRONIC DISEASES THAN BC

SUCH AS ASTHMA, DIABETES, HEART FAILURE, AND HYPERTENSION



IN ABBOTSFORD, FOOD INSECURITY IS BECOMING A REALITY FOR AN INCREASING NUMBER OF RESIDENTS, AS THE USE OF FOOD BANKS IS GROWING YEAR OVER YEAR



IN ABBOTSFORD THE PREVALENCE RATES OF MOOD AND ANXIETY DISORDERS ARE JUST OVER ONE IN THREE RESIDENTS, AND DEPRESSION PREVALENCE SITS RIGHT BELOW THAT



## Education

### *Highest Certificate, Diploma or Degree for Population Aged 15 Years and Over in Private Households, 2006–2016.<sup>48</sup>*

	2006		2011		2016	
	Number	Percentage	Number	Percentage	Number	Percentage
Total – Highest certificate, diploma, or degree for the population aged 15 years and over in private households – 25% sample data	97,185	100%	105,630	100%	112,615	100%
No certificate, diploma or degree	24,915	26%	23,225	22%	24,330	22%
Secondary (high) school diploma or equivalency certificate	30,230	31%	32,865	31%	38,085	34%
Post-secondary certificate, diploma, or degree	42,035	43%	49,535	47%	50,200	45%
Apprenticeship or trades certificate or diploma	10,505	25%	11,650	24%	9,490	19%
College, CEGEP, or other non-university certificate or diploma	14,675	35%	16,090	32%	17,455	35%
University certificate or diploma below bachelor level	5,075	12%	6,635	13%	4,725	9%
University certificate, diploma, or degree at bachelor level or above	11,780	28%	15,165	31%	18,530	37%

#### *Data Highlights:*

- The percentage of the population aged 15 and over with no certificate, diploma, or degree has decreased by four percentage points, going from 26% in 2006 to 22% in 2016.
- In 2016, 34% and 45% of the population aged 15 and over had secondary and post-secondary certificates, diplomas, or degrees, compared to 31% and 43% in 2006, respectively.
- The percentage of graduates with apprenticeship or trades certificates or diplomas, and university certificates or diplomas below bachelor level have decreased while the percentage of graduates with university diplomas or degrees at bachelor level or above have considerably increased, going from 28% in 2006 to 37% in 2016, suggesting the population is becoming more highly-educated.

<sup>48</sup> Statistics Canada, 2006, 2011, 2016 Census of Population.

### Employment Income Statistics: Highest Certificate, Diploma, or Degree, 2016. <sup>49</sup>

	Total – Highest certificate, diploma, or degree		No certificate, diploma, or degree		Secondary (high) school diploma or equivalency certificate		University certificate, diploma, or degree at bachelor level or above	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Total – Employment income statistics	112,615	43%	24,330	31%	38,080	30%	18,525	15%
With employment income	82,440	32%	12,455	16%	29,365	23%	15,570	13%
Median employment income (\$)	28,614	11%	15,173	20%	24,826	20%	39,066	32%
Average employment income (\$)	37,890	14%	25,361	33%	33,598	27%	48,834	40%

#### Data Highlights:

- Nearly 60% of Abbotsford’s residents have less than a university degree. The average employment yearly income increases from \$37,890 to \$48,834 as the level of education increases.

## Access to Healthcare

The Abbotsford Local Health Area (LHA) has a relative deficit of health practitioners across all categories, compared to the rest of the province.

- Abbotsford’s most recent numbers demonstrate only 86 physicians, 70 specialists, and 96 supplementary practitioners per 100,000 residents compared to 112 physicians, 94 specialists, and 133 supplementary practitioners provincially.

## Birth Rates

### Birth Statistics per 1,000 Live Births, 2013–2017. <sup>50</sup>

	Abbotsford LHA	BC Average
Infant mortality rate (<1 year old)	3 per 1,000 live births	4 per 1,000 live births
Low birth weight rate	64 per 1,000	58 per 1,000 live births

#### Data Highlights:

- Abbotsford’s infant mortality was reported lower than the provincial average.

<sup>49</sup> Statistics Canada, 2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016261.

<sup>50</sup> Fraser Health. (2019). Abbotsford. Local Health Area Profile. Retrieved from: <http://communityhealth.phsa.ca/HealthProfiles/PdfGenerator/Abbotsford>

- However, infants born in Abbotsford have a higher rate of low birth weight than BC as a whole.

## Life Expectancy

### *Life Expectancy in Abbotsford LHA.<sup>51</sup>*

	2007 to 2011		2009 to 2013		2011 to 2015	
	Community Value	Provincial Value	Community Value	Provincial Value	Community Value	Provincial Value
Life expectancy in years – males (All ages)	79.7	79.8	80.2	80.2	80.7	80.6
Life expectancy in years – females (All ages)	83.9	84.1	84	84.3	84.5	84.6
Life expectancy in years – total (All ages)	81.8	82	82.2	82.3	82.7	82.6

#### *Data Highlights:*

- Abbotsford has had similar average life expectancy rates to BC provincial averages.

## Chronic Disease

### *Prevalence Rates of Chronic Diseases per 100 People, 2013 & 2015.<sup>52</sup>*

	2013		2015	
	Community Value	Provincial Value	Community Value	Provincial Value
Asthma age-standardised prevalence rate per 100 population (5-54 yrs)	14.6	10.7	16.9	12.1
Chronic obstructive pulmonary disease (COPD) age-standardised prevalence rate per 100 population (45+ yrs)	6	6	6.1	6.2
Diabetes age-standardised prevalence rate per 100 population (1+ yrs)	8	6.1	10.7	8
Heart failure age-standardised prevalence rate per 100 population (1+ yrs)	1.7	1.4	2.5	2
Hypertension age-standardised prevalence rate per 100 population (20+ yrs)	21.9	18.4	27.3	22.8

<sup>51</sup> Provincial Health Services Authority. 2020. BC Community Health Data. Retrieved from: <http://communityhealth.phsa.ca/HealthProfiles>

<sup>52</sup> Provincial Health Services Authority. 2020. BC Community Health Data. Retrieved from: <http://communityhealth.phsa.ca/HealthProfiles>

### Data Highlights:

- Abbotsford has higher rates of some chronic diseases than BC such as asthma, diabetes, heart failure, and hypertension, which may indicate a higher rate of poverty.

## Substance Use

### Potential Years of Life Lost Index (PYLLI) in Abbotsford LHA Related to Alcohol, Drug, and Tobacco Use.

53

Indicator	2016–2017		2007–2011	
	Community value	Provincial Value	Community Value	Provincial Value
Potential years of life lost index – smoking-attributable deaths (35 to under 75 years)	1	1	113	0.93
Potential years of life lost index – drug-induced deaths (Age under 75 years)	1.16	1	1.45	1.25
Potential years of life lost index - alcohol-related deaths (Age under 75 years)	0.69	1	0.88	0.68

## Hospital Utilisation – Indigenous Patients

- In 2014/15, per-capita hospital costs were 22% higher for First Nations people, while emergency department per capita costs were over two times higher.
- Fraser Salish First Nations used the emergency department much more than other residents, at 34.8% for First Nations females and 31.4% for First Nations males compared to other residents at about 21%.

## Food Security<sup>54</sup>

The Abbotsford Food Bank was formally established in 1983/84. In the early 1980s, the Food Bank was assisting approximately 900 people every month. Today, Abbotsford Food Bank is helping more than 3,000 people each month, with approximately 40% of those being children.

<sup>53</sup> Provincial Health Services Authority. 2020. BC Community Health Data. Retrieved from: <http://communityhealth.phsa.ca/HealthProfiles>

<sup>54</sup> Archway Food Bank of Abbotsford, 2016. Retrieved from: <https://www.abbotsfordfoodbank.com/about-us/>

### **Archway Food Bank Statistics.<sup>55</sup>**

	2016	2017	2018	2019	% Change 2016–2019
Unique Individuals	4,129	3,864	3,982	4,300	4%
Adults (18+)	2,570	2,455	2,464	2,618	2%
Children (Under 18)	1,559	1,409	1,518	1,682	8%

#### **Data Highlights:**

- Children under 18 disproportionately make up 37% of those accessing the Abbotsford Food Bank, while only 24.6% of the population are aged zero to 19.

### **Archway Food Bank Reasons for Visit, 2019.<sup>56</sup>**

Reasons for Visit 2019	Percentage
Delayed Wages	9.2%
Sickness/Medical Expenses	5.7%
Benefit/Social Assistance Rates/Changes	5.1%
Unemployed/Recently Lost Job	3.2%
Relocation (Immigration/Moving)	2.7%
Low Wages/Not Enough Hours	1.5%
Unexpected Expense	1.2%
Family Breakup	1.0%
Debt	0.3%
Natural Disaster	0.1%

#### **Data Highlights:**

- In 2019, the primary reasons for accessing the Abbotsford Food Bank were delayed wages (9.2%) and sickness or medical expenses (5.7%).

## **Mental Health**

### **Community Health Data, Abbotsford, 2019.<sup>57</sup>**

<sup>55</sup> Archway Food Bank. 2020. Supplied.

<sup>56</sup> Archway Food Bank. 2020. Supplied.

<sup>57</sup> BC Centre for Disease Control. 2020. BC Community Health Data. Retrieved from: <http://communityhealth.phsa.ca/HealthProfiles/HealthReport/Abbotsford?archiveYear=2019>

	Rural Abbotsford		Central Abbotsford		East Abbotsford		West Abbotsford		Average	
	Incidence per 1,000	Prevalence per 100	Incidence per 1,000	Prevalence per 100	Incidence per 1,000	Prevalence per 100	Incidence per 1,000	Prevalence per 100	Incidence per 1,000	Prevalence per 100
Depression	14.9	27.1	22	34.3	15.2	26.6	17.3	30.1	17.35	29.525
Mood and Anxiety	20.1	31.9	20.8	39.5	22.5	32.3	22	34.2	21.35	34.475
Schizophrenia and Delusional Disorders (Age 10+)	0.7	0.8	1.3	2.2	0.4	0.4	0.8	1	0.8	1.1

**Data Highlights:**

- Abbotsford’s prevalence rates of mood and anxiety disorders are just over one in three residents, and depression prevalence sits right below that meaning many people in Abbotsford are struggling with mental health.
- Central Abbotsford has the highest incidence and prevalence rate for all three mental health disorders compared to other regions in Abbotsford. The prevalence rate for both depression and anxiety in central Abbotsford is almost 5% higher than Abbotsford's average level.

## Children & Families – Early Years Development

**Early Development Instrument for Abbotsford and BC, 2019.<sup>58</sup>**

	Abbotsford		British Columbia	
	Number	Percentage	Number	Percentage
Vulnerable on one or more scales	552	38%	14,468	33%
Physical Health & Wellbeing	247	17%	6,683	15%
Social Competence	259	18%	6,976	16%
Emotional Maturity	258	18%	7,642	18%
Language & Cognitive Development	158	11%	4,578	11%

<sup>58</sup> BC EDI Wave 7 Provincial Report. 2019. Provincial Report. Retrieved from: [http://earlylearning.ubc.ca/media/edi\\_w7\\_communityprofiles/edi\\_w7\\_communityprofile\\_sd\\_34.pdf](http://earlylearning.ubc.ca/media/edi_w7_communityprofiles/edi_w7_communityprofile_sd_34.pdf)

Communication Skills & General Knowledge	282	20%	6,214	14%
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*Data Highlights:*

- The area assessed in the Early Development Instrument where children in Abbotsford needed the most assistance, compared to provincial averages, was in Communication Skills & General Knowledge.
- Compared to the provincial estimates, Abbotsford reports a higher proportion of children who are vulnerable in each of the five scales of the EDI with the exception of Language & Cognitive Development and Emotional Maturity where these proportions are the same as in the rest of the province.



# WHAT WE HEARD

Over the course of the Community Infrastructure Development Study, a wide variety of community consultations took place with multiple different groups of community members. From August to October 2020, dozens of meetings, strategy sessions—including hearing experiences—related to:



**Vulnerable Seniors**



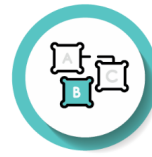
**Interfaith Communities**



**Funders**



**Parents & Families**



**People Who Work in Child Care**



**First Nations & Métis peoples**



**Newcomers & Refugees**



**People Who Identify as LGBTQ2S+**



**Business Owners**



**People with Diverse Abilities, Activity Limitations, or Disabilities**



**Youth**



**Substance Use and Mental Health**



**Non-native English Speakers**



**Homelessness**



**Poverty**

This section has been split into two main parts. First, a summary of feedback and comments from community members below, with comments separated into several distinct, but related, categories that pertain to different areas of social wellbeing and social challenges being seen in Abbotsford. Following this section are the results from a community survey that took place in September 2020, with versions offered in both English and Punjabi. Responses from several hundred community members were received which further informed this work and reflected the breadth of community perspectives on these issues.



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# COMMUNITY DIALOGUES

## Person-Centred Infrastructure

### Physical & Social Infrastructure for Wellbeing

According to participants, Abbotsford **needs more physical spaces specifically designed for the purpose of increasing community wellbeing, social inclusion, and belonging.**

Specific suggestions of spaces that are needed include:

- Affordable and community-based housing
- Mental health/counselling
- Friendship centres & Indigenous cultural centres
- Safe injection and rehabilitation sites
- Child care spaces

To support the building of these spaces, participants suggested **waiving the up-front costs** or **parking requirements** that new buildings need to meet, and having land owners pay back the difference in rental income. That way, land owners can build and have their spaces approved more quickly. Participants also suggested **community partnerships with developers** in Abbotsford to improve access to lower housing prices, or offering **housing repairs** to residents who don't have the means to move to a better unit.

Regarding the quality of physical spaces, participants were clear that they wanted to see spaces that were **intentionally designed to be multicultural, intergenerational, and supportive of diversity**. Spaces suggestions included: apartment buildings with designated spaces for seniors and families, situating child care centres in seniors' homes, and ensuring the residents of neighbourhoods have a mix of incomes levels. It was also mentioned that culturally-appropriate and trauma-informed infrastructure is needed to support **Indigenous seniors** as many were denied their heritage or displaced from their families and community due to colonialism and policies of cultural genocide.

In fact, physical infrastructure is needed to support wellbeing in many ways, especially for Indigenous populations. A comment was made that,

*“Organisational structures and facilities can challenge discrimination and systemic racism by providing a safer space for Indigenous communities. In Abbotsford there are no Indigenous resources or services available besides Xyolhemeylh (Indigenous delegated agency). This is a problem because Indigenous people do not trust social workers due to their involvement in the*

*residential school system, 60s Scoop, Millennial Scoop, Indian hospitals, etc. Building a place where Indigenous people feel safe and secure to practice their culture with likeminded people offers our community members a space to not feel discriminated. Building an Indigenous resource centre also provides job opportunities for Indigenous people (Métis, First Nations, and Inuit), since it is their knowledge that is needed in order for the centre to be successful.”*

Positive self-identity and cultural identity is a crucial component of wellbeing, and needs to be nurtured. A comment was made:

*“One thing many people struggle with is their identity and sense of self, and having a negative perspective of one’s identity can create disease within that person’s wellness, whereas having a positive self-identity can be a protective factor for mental health and addiction issues. There is much internal racism within Indigenous groups; therefore, having a positive self-identity facilitates resilience and growth, which in turn creates wellness within our communities.”*

## Physical Infrastructure for Cohesion

Several comments were made in support of **shared public spaces to support social cohesion**, places that anyone could go to and feel welcome. Suggestions included:

- Community gardens
- Community kitchens
- Housing co-ops
- Local clubhouses
- Friendship centres
- Parks and green spaces
- Other communal spaces

Participants believed that shared public spaces would not only create a place for people of diverse ages and experiences to find common ground, but also create a space of mutual benefit and gathering. For example, these spaces could be leveraged for both formal and informal social interaction, or to generate resources for other residents (e.g. using a community kitchen to put together meals). Respondents considered that **housing creates a community when everyone is able to look out for one another and have enough and accessible communal spaces, parks and recreation available to everyone**. Walkability, feeling safe, affordability, and access to services are other common remarks cited by respondents regarding what makes housing a home or a community.

**Mixed-use spaces** were of particular interest to participants, such as using yard space for chicken coops and green space in areas that are otherwise commercial and dense. This is particularly important for Indigenous communities, as some people indicated that they have “no land base.” Participants suggested

making the downtown area car-free to encourage pedestrian activity and use the space for arts and culture festivals, and “beautifying” spaces was seen as a way to help residents feel a sense of **ownership and pride in their community**.

Neutral spaces between organisations—such as the Archway community garden— were cited as good examples of shared spaces from which multiple organisations and people benefit. Shared spaces can either be permanent (purchase a plot of land), or temporary and mobile (a mobile community garden with moveable planters). All spaces, including recreation-based spaces, need to be **clean, low-barrier, and welcoming to all**.

## **Accessibility & Safety**

**Safety and accessibility in physical spaces** was of high concern for participants, particularly for seniors, people with diverse abilities, and people with mobility issues. However, it was acknowledged people of all ages and abilities benefit from **safer and easier access to local businesses, healthcare, and recreation**.

**Transportation, building design, sidewalks, and pathways** were pointed to as areas in need in regards to accessibility. As one participant commented,

*“Only two trails are accessible for those with mobility issues. Unless the trails are relatively even and paved, it is nearly impossible to navigate with a wheelchair or walker.”*

Further, downtown Abbotsford does not accommodate those in wheelchairs due to telephones or divots in the sidewalk, leaving less space. Participants wanted to see more ramps, doorways, and handrails to accommodate people with barriers to mobility.

Citizens with dementia have a **difficult time navigating downtown**. Mobility includes more than just wheelchair users; it was mentioned that people with amputations and people with diverse abilities have their own **unique accessibility needs**. Suggestions were made to make the downtown area **car-free**, making it less dangerous for seniors to cross streets, and to **build more sidewalks** in the central Abbotsford neighbourhood. Safety during COVID is also a concern, particularly for seniors who use public transit.

Regarding age-friendly infrastructure (referring to buildings, roads, sidewalks, parks, and services that are accessible and inclusive for seniors with varying needs and capacities), 68% of survey respondents believed Abbotsford was only age-friendly to a small or moderate extent, indicating a lack of accessibility for seniors. Over 80% of responses considered the existence of parks, sidewalks, pedestrian crosswalks that are well-maintained, well-lit, clean, sufficient, in good condition, free from obstacles, and safe to be to a great and to a very great extent important features in the community. Feeling of neighbourhood safety/community belonging received a similar rate from 80% of responses.

Yet, over half of responses agreed that these features are to a small extent and to a moderate extent available in the community. Sidewalks that are in good condition, free from obstacles, safe for pedestrian use, and accessible for wheelchairs, as well as well-maintained pedestrian crosswalk timing and lighting, are considered to be by respondents to a moderate and to a great extent available in Abbotsford.

Safety also refers not only to the built environment, but also to safety within a community. **Crime was the second most common issue** cited by the survey respondents relating to social issues, resilience, and wellbeing. Related to this, participants commented,

*“We must have safe spaces/places for our people to practice culturally-safe practices and feel that it is safe to do so. We need to show compassion and show understanding to the mistrust that might be present. I feel that the infrastructure should be given more priority to cultural safe practices to the Indigenous people of this area; they should be consulted as it most doubly will affect them in some way if not now, in their children’s future. We must be mindful of what we do today and how it will affect the future and our communities around us.”*

Participants questioned if the city could administer public hearings to address questions about, and the nature of, community security and hate crimes as well as how to prevent such offences and **reduce the number of hate crimes**. They also questioned if **grassroots diversity education** for youth or **Truth and Reconciliation circles** would add value in helping prevent such incidents.

The ability for Indigenous people to see themselves in their city and to feel seen by others was a profound constant in these conversations. As mentioned earlier, participants noted the lack of services and programs in Abbotsford, despite the high percentage of Indigenous peoples seeking support that is inclusive to their specific cultural and spiritual needs.

With more detail to inclusive spaces and programs, the Indigenous community will feel a renewed sense of belonging in their city. This will help foster resilience and build relationships with all inhabitants of Abbotsford. Some of the suggestions we heard from participants included specific Indigenous housing that is inclusive of all Indigenous peoples (First Nations, Métis, and Inuit) with access to cultural teaching, food sovereignty, medicine gardens, and land-based learning opportunities that promote culture and sustainability. Alongside this need is the special recognition to support Indigenous Elders and children in the community. Programs and services that are designed by and for Indigenous people that include the hiring of Indigenous staff would go a long way to creating a more inclusive and equitable community.

## Views on Wellbeing

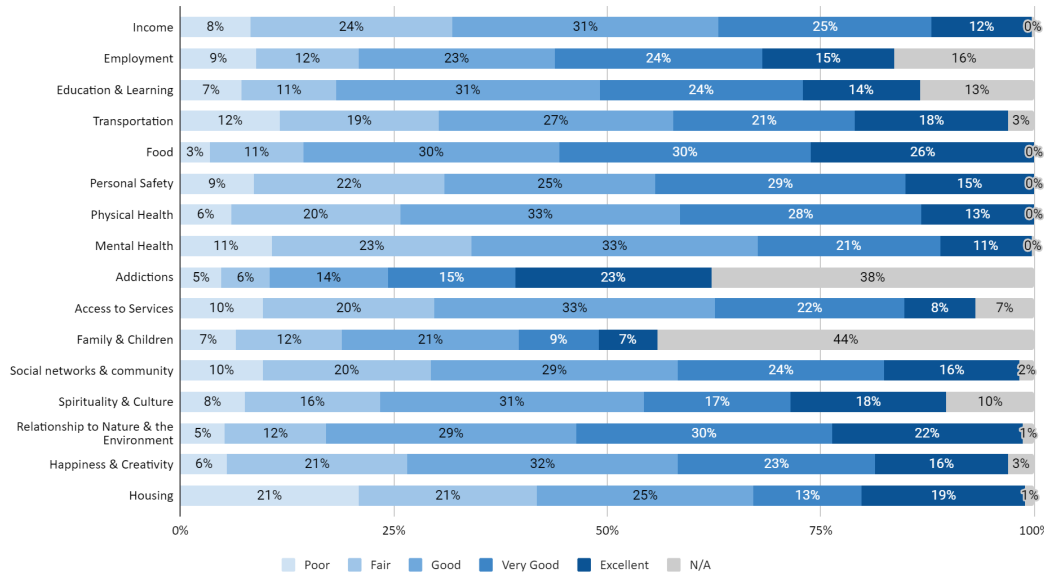
Survey data indicates that people rate their food access, relationship to nature, and their ability to manage possible addictions highly. Most poorly rated were housing, parenting needs, and mental health.

Most people were satisfied with their current: income (68%), employment (62%), education (69%), transportation (67%), food (86%), personal safety (69%), physical health (74%), mental health (65%),

access to services (63%), social networks (69%), spirituality and culture (66%), relationship to nature (81%), happiness (71%), and housing (57%)—rating them as good or very good.

The overall lowest-ranked indicator was housing, where 20% of people surveyed think that their affordable rent/mortgage and appropriate place to live is under a poor situation. Mental health also rated poorly, where 10% of people surveyed think they do have a problem with anxiety, depression, stress, or outlook on life.

### Wellbeing Domain Rating



However, not all participants agreed with these being listed as the definitive components of wellbeing, and pushed back on Western concepts of wellbeing.

For example, the health of the **natural environment was viewed as a basic need**, and “if [there is] no nature or environment then we no longer exist. That’s like saying a fish doesn’t need water or a tank to live in.” People were concerned about food sustainability, namely soil degradation from poor agricultural practices and crop losses that lead to higher food prices. Participants also noted the need for more “green” and natural infrastructure, such as:

- Implementing food, shade, and water collection into new buildings.
- Alternative forms of energy, such as solar power to cut costs and fund green developments.
- Tiny homes for seniors, disabled, and homeless people.
- Maintaining trails on Ledgeview Mountain to give permanent access to hiking trails that include local Sumas place names and ethnobotany uses.

Another example noted was that technology and information may not be a basic need, and that we are **capable of living without technology**. Identified as missing from this list were **cultural identity and positive self-identity**.

There are also **research gaps** that bias westernised ways of approaching wellbeing as we live in a colonised society where we tend to pathologise and treat people with westernised medicines or methods. As participants noted, there is “minimal research on benefits of holistic treatment methods” and that this gap needs to be addressed in order for professionals to see the value of holistic perspectives and validate them in the professional world.

Of the additional comments left by survey respondents regarding social issues, resilience, and wellbeing, the most common issues identified in the community were homelessness, crime, mental health and addictions, housing affordability, accessibility, and transportation. Seniors, children, people with disabilities, racialised and spiritually-diverse communities, and people experiencing homelessness were the population groups with the most mentions by respondents.

## **Terminology & Perspectives**

When the Indigenous participants were presented with the Circle Dialogue content for their feedback, there was a clash of worldviews and perceptions to the content itself. Many comments reflected the disconnect of understanding and defining of “wellbeing” and “basic needs” from an Indigenous perspective. While feedback on wellbeing in terms of infrastructure was the goal, participants wanted to speak to the wellbeing of the community instead—that was a marker of overall wellbeing as an individual as well. The interconnectedness to be inclusive of nature, the environment, and all peoples resounded strongly. One example to note was a comment that technology and information were not seen as basic needs, but as a part of social inclusion.

Many participants were aware of actions that other cities have taken to honour the Truth and Reconciliation Commission Calls to Action, and questioned Abbotsford’s response, role, and support of this important work. Similarly, there were concerns on a city response to the Report on Murdered and Missing Indigenous Women and Girls (MMIWG). The definition of reconciliation was not clear to participants from understanding it from a personal perspective or from a collective response. If there has been progress in addressing the Calls to Action in Abbotsford, the need for communicating that to the community at large was evident.

Overall, the feedback from participants was to find the common ground to build bridges of understanding and cohesion between the Indigenous and non-Indigenous communities and with the City itself. This could be attained by sharing knowledge more broadly, understanding the role that decolonisation plays, as well as self-reflection. One participant noted that cultural safety is key, and that it is vital to moving forward in these relationships and conversations.

## Fostering Resilience, Cultural Preservation & Sustainability

The ability for Indigenous people to see themselves in their city and to feel seen by others was a profound constant in these conversations. As mentioned earlier, participants noted the lack of services and programs in Abbotsford despite the high percentage of Indigenous peoples seeking support that is inclusive to their specific cultural and spiritual needs. There was concern that there is no Friendship Centre in the Fraser Valley region where people may gather, share their culture, and feel welcome.

## Inclusion & Belonging

### Diversity & Social Ways of Being

Social inclusion starts with **learning about, and embracing, people who are different from themselves**, according to participants. This learning may be formal or informal (i.e. talking to your neighbour). This is particularly important for immigrants, Indigenous people, LGBTQ2S+, diverse abilities, visible and hidden homeless, and racialised communities. Abbotsford not only needs physical spaces to support social cohesion, but also a **social way of being that welcomes and embraces diversity at a neighbourhood level**.

Social inclusion is also important from a **resilience** point of view as 74% of survey respondents go to family when they need help, and 72% go to friends. Without strong social networks, residents may find difficulty reaching out for help. To support social inclusion, affordable community activities such as recreation, learning, and socialisation were considered greatly or very greatly important to 66% of respondents, yet over half of respondents were unsure or only perceived to a small extent the existence of such community activities to be available in the community.

Participants tended to view the first step of creating social inclusion as learning, whether formally or informally, about other people's experiences and cultures. A precursor to this learning, however, is **creating and holding the space for these types of conversations**. Some ways to encourage social inclusion suggested were:

- Establishing multi-faith, multi-sectoral friendship centres that can act as a vehicle for gathering people of different backgrounds
- Mixing students from East and West Abbotsford
- Establishing Indigenous Friendship Centres
- Continuing to hold community dialogues and spaces for discussing and sharing culture
- Funding neighbourhood block parties

- Community radio for seniors to call in and share their stories
- Free sports programs for youth

Regarding the issues preventing respondents from joining a group, going to an event, or being more active in your community, the most cited issues by respondents were mobility challenges, distance from activities, language barriers, transportation, affordability, and lack of information about activities happening in the community were by respondents. COVID-19 was also part of the most common issues preventing respondents from joining groups or other activities in Abbotsford.

Incentives and policies need to exist to support the development of programs and activities to build community, and to encourage more businesses to sponsor such programs. Participants also recognised the **role of work in providing social inclusion and belonging**. Incentives and policies can also be used to support diverse hiring practices, so that people can find jobs and community members can see themselves represented in the workforce.

## Social Purpose & Spiritual Wellbeing

Closely related to creating places in which residents feel welcome and included in their community, spiritual wellbeing and **giving residents a sense of purpose and responsibility is a key part of building social infrastructure**. The reason for this is if people do not feel like they contribute value, then they will be less effective in contributing to the social infrastructure Abbotsford needs.

People need to find meaning and fulfillment in their lives, especially to maintain positive mental health. Purpose is also particularly important for people as they age or find their roles in society changing. Social infrastructure can be developed to help people find a sense of purpose by focusing on creating programs that carry mutual benefits for all people involved and leveraging community knowledge.

Suggested ways to create to help residents find social purpose include:

- Volunteer opportunities for seniors
- Peer support navigators for immigrants
- Social-purpose businesses
- Creating a database of volunteers and their skillsets

For all residents, but seniors especially, social purpose and spiritual wellbeing is essential to mental health. Volunteering can give people a way to provide value (either through action or collective knowledge) to the community while also maintaining their sense of social purpose. Community activities that are recreational, educational, social, and that are affordable to all residents were considered to be to a great and to a very great extent important to 66% of respondents. Community activities that are recreational, educational, social, involve young and older people, and offer a range of volunteer activities to choose from were considered to be to a moderate and a great extent important in the community for



over half of respondents. Similar proportions of respondents agreed that a variety of cultural activities for diverse populations is to a great and a very great extent important in the community.

## Cultural Competency

While people have their own personal social networks, they are also connected to a network of services that they may use. However, access to these services is currently not equitable, and therefore can lead to social exclusion. If Abbotsford is to create strong and diverse social infrastructure, then service providers, police, developers, as well as City staff, administration, and council need to be **trained in intercultural communication and understand how to make their services equitable** from a resident perspective.

This finding was also consistent for the general public, as stigma is heavily-related to social inclusion. In fact, participants suggested that **the whole public needs to be educated about the historical injustices faced by people experiencing homelessness, LGBTQ2S+, First Nations, Inuit, Métis, newcomers, victims of abuse, people who have experienced trauma, people with diverse abilities, and racialised communities** as the first step to reducing stigma. Initiatives such as multicultural festivals and programs that encourage social interaction between people of differing backgrounds can be a catalyst to this education.

The overarching theme that was heard from the community is the lack of Indigenous perspective and worldview to handle the interconnected nature of addressing homelessness in Abbotsford alongside a myriad of other holistic needs. The suggestions and insights we heard to help support work in Abbotsford stems from embedding Indigenous worldview and perspectives for a greater future and understanding of all in Abbotsford, not just the Indigenous inhabitants.

## Affordable Housing for All

From a resident perspective, Abbotsford doesn't have enough affordable housing, particularly for low-income families. Residents viewed discrimination (mostly, though not exclusively, based on income) as one barrier to accessing affordable housing as well as a **lack of affordable housing supply and bureaucracy surrounding providing affordable housing**. The Let's Talk Survey found that 20% of people surveyed think poorly of their housing costs and the quality of where they live.

To increase the supply of affordable housing, some policy changes were suggested by participants, such as:

- Changing zoning to make more legal suites throughout Abbotsford;

- Requiring developers to include a percentage of affordable housing when they make a new development;
- Creating more co-op and subsidised housing;
- Limiting foreign buyers to make houses affordable to Canadians and Canadian residents;
- Allowing for equity, so more people can purchase homes together, especially families;
- Capping rents;
- Offering interest-free mortgages and loans that go towards down payments; and
- Speeding up approvals for landlords to rent suites and collect rental income;

Keeping people housed is also of importance. People who smoke often find difficulty with housing, as do men in need of transitional housing. Utilising existing spaces and designs, such as tiny homes or converting vacant storage units into housing, may be a potential opportunity to keep people housed.

Regarding the accessibility and affordability of housing, a housing first model or community housing model was supported by participants. Participants showed support for **mixed-income and multi-generational housing** as well as legislation to support housing with designated spaces reserved for low-income populations or people experiencing other systemic barriers to housing. Multi-generational housing can promote intergenerational interactions, and mixed-income neighbourhoods reduce stigma and marginalisation that low-income families may face.

Further, **housing not only needs to be affordable, but also safe and welcoming**. Housing was recognised as a vehicle for creating safe, inclusive communities. **Co-op housing models** were also mentioned several times as living in a shared space and having shared ownership and responsibility encourages people to build positive relationships with their cohabitants. Participants suggested conducting a long-term study on co-op housing's effect on indicators of wellbeing like health, financial stability, geographic stability, and affordable housing.

## Mental Health

From a participant point of view, **Abbotsford lacks sufficient mental health facilities and supports**. Survey data illustrates that 77.5% of respondents view people struggling with mental health require additional support in Abbotsford, second to people with low income or living in poverty (84.1%). Mental health education and natural supports were viewed as necessary in both institutions (schools, work, etc.) and in the home to prevent poor wellbeing.

Issues mentioned by participants include:

- Addictions and substance abuse;
- Men’s suicide;
- Reliance on emergency rooms for mental health crises;
- Safety of people with mental health issues;
- Stigma;
- Lack of mental health training for police;
- Cultural sensitivity and a lack of trauma-informed therapy;
- Recent closings of mental health facilities; and
- Lack of affordable counselling.

In terms of the quality of mental health services, participants wanted an assurance that mental health services are **trauma-informed**. They also wanted increased oversight regarding standards for halfway houses and drug treatment houses. **Opinions were mixed regarding the link between mental health and addiction services.** Some found that a stronger link would offer more holistic service, while others believed that adding addiction services to mental health services adds negative stigma to both.

**Mental health supports need to be integrated into law enforcement and justice systems.** For example, police officers need training on how to approach issues of mental health, as “people with mental health challenges are afraid to get into the law system because their challenges lead to reactions that are beyond their control.” Participants also supported having mental health advocates in the courts for the same reason.

People experiencing homelessness are particularly at-risk for mental health issues. To address this, the following suggestions were made:

- More outreach services are needed for people who are at risk of losing their homes or jobs due to mental health problems;
- An overdose prevention strategy;
- Keeping people in proper housing and treatment to prevent crises; and
- Covering counselling and trauma-related therapy in the Medical Services Plan.

## Child Care

The unequal distribution of affordable, accessible, and available child care services was cited as a top issue regarding child care. This not only relates to income, but also to the planning and coordination of

these services to meet families' unique needs and socio-economic situations. Many comments were made regarding how child care is a shared responsibility of the community, as it carries not only benefits to the child, but also to family wellbeing and the economic development of Abbotsford. Over half of survey respondents (52%) considered that families in Abbotsford do not have access to an adequate supply of childcare services.

Neither families, schools, government, nor formal child care providers can be solely responsible for providing appropriate child care spaces. Abbotsford needs more child care spaces that are integrated into neighbourhoods and workplaces. As well, while governmental bodies **were viewed by participants as providing the basis for most child care, family and neighbours can also be leveraged as child care has many community and spiritual aspects.**

This is especially important for immigrant families, as sponsored family members often contribute to child care, and helping families sponsor relatives was proposed to help reduce the burden of child care on parents. Culturally-appropriate child care policies are necessary to help give families the choices they need. Other examples include giving families the **choice of how they spend their child tax credits** and increasing the supply of Indigenous child care providers.

To lower costs, participants proposed having the city underwrite child care spaces, or subsidise child care centres' operating costs. Participants wanted to see more quality child care providers who were well-educated in early childhood education, well-paid, and can work flexible shifts. Child care spaces need to provide environments that foster learning and security for children, with outdoor spaces, free play, and involve the whole family. In fact, over 90% of respondents considered providing children with a safe and well-maintained space as the most important physical space/environment needed in a childcare setting. Finally, schools, businesses, and different institutions need to coordinate to work towards making child care accessible and seamless.

## Help Getting Help

### Accessing Services

Services need to be easy to find and access when they are needed. Participants talked about removing barriers to services, particularly around services that provide basic needs. Additionally, residents were clear that when accessing help, **they want to be asked what they need, and treated as humans**—not just as numbers or problems to be dealt with. Asking, not assuming, what people need implies that communication goes both ways between service providers and users.

Logistical suggestions to help people access services include:

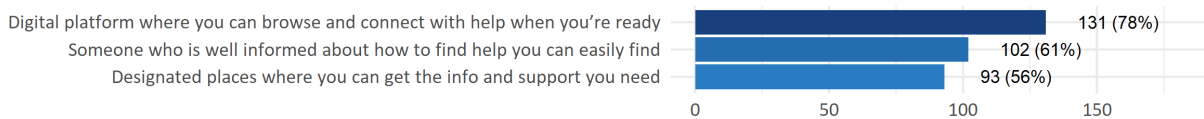
- Making some services freely available and open at all hours;
- Removing or minimising identity requirements for things like job applications, court, and getting an address; and

- Allowing more groups to access Ministry of Social Development forms.

Part of what makes asking for help difficult, according to residents, is a fear of judgement or being alone. Residents viewed having **peers and natural supports readily available who can empathise with their experiences as incredibly valuable for emotional support, navigating social systems, and championing the needs of their community**. Peer support was particularly of interest for seniors, immigrants, and people experiencing homelessness or poverty, but can be applied in any social setting. Training peers who share experiences with the people they help can make accessing help easier and less intimidating. For newcomers less familiar with English, assigning them navigators to help them locate services and translate information would contribute to equitable access.

When asked what would make accessing social services easier, most survey respondents (78%) indicated that a digital platform to browse and connect with help would make accessing social services easier. Sixty-one per cent (61%) of survey respondents indicated a well-informed person would help them, and 56% indicated a designated place to get information and support would help them access social services.

*What would make accessing social services (housing, health services, income support, etc.) easier for you? Please check all that apply.*



Of the comments regarding barriers experienced when trying to access social services, the most common issues identified in the community were long wait times, transportation, language, and the lack of alternative hours of operation for most services. Of note, several respondents point out the difficult times they have experienced when trying to navigate the system not knowing the programs and services available, where to go, or whom to ask for help.

## Transportation

Participants emphasised the need to have services be easy-to-access locally by co-locating services such as schools, groceries, pharmacies, and other community spaces. However, when services are not easy to access, transportation was cited as a top barrier, especially for those who cannot afford bus tickets or feel unsafe during COVID. Over half of survey respondents considered convenient, accessible, reliable, safe, and affordable public transportation to be greatly or very greatly important in the community. Transportation services that can be adapted to the needs of people with special needs, and special transportation services for people with disabilities and older adults who need them also received a similar rate from 50% of responses. Yet, over half of respondents also agreed that the features to support convenient, accessible, reliable, safe, and affordable public transportation are only available to a small or moderate extent. Inside Abbotsford, public transportation ran too infrequently for participants to describe it as desirable or usable. Participants wanted to see lower transportation fees for low-income

families and people with disabilities to use public transportation, and smaller busses with more routes and flexibility.

While there are some ways to **mitigate a lack of public transportation in place today, more options should be implemented in the future.** As well, although services such as HandyDART and volunteer-run vans for seniors can help, they are also not meeting the current demand as they require appointment booking and are subject to demand and need to be expanded. Weekend transportation for families to recreation centres, or mobile services to meet seniors in their neighbourhoods can mitigate the lack of effective public transportation. Shuttle busses could be subsidised in key corridors, and bike lanes with safety barriers could be added in the downtown area. Finally, desire for better transportation to Vancouver was indicated as well as transportation for volunteers.

## **Access to Information & Technology**

Participants were interested in centralised, comprehensive communication channels where they could go to find information about programs and services from which they might benefit that could be coordinated by a local organisation (Archway was suggested as an ideal coordinator). Over half of respondents (55%) consider access to community information in one central source to be to a moderate and to a great extent important in the community. After family and friends, the Internet (60%) is the third most-used source of information for support and resources when looking for help according to the Let's Talk Survey. Some tools that participants suggested for these communication channels include:

- phone lines;
- radio;
- QR codes that link to websites or apps;
- social media;
- websites;
- bulletin boards at places such as community centres or libraries; and
- virtual tours of spaces that offer services.

Recognising, however, that not all people have access to technology or have sufficient technological literacy, solutions to cater to those populations need to exist as well. This may be as simple as ensuring methods that do not rely on technology are available, or building capacity for people to use tech-based solutions. Participants suggested this capacity can be built through refurbishing and rehoming computers, having youth teach seniors to use technology, and partnerships with internet providers to provide internet at certain locations. Free access to computers and the internet in public places and community information that is delivered in-person to people who may have difficulty or may not be able to leave their home were considered to be to a moderate and to a great extent important in the community for 47% and 48% of respondents, respectively.

Communication infrastructure needs to meet residents where they are at. In particular, groups that face inequitable access to services can have information targeted to them, so that they are aware of services and, therefore, more likely to feel comfortable accessing them. Targeted communication needs to be **accommodating of different languages and cultural views on wellbeing** in order to reach audiences. Targeted communication was suggested for reaching newcomer, racialised, family, and senior communities. As well, specific landing pages of resources for newcomers or people experiencing racism were proposed by participants to be added to the City's website. To make information and education more inclusive, organisations can incorporate storytelling and other aspects of Indigenous culture into their information campaigns.

## Language

**Language was mentioned several times as a barrier to communication, especially for immigrant communities.** Communication about resources, especially ones that pertain to wellbeing and livelihood, needs to be multilingual, so it is accessible for all without marginalising any particular groups. Community information that is available in a number of different languages was considered important by most survey respondents. Over 60% percent of survey respondents considered having a variety of health professionals and specialists, including multilingual professionals, to be greatly or very greatly important.

Recommendations from participants include:

- Ensuring all services are available in multiple languages, especially Punjabi;
- Creating Punjabi-specific hotlines for information;
- Making ESL services more accessible through libraries; and
- Translating the Abbotsford City website into multiple languages.

## Setting Up a System for Success

### Collaborations

As stated by one dialogue facilitator, there is a “revolving door created by system fragmentation.” All infrastructure needs to support integration and collaboration in order to ensure that there are no gaps in services or community planning, and users can have timely access to the help they need.

Participants suggested **leveraging community institutions** to lead this collaboration, such as Police Department, Matsqui First Nation, Sumas Indian Band, Archway Community Services, the University of the Fraser Valley, the Human Dignity Coalition, Faith Communities, Abbotsford Youth Commission, and the Abbotsford Interfaith Movement. Working relationships need to exist between agencies for effective collaboration and integration. Participants recognised the importance of **a common purpose as the backbone of effective collaboration.**

Examples of necessary collaborations mentioned are:

- working rapport between APD and social workers;
- respite care for elder care providers;
- programs between food stores to reduce food waste and give it to those in need;
- collaboration between schools and child care providers; and
- involving medical professionals more closely in seniors' in-home care.

## Service Choices

Comments on the lack of services for certain populations or issues were frequent in the circle dialogues as well as comments about how certain **services (or lack of services) may exclude certain populations**. Because many services and community initiatives in Abbotsford are faith-based, participants suggested that non-faith based options need to be made available as well so as not to exclude anyone.

As well, language inclusion, particularly for the South Asian community, is important for services to ensure no one is excluded. Participants wanted to see services that span across multiple disciplines (wrap-around supports) and services that are near people in their neighbourhoods. Additionally, some service gaps identified included information and resources for newcomers, medical services in seniors supportive housing, options for affordable counselling and therapy, and options for affordable housing and child care.

## Building Proactively for Wellbeing & Growth

Preparing for growth is necessary for Abbotsford, both in the literal sense of a growing population, but also in a forward-thinking sense of creating the conditions for a community to develop and change in a positive way.

One goal of a strong social infrastructure is keeping the people healthy and well. **Basic needs, such as housing, medicine, food security, income and employment, and safety are the backbone of social infrastructure**. Keeping people healthy and well is the first step to preventing later issues, such as mental health problems, homelessness, social isolation, and having to choose between basic needs.

Several comments were made about the importance of income and living wages, as income is a major factor in an individual's ability to provide for themselves and their families. With respect to the suggestions on how to action the priorities identified in British Columbia's Poverty Reduction Strategy, the most cited suggestions manifested by respondents included implementing financial cap on rental income, encouraging new housing developments, strengthening cooperation and coordination between



various agencies, ministries and places of faith, centralising information/referral access points, and leveraging provincial programs as much as possible to avoid duplication of efforts.

Just over half (56%) of survey respondents were satisfied with their personal income, but that also leaves the remaining 44% unsatisfied. In fact, **over 70% of survey respondents consider community efforts to address poverty to be either not working at all (24%) or only working to a small extent (48%).** Further, a significant proportion of respondents stated feeling overwhelmed with the cost of living (27%), and barely making ends meet (21%).

Participants wanted to see **increased living wages and more job opportunities.** Further, bursaries to learn trades need to be available for all people. Regarding energy poverty and environmental wellbeing, participants advocated for more water re-usage systems (referencing the one on Clearbrook Road), solar power and alternative energy to subsidise energy costs, and programs to prevent the wasting of utilities for future generations. Almost half of respondents (49%) considered the existence of a range of flexible job opportunities for older adults to be important to a moderate or great extent in the community, yet over half of respondents were unsure about the existence and availability of such employment and training opportunities in Abbotsford.

Participants also wanted to see **funding and resources directed not only to crisis management and responses for individuals, but also to prevention** (e.g. job security, education) and addressing the root cause of issues. One dialogue facilitator commented, “those in the social service sector spend so much time putting out fires that they aren't able to reach out and build up connections between and among different organisations.” **Services need to be able to help people right now, but also set them up for success in the future.** Another commented that they wanted to see “an allocation of city funds from some organisations such as the Abbotsford Police Department[...]be reassigned to providing social services, such as crime prevention, affordable/subsidised housing and childcare, school workshops on anti-racism/crime prevention, safe-injection sites, and much more mental health support that is accessible and affordable to everyone.”

Abbotsford is growing rapidly, and residents want to see systems that are ready to handle growth and change without leaving anyone behind. Systems of service need to be integrated and considerate of all ages, backgrounds, and socio-economic levels. This includes evaluating and understanding systems of care from a strengths-based approach, especially for Indigenous and Métis groups, as communities are often described in terms of people in jails or child welfare, addictions, missing and murdered women, and poverty instead of understandings of resilience, histories, and stories of strength.

Another part of building for community wellbeing is empowering **life-long learning at all ages** and continuing to hold high-level and probing **discussions on community issues such as equity, inclusion, Truth and Reconciliation, and restorative justice in safe and encouraging atmospheres.** Neighbourhood conferences and grassroots diversity programming can be one place for these discussions. Values of diversity and social cohesion need to continue to be centred, as do values of health and wellness.

## Community Survey

In addition to the Circle Dialogues, in September 2020, the City of Abbotsford conducted a survey to gather feedback from Abbotsford's residents regarding different social issues. In total, the survey had 298 respondents, the majority of which (41%) were adults in their early/mid-career years aged 25 to 44 and older adults aged 45 to 64 (35%).

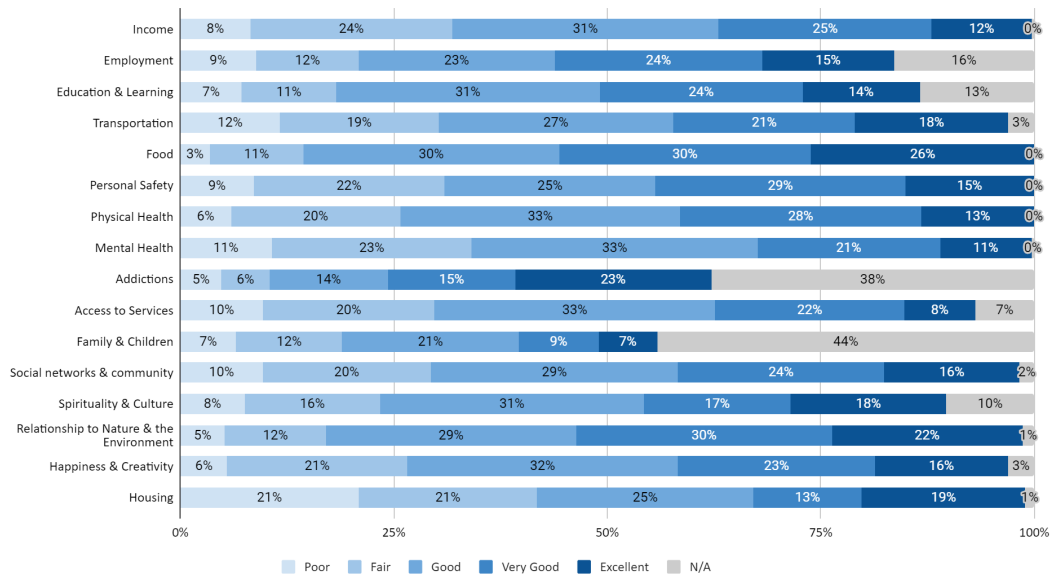
These results can inform community actions and initiatives regarding wellbeing, housing, access to services, information and technology, transportation, community support, and infrastructure.

### *What is happening in Abbotsford?*

- The most common issues identified in the community affecting wellbeing were homelessness, crime, mental health and addictions, housing affordability, accessibility, and transportation.
- Over half of respondents considered safety as the most important housing feature.
- 74% of survey respondents go to family when they need help, and 72% go to friends.
- Most survey respondents (78%) indicated that a digital platform to browse and connect with help would make accessing social services easier.
- More than half of respondents agreed that convenient, accessible, reliable, safe, and affordable public transportation is only available to a small or moderate extent.
- Most of the respondents to the survey (84%) consider people living with low-income situations or in poverty as the population group most in need of additional support in the community.
- For 63% of respondents, recreation/learning/social community activities that are affordable to all residents, are to a small and to a moderate extent available in Abbotsford.
- The majority of respondents to the survey (68%) considered Abbotsford as being an Age-Friendly Community to a small (31%) or moderate extent (37%).
- Over half of respondents (52%) considered that families in Abbotsford do not have access to an adequate supply of child care services.

## Wellbeing

***Question: Please rate how you feel about YOUR current:***

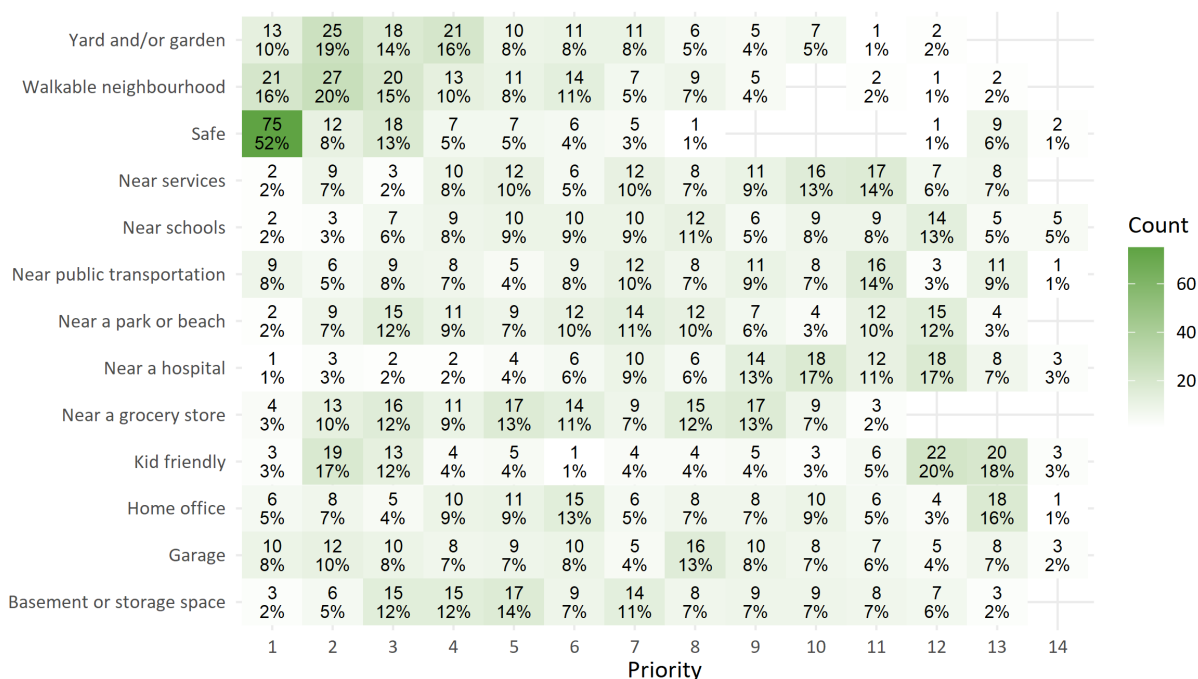


### Data Highlights:

- Survey data indicates that people rate their food access, relationship to nature, and their ability to manage possible addictions highly.
- The three areas where people felt they needed the most help were housing, transportation, and mental health.
- 30% of people surveyed think they only have poor to fair access to services.
- Other responses pointed out the need of including health of the natural environment as a basic need and part of the wellbeing continuum.
- Identified as missing from the list of options were cultural identity and positive self-identity.
- The most common issues identified in the community affecting wellbeing were homelessness, crime, mental health and addictions, housing affordability, accessibility, and transportation.
- Seniors, children, people with disabilities, racialised and spiritually-diverse communities, and people experiencing homelessness were the population groups highlighted as being the most in need by respondents.

## Housing

**Question: Which features are important to you? Rank order your first choice with a "1", your second choice with a "2", and your third choice with a "3", etc.**

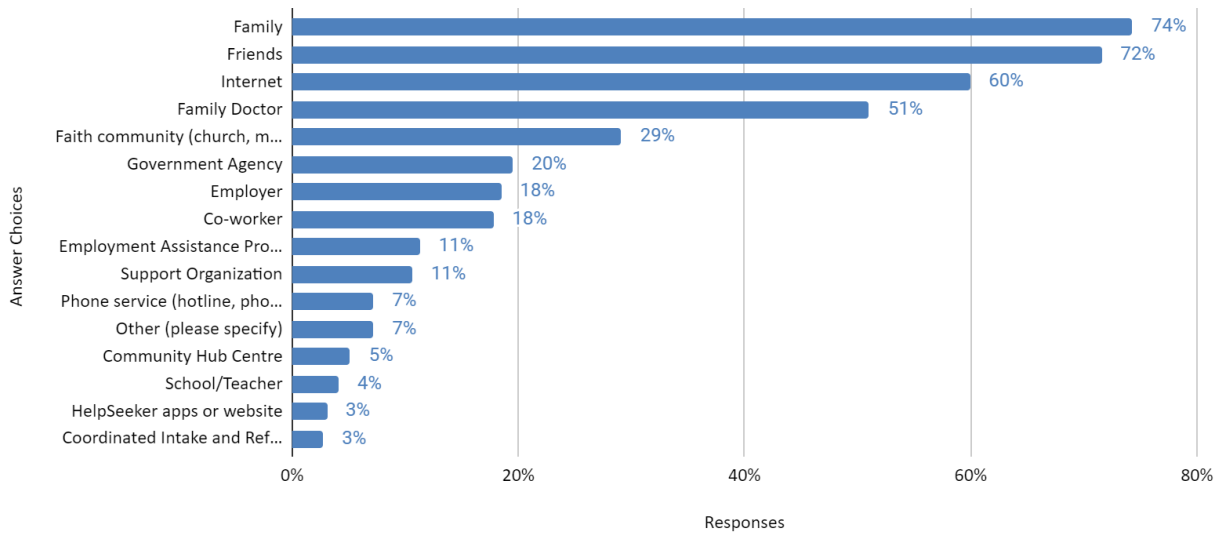


### Data Highlights:

- More than half of respondents considered safety as the most important housing feature.
- Walkable neighbourhoods was the housing feature ranked second most important, with 20% of respondents choosing this feature.

## Accessing Services

**Question: Where do you go for help when in need of support or resources? Please check all that apply.**

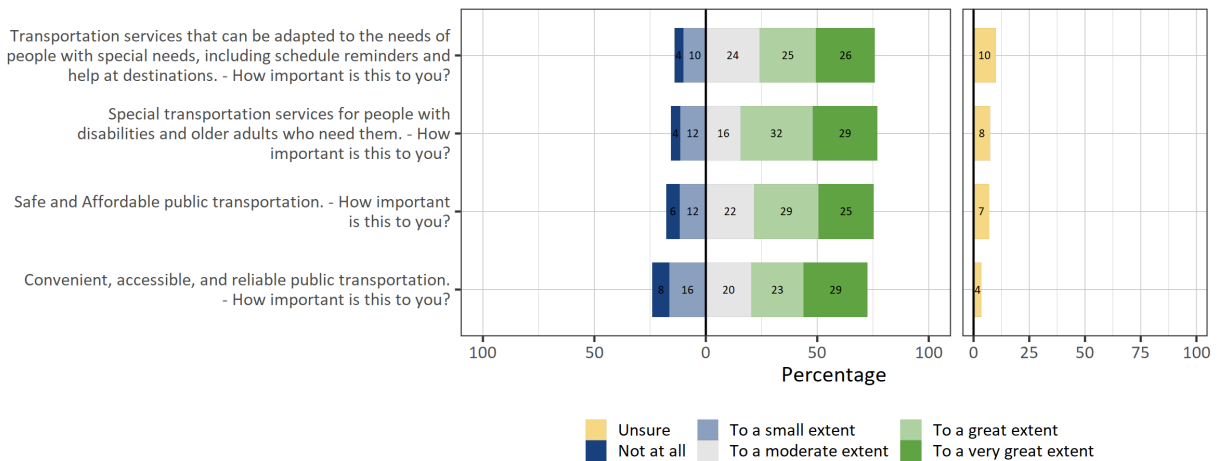


**Data Highlights:**

- 74% of survey respondents go to family when they need help, and 72% go to friends.

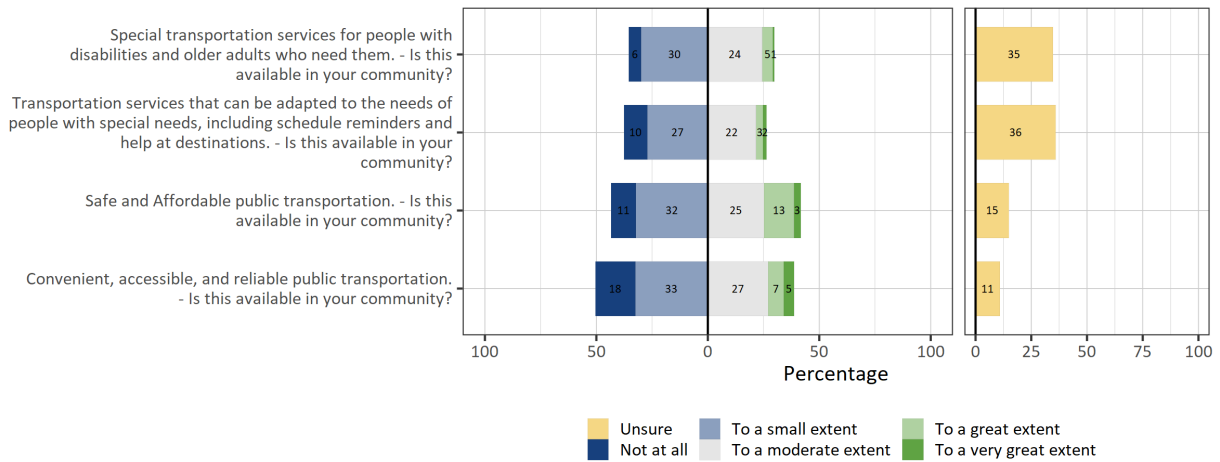
## Transportation

**Question: How IMPORTANT are these TRANSPORTATION topics to you? Are they AVAILABLE in your community?**



**Data Highlights:**

- Over half of survey respondents considered convenient, accessible, reliable, safe, and affordable public transportation to be greatly or very greatly important in the community.
- Transportation services that can be adapted to the needs of people with special needs, and special transportation services for people with disabilities and older adults who need them were also seen as being greatly or very greatly important for more than 50% of respondents.

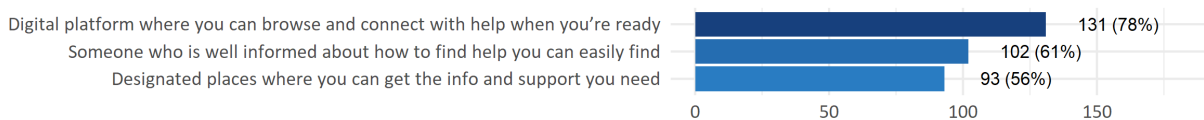


**Data Highlights:**

- Over half of respondents also agreed that the features to support convenient, accessible, reliable, safe, and affordable public transportation are only available to a small or moderate extent.
- Over one-third of respondents were unsure about the availability of transportation services that can be adapted to the needs of people with special needs, and special transportation services for people with disabilities and older adults who need them in Abbotsford.

**Accessing Information & Technology**

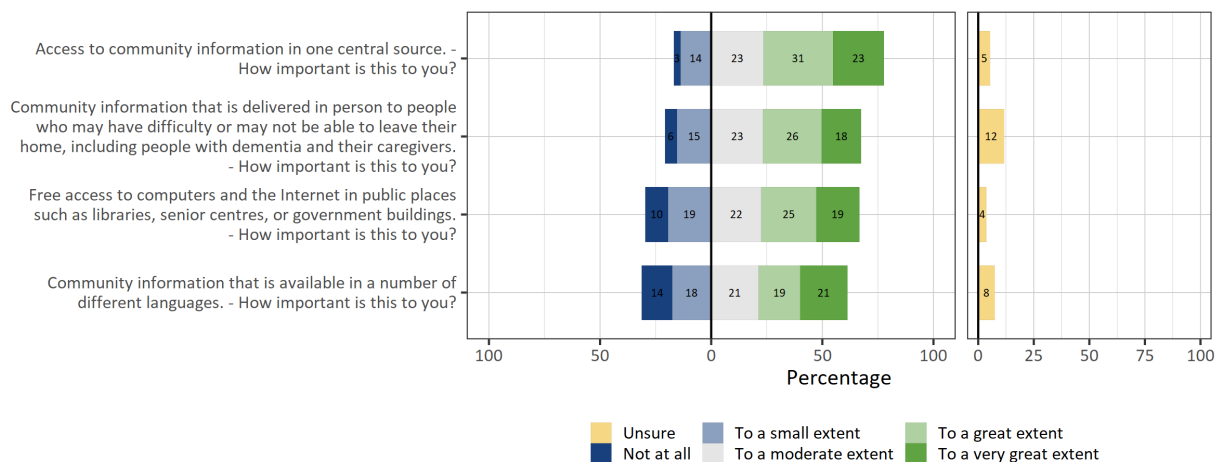
**Question: What would make accessing social services (housing, health services, income support, etc.) easier for you? Please check all that apply.**



**Data Highlights:**

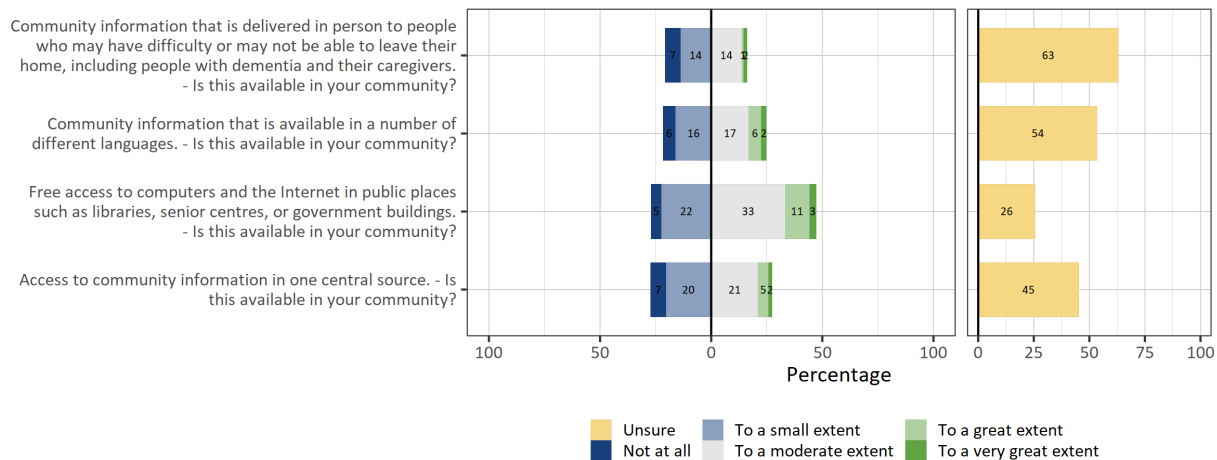
- Most people considered that digital platforms would make accessing social services easier for them in the community.

**Question: How IMPORTANT are these INFORMATIONAL topics to you? Are they AVAILABLE in your community?**



**Data Highlights:**

- More than half of respondents (54%) consider access to community information in one central source to be important to a moderate or great extent.
- Free access to computers and the Internet in public places and community information that is delivered in-person to people who may have difficulty or may not be able to leave their home were considered to be important to a moderate or great extent in the community for 47% and 48% of respondents, respectively.
- Having community information available in a number of different languages was considered important to a moderate, great, or very great extent in Abbotsford by 61% of respondents.



**Data Highlights:**

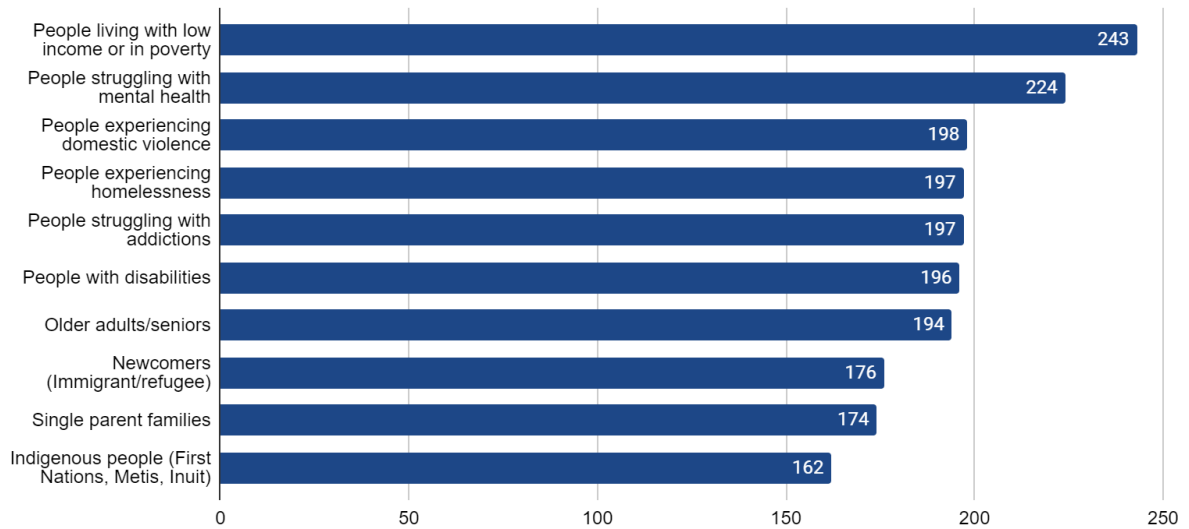
- 65% of respondents were either unsure about the availability of a central source of information, or only aware to a small extent if it was available in the community.



# Community Support & Infrastructure

## Support

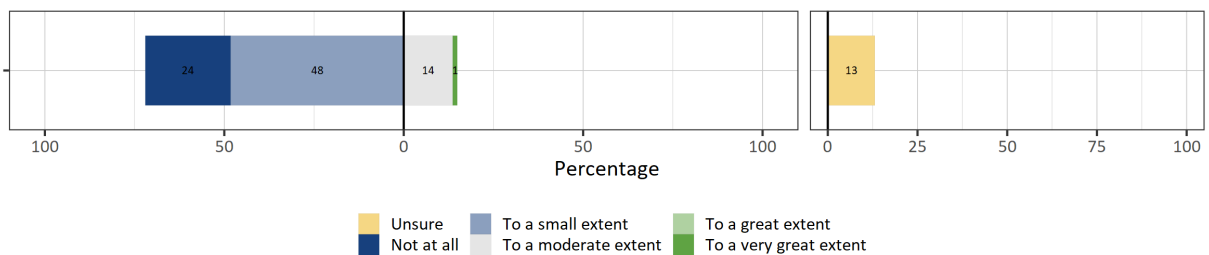
**Question: Which population groups do you think require additional support in Abbotsford? Please check all that apply.**



### Data Highlights:

- Most of the respondents to the survey consider people living with low-income situations or in poverty as the population group in most need of additional support in the community.
- People struggling with mental health and experiencing domestic violence were the other population groups considered by respondents as most in need of additional support.

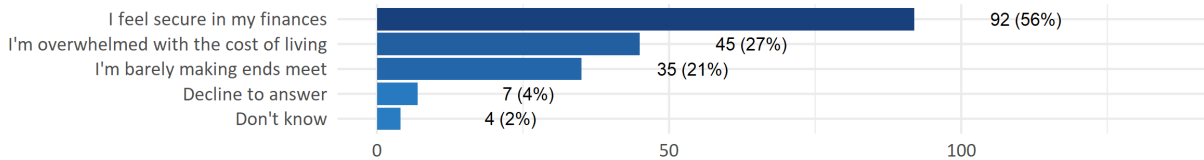
**Question: In your opinion, are our community's efforts to address poverty and assist people living in poverty working?**



**Data Highlights:**

- More than 70% of survey respondents consider community efforts to address poverty to be either not working at all (24%) or only working to a small extent (48%).

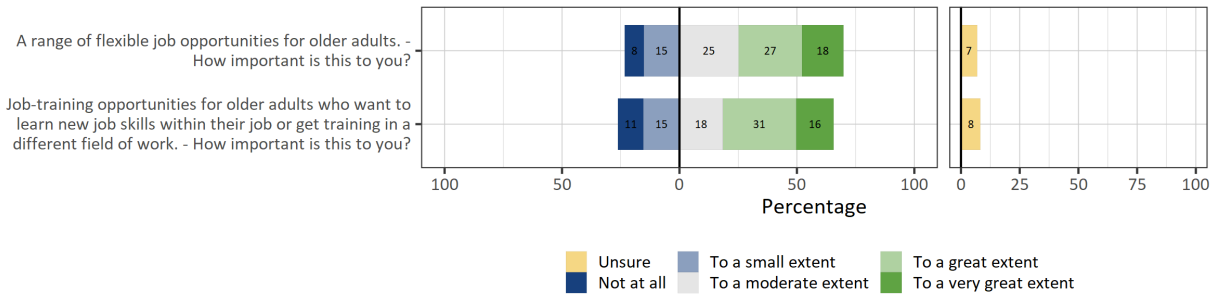
**Question: Which statements do you feel apply to you? Please check all that apply.**



**Data Highlights:**

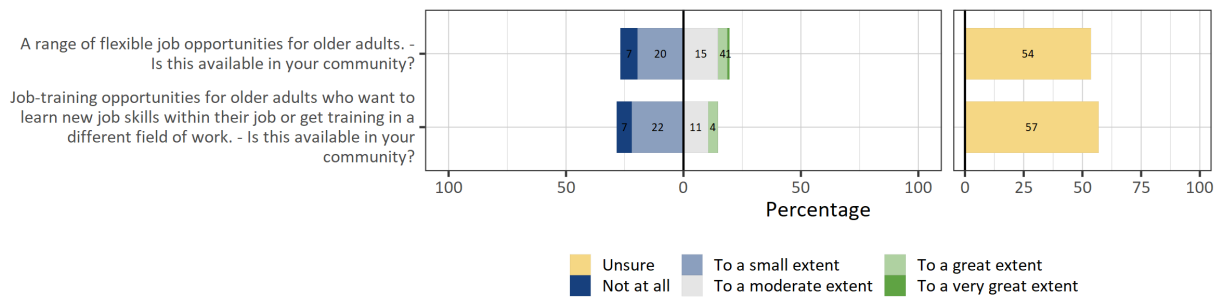
- Over half of respondents (56%) indicated they feel secure in their finances.
- A significant proportion of respondents stated feeling overwhelmed with the cost of living (27%), and barely making ends meet (21%).

**Question: How IMPORTANT are these EMPLOYMENT topics to you? Are they AVAILABLE in your community?**



**Data Highlights:**

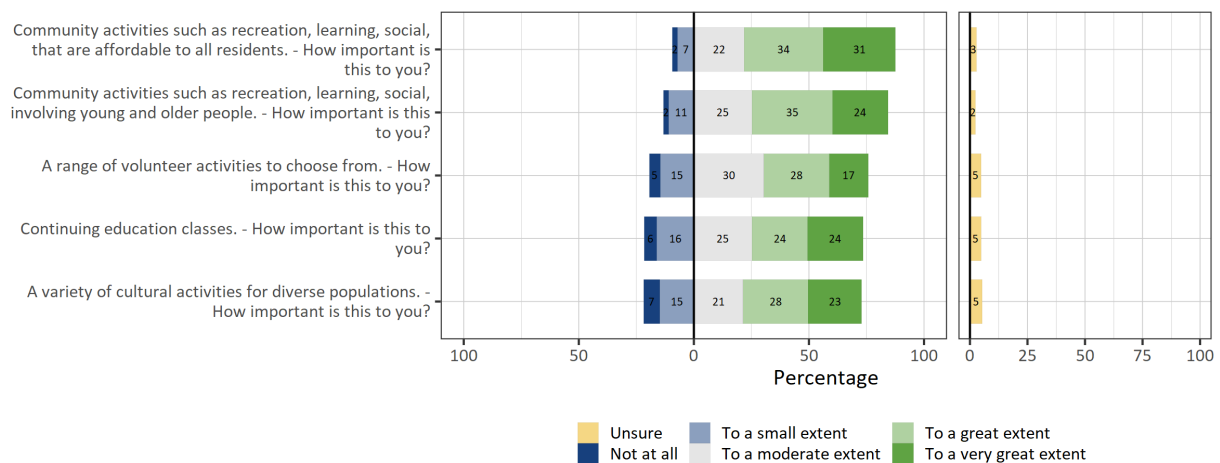
- More than half of respondents (52%) considered the existence of a range of flexible job opportunities for older adults to be important to a moderate and to a great extent in the community.
- A similar proportion of respondents (49%) regarded the importance of having job-training opportunities for older adults who want to learn new job skills within their job or get training in a different field of work to be of moderate or great importance.



**Data Highlights:**

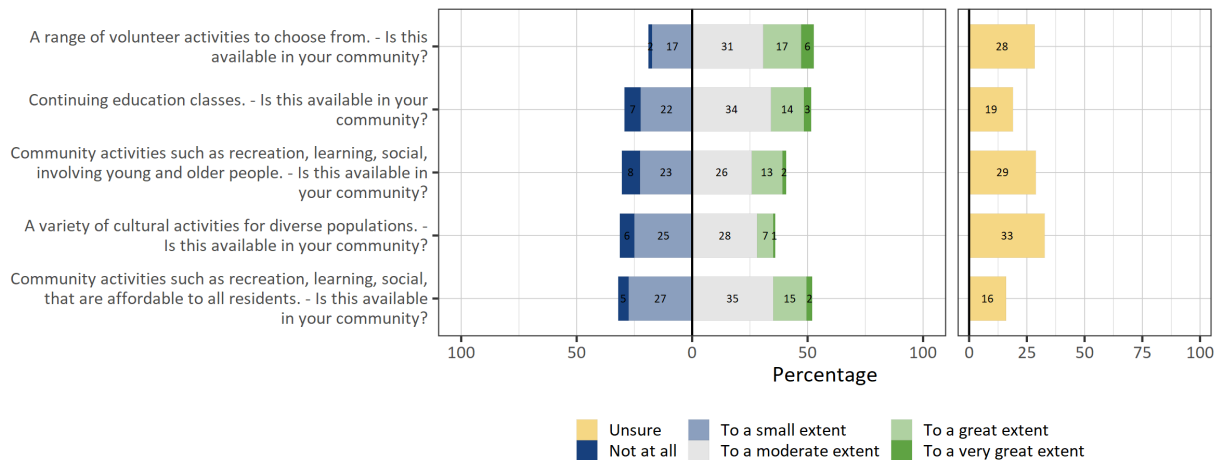
- Over half of respondents were unsure about the existence and availability of both flexible employment and job training opportunities in Abbotsford.

**Question: How IMPORTANT are these SOCIAL topics to you? Are they AVAILABLE in your community?**



**Data Highlights:**

- Affordable community activities such as recreation, learning, and socialisation were considered important to a great or very great extent for 65% of respondents.
- Community activities such as recreation, learning, and socialisation involving young and older people and a range of volunteer activities to choose from were considered to be important to a moderate and great extent in the community for over half of respondents.
- A similar proportion of respondents agreed that a variety of cultural activities for diverse populations is important to a great and a very great extent in the community.



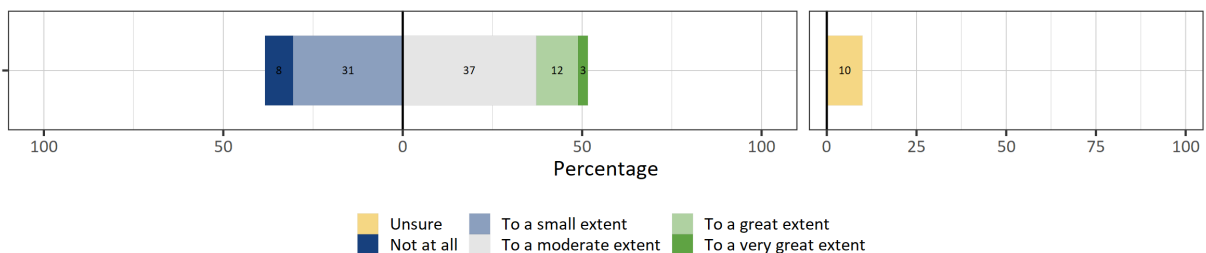
**Data Highlights:**

- Over half of respondents were either unsure of the availability, or perceived community activities like recreation, learning, or socialisation to be available only to a small extent.
- For 62% of respondents, community activities such as recreation, learning, and social opportunities that are affordable to all residents are available to a small or moderate extent in Abbotsford.
- Continuing education classes and having a range of volunteer activities to choose from were considered available to a small or moderate extent by 56% and 48% of respondents, respectively.

## Person-Centred Infrastructure

### Age-Friendly

**Question: The term “age-friendly” refers to buildings, roads, sidewalks, parks, and services that are accessible and inclusive for seniors with varying needs and capacities. In your opinion, how age-friendly is Abbotsford?**

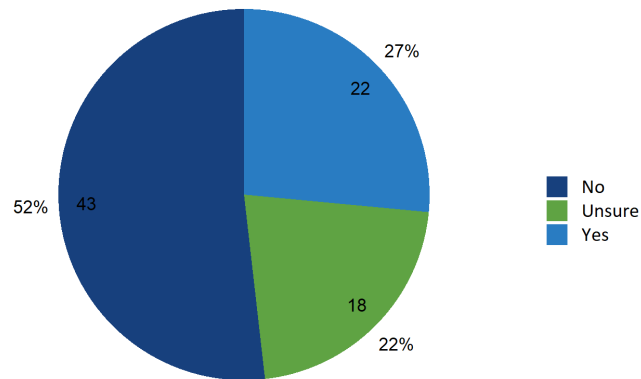


**Data Highlights:**

- The majority of respondents to the survey (68%) considered Abbotsford as being aAge-friendly to a small (31%) and a moderate extent (37%).
- Only 15% of respondents considered Abbotsford age-friendly to a great or very great extent.

**Child Care**

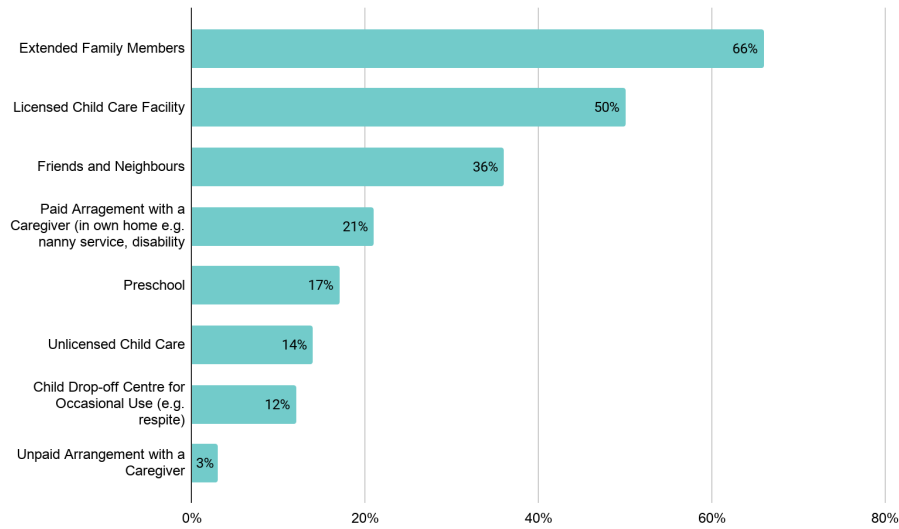
**Question: In general, do you think that families in our community have access to an adequate supply of child care services?**



**Data Highlights:**

- Over half of respondents (52%) responded that families in Abbotsford do not have access to an adequate supply of child care services.

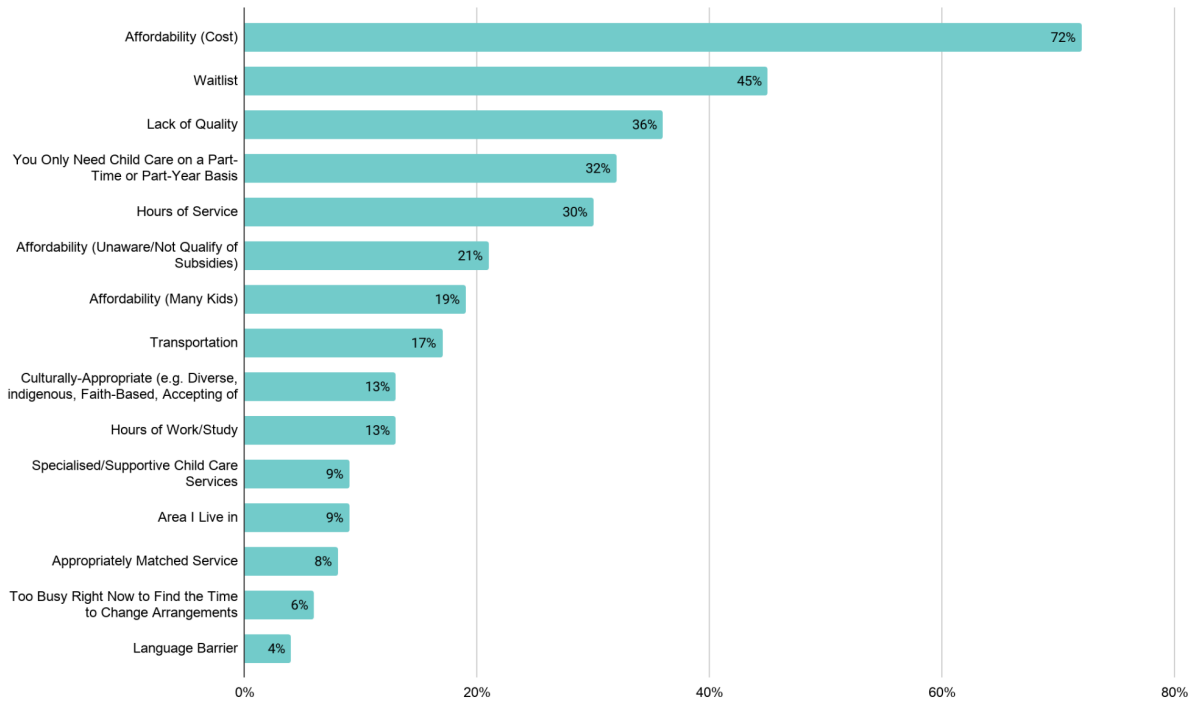
**Question: Which of the following kinds of child care services has your family used in the last year?  
Please check all that apply.**



**Data Highlights:**

- Extended family members and licensed child care are the most popular kinds of child care services and arrangements used in the last year among respondents, followed by friends and neighbours.

**Question: If you are unable to access any of the above child care options, what are the barriers you are experiencing? Please check all that apply.**



*Data Highlights:*

- The cost of child care was the most common barrier identified by respondents when accessing child care services in the community (72%). Waitlists (45%) and lack of quality (36%) were the second and third most common barriers to child care cited by respondents.

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## CHALLENGES & OPPORTUNITIES

Below is a list of potential opportunities, identified from the entirety of the data collected and the community feedback—not to indicate what the community should do, but to inspire creative actions and further exploration by community members in Abbotsford, both through grassroots community efforts and future policies for all levels of government to create community responses to the issues raised within this study.

### Community Inclusion & Belonging

#### Trends & Insights:

- Community desire for infrastructure, programs, initiatives, and built space that create community cohesion and celebrate diversity at a neighbourhood level.
- Faith-based collaborations and services are a community asset in Abbotsford; multi- and non-faith-based service provision and community initiatives further increase feelings of belonging for all residents.
- Incorporating language inclusion in community initiatives and services increases social inclusion, efficacy of service, and individual and family wellbeing.
- Holding more community conversations, dialogues, and shared learning spaces would foster greater understanding across diverse experiences and cultures in the community.

#### Opportunities for Community Exploration:

- Create more spaces for safe and productive community dialogue and storytelling with a focus on the experiences of: people without housing, people who identify as LGBTQ2S+, First Nations, Métis, and Inuit people, women, seniors, newcomers and refugees, victims of abuse and trauma, people with diverse abilities and activity limitations, and racialised communities.
- Explore the feasibility of multi-faith, multi-sector community spaces and/or festivals to create shared experiences across diverse members of the community.
- Create economically-inclusive community programs and initiatives; lessen participation barriers for existing programs where feasible.



- Utilise an intergenerational lens in program and service planning to leverage Abbotsford seniors' vast knowledge and experiences.
  - Examples include: a community radio program for seniors; intergenerational volunteer programs; intergenerational technology training; peer-to-peer connections.
  - Employ lifelong learning principles to create opportunities for seniors to build and share knowledge.
- Continue to improve cultural competency across all the community and multicultural connections.
- Monitor the impacts of COVID-19 on community inclusion and belonging.
  - Explore innovative, technology-based approaches to advance community inclusion during community recovery.

## Building Connections

### Trends & Insights:

- There is significant demand for built spaces that promote wellbeing and those that support community cohesion; notable interest in mixed-used spaces.
- Access to safe outdoor spaces is made more important by the pressures of COVID-19 and the social isolation that results.
- Residents of Abbotsford value easily-navigable neighbourhoods that are walkable, bikeable, and accessible.
- Abbotsford's ageing population is creating changing demands for accessible public space; however, the majority of study participants consider existing physical and social infrastructure to be adequate only to a small or moderate extent.
- Study respondents place considerable importance on convenient, accessible, reliable, safe, and affordable public transportation; yet, over half of responses indicated that these features are available only to a small or moderate extent.
- As a growing community, demands for affordable housing are outpacing supply, and increasing the desire for new approaches to affordability.

## Opportunities for Community Exploration:

- When building housing options, apply multicultural, intergenerational, and inclusion lenses to create person-centred housing options, such as:
  - Assisted living;
  - Supported living;
  - Residential treatment;
  - Mixed-income housing; and
  - Shared and communal housing.
- Explore resident-landlord dialogues towards eliminating discrimination in the rental market due to race, religion, gender, sexual orientation, diverse needs, income assistance, children, pets, and previous housing and employment history.
- Explore purpose-built transportation (i.e. volunteer busing, shuttle buses) and carpooling to connect individuals and families to services such as recreation, health appointments, and trips for basic needs.
  - Leverage learnings from COVID-19, and success of mobile service provision, to meet the needs of seniors in their homes where transportation is less available.
- Review feasibility of service co-location for new and existing programming.
- Create new or leverage existing multi-use public recreation spaces with free or low-cost and safe programming including: art, music, community dialogues, recreation, and access to basic needs including clean water and clean restrooms; employ staff to maintain community cohesion and safety.
- Explore ways to improve accessibility of trails, parks, and recreation for people with diverse abilities or seniors.

## Economic Recovery & Equity

### Trends & Learning:

- COVID-19 has significantly impacted employment and industry health in Abbotsford.

- Part-time and hourly workers, alongside families with children, are facing increased financial pressures.
- Women are disproportionately impacted by increased child care demands created by COVID-19.
- Food insecurity is a rising concern as study participants express concerns over making ends meet.
- Education and training can be expensive and inaccessible for people who are immigrants or newcomers, for individuals seeking to change careers, or for those looking to increase their employability.
- The quality and cost of transportation creates economic barriers and compounds financial hardship.

## Opportunities for Community Exploration

- Determine whether education and training opportunities are accessible to new immigrants; measure efficacy and impact on economic wellbeing.
  - Explore ways to increase access to affordable English-as-a-second-language classes or other learning opportunities for newcomers and immigrants
- Explore commissioning a five-year employment outlook for the City of Abbotsford to understand the anticipated impacts of: population growth, COVID-19, technology and automation, and climate change.
  - Use an equity, diversity, and inclusion lens to determine which groups may be disproportionately impacted.
- Improve access to income supports; explore demand for income support and tax return clinics.
- Create a Child Care Action Plan, as per provincial requirements, that recognises the unique impacts of COVID-19, and sets a course for parents and families to recover economically from the pandemic, and prosper.
- Explore short- and long-term impacts of COVID-19 and social isolation on early and mid-year child development; create responsive and flexible programming.
- Explore options to make transit more affordable and accessible to support better access to employment, or develop alternatives where possible (i.e. ride sharing)
- Apply an equity and diversity lens to food-systems initiatives; increase access to culturally-appropriate food.
- Explore potential for community gardens, community kitchens, housing co-ops, local clubhouses, and other communal spaces that are multicultural, interfaith, and/or Indigenous-led.

- Explore potential for improving affordability and availability of appropriate and accessible housing.
- Consider awareness/information campaigns to reduce poverty-related stigma and discrimination, challenging negative stereotypes that create social exclusion.
- Explore options for seniors' financial stability, such as senior loans and equity options.

## Intergenerational Health

### Trends & Insights

- Abbotsford's population is ageing, which will cause a changing and increased demand for holistic health services.
- COVID-19 continues to have negative impacts on the mental health of residents of Abbotsford; participants were strongly in favour of more support for people struggling with mental health, homelessness, and substance use.
- Loss of housing and/or employment can be a cause and consequence of worsening mental health.
- Abbotsford has a high prevalence of people experiencing homelessness for the first time as seniors.
- Substance use and mental health can co-occur; substance use is negatively impacting individuals, families, and the community.
- Experiences of adverse mental health, and pathways to services, can be influenced by cultural identity, stigma, and discrimination.
- Social isolation, reduced access to services and programming, and concerns over personal safety limit opportunities for physical exercise; for children and youth, COVID-19 may have lasting impacts on exercise habits.

### Opportunities for the Community:

- Monitor the short- and long-term impacts of COVID-19 on mental and physical health of residents.

- Enhance mobile service provision and peer-to-peer support where possible for seniors who may be disproportionately affected by social isolation and loneliness.
- Review existing services in the community for mental health and substance use, identifying gaps such as affordability and accessibility of counselling; assess service efficacy coordination for co-occurring conditions.
  - Identify opportunities to improve cultural competency of service providers.
- Expand access to mental health support through innovations such as technology (i.e. online platforms and mobile apps) and peer-to-peer support:
  - Consider diverse cultural perspectives, approaches, and solutions as it pertains to mental health.
- Connect residents to prevention-based supports to reduce compounding impacts of job and housing loss on physical and mental health.
  - Consider a study to further understand the causes and consequences of first-time seniors' homelessness in Abbotsford to determine whether the existing in-home supports for seniors and people with diverse needs are adequate, affordable, and accessible.
- Expand trauma-informed mental health and training and education across the community, including for front-line workers, police, health professionals, and residents where possible (e.g. Mental Health First Aid)
- Explore a recovery-based, substance-use prevention strategy that minimises harm and connects individuals to housing, treatment, and supports.

## Service Access & Equity

### Trends & Learning

- The service needs of residents are changing and diversifying.
- There is an opportunity to enhance service pathways for segments of the community.
- COVID-19 has positively and negatively impacted service provision. Mobile and technology-based supports can be a strength if residents receive equitable access.
- Service providers are facing significant resource demands. Service providers have also demonstrated flexibility, compassion, and incredible level of commitment in responding to the needs of the community during COVID-19.

- When navigating social service systems for help or emotional support, residents are relying heavily on their peer networks and natural supports. Family doctors are also a common source of information for residents seeking help.

## Opportunities

- Improve the existing Coordinated Intake and Referral System to address service gaps and outcomes in novel ways, such as through implementation of community Systems Navigators, with a focus on:
  - People with co-occurring needs across substance use, mental health, housing, and/or chronic health conditions;
  - Families, with children, facing financial hardship;
  - Youth facing adverse health, development, and safety risks;
  - Older adults at-risk of homelessness;
  - Indigenous people seeking services; and
  - New immigrants, non-English-speaking individuals and families.
- Determine whether pathways to service provision are accessible and appropriate for equity-seeking groups, for example, Indigenous peoples, racialised communities, people who identify as LGBTQ2S+, and individuals with diverse abilities.
  - Standardise approaches to collecting race- and ethnicity-based data across community services to provide improved insight on service equity and barriers.
- Leverage strength-based approaches in service provision that prevent stigmatisation and inclusion in service access.
- Expand peer support and mentoring programs, among diverse ethnocultural, faith-based, and secular communities and age groups to improve access to information and connection to supports across all levels of need.
  - Build systems navigation capacity within South Asian communities to provide culturally-appropriate, language-specific support to newcomers.
  - Look at possibilities for time-sharing or skill-sharing programs to foster community cohesion and help connect residents in innovative ways.
- Identify opportunities for easily-accessible listings of services and supports in the community (online, mobile apps, phone, radio, bulletin boards).
  - Create awareness campaigns across the community about important sources of information and connections to support.

- Make important information available in commonly used languages within the community.
- Create a certification for providers who have completed a community-backed cultural competency training program.
  - Create a complementary service badge for providers that offer services in multiple languages, with a focus on Punjabi.
- Increase technology capacity among residents with a focus on older adults; leverage intergenerational training opportunities (i.e. youth teaching older adults and seniors to effectively use technology)
- Leverage resident strengths through volunteering programs; technology-based volunteering to combat isolation is low-cost and low-barrier.
- Map service use patterns, locations, and hours of operation against availability and accessibility of transit.



## **ABBOTSFORD COMMUNITY DATA BOOK**

Key Socio-Economic Trends  
and Challenges



**HelpSeeker**  
Technologies