Métis Nation British Columbia

# Understanding the Scale of Métis Homelessness

February 2026

big river ANALYTICS

# Table of Contents

# Executive Summary

Métis people are disproportionately represented among British Columbia's unhoused population. Although they make up about 2% of the province's total population, they account for approximately 5% of the people experiencing homelessness. Between 2019 and 2022, the number of unhoused Métis grew by an average of 5.2% annually. We project the Métis unhoused population will reach 1,738 individuals by 2027, a 22.4% increase from 2022.

Behind these numbers are individuals facing compounding challenges. The 2023 Point-in-Time Survey shows that 95% of unhoused Métis have at least one health challenge, with addiction issues (84%) and mental health issues (78%) being the most common. Notably, 57% first experienced homelessness before age 25, indicating patterns of chronic instability that often begin early in life. Women comprise 41% of unhoused Métis, and 2SLGBTQQIA+ individuals represent 15% of the population. Financial hardship is the leading cause of housing loss, with 48% of unhoused Métis reporting it as a factor, followed by interpersonal issues (35%) and health-related challenges (27%).

These experiences carry substantial human costs, and homelessness also creates avoidable public-system costs across healthcare, shelter use, police interactions/incarceration, and substance use treatment. Estimated costs attributable to homelessness (annual "cost avoidance" possible with appropriate housing/support) rise steeply with support needs: $6,198 per person per year (low support needs), $20,456 (moderate), and $57,264 (high). There are further costs we are unable to estimate, including the cost of foster care.

Reducing homelessness requires investment. We estimate an average cost of $48,000 to reduce the unhoused Métis population by one person for one year. Key cost scenarios (2025 dollars) include: $3.3M in 2026 and $6.7M in 2027 to maintain 2025 levels; $41.7M (2026) and $45.0M (2027) to reduce to 50% of 2025 levels; and $80.1M (2026) and $83.4M (2027) to end Métis homelessness. This funding would need to continue in future years to maintain these outcomes.

Meeting the needs of unhoused Métis is essential to avoid leaving behind some of the people most in need, but crisis response alone is expensive and unsustainable. Broader poverty reduction efforts are needed to prevent people from being in a situation where a disruptive life event, an unexpected financial burden, or a health issue causes them to be homeless. A Métis Poverty Reduction Strategy can address the overarching issues causing homelessness through a focus on prevention, the coordination of wraparound supports, and by helping people through high-risk life transitions.

# 1.0 Introduction

Homelessness is a complex and growing issue, with Métis people disproportionately represented among those who are unhoused. Unhoused Métis individuals often face unique systemic barriers, including poverty, lack of affordable housing, and the ongoing impacts of colonial policies.

One of MNBC's core strategic priorities is the development of a Métis-specific Homelessness and Poverty Reduction Strategy. To inform the development of this Strategy and effectively support Métis who are experiencing homelessness, MNBC requires a clear understanding of the Métis unhoused population in B.C. Using data from the Preventing and Reducing Homelessness Integrated Data Project (PRHIDP) and row-level data from the PiT Survey, this report fills data gaps related to the experiences of homelessness by Métis individuals in B.C.

This report is organized as follows:

- **Section 2:** This section provides estimates of the number of unhoused Métis individuals, analyzes trends from 2019 to 2022, and projects future growth to 2027. It also examines the demographic characteristics of the Métis unhoused population, the dynamics driving housing loss, and the services accessed by unhoused Métis.
- **Section 3:** This section analyzes the human and economic costs of homelessness. It then estimates the financial investment required to achieve specific targets in homelessness reduction for 2026 and 2027: maintaining current levels, reducing homelessness by 50%, and ending Métis homelessness.
- **Section 4:** This section discusses the links between poverty and homelessness, and recommends key components of a Métis Poverty Reduction Strategy that can address the root issues causing Métis homelessness.
- **Section 5:** This section provides a brief conclusion summarizing the results of this report.

**Note on Language Use:** This report uses the terms "unhoused population" and "people experiencing homelessness" as its preferred language, in recognition that housing status is a condition rather than an identity and to avoid defining people solely by their circumstances. However, when citing findings from specific scholarly articles, reports, or data sources, this report may reproduce the terminology used in those sources (e.g., "homeless"). The use of such terms in these contexts does not reflect the authors' preferred language, but rather ensures fidelity to the cited material.

# 2.0 Métis Experiencing Homelessness in B.C.

This section quantifies the trends and future projections for the number of Métis individuals experiencing homelessness in B.C. and explores key characteristics of the Métis unhoused population, including its demographic composition, the health challenges commonly faced by unhoused Métis, the factors that caused the loss of housing, and services unhoused Métis access. A description of the methods used to generate these estimates and projections is available in Appendix A.

Quantifying the unhoused population is challenging due to the transient and often invisible nature of homelessness. Traditional enumeration methods, such as Point-in-Time (PiT) counts, provide only a snapshot of those accessing shelters or visible on the streets during a specific window, which can lead to the underrepresentation of individuals experiencing homelessness. Low response rates to PiT Surveys, varying definitions of homelessness across data sources, and the timeliness of data can also lead to an undercoverage of the unhoused population and analytical challenges. Hidden homelessness, which includes individuals who are couch-surfing (i.e., temporarily residing with family or friends) or living in their vehicles and who do not access support services, is not captured in our estimates.

## 2.1 Métis Homelessness: Trends and Projections

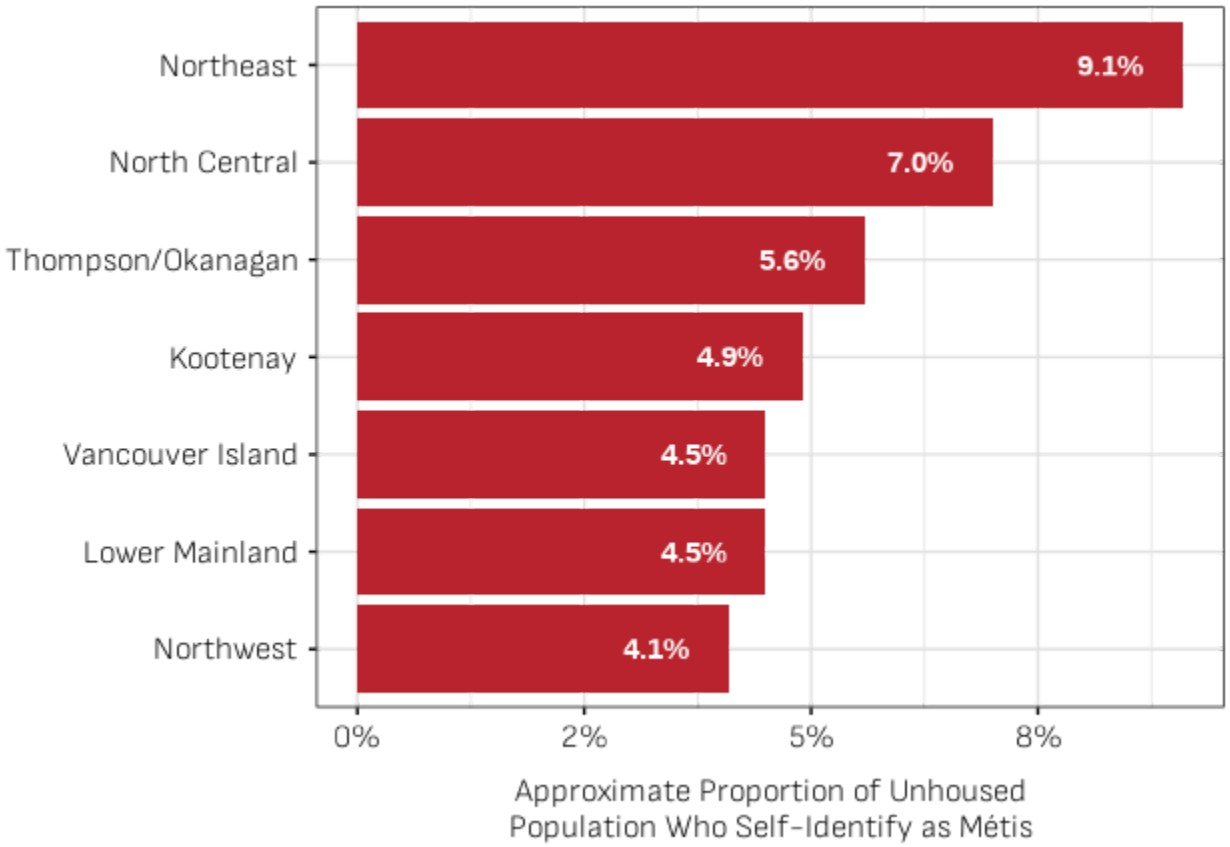
### Key Findings

- Métis are overrepresented among B.C.'s unhoused population: as of 2022, self-identified Métis individuals make up 2% of B.C.'s total population but account for 5% of the unhoused population.
- Métis homelessness is increasing. We project the unhoused population will be 1,738 individuals by 2027, a 22.4% increase from 2022 estimates.

In 2022, of an estimated 28,710 people experiencing homelessness in B.C., 1,420 self-identified as Métis. Métis people account for 5% of the unhoused population in B.C., while representing only 2% of the total population in B.C.

As shown in Figure 2.1.1, there are substantial regional differences in the proportion of the unhoused population that identify as Métis, with the Northeast Region having the highest proportion at 9.1%.

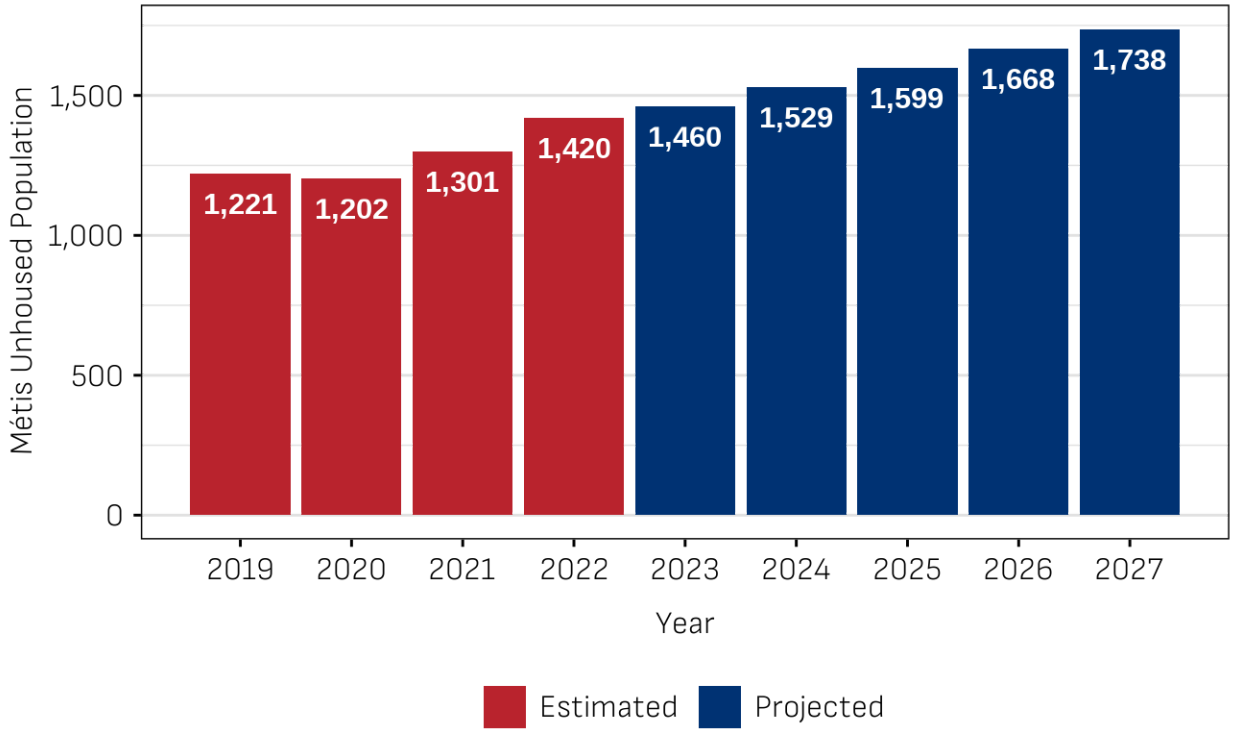
## Figure 2.1.1: Approximate Proportion of the Unhoused Population who Self-identify as Métis, by MNBC Region, 2022




**Source**: Estimates are from Big River Analytics using BC PRHIDP data (see Appendix A).

From 2019 to 2022, the number of unhoused Métis in B.C. increased by an average of 5.2% annually, from 1,221 in 2019 to 1,420 in 2022. We project the Métis unhoused population will reach 1,738 by 2027, representing a 22.4% increase from 2022. Figure 2.1.2 shows estimates and projections of the number of unhoused Métis.

Figure 2.1.2: Trends and Projections of the Métis Unhoused Population




**Source**: Estimates and projections are from Big River Analytics using BC PRHIDP and PiT count data (see Appendix A).

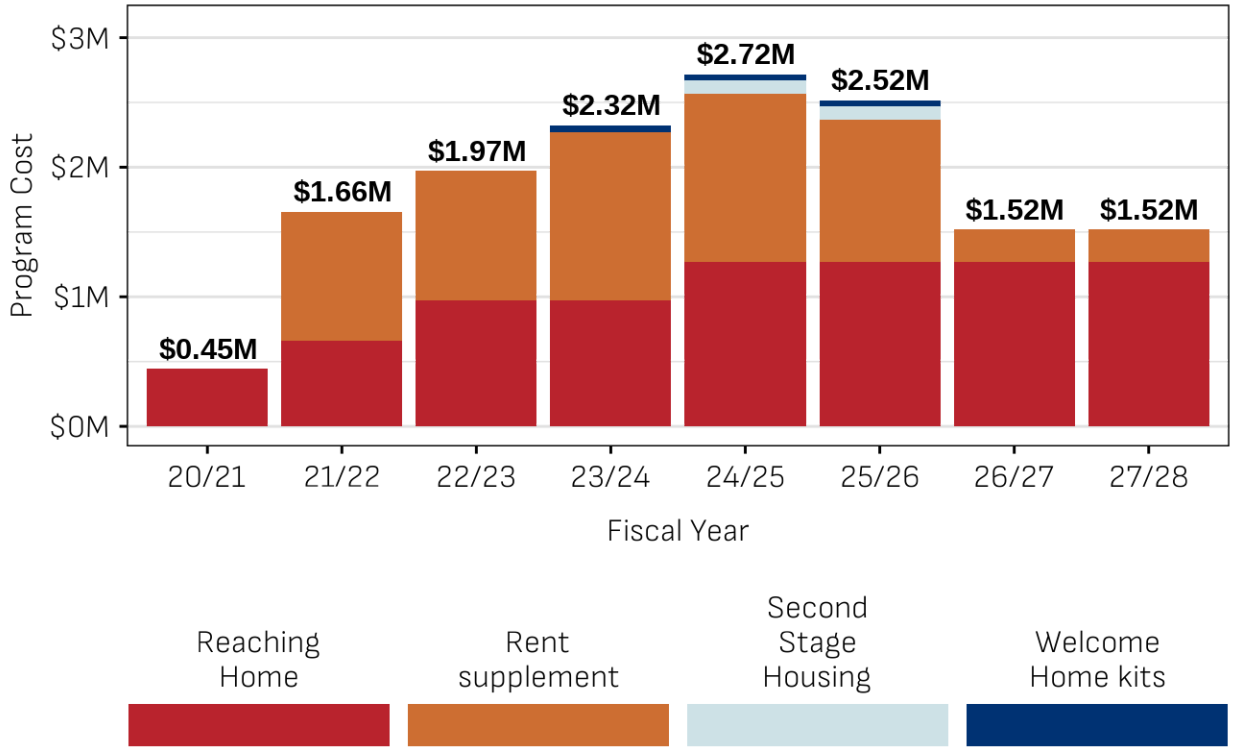
**Notes**: Counts between 2019 and 2022 are estimates; counts between 2023 and 2027 are projections.

This projected increase in Métis homelessness assumes the continuation of existing support systems. MNBC currently operates four poverty reduction programs targeting housing stability:

- Rent supplement;
- Reaching Home;
- Welcome Home Kits; and
- Second-stage housing.

Combined, these programs represent a substantial investment that has grown from approximately $445,000 in 2020-21 to $2.72 million in 2024-25. Budgeted expenditures through 2027-28 show continued investment in Reaching Home and reduced funding projected for rent supplements.

Figure 2.1.3: Poverty Reduction Programs




**Source**: MNBC program expenditure and budget data.

Without these interventions, the scale of Métis homelessness in B.C. would likely be considerably higher than current estimates and projections suggest. The current estimate of 1,599 unhoused Métis individuals in 2025, and projections showing growth to 1,738 by 2027, reflect a reality in which MNBC programs are actively working to prevent and reduce homelessness. The absence of these supports would not only increase the immediate number of unhoused Métis individuals but would likely accelerate the rate of growth beyond current projections.

# 2.2 Characteristics of the Métis Unhoused Population

## Key Findings

- While people under the age of 25 represent only 6% of the unhoused Métis population surveyed in 2023, the majority (57%) of unhoused Métis first experienced homelessness before the age of 25.
- A higher share of unhoused Métis are men (59%) than women (41%). However, women may be underrepresented in traditional unhoused population counts as they are typically more likely to experience hidden homelessness than men.
- 2SLGBTQQIA+ Métis represent 15% of the Métis unhoused population, with individuals with trans experience accounting for 6% of the Métis unhoused population.
- Almost all of the unhoused Métis (95%) who completed the 2023 PiT Survey report having at least one health challenge such as addiction, mental health issue, or physical disability.

Some Métis individuals face higher risks of experiencing homelessness than others, due different factors such as the life stage they're in, their health conditions, or personal circumstances that can make housing more difficult to secure or maintain. This section presents how Métis youth, seniors, women, 2SLGBTQQIA+ individuals, and those with health challenges may find themselves more vulnerable to experiencing homelessness.

The 2023 PiT Survey provides insights on the characteristics of the Métis unhoused population. This section provides an overview of 2023 PiT Survey results related to the Métis unhoused population, by MNBC Region and by demographic characteristics.

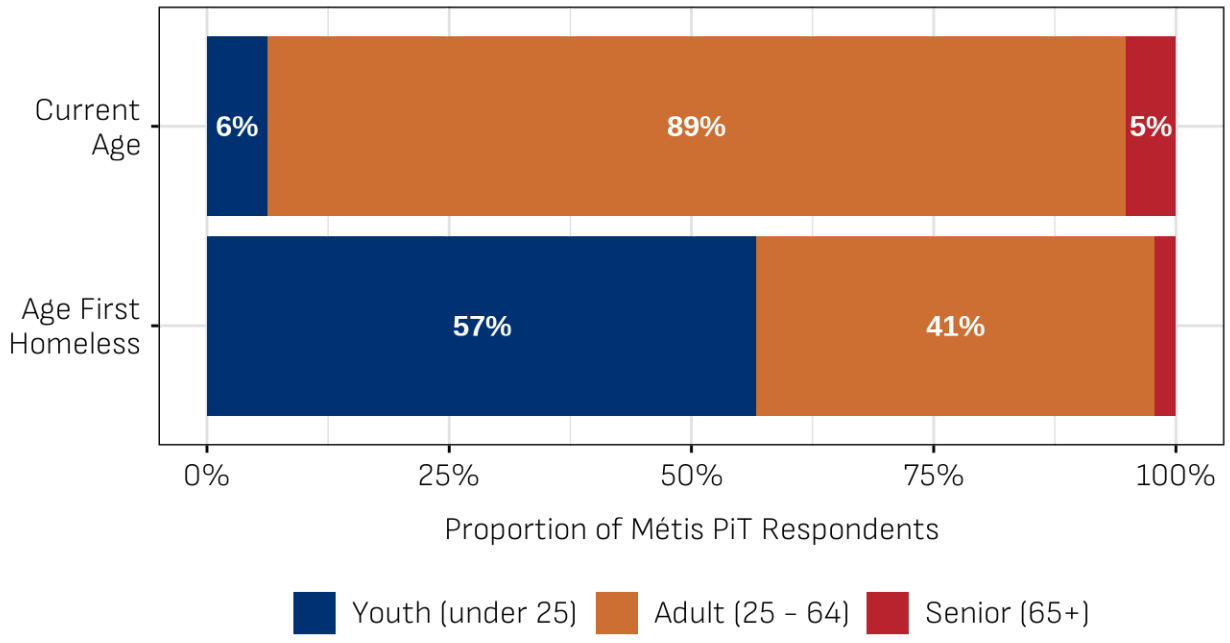
## Age Groups

People experience homelessness differently at different stages of life. Youth homelessness is frequently driven by family conflict, involvement with the child welfare system, or aging out of foster care. Métis youth who experience homelessness also have high levels of prior involvement with government care, as 65% of homeless and street-involved Métis youth aged 12—19 reported having been in care, and province-wide counts show that people who first experienced homelessness before age 19 were more likely to report time in care than those whose first experience occurred at age 19 or older (McCreary Centre Society, 2022.; Homelessness Services Association of BC et al., 2024). In B.C., youth in government care typically lose formal housing and financial supports when they turn 19. Without a strong support network or family to rely on, this

transition can place young people at heightened risk of homelessness (Gaetz, 2014; Gaetz et al., 2016). Youth who age out of care face a high risk of homelessness during the transition to adulthood, and they often struggle to stay housed compared to their peers (Dworsky et al., 2013). The challenge of aging out of care disproportionately affects Métis youth, as Métis children are overrepresented in the child welfare system. In B.C., as of 2021, Métis children under the age of 14 are 11 times more likely to be in foster care than non-Indigenous children (Hahmann et al., 2024). This overrepresentation increases the likelihood that Métis youth will face abrupt transitions out of care without adequate supports, compounding the risk of homelessness during early adulthood. The 2023 PiT Survey found that 42% of unhoused Métis respondents had been in foster care, a youth group home, or an Independent Living Agreement. Covenant House Vancouver outreach data also reflects Métis representation among Indigenous youth experiencing homelessness. In 2021, outreach services reached 196 Indigenous youth, 21% of which identified as Métis (Covenant House Vancouver, 2022).

As shown in Figure 2.2.1, experiences of homelessness among Métis often begin early in life and demonstrate patterns of chronic instability. While people under the age of 25 represent only 6% of Métis respondents to the 2023 PiT Survey, the majority (57%) first experienced homelessness before the age of 25. The majority (89%) of unhoused Métis respondents are aged 25-64, while seniors represented 5% of respondents.

### Figure 2.2.1: Proportion of 2023 PiT Survey Métis Respondents by Current Age and Age at First Experience of Homelessness




**Source**: 2023 PiT Survey data.

Individuals aged 55 and over represent the fastest-growing group entering homelessness in British Columbia and across Canada (Gaetz et al., 2016; ESDC, 2019). Many older adults rely on fixed incomes, such as public pensions, which often do not keep pace with rising housing costs, reducing their ability to absorb rent increases. In addition, older tenants who have lived in the same unit for extended periods can face displacement when lower-rent rental units leave the market through turnover or redevelopment, reducing the supply of naturally occurring affordable housing. In tight rental markets, people on fixed incomes often have few affordable options to move into (Pomeroy, 2020; Pomeroy, 2023). Evidence suggests that once displaced, older adults face greater difficulty securing new housing due to limited income, health constraints, and discrimination in rental markets, increasing their risk of prolonged or chronic homelessness (Burns & Sussman, 2019; ESDC, 2019).

## Gender and Sexual Orientation

Women are more likely to experience hidden forms of homelessness, such as staying temporarily with friends or family, sleeping in vehicles, or remaining in unsafe housing, rather than accessing emergency shelters. This pattern is often driven by caregiving responsibilities and concerns about being separated from children, as well as safety considerations within shelter environments (Watson, 2016; Tutty et al., 2013). Intimate partner violence further exacerbates this dynamic, as women who leave abusive relationships often face structural barriers that limit their access to safe, stable supports, including housing and services *(Ponic et al., 2016)*. As a result, women tend to be underrepresented in PiT counts and shelter-based homelessness statistics, which often fail to capture hidden homelessness and housing insecurity experienced outside formal service systems (Watson, 2016; Gaetz et al., 2016).

People who identify as 2SLGBTQQIA+ are at higher risk of homelessness due to family rejection, discrimination, and barriers to safe housing and employment. This risk is particularly pronounced among youth, with studies finding that 2SLGBTQQIA+ youth are overrepresented among the homeless youth population relative to their share of the general population (Abramovich, 2012; Durso & Gates, 2012). Many are forced to leave home at a young age, disrupting educational pathways and limiting opportunities to accumulate savings or employment experience, which can contribute to prolonged housing instability. For Métis and other Indigenous 2SLGBTQQIA+ individuals, these risks may be compounded by limited access to culturally safe and identity-affirming services, meaning they often cannot get needed care, which leaves them with few supports to turn to (Abramovich & Shelton, 2017).

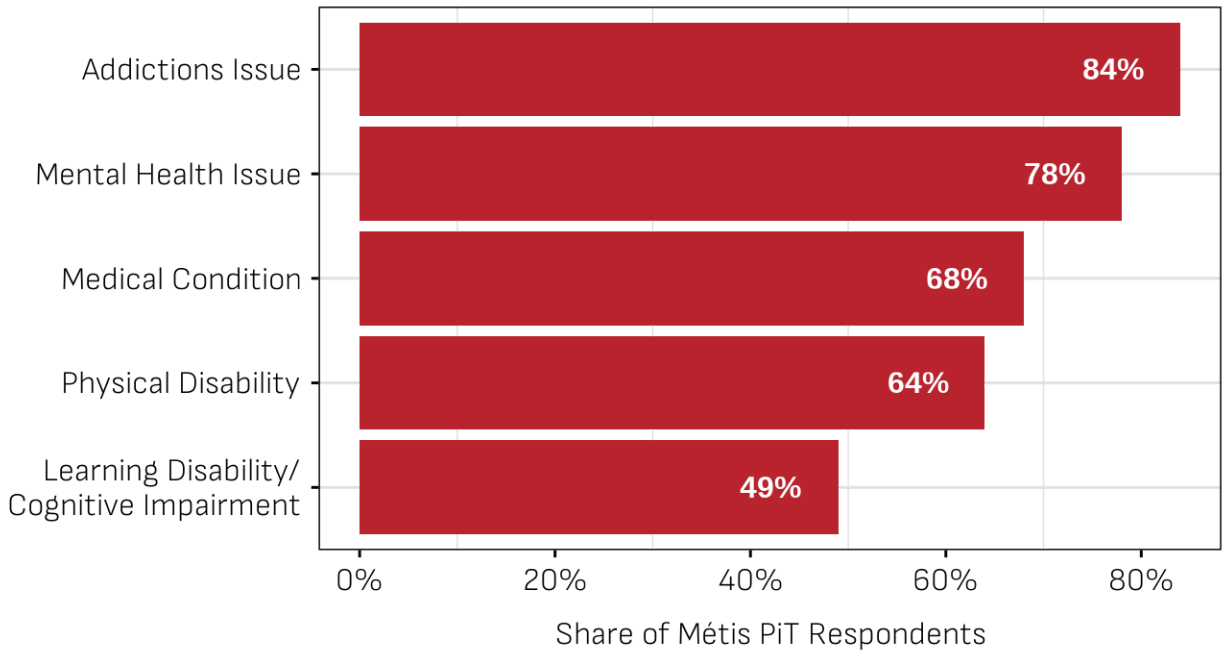
As per the 2023 PiT Survey, women account for 41% of Métis individuals who experience homelessness. Additionally, 15% of respondents identify as 2SLGBTQQIA+, and 6% report having transgender experiences.

## Health Challenges

Health challenges act as both a driver and a consequence of homelessness, creating a reinforcing feedback loop. A medical emergency or chronic condition can lead to income loss through missed work or job termination, making rent payments unsustainable (Kushel et al., 2001). For individuals with untreated mental health conditions or substance use disorders, housing loss is more likely when health and social supports are fragmented, as navigating housing applications, income assistance, and treatment systems often requires sustained administrative capacity (Fazel et al., 2014). Once housing is lost, health frequently deteriorates due to exposure to the elements, sleep deprivation, elevated stress, and disrupted access to primary care and medications (Hwang et al., 2011). In this context, care is often delayed until conditions require immediate attention, resulting in greater reliance on emergency departments and inpatient services rather than preventive care, which further complicates recovery and prolongs housing instability (Kushel et al., 2002).

Almost all of the unhoused Métis (95%) who completed the 2023 PiT Survey report having at least one health challenge. The issues unhoused Métis face are compounded by co-occurring health challenges. The most frequently-reported challenge is addictions issues (84%), as shown in Figure 2.2.2.

**Figure 2.2.2: Proportion of 2023 PiT Survey Métis Respondents With Health Challenge**




**Source**: 2023 PiT Survey results from respondents who self-identified as Métis. **Note**: these percentages include only individuals who responded "Yes" or "No" to each disability, and excludes respondents who did not respond to the question.

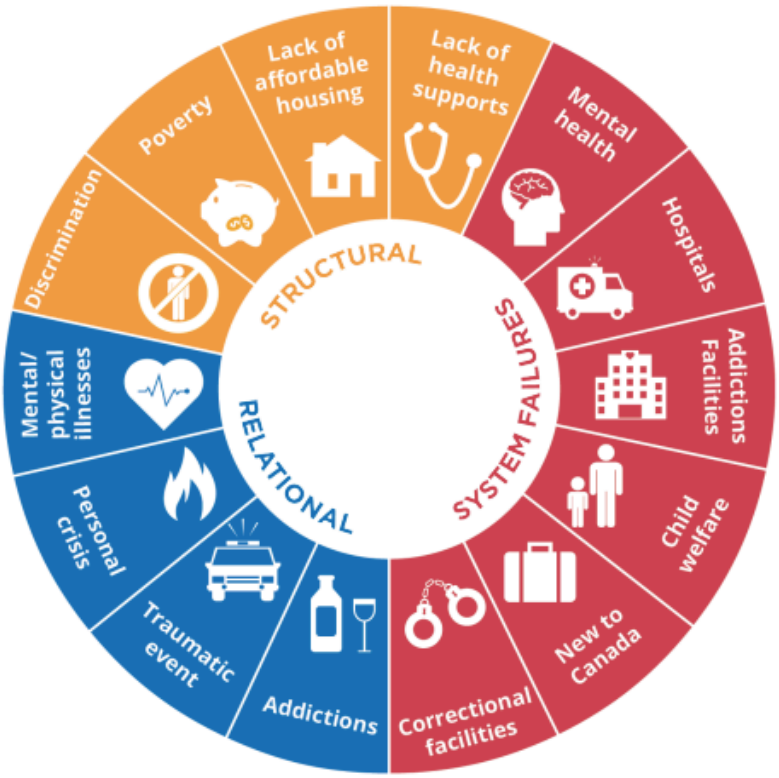
# 2.3 Housing Loss Dynamics

## Key Findings

- Financial hardship is the leading cause of housing loss among Métis, with 48% of unhoused Métis reporting it as one of the reasons for housing loss.
- The majority of unhoused Métis (55%) report two or more reasons for housing loss.

The drivers behind housing loss are complex and rarely attributable to a single event. A combination of structural factors, relational dynamics, and system-level failures increase the risk of individuals becoming unhoused, often through cumulative and interacting pathways rather than sudden shocks (Homeless Hub, 2025). These include labour market instability, housing affordability pressures, gaps in income and social supports, family conflict, health-related disruptions, and transitions out of public systems such as child welfare, health care, or corrections. Figure 2.3.1 illustrates these interacting drivers. A more detailed discussion of the causes and pathways into homelessness is provided in Appendix C.

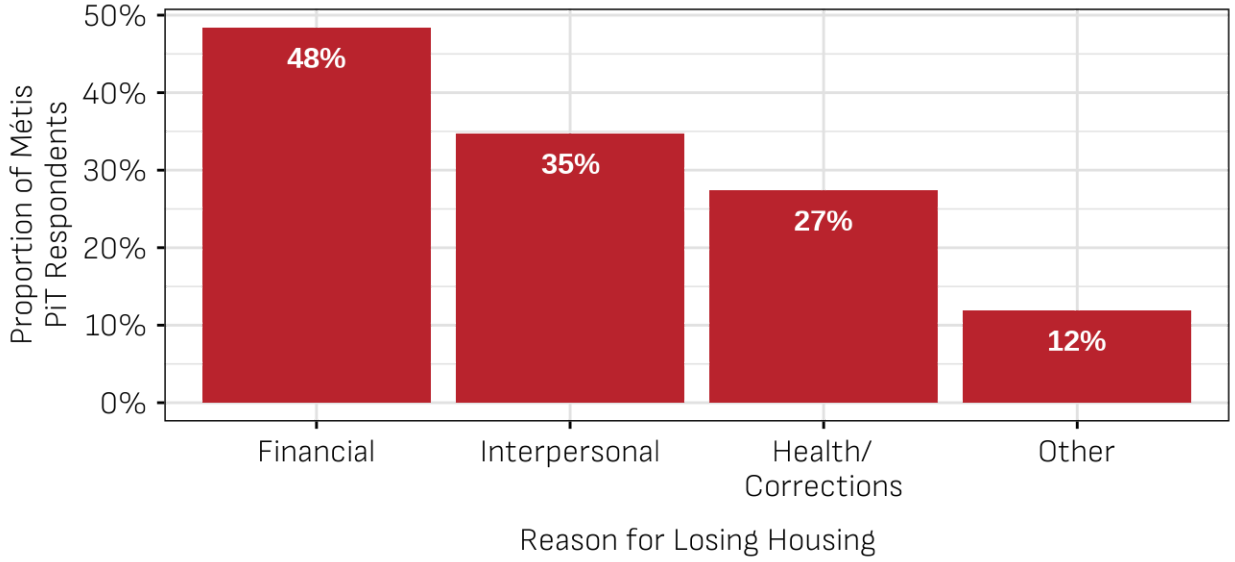
Figure 2.3.1: The Complex Causes of Homelessness




**Source**: Calgary Homeless Foundation (2019), from Homeless Hub (2025).

The 2023 PiT Survey asked respondents about the reasons for their loss of housing. Most Métis respondents (55%) report two or more reasons for their most recent loss in housing, and 17% of respondents report four or more reasons. Financial strains such as insufficient income or loss of rental supplements are the most common reasons for losing housing, with almost half of respondents (48%) selecting a financial-related reason for losing their home. Figure 2.3.2 presents the proportion of unhoused Métis by reason for housing loss.

### Figure 2.3.2: Proportion of Unhoused Métis, by Reason for Losing Housing




**Source**: 2023 PiT Survey results from respondents who self-identified as Métis.

According to the 2023 PiT Survey, the median duration of homelessness was 2.2 years for unsheltered Métis respondents, compared to 1.4 years for sheltered respondents. On average, the duration of homelessness experience was 3.8 years for unsheltered Métis respondents, compared to 2.9 years for those who were sheltered.

# 2.4 Services Used by the Métis Unhoused Population

## Key Findings

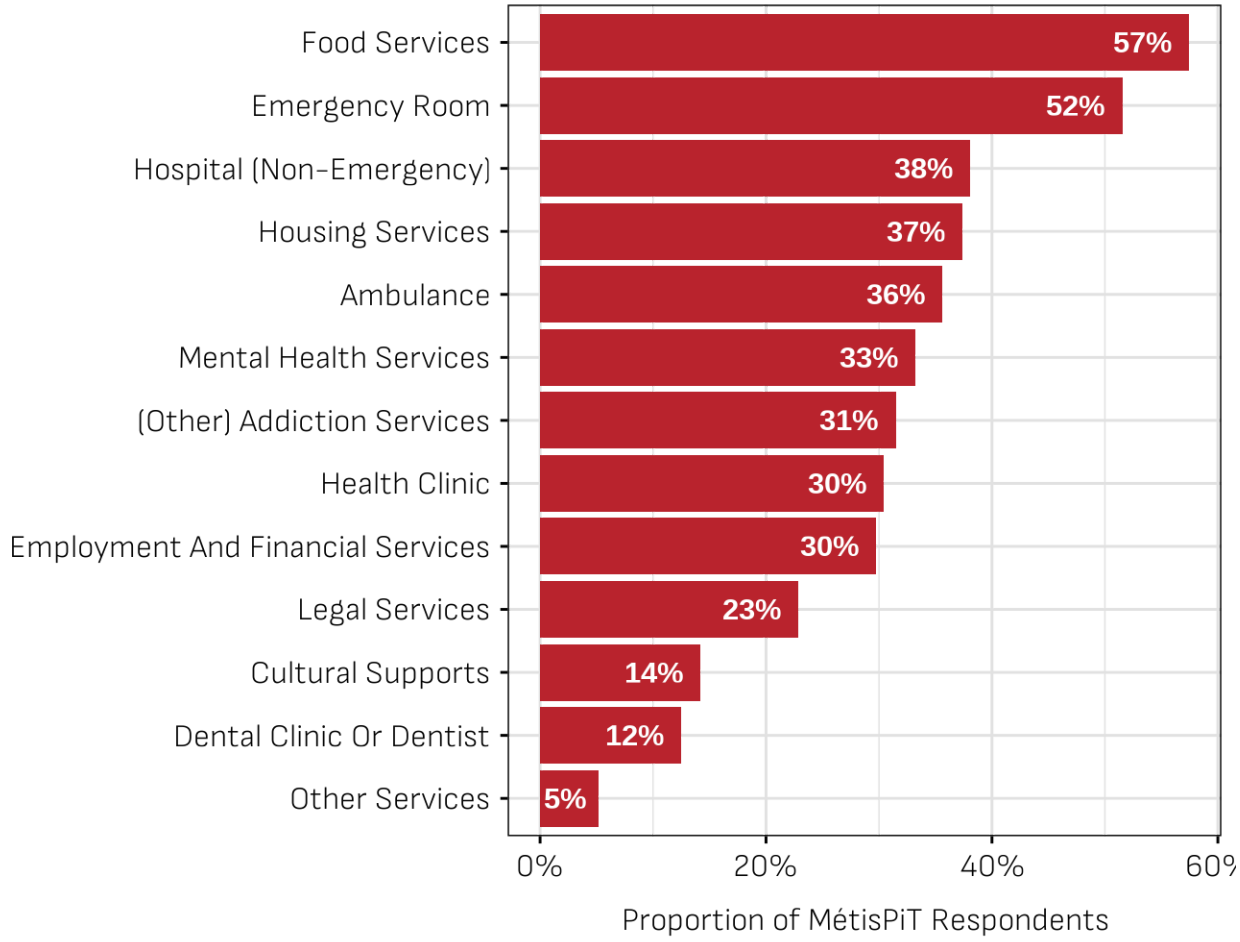
- Unhoused Métis access acute services, such as food services (57%) and emergency room visits (52%), at higher rates than preventative services.

Services available to the unhoused population generally fall into two categories: acute and preventive. Acute services are most often accessed through emergency departments, crisis shelters, detoxification centres, and short-term inpatient care, and are typically used in response to immediate health, safety, or mental health crises. Research shows that people experiencing homelessness rely on emergency and hospital-based services at higher rates than the general population (Fazel et al., 2014; Hwang et al., 2011).

Preventive services aim to reduce future harm and stabilize health over time and include primary care clinics, outreach-based health services, harm reduction programs, mental health and addiction treatment, case management, and supportive housing models such as Housing First. Evidence indicates that when preventive, low-barrier services are accessible and coordinated, they improve health outcomes and reduce reliance on emergency care, although gaps in coverage, continuity, and accessibility remain common (Kushel et al., 2001).

As shown in Figure 2.4.1, Métis experiencing homelessness use acute care services such as food services (57%), emergency rooms (52%), and hospitals (38%) more than preventative services such as visiting health clinics (30%) or dentists (14%). Notably, only 14% of Métis PiT respondents report using cultural support services in 2023, despite research indicating that culturally safe services improve housing outcomes and service engagement for Indigenous peoples (Urban Matters, 2022). Usage varies significantly by region, ranging from 6% in the Lower Mainland to 22% in Thompson & Okanagan, suggesting that regional availability of culturally appropriate services may be a contributing factor. Expanding access to Métis-specific cultural supports represents an important opportunity for improving outcomes.

## Figure 2.4.1: Percent of Métis 2023 PiT Respondents Using Service




**Source**: 2023 PiT Survey results from respondents who self-identified as Métis. **Note**: these percentages include only individuals who responded "Yes" or "No" to each disability, and excludes respondents who did not respond to the question.

# 3.0 The Cost of Homelessness

## 3.1 Human Costs

The human cost of homelessness extends beyond the loss of shelter by eroding the physical, social, and psychological well-being required for a stable life.

### Erosion of daily stability

The most immediate impact when one enters homelessness is the loss of daily routines, privacy, and sense of security, also referred to as ontological security (Padgett, 2007). Without a stable home, unhoused individuals struggle to maintain regular schedules or personal space, leading to constant uncertainty and stress in their day-to-day existence. As they focus on the logistics of survival, such as finding food, accessing hygiene facilities, and securing a safe place to sleep, there are fewer cognitive resources available for long-term planning and decision-making. This phenomenon aligns with the "scarcity mindset," where the mental bandwidth used to meet immediate needs impairs one's ability to plan for the future (Mullainathan & Shafir, 2013). The condition of homelessness forces individuals into a reactive mode of living that undermines their ability to work toward stability.

### Social Isolation

This instability frequently leads to social isolation. The stigma and exclusion associated with homelessness, combined with housing instability, often leave people with small, fragmented social networks and deepen their disconnection from family, friends, and community (Michel, 2024). For Métis people, this disconnection can also involve losing connection to Métis community, identity, and culture. Métis-led and culturally safe supports grounded in Métis culture and community connections can help rebuild belonging and trust, which can strengthen social supports alongside housing pathways (Urban Matters, 2022; Fournier et al., 2025). Lacking a home can mean lacking a place to host visitors or keep in touch, which gradually severs ties to loved ones. Over time, this severance of social bonds removes the very support systems that typically provide resilience during difficult times. In academic studies, homeless individuals have reported high levels of loneliness and felt marginalization from mainstream society (Fazel et al., 2014). The breakdown of these social relationships is a human cost that compounds the difficulty of escaping homelessness; without support or a sense of belonging, individuals face the psychological burden of navigating hardship entirely on their own.

## Physical Health

Physically, the cost of homelessness is measurable and often severe. Living on the streets or in shelters means constant exposure to the elements, violence, and unsanitary conditions, all of which can take a toll on the body. A lack of privacy and stable shelter makes it nearly impossible to maintain consistent hygiene, store medications, or follow prescribed treatment regimens. As a result, individuals experiencing homelessness suffer significantly higher rates of acute and chronic health problems. Respiratory infections, skin diseases, and musculoskeletal disorders are commonplace, and chronic illnesses like diabetes or hypertension often go unmanaged (Fazel et al., 2014). Over the long term, these health issues translate into worse outcomes: studies have found that people who are homeless face a risk of premature death three to four times higher than the general population (Hwang et al., 2009). The combination of harsh living conditions and barriers to healthcare contributes to a cycle of declining health that is both a cause and a consequence of being homeless.

## Mental Health and Substance Abuse

Another important human cost of homelessness is the impact on mental health. Homelessness is linked to higher rates of mental illness and substance use than in the general population, and these conditions occur together (Gutwinski et al., 2021). These conditions can be both a cause of homelessness (as untreated mental illness or addiction may lead to loss of housing) and a consequence of the stress and trauma associated with life on the streets (Fazel et al., 2014). The daily uncertainty of not having shelter, along with poor sleep, malnutrition, and the stigma of homelessness, can exacerbate psychiatric symptoms. Conversely, having a serious mental illness can make it harder to navigate services or find employment, prolonging the homeless experience (Gutwinski et al., 2021).

## Violence and Victimization

In addition to health issues, people who are homeless face an elevated risk of violence and victimization. Lack of secure housing leaves individuals vulnerable to assault, theft, and exploitation. Studies in high-income countries have documented that homeless populations are disproportionately victims of crimes, including beatings and robbery. This chronic exposure to traumatic events often leads to elevated rates of post-traumatic stress disorder (PTSD) and anxiety disorders among homeless individuals compared to the general population (Taylor & Sharpe, 2008; Larney et al., 2009). The trauma of victimization not only causes immediate harm but also contributes to longer-term mental health issues, creating additional barriers to exiting homelessness.

## 3.2 Economic Costs

In addition to the human costs of experiencing homelessness, the status quo of homelessness also has economic costs. Inaction or even a continuation of current levels of support for Métis homelessness poses substantial costs to municipalities, the province of B.C., and the federal government.

We estimated the costs attributable to provincial and municipal governments for each unhoused individual, based on the following expense categories:

- Healthcare;
- Shelters;
- Police interactions and incarcerations; and
- Substance use treatment.

These categories are not exhaustive; costs of homelessness extend beyond the estimates presented here. For example, a Vancouver evaluation of the Sheway Project, a unique outreach program in Vancouver's Downtown Eastside that provides wholistic services to pregnant women and their families, found that 26% of infants born to Sheway mothers in 1998 were apprehended at birth and another 16% were apprehended later (Poole, 2000, p. 23). For comparison, only 9% of low-income single mothers without any experiences of homelessness get involved with child welfare services, and 39% of child welfare services cases end up resulting in foster care (ibid.). The costs of diverting a child from the foster care system is substantial: at the start of 2025, the annual cost for one Indigenous child or youth in care is $72,251 (British Columbia Ministry of Children and Family Development, 2024).

We also distinguish our cost estimates by whether the individual has low-, moderate-, or high-support needs. Programs are defined as follows:

- **Low-need programs** are designed for individuals/families to retain housing or quickly find and get into permanent housing;
- **Moderate-need programs** are designed for individuals who have experienced longer-term homelessness and have more complex needs, including substance use disorders; and
- **High-need programs** are similar to moderate needs but are for individuals who benefit from an additional level of involvement such as Assertive Community Treatment (ACT).

We follow the breakdowns of support needs used by Latimer et al. (2019) and Latimer et al. (2017). In the study, support needs were assessed on a case-by-case basis using a clinical algorithm that factored in functional ability, mental health diagnoses, and complicating markers such as substance use or recent incarceration. Of the unhoused population with mental health conditions in Vancouver, the study classified 50.7% as high needs and the remaining 49.3% of unhoused

people as moderate needs, and excluded unhoused people without mental health conditions. In the absence of data classifying unhoused Métis by support needs, we assume that unhoused Métis that self-report mental health issues are split evenly between high and moderate needs, and that Métis without mental health issues have low support needs. In practice, some unhoused Métis without mental health challenges will have moderate or high support needs, while others with mental health challenges will have low support needs.

To get estimates of costs attributable to homelessness, we use the difference in cost estimates for unhoused individuals at each need-level, both in the absence of treatment and when in appropriate supportive housing that meets their needs levels.

### Table 3.2.1: Annual Costs Attributable to Homelessness by Cost Type and Level of Support Needed

| Support Need | Baseline | With Appropriate Housing Support[2] | Cost Avoidance Attributable to Homelessness |
|---|---|---|---|
| **Healthcare** | | | |
| Low | $4,794 | $2,392 | $2,402 |
| Moderate | $19,425 | $12,988 | $6,437 |
| High | $63,251 | $24,270 | $38,981 |
| **Shelters[3]** | | | |
| Low | $3,796 | $0 | $3,796 |
| Moderate | $11,388 | $1,980 | $9,408 |
| High | $7,977 | $1,761 | $6,216 |
| **Police interactions and incarceration[4]** | | | |
| Low | $0 | $0 | $0 |
| Moderate | $13,223 | $11,721 | $1,502 |
| High | $18,520 | $7,365 | $11,155 |
| **Substance use treatment[3]** | | | |
| Low | - | - | $0 |
| Moderate | $4,241 | $1,132 | $3,109 |
| High | $1,885 | $973 | $912 |

| Total | | | |
|---|---|---|---|
| Low | $8,590 | $2,392 | $6,198 |
| Moderate | $48,276 | $27,821 | $20,456 |
| High | $91,633 | $34,370 | $57,264 |

**Notes:** (1) All figures are in 2025 Canadian dollars. (2) "With appropriate housing support" refers to support needs: with low-support-needs individuals receiving rent assistance; moderate-support-needs individuals receiving supportive housing with Intensive Case Management; and high-support-needs individuals receiving supportive housing with ACT. (3) The cost for shelters and substance use treatment are higher for "moderate" than for "high". This is likely due to regional differences in service costs. The estimates for "moderate" and "high" costs come from two separate but related studies with regional differences in the sample populations: the paper focusing on "moderate" need individuals has a larger percentage of respondents from Toronto compared to the paper focusing on "high" needs individuals, which has a larger percentage of respondents from Moncton. (4) We assume "Police interactions and incarceration" are not significantly different for low-support-needs individuals when unhoused versus when housed. As such, we assume a cost-avoidance value of zero and do not generate estimates for this cost when unhoused and housed separately.

**Source:** Refer to Appendix B.9 for descriptions of the sources of these data.

## 3.3 Costing Framework for Reducing the Unhoused Métis Population

As we have seen in the previous sections, homelessness comes with substantial human and economic costs. How much would it then cost to reduce Métis homelessness in B.C.?

We estimate **an average cost of $47,993** to reduce the unhoused Métis population in B.C. by one individual. This costing is based on the share of Métis with low, moderate, and high support needs. We estimate 22% of the unhoused Métis population are people with low support needs, 39% are people with moderate support needs, and 39% are people with high support needs. Then, we estimate the cost of low-, moderate-, and high-needs interventions, along with the reduction in PiT counts of unhoused Métis for each intervention. Table 3.3.1 summarizes this information. Appendix B provides explanations of assumptions and sources for the estimates used in our costing analysis. These cost estimates are in addition to existing services provided by MNBC and other organizations.

## Table 3.3.1: Costing Framework

| Support Needs | Intervention Description | Share of Population | Cost per Intervention | Reduction in Unhoused Population | Cost per Reduction of One |
|---|---|---|---|---|---|
| **Low** | Financial assistance | 22% | $2,200 | 2.4 | **$917** |
| **Moderate** | Rental subsidy & case manager | 39% | $48,395 | 1 | **$48,395** |
| **High** | Rental subsidy & interdisciplinary support team | 39% | $74,147 | 1 | **$74,147** |
| **Average Cost Per Reduction of One** | | | | | **$47,993** |

**Source:** Big River Analytics calculations.

**Notes:** (1) All figures are in 2025 Canadian dollars. (2) See Appendix B for details.

In applying the costing framework, we assume programs target each of low-needs, moderate-needs, and high-needs people, such that reductions in the unhoused Métis population are evenly distributed across levels of support needs. We also assume that projected increases in the unhoused Métis population have the same share of people with each level of support needs. Therefore, the overall average cost of reducing Métis homelessness by one person for a year is $47,993. A cost-minimizing approach would involve only low-needs interventions, which are effective at allowing households to stay in their homes, with a single intervention able to prevent homelessness for multiple people. However, high shares of Métis face complex needs, and including moderate- and high-needs interventions ensures these people are not left behind.

Applying our costing framework to projected increases in the unhoused Métis population, we show the cost of meeting various targets from 2026 to 2027 in Table 3.3.2. Simply preventing the number of unhoused Métis from increasing in 2026 would cost an additional $3.3 million, while reducing Métis homelessness by 50% would cost $41.7 million, and ending Métis homelessness for 2026 would cost $80.1 million.

### Table 3.3.2: Cost Estimates for Reducing the Number of Unhoused Métis in B.C.

| Target | 2026 | 2027 |
|---|---|---|
| Maintain 2025 levels | $3,300,000 | $6,700,000 |
| Reduce to 50% of 2025 levels | $41,700,000 | $45,000,000 |
| End Métis homelessness | $80,100,000 | $83,400,000 |

**Source:** Big River Analytics calculations.

**Notes:** (1) All figures are in 2025 Canadian dollars. (2) See Appendix B for details.

Table 3.3.3 shows a cost-minimizing approach to reducing the number of unhoused Métis people in B.C. In this approach, support is not equitably distributed: low support needs people are served before moderate support needs people, who are served before high support needs people. Maintaining 2025 levels of homelessness can be done by only providing low-needs interventions, and is therefore much less expensive under the cost-minimizing approach. However, reducing Métis homelessness by 50% requires providing moderate-needs interventions, and the cost of ending Métis homelessness is identical under both approaches, as it requires serving all unhoused individuals regardless of support needs.

### Table 3.3.3: Cost-Minimizing Approach to Reducing the Number of Unhoused Métis in B.C.

| Target | 2026 | 2027 |
|---|---|---|
| Maintain 2025 levels | $63,000 | $127,000 |
| Reduce to 50% of 2025 levels | $24,608,000 | $27,265,000 |
| End Métis homelessness | $80,100,000 | $83,400,000 |

**Source:** Big River Analytics calculations.

**Notes:** (1) All figures are in 2025 Canadian dollars. (2) See Appendix B for details.

## 3.4 Net Public Cost Analysis

While Section 3.3 estimates the gross public investment required to reduce Métis homelessness, this section considers the net public cost once avoided expenditures associated with homelessness are taken into account. Specifically, we compare the cost of interventions by level of support needs to the public system costs attributable to homelessness estimated in Section 3.2. This provides an estimate of the net fiscal impact to governments of reducing homelessness among Métis people in British Columbia.

Table 3.4.1 presents the net annual public cost of reducing homelessness for one Métis individual, by level of support needs. Net costs are calculated as the difference between the cost of the intervention (Section 3.3) and the annual cost avoidance attributable to homelessness (Section 3.2).

### Table 3.4.1: Net Public Cost of Reducing Homelessness by One Person, by Support Need

| Support Needs | Cost per Reduction | Annual Public Cost Avoidance | Net Public Cost |
|---|---|---|---|
| **Low** | $917 | $6,198 | −$5,281 |
| **Moderate** | $48,395 | $20,456 | $27,939 |
| **High** | $74,147 | $57,264 | $16,883 |

**Source:** Big River Analytics calculations.
**Notes:** (1) All figures are in 2025 Canadian dollars. (2) See Appendix B for details.

For individuals with moderate and high support needs, interventions require net public investment, but these investments offset a substantial share of the costs that would otherwise be incurred through emergency and crisis-based systems. Importantly, this analysis of net public costs is conservative. It includes only cost avoidance related to healthcare, shelter use, policing/incarceration, and substance use treatment. The analysis does not include other government savings, such as reduced child welfare involvement, reduced income support, and increased tax revenues. This approach aligns with the At Home/Chez Soi study, which found net public costs to moderate and high-needs interventions (Mental Health Commission of Canada, 2014).

For individuals with low support needs, prevention-oriented financial assistance produces net savings of over $5,000 per intervention to governments, as the cost of intervention is substantially lower than the public costs associated with homelessness. This finding aligns with studies of direct financial assistance to unhoused people in BC by the Foundations for Social Change (2021) and BC Rent Bank (2024).

Table 3.4.2 shows the net public costs for both the needs-based and cost-minimizing approaches to reducing Métis homelessness. Under the Cost-Minimizing approach, maintaining 2025 levels of homelessness results in a net savings of approximately $364,000 in 2026, as this target can be met solely through high-return, low-needs interventions.

## Table 3.4.2: Net Public Cost of Reducing Métis Homelessness

| Target | 2026 | 2027 |
|---|---|---|
| **Needs-Based Approach** | | |
| Maintain 2025 levels | $1,100,000 | $2,300,000 |
| Reduce to 50% of 2025 levels | $14,200,000 | $15,300,000 |
| End Métis homelessness | $27,200,000 | $28,400,000 |
| **Cost-Minimizing Approach** | | |
| Maintain 2025 levels | -$364,000 | -$734,000 |
| Reduce to 50% of 2025 levels | $12,100,000 | $13,500,000 |
| End Métis homelessness | $27,200,000 | $28,400,000 |

**Source:** Big River Analytics calculations. **Notes:** (1) All figures are in 2025 Canadian dollars. (2) See Appendix B for details. (3) Negative values indicate net savings.

These net costs to governments do not consider the individual and social benefits of addressing Métis homelessness. BC Housing (2018) finds that savings to governments represent only 49 to 56% of the value generated by dedicated-site supportive housing case studies. The individuals receiving an intervention, as well as their families, experience benefits beyond government savings through reduced costs, increased wellbeing, an increase in employment earnings, decreased experiences of violence, and greater connections to family and community (ibid.).

# 4.0 Considering Homelessness in a Métis Poverty Reduction Strategy

## 4.1 The Cycle of Poverty and Homelessness

Poverty and homelessness operate as a mutually reinforcing cycle where financial instability drives housing loss, and the resulting lack of stable accommodation impedes economic recovery (Seelos, 2021). When household income is insufficient to meet housing market demands, or when low-income individuals face sudden financial shocks, the risk of displacement increases (Desmond, 2016). Once homelessness occurs, barriers to employment intensify; the absence of a fixed address, limited access to banking, and the logistical challenges of maintaining personal hygiene reduce an individual's capacity to secure or retain work (National Alliance to End Homelessness, 2016). This "double precarity" creates a structural trap, where the capital required to re-enter the housing market, such as security deposits and first month's rent, becomes increasingly unattainable relative to earning potential (Bentley et al., 2019; Desmond, 2016).

Although poverty is commonly discussed in monetary terms, it is more accurately viewed as a complex system of interrelated challenges where income is only one variable. A multidimensional perspective on poverty recognizes that individual stability depends on health, empowerment, and social networks, which require meaningful human relationships, emotional and spiritual support, methods of communication, education and training, and livelihoods (Sloan, 2023). Homelessness impacts financial and non-financial elements required for recovery: when an individual enters homelessness, physical health is compromised by exposure and the difficulty to access consistent care (Fazel et al., 2014). In Canada, support from family, friends, social services, and housing agencies is one of the most common non-financial factors that helps people regain and maintain housing, which shows how important social networks are for resilience (Espinoza & Randle, 2025). Further, an individual who enters homelessness will have to focus on meeting their immediate, basic needs at the expense of the long-term planning, training, or education that is necessary to exit the cycle of poverty (Mullainathan & Shafir, 2013).

## 4.2 Key Components for a Métis Poverty Reduction Strategy

Sustainable reductions in homelessness and poverty among Métis people require a coordinated, prevention-oriented approach that addresses both immediate housing needs and the structural and systemic drivers of housing instability. This section will present key components that a Métis Poverty Reduction Strategy can include to address Métis homelessness and its root causes.

## Métis-led and Culturally Safe Supports

Métis governance and leadership are important for effective homelessness and poverty prevention and response. The Métis Poverty Reduction Strategy can support the development of Métis-led housing and homelessness supports that are culturally safe, family-centred, and grounded in Métis identity, culture, and community connections. This, in turn, could help increase engagement and trust in the proposed supports, and more broadly improve housing outcomes for Métis people (Urban Matters, 2022; Fournier et al., 2025). Culturally safe service delivery can include access to Elders and Knowledge Holders, culturally relevant programming, and service environments that recognize Métis histories and realities.

## Prevention-oriented Approach

The Métis Poverty Reduction Strategy should be grounded in a prevention-oriented, housing-led approach that prioritizes reducing entries into poverty and homelessness situations. Prevention-oriented supports focus on identifying housing risk early and intervening before housing loss occurs through measures such as eviction prevention, rent banks, short-term income stabilization, and targeted supports during high-risk transitions (e.g., aging out of care, discharge from hospitals or corrections). Prevention-oriented approaches are more effective and cost-efficient than crisis-based responses alone, particularly when combined with adequate housing supply and coordinated supports (Gaetz et al., 2016; ESDC, 2023).

At the same time, it is important that the Strategy also ensures timely access to housing and supports for Métis people currently experiencing homelessness. This includes rapid access to safe and appropriate housing, transitional accommodation where required, and flexible wholistic supports that help individuals stabilize and move toward permanent housing. These responses should be positioned as part of a broader continuum of care, with the long-term objective of reducing reliance on acute services through strengthened prevention and housing pathways.

## Wholistic Wraparound Supports

Housing stability often depends on access to a continuum of supports that address health, income, family, and community needs. The Strategy should promote wholistic wraparound services that connect housing with mental health care, addiction services, primary health care, income assistance, and employment supports.

This report's costing analysis anticipates these needs for the most vulnerable: the projected costs for moderate-needs individuals include case managers to help navigate health systems, while high-needs interventions include funding for interdisciplinary teams of psychiatrists, nurses, and peer specialists. However, given that 95% of unhoused Métis report at least one health challenge, integration with healthcare is necessary across the entire spectrum of needs. The Strategy should

ensure that low-needs clients are also connected to primary care providers and health supports, such as the MNBC Ministry of Health's Métis Counselling Connection Program. Clients across the spectrum of needs can also be referred to MNBC's Ministry of Mental Health and Harm Reduction for support in accessing Mental Health and Harm Reduction supports and for referrals to the Métis Counselling Connection Program. Coordination across systems is particularly important for Métis individuals experiencing concurrent challenges, as fragmented services increase the risk of housing loss (Kushel et al., 2001; Fazel et al., 2014).

For long-term stability, clients will also need help navigating other existing supports. Clients can be referred to MNBC's Skills Training, Employment & Post Secondary (STEPS) Ministry, which provides emergency employment supports, training and employment readiness skills, and funding for other needs like transportation or childcare. For Métis parents navigating the child welfare system, MNBC's Ministry of Children and Families can facilitate connections to legal aid. Similarly, for supports provided by other governments or organizations, MNBC can act as the trusted partner helping Métis clients understand what supports are available and how to access them, reducing the fragmentation of services. MNBC emphasis on leveraging existing supports can help Métis clients access the wholistic wraparound supports they need.

## Focus on High-risk Transitions

The Strategy should also address transition points that are known to increase the risk of homelessness, including aging out of child welfare, discharge from hospitals or correctional facilities, and transitions related to family violence. Coordinated discharge planning that secures housing and supports prior to transition is essential to preventing homelessness.

Given the overrepresentation of Métis children and youth in child welfare systems in B.C., youth-focused prevention and transition supports should be a priority. Early intervention, mentorship, and culturally grounded supports can reduce the likelihood of homelessness and poverty in adulthood (Dworsky et al., 2013; Hahmann et al., 2024). The Strategy should ensure that Métis youth who require support in accessing health services or navigating the youth mental health and substance use system are connected to the Youth Mental Wellness Coordinator.

## Frequent and Timely Data on the Unhoused Métis Population

Despite the challenges related to data collection on homelessness experiences, access to frequent, timely data on Métis housing needs and outcomes helps inform planning and monitor progress. The Strategy should support the regular collection and analysis of Métis-specific homelessness and housing data, respecting Métis data governance protocols. Detailed and specific data on the Métis unhoused population can help identify service gaps and assess program effectiveness. PiT counts and administrative data could also be complemented with approaches that better capture hidden homelessness, which disproportionately affects women and families.

# 5.0 Conclusion

Métis people are overrepresented among those experiencing homelessness in British Columbia. In 2022, Métis represented about 2% of the provincial population but 5% of the unhoused population, and the number of unhoused Métis has been rising—growing from an estimated 1,221 in 2019 to 1,420 in 2022, with projections reaching 1,738 by 2027 if current trends continue. These figures help make visible the scale of the situation. However, our estimates and projections also undercount people who are couch-surfing, living in vehicles, or otherwise outside formal service systems.

Behind the numbers are people facing compounding pressures of financial hardship, health challenges, and disruptions in support systems that can make it difficult to regain stability once housing is lost. While 6% of the unhoused Métis population are youth (under 25 years old), 57% had their first experience of homelessness as a youth and 42% had been involved in the child welfare system. The costs of homelessness are therefore both human and systemic. Beyond profound impacts on wellbeing, homelessness causes avoidable public-system costs across areas like healthcare, shelter use, policing/incarceration, and substance use treatment. Appropriate support reduces these costs.

MNBC's programs help people stay in their homes or get out of homelessness. Further funding can reduce homelessness, with both needs-based and cost-minimizing approaches shown in this report. However, this report also shows the interrelated nature of poverty, housing precarity, and homelessness. Ensuring Métis have access to affordable housing, are receiving the healthcare they need, and have strong support networks are all part of reducing homelessness. As MNBC develops a Poverty Reduction Strategy, understanding the scale of Métis homelessness can help build the economic and social resilience that ultimately is needed to address Métis homelessness.

# Bibliography


Aboriginal Housing Management Association. (2024). Indigenous housing needs data resource library. https://ahma-bc.org/resource-centre/public-policy/indigenous-housing-needs-report-resource-library/

Abramovich, A. (2012). No safe place to go: LGBTQ youth homelessness in Canada. *Canadian Journal of Family and Youth, 4*(1), 29—51.

Abramovich, A., & Shelton, J. (2017). *Where am I going to go? Intersectional approaches to ending LGBTQ2S youth homelessness in Canada and the U.S.* Canadian Observatory on Homelessness Press.

BC Housing. (2018). The Social and Economic Value of Dedicated-Site Supportive Housing in B.C.: A Social Return on Investment (SROI) Analysis. https://www.bchousing.org/sites/default/files/rcg-documents/2022-04/SROI-Analysis-Dedicated-Site-Supportive-Housing.pdf

BC Rent Bank (2024). *Why Eviction Prevention Matters.* https://bcrentbank.ca/wp-content/uploads/2024/12/Why-Eviction-Prevention-Matters-BC-Rent-Bank-Report-December-2024.pdf

BC Stats. (2024). Annual estimates of the homeless population in B.C. [Data set]. Government of British Columbia. https://catalogue.data.gov.bc.ca/dataset/annual-estimates-of-the-homeless-population-in-b-c-

Big River Analytics. (2023). Understanding the Main Drivers of Métis Core Housing Need in BC. MNBC. https://assets.cmhc-schl.gc.ca/sf/project/archive/research_6/mnbc-housing-needs-assessment-final-report-drivers-of-mtis-core-housing-need-in-bc-p2p1.pdf

British Columbia Ministry of Children and Family Development. (2024). Services for CYIC with support needs (CYSN): Performance indicators. MCFD Reporting Portal. https://mcfd.gov.bc.ca/reporting/services/children-and-youth-with-support-needs/performance-indicators

British Columbia Ministry of Housing and Municipal Affairs. (2025). Preventing and reducing homelessness: An integrated data project. Government of British Columbia. https://www2.gov.bc.ca/gov/content/housing-tenancy/affordable-and-social-housing/homelessness/homelessness-cohort

Burns, V. F., & Sussman, T. (2019). *Homeless for the first time in later life: Uncovering more than one pathway*. The Gerontologist, 59(2), 251—259. https://doi.org/10.1093/geront/gnx212

Calgary Homeless Foundation. (2019). Presentation to the House of Commons Standing Committee on Health [PowerPoint slides]. House of Commons of Canada. https://www.ourcommons.ca/content/Committee/421/HESA/WebDoc/WD10534751/421_HESA_reldoc_PDF/CalgaryHomelessFoundation-e.pdf

Canada Mortgage Housing Corporation [CMHC] (2025). Canada — Average Rent by Bedroom Type by Provinces. https://www03.cmhc-schl.gc.ca/hmip-pimh/en/TableMapChart/TableMatchingCriteria?GeographyType=Country&GeographyId=1&CategoryLevel1=Primary%20Rental%20Market&CategoryLevel2=Average%20Rent%20%28%24%29&ColumnField=2&RowField=21

Canadian Observatory on Homelessness. (n.d.). What are the causes of homelessness?

Homeless Hub. https://homelesshub.ca/collection/homelessness-101/what-are-the-causes-of-homelessness/

Covenant House Vancouver. (2022). *Indigenous youth homelessness: At Covenant House Vancouver and beyond* [Fact sheet]. https://www.covenanthousebc.org/wp-content/uploads/2022/06/IndigenousYouth_FactSheet-DIGITAL-v2.pdf

Culhane, J. F., Webb, D., Grim, S., Metraux, S., & Culhane, D. (2003). Prevalence of child welfare services involvement among homeless and low-income mothers: A five-year birth cohort study. The Journal of Sociology & Social Welfare, 30(3), 179—201. https://doi.org/10.15453/0191-5096.2918

Durso, L. E., & Gates, G. J. (2012). *Serving our youth: Findings from a national survey of service providers working with lesbian, gay, bisexual, and transgender youth who are homeless or at risk of becoming homeless.* The Williams Institute with True Colors Fund and The Palette Fund.

Dworsky, A., Napolitano, L., & Courtney, M. (2013). Homelessness during the transition from foster care to adulthood. *American Journal of Public Health, 103 Suppl 2(Suppl 2), S318—S323. https://doi.org/10.2105/AJPH.2013.301455*

Employment and Social Development Canada. (2019). *Everyone counts 2018: Highlights — Preventing homelessness among seniors.* Government of Canada.

Employment and Social Development Canada. (2023). Reaching Home: Canada's homelessness strategy — Evaluation report. Government of Canada. https://www.canada.ca/en/employment-social-development/programs/homelessness/reports/reaching-home-evaluation-2023.html

Espinoza, F. T., & Randle, J. (2025). Exiting homelessness: An examination of factors associated with exits from homelessness in Canada. Housing Statistics in Canada (46-28-0001). Statistics Canada. https://www150.statcan.gc.ca/n1/pub/46-28-0001/2025001/article/00002-eng.htm

Fazel, S., Geddes, J. R., & Kushel, M. (2014). The health of homeless people in high-income countries: Descriptive epidemiology, health consequences, and clinical and policy recommendations. *The Lancet, 384*(9953), 1529—1540. https://doi.org/10.1016/S0140-6736(14)61132-6

Gaetz, S. (2014). *Coming of age: Reimagining the response to youth homelessness in Canada.* Toronto: The Canadian Observatory on Homelessness Press.

Gaetz, S., Dej, E., Richter, T., & Redman, M. (2016). *The state of homelessness in Canada 2016.* Toronto: Canadian Observatory on Homelessness Press.

Gutwinski, S., Schreiter, S., Deutscher, K., & Fazel, S. (2021). The prevalence of mental disorders among homeless people in high-income countries: An updated systematic review and meta-regression analysis. *PLOS Medicine, 18*(8), e1003750. https://doi.org/10.1371/journal.pmed.1003750

Hahmann, T., Lee, H., & Godin, S. (2024). *Indigenous foster children living in private households: Rates and sociodemographic characteristics of foster children and their households*. Indigenous Peoples Thematic Series, Catalogue No. 41-20-0002-2024001. Statistics Canada. https://www150.statcan.gc.ca/n1/pub/41-20-0002/412000022024001-eng.htm

Homelessness Services Association of BC, Caspersen, J., D'Souza, S., & Lupick, D. (2024). 2023 report on homeless counts in B.C.

Prepared for BC Housing. Burnaby, BC. https://www.bchousing.org/sites/default/files/media/documents/2023-BC-Homeless-Counts.pdf

Hwang, S. W., Wilkins, R., Tjepkema, M., O'Campo, P. J., & Dunn, J. R. (2009). Mortality among residents of shelters, rooming houses, and hotels in Canada: 11-year follow-up study. *BMJ, 339*, b4036. https://doi.org/10.1136/bmj.b4036

Hwang, S. W., Weaver, J., Aubry, T., & Hoch, J. S. (2011). Hospital costs and length of stay among homeless patients admitted to medical, surgical, and psychiatric services. *Medical Care, 49*(4), 350—354. https://doi.org/10.1097/MLR.0b013e318206c50d

Infrastructure Canada. (2024). Homelessness data snapshot: The National Shelter Study, 2023 update. Government of Canada. https://housing-infrastructure.canada.ca/homelessness-sans-abri/reports-rapports/data-shelter-2023-donnees-refuge-eng.html

Kushel, M. B., Vittinghoff, E., & Haas, J. S. (2001). Factors associated with the health care utilization of homeless persons. *JAMA., 285*(2):200—206. *doi:10.1001/jama.285.2.200*

Kushel, M. B., Perry, S., Bangsberg, D., Clark, R., & Moss, A. (2002). Emergency department use among the homeless and marginally housed: results from a community-based study. American journal of public health, 92(5), 778—784. https://doi.org/10.2105/ajph.92.5.778

Latimer, E., Rabouin, D., Cao, Z., Ly, A., Powell, G., Aubry, T., Distasio, J., Hwang, S., Somers, J., Stergiopoulos, V., Pinto, A., Veldhuizen, S.R., Moodie, E.E.M., Lesage, A., Goering, P.N. (2017). Costs of services for homeless people with mental illness in 5 Canadian cities: a large prospective follow-up study. CMAJ Open 2017. DOI:10.9778/cmajo.20170018

Latimer, E., Rabouin, D., Cao, Z., Ly, A., Powell, G., Adair, E.C., Sareen, J., Somers, J., Stergiopoulos, V., Pinto, A., Moodie, E.E.M., Veldhuizen, S.R. (2019). Cost-effectiveness of Housing First Intervention With Intensive Case Management Compared With Treatment as Usual for Homeless Adults With Mental Illness: Secondary Analysis of a Randomized Clinical Trial. DOI:10.1001/jamanetworkopen.2019.9782

Latimer, E., Rabouin, D., Cao, Z., Ly, A., Powell, G., Aubry, T., Distasio, J., Hwang, S., Somers, J., Bayoumi, A., Mitton, C., Moodie, E.E.M., Goering, P.N. (2020). Cost-Effectiveness of Housing First With Assertive Community Treatment: Results From the Canadian At Home/Chez Soi Trial. Psychiatric Services 2020; 71:1020—1030. DOI: 10.1176/appi.ps.202000029

McCreary Centre Society. (2022). *Homeless and street-involved Métis youth* [Fact sheet]. Métis Nation British Columbia. https://www.mnbc.ca/sites/default/files/2022-07/hsiy_fact_sheet_metis_youth_sept_1.pdf

Mental Health Commission of Canada (2014). National Final Report: Cross-Site At Home/Chez Soi Project. https://mentalhealthcommission.ca/research/equityindiversity/national-at-home-chez-soi-final-report/

Michel, C. L. (2024). Finding community in encampments. Homeless Hub. https://homelesshub.ca/blog/2024/finding-community-encampments/

Mullainathan, S., & Shafir, E. (2013). *Scarcity: Why having too little means so much.* Times Books.

National Collaborating Centre for Indigenous Health. (2017). Housing as a social determinant of First Nations, Inuit and Métis health. NCCIH. https://www.ccnsa-nccah.ca/docs/determinants/FS-Housing-SDOH-2017-EN.pdf

Foundations for Social Change. (2021). New Leaf Project: Taking Bold Action on Homelessness. https://static1.squarespace.com/static/5f07a92f21d34b403c788e05/t/6423357be39a38525fe933f2/1680029053655/New_Leaf_Pilot_FSC_Statement_of_Impact+%28FINAL%29+%281%29.pdf

Padgett, D. K. (2007). There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social Science & Medicine, 64*(9), 1925—1936. https://doi.org/10.1016/j.socscimed.2007.02.011

Pomeroy, S. (2020). *Recovery for All: Proposals to Strengthen the National Housing Strategy and End Homelessness*. Canadian Alliance to End Homelessness. https://caeh.ca/wp-content/uploads/Recovery-for-All-Report-July-16-2020.pdf

Pomeroy, S. (2023). *Examining the financialization of rental housing*. Collaborative Housing Research Network. https://housingrights.ca/wp-content/uploads/NHC-Review-Panel-brief-Pomeroy-June-2023.pdf

Ponic, P., Varcoe, C., & Smutylo, T. (2016). Trauma- (and violence-) informed approaches to supporting victims of violence: Policy and practice considerations. Victims of Crime Research Digest, 9, 3—15. Department of Justice Canada.

Poole, N. (2000). *Evaluation report of the Sheway Project for high-risk pregnant and parenting women*. British Columbia Centre of Excellence for Women's Health.

Shinn, M. (2007). International homelessness: Policy, socio-cultural, and individual perspectives. Journal of Social Issues, 63(3), 657—677. https://doi.org/10.1111/j.1540-4560.2007.00529.x

Statistics Canada. (2025). Health of Canadians: Health determinants (Health Fact Sheets, 82-570-X). Government of Canada. https://www150.statcan.gc.ca/n1/pub/82-570-x/82-570-x2024001-eng.htm

Taylor, K. M., & Sharpe, L. (2008). Trauma and post-traumatic stress disorder among homeless adults in Sydney. *Australian & New Zealand Journal of Psychiatry, 42*(3), 206—213. https://doi.org/10.1080/00048670701827218

Tutty, L. M., Ogden, C., Giurgiu, B., & Weaver-Dunlop, G. (2013). I built my house of hope: Abused women and pathways into homelessness. *Violence Against Women, 19*(12), 1498—1517. https://doi.org/10.1177/1077801213517514

Urban Matters (2022). *Finding Our Way Home: Research on Indigenous Homelessness in Surrey.* Surrey Urban Indigenous Leadership Committee.

Watson, J. (2016). Gender-Based Violence and Young Homeless Women: Femininity, Embodiment and Vicarious Physical Capital. The Sociological Review. 64. DOI: 10.1111/1467-954X.12365.

# Appendix A: Quantitative Methods

This appendix describes the quantitative methods used to estimate the current scale of the Métis unhoused population in B.C. and to project the Métis unhoused population in B.C. to 2027. Section A.1 provides an explanation of the data used to inform these analyses. Section A.2 outlines the approach for estimating the current Métis unhoused population as of 2022, combining data from several sources. Section A.3 describes the methods for analysing trends from 2019 to 2022 and projecting the Métis unhoused population to 2027.

## A.1 Data Sources

This section describes the data sources used in the quantitative analyses of estimating the current scale and characteristics as well as projecting the total counts of the Métis unhoused population. We use four data sources for these analyses, described below.

### Preventing and Reducing Homelessness Integrated Data Project

Under the Preventing and Reducing Homelessness Integrated Data Project, the British Columbia Ministry of Housing and Municipal Affairs (2025) uses administrative data to estimate the number of individuals in B.C. who experience homelessness every year (British Columbia Ministry of Housing and Municipal Affairs, 2025). An individual is considered to have experienced homelessness if at a minimum they have:

- Spent three consecutive months on social assistance (BC Employment and Assistance program) with a No Fixed Address (NFA) flag
- Stayed one night in a BC Housing–affiliated shelter; or
- Had both experiences

The PRHIDP Data includes counts of the unhoused population for B.C. and for its constituent census divisions (CD) between 2019 and 2022 (BC Stats, 2024). For the purposes of this work, we assume that the count produced by the PRHIDP is the total unhoused population in B.C.

### BC-Funded Point-in-Time Counts of the Population Experiencing Homelessness in BC

The B.C. government has funded PiT counts from 2018, 2020/2021, 2023, and 2025 for approximately 20 communities across B.C.. PiT counts provide a snapshot of people who are experiencing homelessness in a 24-hour period. These numbers should be understood as a minimum number of people who are experiencing homelessness on a given day in a community. For

example, in the PiT count for Greater Vancouver, someone is counted as experiencing homelessness if they:

- Stayed overnight on March 10th in a homeless shelter, transition or safe house, or temporarily in a hospital, jail or detox facility and do not have a place where they pay rent (defined as "sheltered");

  or

- Were found by interviewers on March 11th and completed a survey indicating that they do not have a place where they paid rent (defined as "unsheltered") (Homelessness Services Association of BC, 2024).

### Row-Level Data from the 2023 PiT Counts Provided by MNBC

Expanding on the B.C.-funded PiT count data, the 2023 Report on Homeless Counts in BC reports the 2023 PiT counts of the population experiencing homelessness in 37 communities across B.C. (Homelessness Services Association of BC, 2024). PiT counts from 11 communities are consolidated in the report to represent Greater Vancouver as a single total. MNBC provided row-level data for Métis from these 2023 PiT counts for 35 communities (with the exception of Salt Spring Island and Kitimat). This row-level Métis data is aggregated to obtain the PiT count of unhoused Métis in each community.

### Indigenous Population Profile from the 2021 Census of Population

We additionally use CD-level characteristics from the Indigenous Population Profile of the 2021 Census of Population. These are further discussed in Section A.2.

## A.2 Estimating Current Scale and Characteristics

This section describes the estimation of the current scale of the Métis unhoused population in B.C. Three data sources were used for these estimates:

1. PRHIDP Data on the total unhoused population in B.C.;
2. Row-level data from the 2023 PiT counts provided by MNBC (Homelessness Services Association of BC, 2024); and
3. The Indigenous Population Profile from the 2021 Census of Population.

We linked each community included in the PiT counts to its corresponding CD in B.C., and then aggregated these community-level counts of the total unhoused population and unhoused Métis to the CD level. We then calculated the share of Métis in the unhoused population from these aggregated PiT counts. We assume that the observed Métis share among the unhoused population in sampled communities is representative of the corresponding CD.

This method yields Métis homelessness estimates for 21 of 26 CDs covered by the PRHIDP. For the remaining five CDs (i.e., Central Coast/Mount Waddington, Central Kootenay, Central Okanagan, Fraser-Fort George, and Kootenay Boundary), we examined the inferred Métis share of the unhoused population by drawing on similarities with other CDs, using three approaches: clustering, beta regression, and a transformed ordinary least-squares (OLS) regression model.

In the beta regression the dependent variable was the share of Métis in the unhoused population within each CD. In the transformed OLS regression model, the dependent variable was the logit-transformed Métis share, allowing values to range from $-\infty$ (infinity) to $+\infty$. Across all three modelling approaches, a variety of CD-level characteristics from the Indigenous Population Profile of the 2021 Census of Population were used. The following base variables were included in all specifications:

1. Total population in the CD
2. Share of Métis in total population
3. Share of unhoused in the total population

We then created four different specifications, each with specific explanatory variables. Table A.2.1 below lists these additional explanatory variables in the four different specifications.

### Table A.2.1: Explanatory Variables by Specification

| Specification 1 | Specification 2 | Specification 3 | Specification 4 |
|---|---|---|---|
| • Total unemployment rate<br>• Total share of households in core need | • Non-Indigenous unemployment rate<br>• Métis unemployment rate<br>• Total share of households in core need | • Poverty rate<br>• Total share of households in core need | • Total unemployment rate<br>• Indigenous share of households in core need<br>• Non-Indigenous share of households in core need |

Among the tested models, the transformed OLS regression model produced the most stable and consistent predictions across specifications. Estimates from Specification 1 were selected for the

final analysis because they provided a conservative yet well-fitting model with a parsimonious and interpretable set of predictors.

The estimated Métis share of the unhoused population in each CD was then multiplied by the corresponding 2022 unhoused population estimate from the PRHIDP. These CD-level estimates were then aggregated to produce the total estimated number of unhoused Métis in British Columbia in 2022.

The 2023 Métis row-level PiT count data were used to analyze the characteristics and challenges of unhoused Métis in British Columbia. Specifically, we examined the proportion of unhoused Métis who identify as women, 2SLGBTQQIA+, or as individuals with trans experience. We also analyzed the proportions experiencing health challenges, as well as distributions by age at first episode of homelessness and by duration of homelessness. Responses coded as "Don't know/No answer" were excluded from the denominators in all calculations to align with the reporting methodology of the 2023 Report on Homeless Counts in B.C..

## A.3 Trends and Future Projections

This section describes the analysis of trends in the Métis unhoused population from 2019 to 2022 and the projection of the Métis unhoused population to 2027. We use one data source for these projections: PRHIDP Data on the total unhoused population in B.C. by CD. Along with this data, we use our estimates of proportions of the total unhoused population that are Métis by CD (see Section A.2).

We project the counts of the unhoused Métis population over time by projecting counts of the unhoused population in B.C. over time, and assuming that the proportion of the unhoused population that are Métis stays fixed over time. To project the unhoused population, we first fit a random effects model to the unhoused population counts over time, including a random slope and intercept for each CD. We then use this fitted model to project the unhoused population counts for each CD to 2027. We estimate the unhoused Métis population for each CD by applying the estimated proportion of unhoused that are Métis by CD, assuming that this proportion stays fixed over time. We then aggregate these projections of the Métis unhoused population by CD to generate our projections of the unhoused Métis population across B.C..

We select the random effects model as our primary projection method because it best balances local variation with limited population sizes across CDs. The random effects model allows each CD to have its own growth trajectory while using information from other CDs to improve estimates where sample sizes are small.

In addition to the random effects model, we conduct a sensitivity test by using three additional methods to project the total unhoused population per CD:

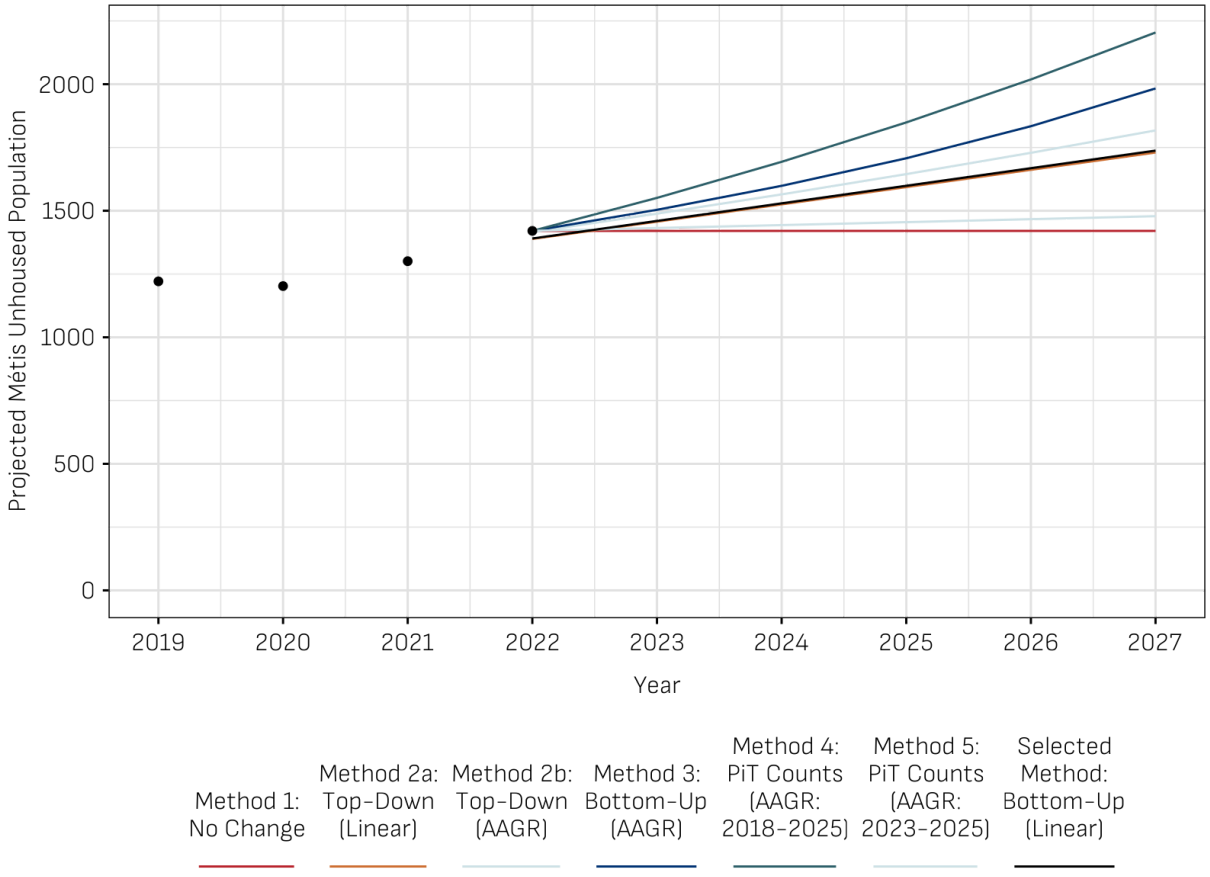
1. **Baseline:** Assume no change between 2022 and 2027.
2. **Top-Down:** Assume the annual growth[1] for the total unhoused population in B.C. observed from 2019 to 2022 continues to 2027. Assume that the proportion of unhoused individuals by CD stays consistent each year, and estimate the unhoused population by CD.
3. **Bottom-up (AAGR):** Project by CD by assuming that the average annual growth rate (AAGR) for each CD from 2019 to 2022 continues to 2027.
4. **PiT Count Data:** Estimate average annual growth rate of the unhoused population for sixteen communities across B.C. from 2018 to 2025. Project the unhoused population in each CD by assuming this annual growth rate for all CDs from 2022 to 2027.
5. **PiT Count Data (Excluding COVID-19 years):** Estimate average annual growth rate of the unhoused population for sixteen communities across B.C. from 2023 to 2025. Project the unhoused population in each CD by assuming this annual growth rate for all CDs from 2022 to 2027.

For each approach, once we have projections of the unhoused population for each CD, we apply CD-specific proportions of the unhoused population that are Métis to generate projections of the Métis unhoused population in B.C. from 2022 to 2027.

Figure A.3.1 shows the resulting projections for the unhoused Métis population across B.C. under each of these five alternative methods, along with the selected method. This sensitivity analysis reveals that the difference among methods is not drastic once aggregated to province-wide projections Further, we find that the selected random effects method is the median projection scenario. The average annual growth rate under each method varies from 0% (in Method #1) to 9% per year (in Method #4), with the selected method representing the median average annual growth rate of 5% per year.

[1] We conduct projections assuming both constant linear growth and growth rates.

## Figure A.3.1: Projections of the Unhoused Métis Population in B.C., 2022-2027




**Source**: Projections by Big River Analytics. Historical counts are estimated by Big River Analytics (see Section A.2).

# Appendix B: Costing Method

We show the cost of reducing homelessness by the same share for each subpopulation of unhoused Métis with low support needs, moderate support needs, and high support needs. This approach is not the most cost-effective, but ensures that MNBC does not leave behind those that need support most.

## B.1 Costing Formula

We calculate estimated costs using the following formula:

$$cost_{j,y} = (target_j + proj_y) \times \Sigma_i \left[ share_i \left( \frac{cost_i}{reduction_i} \right) \right]$$

Where:

- $target_j$ is the reduction in the number of unhoused Métis people, compared to 2025, to satisfy the given target $j$.
- $proj_y$ is the projected increase in the number of unhoused Métis people for the year, compared to 2025, if no new interventions took place.
- $i$ represents the intervention type corresponding to the level of support needs (Low, Moderate, High).
- $share_i$ is the share of the unhoused Métis population requiring intervention type $i$ (22% Low, 39% Moderate, 39% High).
- $cost_i$ is the estimated cost per single intervention for type $i$ ($2,200 for Low, $48,395 for Moderate, $74,147 for High).
- $reduction_i$ is the amount that a single intervention of type $i$ reduces the PiT count of unhoused Métis (2.4 for Low, 1 for Moderate, 1 for High).

Based on estimates and assumptions discussed in the following subsections, we can restate this costing equation as:

$$cost_{j,y} = (target_j + proj_y) \times \left[ 0.39 \left( \frac{\$74{,}147}{1} \right) + 0.39 \left( \frac{\$48{,}395}{1} \right) + 0.22 \left( \frac{\$2{,}200}{2.4} \right) \right]$$

$$cost_{j,y} = (target_j + proj_y) \times (\$47{,}993)$$

## B.2 Targeted Reduction in the Number of Unhoused Métis

We estimate the cost of reaching three different targets:

1. Maintaining the number of unhoused Métis people at 2025 levels.
2. Reducing the number of unhoused Métis by 50% compared to 2025 levels, an estimated 800 people, for both 2026 and 2027.
3. Ending all Métis homelessness, with a reduction of an estimated 1,599 people from 2025 levels, for both 2026 and 2027.

## B.3 Projected Increase in the Unhoused Métis Population

As described in Section 2 and Appendix A, we project that there will be 69 more unhoused Métis in 2026 than in 2025, and there will be 139 more unhoused Métis in 2027 than in 2025.

## B.4 Share of Clients with High, Moderate, and Low Support Needs

Our costing model estimates different costs and impacts per intervention for clients with different levels of support needs. Therefore, the estimated average cost per intervention ($i$) and the average amount that one intervention reduces PiT counts of the unhoused Métis population ($reduction$) depend on the share of clients that have high, moderate, and low support needs.

Our low-needs interventions are based on the existing Reaching Home interventions delivered by MNBC, which provide financial assistance to Métis in or at risk of homelessness. Moderate-needs interventions are based on intensive case management interventions from the At Home/Chez Soi Project. High-needs interventions are based on ACT interventions from the At Home/Chez Soi project (Mental Health Commission of Canada 2014).

Latimer et. al. (2017) shows that in Vancouver, 50.26% of homeless participants in the At Home/Chez Soi Project with mental illness were considered high-needs, while 42.69% of clients with mental health issues across all study locations in Canada were high-needs. Of the 78% of unhoused Métis with a mental health issue, we assume 50% are high-needs. We assume the remaining unhoused Métis with a mental health issue have moderate support needs. Finally, we assume that unhoused Métis without mental health issues have low support needs.

We note that support needs do not map exactly with mental health issues in this way. We use mental health challenges to create a rough estimate of the share of Métis with high and moderate support needs, but the delivery of these supports should be based on the assessed needs of each individual.

Altogether, we assume that 39% of unhoused Métis have high support needs, 39% have moderate support needs, and 22% have low support needs.

## B.5 Reduction in Homelessness Per Intervention

For moderate- and high-needs interventions, we assume a reduction of homelessness by one. Moderate and high-needs interventions involve two years of housing first interventions that provide people with a place to live. Some clients are likely to drop out of the intervention and return to homelessness, which would lower the effectiveness of the intervention, but also lower the cost. Other clients may have otherwise been homeless across multiple years, resulting in reduction of more than one. As such, the true reduction in homelessness for moderate- and high-needs interventions may be smaller or greater than one.

For the reduction of homelessness from low-needs interventions, we draw on BC Rent Bank (2024). Their estimates show that an average financial assistance of $1,513 (2023 dollars) prevents homelessness for 91% of recipient households, with an average of 2.6 people per household. On average, they assume a reduction in homelessness of 2.4 people per intervention. We show an intervention of $2,000 of financial aid, in line with current MNBC programming. However, because Métis may have more multifaceted and complex needs than the general population, we use the estimated impact of Rent Bank, despite costing for higher levels of financial assistance.

## B.6 Estimated Cost Per Intervention

### Low-needs interventions

Low-needs interventions provide direct financial assistance based on applicant need to pay for housing, or for other requirements to reduce barriers to accessing services (such as acquiring long form birth certificates to apply for MNBC Citizenship and access other MNBC services). With direct funding of $2,000 per client, and allowing for an administrative cost of 10%, total cost per low-needs intervention is $2,200.

### Moderate- and high-needs interventions

Moderate- and high-needs interventions involve two components: housing first intervention and treatment. The housing first intervention is the same for both moderate- and high-needs clients, involving two years of rental subsidies and a housing team helping to place and maintain clients in housing.

We estimate the cost of providing rental subsidies and housing support similar to the At Home/Chez Soi Project. This approach immediately gives clients access to permanent housing, then requires participants to pay up to 30% of their income towards rent (Mental Health Commission of Canada, 2014). We do so by finding the cost of the Vancouver site rental subsidies and housing team, relative to average rental prices in Vancouver at the time. We then apply this cost multiplier to average rental prices in B.C..

Average annual rental subsidy and housing team costs for the Vancouver site of the At Home/Chez Soi Project were similar for the 100 moderate-needs participants ($9,093; Latimer et al. 2019) and the 90 high-needs participants ($9,274). We assume there is no difference in rental subsidy and housing team costs between high-needs and moderate-needs participants, and use the overall average annual cost of $9,178.74. The market rent for a one-bedroom apartment in Vancouver was $934 per month in 2011 (Mental Health Commission of Canada, 2014). Annually, Vancouver rent was 22.1% higher than the average annual rental subsidy and housing team cost of $9,178.74. We assume that future interventions will also have an average rental subsidy and housing team cost that is 22.1% lower than market rent for a one-bedroom apartment. As we show interventions across B.C., not just in Vancouver, we use the B.C. average one-bedroom rental price of $1,624 per month ($19,488 per year) (CMHC 2025). Applying the 22.1% reduction, we assume that housing first rental subsidy and housing team costs will average $17,130 per year, or $34,260 over the two-year intervention.

The treatment component of moderate-needs interventions involves one case manager per 16 clients, who works one-on-one with the client and connects them to other services. Latimer et. al. (2019) reports that the Vancouver At Home/Chez Soi Project cost an average of $5,533 per year in 2016 dollars for case managers, or $11,066 for the two-year intervention. This figure includes program administration costs. Adjusting for inflation, this cost totals $14,135 per intervention. Together with the housing-first intervention, the total cost of a moderate-needs intervention is estimated to be $48,395.

The treatment component of high-needs interventions one multi-disciplinary team member per 10 clients. These team members include psychiatrists, nurses, and peer specialists. Latimer et al. (2020) reports that the Vancouver At Home/Chez Soi Project moderate-needs client treatment cost an average of $15,613 per year in 2016 dollars, or $31,226 for the two-year intervention. This figure includes program administration costs. Adjusting for inflation using the B.C. Consumer Price Index, this cost totals $39,887 per intervention. Together with the housing-first intervention, the total cost of a high-needs intervention is estimated to be $74,147.

## B.7 Estimated Cost Per Fewer Unhoused Métis

The cost of the intervention divided by the reduction in homelessness per intervention is the cost per fewer unhoused Métis.

### Low-needs intervention

The cost of intervention to reduce the unhoused Métis population with low needs is $917:

$$l\ cost\ = \frac{\$2{,}200}{2.4}\ = \$917$$

### Moderate-needs intervention

The cost of intervention to reduce the unhoused Métis population with moderate needs is $48,395:

$$m\ cost\ = \frac{\$48{,}395}{1}\ = \$48,395$$

### High-needs intervention

The cost of intervention to reduce the unhoused Métis population with high needs is $74,147:

$$h\ cost\ = \frac{\$74{,}147}{1}\ = \$74,147$$

## B.8 Assumptions

The costing model is built on the following three assumptions:

- **Costs are scalable:** areas with smaller populations of unhoused Métis are able to deliver services at the same per-client cost.
- **Impact is linear:** the reduction of homelessness per treatment is constant regardless of the size of the unhoused Métis population.
- **Static share of population:** The share of Métis with low, moderate, and high support needs remains the same over time.

## B.9 Estimated Costs of Homelessness

We define the publicly-incurred costs attributable to homelessness for one individual, broken down into the following categories:

- Healthcare;
- Shelter usage;
- Police interactions and incarcerations; and
- Substance use treatment.

These categories are not exhaustive; costs of homelessness extend beyond the estimates presented here. For example, a 2003 paper based in the USA finds that 37% of single mothers with

at least one episode of homelessness get involved with child welfare services, and 62% of these cases result in foster care. For comparison, only 9% of low-income mothers without any experiences of homelessness get involved with child welfare services, and only 39% of these cases result in foster care (Culhane et al., 2003). The costs of diverting a child from the foster care system is substantial: at the start of 2025, the annual cost for one Indigenous child or youth in care is $72,251 (British Columbia Ministry of Children and Family Development, 2024).

We also distinguish our cost estimates by whether the individual has low-, moderate-, or high-support needs. To get estimates of costs attributable to homelessness, we use the difference in cost estimates for unhoused individuals at each needs level both in the absence of treatment and when in appropriate supportive housing that meets their needs levels.

These costs are presented in Table 3.2.1.

For individuals with high support needs, we use findings from Latimer (2020), which reports the average costs of healthcare for high-support-needs individuals prior to and after receiving housing-first support with ACT.

For individuals with moderate needs, we use findings from Latimer (2019), which reports the average costs of healthcare for moderate-support-needs individuals prior to and after receiving housing-first treatment with intensive case management.

## Healthcare

The most recent data on healthcare costs for homeless individuals in Canada comes from a Toronto-based article by Richard et al. (2024), which uses a matched cohort study to estimate healthcare costs of homelessness. Notably, this paper does not distinguish between low-, moderate-, and high-support-needs individuals, although it does find that:

- The unhoused cohort had a much higher prevalence of mental health (42%) compared to the housed cohorts (5%); and
- The mean healthcare costs for individuals with mental health or substance use related disorders was 6.62 times that of the mean healthcare costs for individuals without mental health challenges.

This paper reports average healthcare costs of $15,277 (adjusted to 2025 dollars) for the unhoused cohort. If we assume that all individuals with mental health and substance use disorders are moderate- or high-support needs, and that all individuals without mental health or substance use disorders are low-support needs, then this average healthcare cost $c$ can be expressed as a mean of

the average healthcare cost for low-support needs individuals $c_l$ and moderate/high-support needs individuals $c_h$, weighted by the number of low- and moderate/high-support needs individuals, $n_l$ and $n_h$, respectively:

$$c = \frac{n_h c_h + n_l c_l}{n_h + n_l}$$

We additionally have a relationship between $c_h$ and $c_l$: $6.62 = \frac{c_h}{c_l}$. Using these two formulas, we can approximate $c_l$:

$$c_l = \frac{cn}{6.62n_h + n_l} = \frac{(\$15{,}277)(640)}{6.62*249+391} = \$4,794$$

We assume that the annual healthcare costs for a low-support-needs individual amount to approximately $4,794 when unhoused. When housed, we assume that the healthcare costs for a low-support-needs individual equals that of the low-income housed control group from the Richard (2024) study of approximately $2,392 per year (adjusted to 2025 dollars).

## Shelter usage

To estimate shelter usage for low-support-needs individuals, we use findings from the National Shelter Survey (2023), which found that 50% of unhoused individuals used shelters, and that the average shelter duration was 51.3 days (Infrastructure Canada, 2024). We source an average nightly shelter cost of $148 (adjusted to 2025 dollars) from the Greater Victoria Coalition to End Homelessness's 2013 publication, The Cost: Housing vs. Shelter. As a result, we find the average annual shelter cost for low-support-needs individuals to be $3,796.

$$0.5 \times \left(\frac{51.3\ nights}{year}\right)\left(\frac{\$148}{night}\right) = \$3,796$$

## Police interactions and incarcerations

We assume that police interactions and incarcerations for low-support-needs individuals experiencing homelessness is not significantly different from individuals not experiencing homelessness. As such, we do not generate estimates of additional costs for police interactions and incarcerations that are attributable to homelessness.

## Substance use treatment

By definition we assume that low-support-needs individuals do not struggle with substance use disorders and as such do not accrue costs for substance use treatment.

# Appendix C: Factors Contributing to Housing Loss

Homelessness rarely results from a single cause; it usually emerges through the interaction of structural conditions, relational or individual circumstances, and failures within public systems (Homeless Hub, 2025). Understanding these drivers is essential for designing effective prevention and housing-led responses.

## C.1 Structural Factors

Structural factors are economic and societal issues that shape exposure to housing instability across populations. These factors operate largely outside individual control and create unequal risks of housing loss.

### Discrimination

Discrimination in housing, employment, and access to services increases the risk of homelessness by limiting access to stable income and secure housing. In Canada, Indigenous households face racism, discrimination, and stigmatization when trying to secure rental housing, which creates additional barriers and contributes to housing insecurity (Aboriginal Housing Management Association, 2024). Evidence indicates that Indigenous renters are more likely to experience barriers such as refusals, stricter screening requirements, or differential treatment by landlords, even when income and household characteristics are similar (Pomeroy, 2020).

For 2SLGBTQQIA+ and LGBTQ youth in Canada, discrimination and identity-based family conflict contribute to their overrepresentation in the homeless youth population (Abramovich, 2012).

### Poverty and income insecurity

Poverty is a central structural driver of homelessness. Inadequate and unstable income limits households' ability to afford rent, respond to financial shocks, or compete in tight rental markets. In B.C., there is a gap between the income assistance benefit intended to cover housing cost and the actual market rental cost of almost $700 (Pomeroy, 2020), increasing the likelihood of housing precarity for low-income households.

Poverty also interacts with other structural pressures, such as debt, food insecurity, and rising transportation costs, reducing households' capacity to absorb rent increases or temporary income loss. As a result, disruptions such as illness or reduced work hours, can trigger housing loss in the absence of adequate income stabilization measures.

## Lack of affordable housing

A persistent shortage of affordable and appropriate housing is one of the most significant structural drivers of homelessness in B.C. Rapid increases in rental costs, low vacancy rates, and limited supply of social, non-market, and supportive housing have constrained housing options for low- and moderate-income households (Pomeroy, 2020). When affordable units are scarce, households facing income loss or rent increases have few alternatives and are at greater risk of eviction and homelessness.

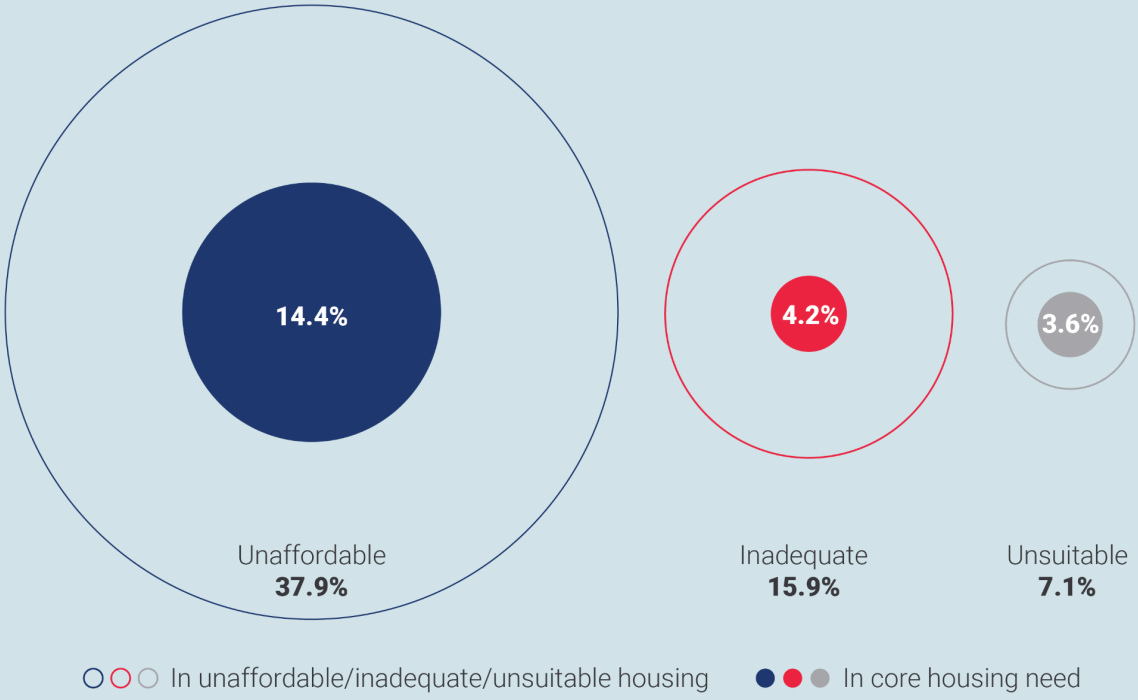
For Métis people, limited access to culturally appropriate housing further exacerbates these pressures. The lack of Métis-led housing options and supportive housing tailored to Métis families, seniors, and youth reduces exit pathways from homelessness and increases reliance on emergency or temporary accommodations. Research shows that without sufficient affordable housing supply, prevention and support interventions alone are insufficient to achieve sustained reductions in homelessness (Gaetz et al., 2016).

### Note on Core Housing Need

Rising housing costs and the lack of low-rent options are increasing the risk of homelessness for low-income households. Many instances of homelessness are related to insufficient income and a lack of affordable rental options (Pomeroy, 2023). Figure C.1.1 presents the proportion of Métis households in core housing need in B.C., by housing need indicator. Of those Métis households living in unaffordable, inadequate, and/or unsuitable housing, 34.0% are in core housing need.

Core housing need excludes households that have enough income to pay the local median rent for housing that is suitable, adequate, and affordable. For example, a household paying rent that exceeds 30% of its income but whose income is sufficient to afford the rent for an alternative, adequate, and suitable unit in the local housing market is not considered to be in core housing need. However, median rent, the measure of housing market costs employed by CMHC (2019) and used in this calculation, is an imperfect way of measuring the cost of available housing in a region. Given the very low vacancy rates across B.C., households may not be able to access suitable housing at the median rent price, a problem that can be made worse through housing discrimination. Therefore, while 66.0% of Métis households in housing need could, in theory, access local housing that is affordable, adequate, and suitable, these statistics may underreport true core housing need.

Figure C.1.1: Proportion of Métis Households in Core Housing Need in B.C., by Housing Need Indicator, 2021




**Source:** Big River Analytics (2023). MNBC Housing Needs Assessment.

# C.2 Relational Factors

Relational factors refer to life events, personal crises, and health-related circumstances that can precipitate housing loss, particularly when structural conditions and system supports are weak. These factors often interact with poverty, discrimination, and housing shortages, increasing the likelihood that a crisis results in homelessness rather than temporary instability (Gaetz et al., 2016; Homeless Hub, 2025).

## Traumatic events and personal crises

Traumatic events and personal crises are common immediate pathways into homelessness. These include family conflict, relationship breakdown, intimate partner violence, bereavement, sudden job loss, or the loss of a caregiver or housing provider (Gaetz et al., 2016). Such events can rapidly destabilize living arrangements, especially for individuals with limited financial buffers or weak social support networks. Women fleeing violence are particularly likely to experience hidden

homelessness, as they may avoid shelters to remain with children or to protect personal safety (Tutty et al., 2013).

For Indigenous Peoples, housing crises are compounded by the legacy of colonial policies, residential schools, child apprehension, and ongoing housing shortages and overcrowding, which contribute to persistent health disparities and stress (National Collaborating Centre for Indigenous Health, 2017).

## Physical illness and disability

Chronic physical illness, injury, or disability can also contribute to housing loss by limiting an individual's ability to work, increasing health-related expenses, or requiring housing adaptations that are not readily available in the private rental market. Sudden health events can result in lost income and make rent unaffordable.

Once housing is lost, physical health often deteriorates due to exposure, disrupted care, and difficulty managing medications, creating a reinforcing cycle between illness and homelessness (Hwang et al., 2011). Indigenous Peoples in Canada experience higher rates of several chronic conditions and face lower life expectancy than the non-Indigenous population, reflecting broader health inequities that can exacerbate vulnerability when supports are lacking (Statistics Canada, 2025). Limited access to culturally appropriate health care can further restrict access to services for Métis people.

## Mental health conditions

Mental health challenges are strongly associated with housing instability, particularly when conditions are untreated or poorly supported. Depression, anxiety disorders, post-traumatic stress disorder, and serious mental illness can impair an individual's ability to maintain employment, manage tenancy responsibilities, or navigate complex housing and income assistance systems (Fazel et al., 2014).

For Métis people, the lack of culturally safe and Métis-led mental health services may further limit access to care, increasing the likelihood that mental health challenges contribute to housing instability rather than being addressed preventively (Urban Matters, 2022).

## Substance use and addiction

Substance use and addiction can increase the risk of homelessness by affecting income stability, relationships with landlords or family members, and engagement with support services. Evidence indicates high rates of substance use disorders among people experiencing homelessness, often alongside mental health conditions (Fazel et al., 2014). Substance use may both precede and follow

housing loss, reinforcing cycles of instability. Evidence from Housing First in Canada shows that people living with mental health and addictions challenges are more likely to maintain stable housing when permanent housing, rent subsidies, and wrap-around supports are delivered together, compared with existing services alone (Mental Health Commission of Canada, 2014).

For Métis individuals, gaps in culturally appropriate addiction services may further reduce service engagement and continuity of care (Urban Matters, 2022).

## C.3 System Failures

System failures occur when systems of care and support do not function as intended and instead contribute to housing loss among people who are already vulnerable. Examples of systems failures include:

- Difficult transitions from child welfare;
- Inadequate discharge planning for individuals leaving hospitals, correctional facilities, or mental health and addictions services; and
- Insufficient support for immigrants and refugees.

When housing is not secured prior to discharge or transition, individuals face elevated risks of homelessness, particularly when income supports, health care, and follow-up services are not coordinated (Dworsky et al., 2013). These risks are heightened for Métis individuals, due to overrepresentation in child welfare (Hahmann et al., 2024) and justice systems and limited access to culturally appropriate supports during transitions.

System failures not only increase the risk of homelessness but also undermine upstream prevention efforts. While prevention and diversion are recognized as effective approaches, system-level constraints often limit their implementation. The federal evaluation of the *Reaching Home* initiative found that although communities exceeded their targets for prevention and diversion activities, stakeholders reported persistent challenges in prioritizing prevention-focused projects because funding and capacity were largely directed toward addressing immediate needs and crisis responses (ESDC, 2023). This reactive service delivery limits the ability of systems to intervene early, coordinate transitions, and prevent housing loss.