

# Lethbridge 2024 Point-in-Time Count

**Full Enumeration and Survey Result Report** 

**Complied by: Community Social Development** 



Thank you to the many partners and volunteers who contributed their time, effort and resources to the 2024 Point-In-Time (PiT) count. Most of all, thank you to all those who participated in the survey and shared their stories with us.

## **Planning Support**

The City of Lethbridge coordinated a planning committee to execute the 2024 PiT in alignment with the Government of Canada's Reaching Home program and the 7 Cities on Housing and Homelessness. This includes timing of the count, methodology and the survey software tool. The City of Lethbridge – Community Social Development helped coordinate the unsheltered count and provided their facility space for volunteer training and for use as PiT headquarters.

#### **Partners**

Many thanks to everyone who participated.

- Alberta Health Services (AHS)
- Blood Tribe Department of Health (BTDH)
- Canadian Mental Health Association (CMHA), Alberta South Region
- Fresh Start Recovery Centre
- Lethbridge Correctional Centre
- Lethbridge Housing Authority (LHA)
- Lethbridge Police Service
- McMan Youth, Family & Community Services Association of Southern Alberta
- Peak Support Services
- Recovery Alberta
- Streets Alive Mission
- University of Calgary Faculty of Social Work
- University of Lethbridge Faculty of Health Sciences
- Wood's Homes
- Young Women's Christian Association (YWCA)

## **Funding**

The Lethbridge PiT Count received support from Reaching Home, Government of Canada's Homelessness Strategy, Housing, Infrastructure and Communities Canada (HICC)

## Introduction

The City of Lethbridge is committed to addressing social issues in our community such as homelessness and housing insecurity. A key component of this commitment is the Point-in-Time (PiT) Count, which is a vital tool for understanding the scope and nature of homelessness in our city.

The Point-in-Time (PiT) Count supports the City's Community Wellbeing and Safety Strategy (CWSS), Municipal Housing Strategy, and Encampment Strategy. The PiT count seeks to gather information from individuals experiencing homelessness on a single night to identify characteristics of homelessness and ongoing service needs in our community. The data collected through the 2024 PiT Count outlines trends and supports the evaluation of current interventions and other data collection strategies.

Following the presentation to the Safety and Social Standing Policy Committee on June 19, 2025, minor revisions were made to the report before publication, with updates applied to pages 5, 9, and 22.

### **Executive Summary**

The 2024 Point-in-Time (PiT) Count provides a critical snapshot of homelessness in Lethbridge and serves as a foundational tool for planning, evaluation, and system coordination. Conducted in alignment with the Government of Canada's Reaching Home program and coordinated locally by the City of Lethbridge, the count reflects a collaborative effort across federal, provincial, and community partners to better understand and respond to homelessness.

On the night of October 8, 2024, a total of 522 individuals were identified as experiencing homelessness in Lethbridge. This represents a 15% increase from the 2022 count. While the number has grown, the rate of increase has slowed significantly, dropping from an average annual growth rate of 19.5% between 2018 and 2022 to just 7.1% annually between 2022 and 2024. This shift signals early progress in stabilizing a previously escalating trend.

Key findings from the 2024 count include a continued rise in unsheltered homelessness, alongside increased use of institutional accommodations and transitional housing. Emergency shelter usage remained stable, but the growing number of individuals in public spaces reinforces the need for targeted outreach and encampment interventions.

Structural barriers to housing remain a persistent challenge. High rent costs, lack of income assistance, and low income were the most frequently cited obstacles. Although 81% of respondents had accessed emergency shelters in the past year, many reported avoiding them due to safety concerns and overcrowding.

Demographic data continues to reflect deep-rooted inequities. Indigenous individuals accounted for 68% of those who disclosed their racial identity, underscoring the need for culturally responsive and Indigenous-led solutions. The majority of individuals experiencing homelessness were male and between the ages of 25 and 44, consistent with previous counts.

These findings reinforce the urgent need for expanded shelter capacity, affordable housing options, and trauma-informed, culturally appropriate supports. They also affirm the importance of sustained investment, coordinated service delivery, and community-driven strategies to reduce homelessness and improve outcomes for Lethbridge's most vulnerable residents.

## **Key Findings**

The numbers reported for emergency shelters, transitional housing, and institutional settings are reflective of the number of people who stayed in these settings on the night of the count. The true number of homeless individuals who stayed in unsheltered locations and at someone else's place is likely higher than the numbers reported here. <sup>1</sup>

At least, 522

people experienced homelessness in Lethbridge on the night of October 8<sup>th</sup>, 2024



<sup>&</sup>lt;sup>1</sup> Note: Revisions made to info graph.

## Background

In preparing for the 2024 PiT Count, the City of Lethbridge coordinated with Lethbridge Housing Authority who was the Community Based Organization (CBO) for the Province of Alberta at the time the PiT count was conducted. This coordinated effort ensured that Lethbridge's Pit Count was consistent with other counts that occurred in the Province of Alberta. A planning committee was created with members from the City of Lethbridge, Lethbridge Housing Authority, Blood Tribe Department of Health, and Canadian Mental Health Association. This planning committee established and agreed upon which facilities and unsheltered locations would be enumerated and surveyed. They reviewed the screening and survey questions that were provided by the Government of Canada, the software tool to administer the survey, and who will be involved in the unsheltered PiT Count. The methodology used for the PiT count aligned with previous years in accordance with the Government of Canada standards to ensure data comparability and transparency was met. These consistencies included zones being counted along with facilities and unsheltered locations completed in prior PiT counts.

## Unsheltered Count – Scope and Methodology

Unsheltered enumeration and surveying focused on "known locations" such as identified encampments and "designated geographic areas" which are places that individuals experiencing homelessness are known to frequent. The areas were determined based on local data, and the experience and capacity of local outreach teams. Staff from the homeless-serving sector primarily conducted the unsheltered count. Volunteers from the City of Lethbridge, and University of Lethbridge students also assisted in the unsheltered count.

The unsheltered enumeration and surveying for the downtown and other identified areas occurred between 6 p.m. - 10 p.m. When a team encountered someone, they asked them screening questions." These screening questions verified that the individual was currently experiencing homelessness. Those who consented to participate in the Lethbridge survey were asked a series of questions to provide key data on gender, age, ethnicity, history of homelessness, health challenges experienced by those who are homeless and more. Participants were compensated for their involvement with backpacks filled with supplies (e.g., water bottle, socks, etc.) and a \$5 gift card. Individuals who did not wish to participate, but demonstrated qualities consistent with homelessness, were recorded on a tally sheet as 'observed homeless' with a description to validate their assessment (e.g. sleeping rough). Surveyors were trained to administer the survey in a non-judgmental and neutral manner and to respect respondents' rights and personal space (e.g., to not wake anyone up). Respondents were informed that the survey was voluntary, their name would not be recorded, and they had the right to decline any question and/or the rest of the survey at any point. Of the 522 people enumerated on the night of the PiT count, 225 individuals (43%) completed some of the survey. The total number of respondents to individual questions can vary and might not represent the entirety of the sample. Surveys took anywhere from 10-25 minutes to complete, depending on the engagement level of the participants and the complexity of their health and history of homelessness.

#### **Enumeration Zones**

Surveys were conducted in 35 designated zones across the city and concentrated on the downtown core. Two additional teams also visited locations outside these zones, where they had recently encountered individuals through outreach efforts. The 35 designated zones were identified by the City of Lethbridge Outreach Team in collaboration with the CMHA Diversion Outreach Team and were agreed upon by the PiT Count Planning Committee. Lethbridge City Police also provided support by operating their drone to check for individuals residing in difficult to access portions of the coulees on the days leading up to the count. Each team was assigned to specific zones and received maps of their area, including "hot spots" or known areas. Volunteers were instructed to cover as much of their area as possible, focusing on hot spot locations and surveying everyone they encountered.

## Avoidance of Double Counting and Duplication

We acknowledge that a PiT Count has methodological limitations and that individuals experiencing homelessness are typically mobile so there is the possibility of some double counting as an individual may move from one area to another throughout the duration of the count. However, the methodology has been developed to eliminate as much duplication as possible by using backpacks used as honoraria were all the same and helpful in identifying individuals already surveyed. Staff conducting surveys at the main shelter coordinated with the unsheltered outreach team based in their zone surrounding the shelter. Shelter staff only counted individuals within their facility and directly in front of their building. At the same time, the unsheltered outreach team counted and surveyed individuals in the vicinity of the shelter.

## Sheltered Count – Scope and Methodology

Emergency shelters, transitional housing facilities, and local detox facilities all fell within the scope of the sheltered count. The following facilities were included in the Lethbridge sheltered count: Lethbridge Wellness Shelter (operated by Blood Tribe Department of Health), CMHA Community Crisis Bed, Streets Alive Exodus & Genesis programs, Wood's Homes Youth Connections: the CORE, YWCA Harbour House, Fresh Start Recovery Centre, and Lethbridge Police Services Holding cells. Additionally, data was provided by Alberta Health Services to enumerate those experiencing homelessness in hospitals and urgent/acute care centers and by Lethbridge Correctional Centre for individuals that were in custody/remand. Each facility was asked to complete a facility enumeration. Survey completion was dependent on the capacity of facility staff and the PiT Coordinator worked with each facility to determine the best time to engage with participants. Within these facilities the only individuals that were counted are those who would be at imminent risk of homelessness if they were discharged from the facilities.

Individuals were only counted if they fit the local definition of being at imminent risk of homelessness and therefore not all individuals in each facility were included in the count.

## 2024 Results and Key Findings

# 2024 Enumeration: Number of people who were experiencing homelessness on the night of the PiT Count

Pit Count Enumeration				
Category	Data Source	Count		
Unsheltered (excluding encampments) - screened into survey	Number of surveyed responses	178		
Unsheltered (excluding encampments) - observed, but not surveyed	Number observed homeless	96		
Encampments - screened into survey	Number of surveyed responses	8		
Encampments - observed, but not surveyed	Number observed	2		
Emergency and extreme weather shelters	Systems data	85		
Domestic violence shelters	Systems data	7		
Transitional housing programs	Systems data	64		
Corrections	Systems data	40		
Hospital	Systems data	12		
Treatment	Systems data	21		
Funded hotels	Systems data	3		
Police holding cells	Systems data	6		
Total Enumeration		522		

The total enumeration numbers represent the full count of individuals experiencing homelessness on the night of the PiT Count, including those in shelters, unsheltered locations, correctional facilities, hospitals, and other settings. Individuals identified during the enumeration had the option to volunteer to participate in a survey, providing additional self-reported demographic and lived experience data, which is referred to as survey data in the report.

## Family Homelessness

Family composition, as reported by the surveyed individual, refers to the people who were physically present together as a family unit on the night of the count. This excludes dependents or partners who were not with the respondent at that time and does not account for chosen family structures that many homeless individuals consider integral to their support networks. The reported family composition data is based on self-reported responses, which is why the total number of responses may not align with the overall enumeration of individuals experiencing homelessness.

Pit Count Composition				
Population	Description	Unsheltered Count	Total # of Dependents	
Single	Number of people surveyed who spent the night without a partner or dependents**	206		
Couples	Number of people with a partner, but no dependent children	4		
Parents/Guardians	Number of adults with 1+ dependent children	6	6	

### Individuals at Sheltered Locations

Shelter Type	Count	Percentage
Treatment Facilities	21	9%²
Transitional Housing	64	27%
Emergency and Extreme weather Shelters	85	36%
Domestic violence shelters	7	3%
Corrections	40	17%
Hospital	12	5%
Funded hotels	3	1%
Police holding cells	6	3%
Total	238	100%

A total of 217 individuals were accommodated across various shelter types. The majority, 39% (85 individuals), accessed emergency and extreme weather shelters, highlighting the urgent need for immediate housing solutions during crises. Transitional housing, aimed at providing longer-term stability, housed 29% (64 individuals), reflecting ongoing efforts to support reintegration into stable living conditions. Corrections facilities accounted for 18% (40 individuals), underscoring the intersection between incarceration and housing insecurity. Meanwhile, hospitals provided temporary shelter for 6% (12 individuals), indicating medical vulnerabilities among the population. Smaller but significant numbers were accommodated in domestic violence shelters (3%, 7 individuals), police holding cells (3%, 6 individuals), and funded hotels (1%, 3 individuals).

## Facility Type Comparison to Previous Counts

Facility Type	2022		20	24
	Count	Percentage	Count	Percentage
Treatment Facilities	18	9%	21	9%²

<sup>&</sup>lt;sup>2</sup> Note: Revision made.

Transitional Housing Facilities	52	26%	64	27%
Cold Weather Shelters	0	0%	0	0%
Holding Cell	2	1%	6	3%
Hotels/Motels	0	0%	3	1%
COVID-19 Isolation Sites	0	0%	0	0%
Violence Against Women Shelters	19	10%	7	3%
Emergency Shelters/Stabilization	73	37%	85	36%
Correctional	32	16%	40	17%
Alberta Health Services	4	2%	12	5%
Hotels/Motels sponsored by Alberta Works	0	0%	0	0%
Total	200	100%	238	100%

The data presents a comparison of various shelter facility types from 2022 to 2024, highlighting shifts in availability and usage over time. Notably, Emergency Shelters/Stabilization have seen a significant decline from 64% (2018) to 37% (2022), and now 55.6% (2024) when combined with extreme weather shelters. Correctional facilities have increased their share of support services (13% in 2018 to 26.1% in 2024).

## Responses to "Where are you staying tonight"?

Category	Count	Percentage
Decline to Answer	13	6%
Did Not Answer	32	14%
Encampment (e.g. Group of tents, Makeshift shelters, or Other long-term settlement)	8	4%
Homeless Shelter (e.g. Emergency, Family or Domestic Violence Shelter, Warming Centre)	66	29%
Own Apartment / House	4	2%
Someone Else's Place	22	10%
Transitional Shelter / Housing	4	2%
Treatment Centre	7	3%
Unsheltered in a Public Space (e.g. Street, Park, Bus Shelter, Forest, or Abandoned Building)	59	26%

Unsure: Indicate Probable Location	9	4%
Vehicle (e.g. Car, Recreational Vehicle (RV), Truck, Boat)	1	0%
Total	225	100%

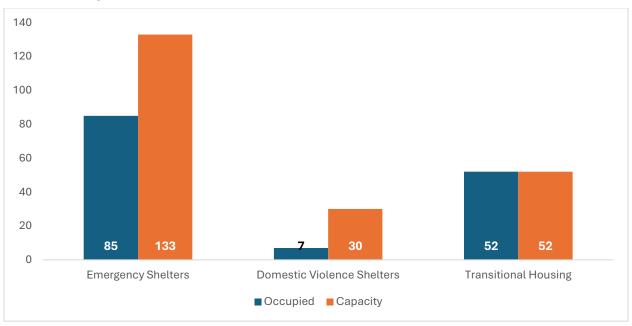
The majority reported staying in homeless shelters (29%) or unsheltered public spaces (26%). A notable portion (14%) did not answer, and 6% declined to respond, indicating potential barriers to disclosure. Encampments (4%) and vehicles (0%) were less common but still present on the night of the count. This was less of a common response which can be attributed to Lethbridge's Encampment Response Strategy in targeting the entrenchment of individuals residing in encampments and public spaces. Only 2% reported staying in their own apartment/house, emphasizing the transient and precarious nature of many respondents' housing situations.

## **Sheltered Capacity**

Agency/ Shelter	Target Population	Number of Beds/Units	Max Capacity (Individuals)	Average Length of Stay	Max Length of Stay
Lethbridge Wellness Shelter and Stabilization Unit	Adult males and females, 18 years and older	121 (91 beds; 30 stabilization spaces)	125	90 days or less	-
YWCA Harbour House Women's Emergency Shelter	Women and children	24	30	10 days or less	21 days
Woods Homes Emergency Youth Shelter	Males and females, under 18 years	8	8	14 days	-
Total:		153	163		

In February 2024 the Government of Alberta announced that they will fund the expansion of the Lethbridge Wellness Shelter and Stabilization Unit. The Blood Tribe Department of Health will continue to operate the Wellness Shelter and Stabilization Unit, and Lethbridge Housing Authority will own the facility. This expansion will increase the existing facility's capacity from 121 beds to approximately 200 beds. The chart above outlines the current shelter spaces and target population available in Lethbridge on the night of the count.

## Occupancy



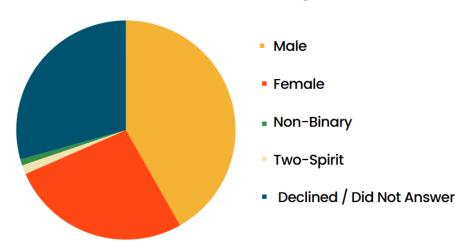
The chart displays the occupancy of the shelter and transitional housing spaces on the night of the count. Emergency shelter was at 64% capacity, while transitional housing was fully occupied at 100% capacity. Domestic violence shelters had more capacity with it being only 23% occupied.

## **Demographics**

Demographic data, including gender, age, racial identity, and other characteristics, was collected as part of the survey and is self-reported by participants rather than assumed by surveyors.

#### Gender

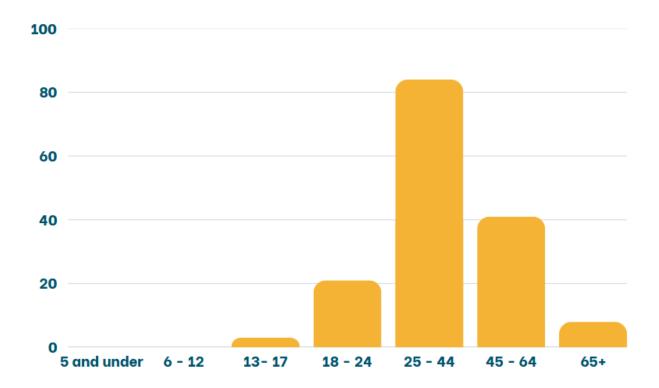




Gender		
Category	Unsheltered Count	Percentage
Male	94	42%
Female	60	27%
Non-Binary	2	1%
Two-Spirit	3	1%
Decline / Did Not Answer	66	29%

The data provides a breakdown of gender identity among respondents experiencing homelessness. Males accounted for the largest group, with 94 individuals, followed by 60 females. A smaller number of individuals identified as Non-Binary (2) and Two-Spirit (3), reflecting the presence of gender-diverse individuals within the homeless population. Notably, 66 respondents declined or did not answer, indicating a significant portion of individuals who either preferred not to disclose their gender identity or were unable to do so. This non-response highlights potential gaps in data collection and the importance of inclusive and sensitive approaches to gathering demographic information.

## Age

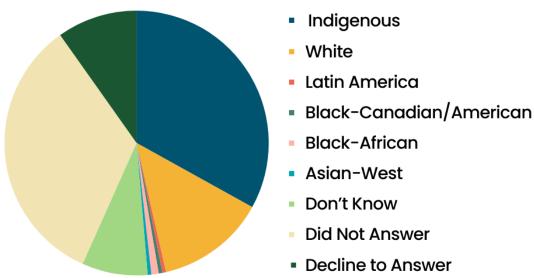


Age Group	<b>Unsheltered Count</b>	Percentage
5 Years and under	0	0%
6-12 years	0	0%
13-17 years	3	2%
18-24 years	21	13%
25-44 years	84	54%
45-64 years	41	26%
65+ years	8	5%

The age distribution of individuals experiencing homelessness shows that the largest group falls within the 25-44 age range (84 individuals), consistent with findings from the 2022 PiT Count. Those aged 45-64 accounted for 41 individuals, while 21 individuals were between 18-24 years old. Fewer individuals were identified in the 65+ category (8) and the 13-17 age group (3). Notably, no individuals under 12 were surveyed or reported being under 12. The average age at which individuals first experienced homelessness is calculated to be 27.5 years. This suggests that many individuals encounter homelessness during early adulthood.

## Racial Identity

## **Racial Self-Identification**



Racial identity	Count*	Percentage
Indigenous	74	33%
White	30	13%
Latin America	1	0.4%
Black-Canadian/American	1	0.4%
Black-African	2	0.9%
Asian-West	1	0.4%
Do not Know	18	8%
Did Not Answer	97	43%

<sup>\*</sup>Refers to the unsheltered count and is a count of the respondents providing that value when posed the question.

The racial identity data was self-reported, meaning individuals identified their own racial or ethnic affiliation based on personal and cultural understanding. Racial identity can be shaped by a combination of heritage, ancestry, and lived experiences. Among those who responded, Indigenous individuals accounted for the largest group (74 respondents), followed by White individuals (30 respondents). Smaller representations included individuals identifying as Black-African (2), Black-Canadian/American (1), Latin American (1), and Asian-West (1). However, a significant portion of participants either did not know their racial identity (18), did not answer (75), or explicitly declined to answer (22). This non-response rate highlights potential gaps in data collection and the need for culturally sensitive approaches when gathering demographic information.

### History of homelessness

Note: Congruent with BNL groupings and splits

Time individuals experienced homelessness over the past year	Count*	Percentage
0-30 days	10	3%
31-60 days	8	2%
61-90 days	8	4%
91-180 days	14	5%
181-250 days	8	4%
251-300 days	4	1%
301+ days	82	36%

<sup>\*</sup>Refers to the unsheltered count and is a count of the respondents providing that value when posed the question.

#### Chronic vs episodic homelessness

36% (82 individuals) did not answer the question. Of those who did, the distribution of their responses is tabulated above. To differentiate the chronicity of homelessness, the following categories are typically used:

**Chronic homelessness**: A period of six or more months of homelessness in the past year.

**Episodic homelessness**: Three or more distinct episodes of homelessness in the past year, adding up to less than six months.

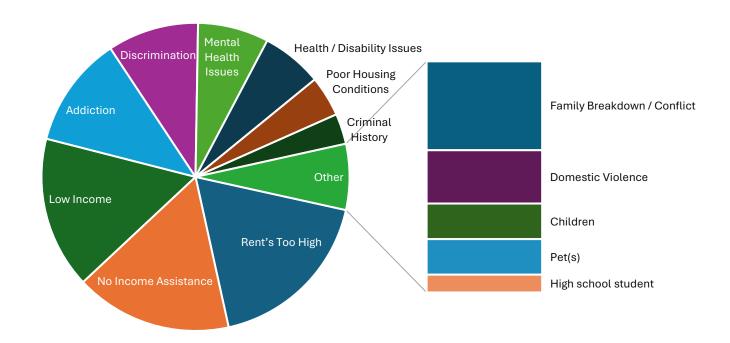
**Temporary homelessness**: Less than six months and fewer than three episodes of homelessness over the past year.

## **Emergency Shelter Usage**

Of survey respondents, 81% (125 individuals) indicated they had stayed in a homeless shelter in the past year. The respondents who indicated that they had not stayed in a homeless shelter in the past year was due to fear of safety 57% (n=12), bed bugs or other pests 48% (n=10), that it was crowded 33% (n=7). Other reasons indicated by one or two people were being turned away, banned, fear of staff, feeling of unacceptance and being robbed.

## Challenges in Accessing Housing

Participants were asked about the challenges and problems they faced while trying to access housing. 151 (67%) individuals chose not to answer this question. Of those who chose to answer, their reasons are displayed below.



Category	Count*	Percentage
Rent's Too High	34	22.22%
No Income Assistance	31	20.26%
Low Income	30	19.61%
Addiction	22	14.38%
Discrimination	18	11.76%
Mental Health Issues	14	9.15%
Health / Disability Issues	12	7.84%
Poor Housing Conditions	8	5.23%
Criminal History	6	3.92%
Family Breakdown / Conflict	5	3.27%
Domestic Violence	3	1.96%
Children	2	1.31%
Pet(s)	2	1.31%
High school student	1	0.65%

<sup>\*</sup>Refers to the unsheltered count and is a count of the respondents providing that value when posed the question.





Of those surveyed, 144 individuals (64%) chose not to answer this question. The responses of those who did are tabulated below and outlined on the map above.

Province or State of Origin	Count*	Percentage
Alberta	61	27%
Ontario	6	3%
British Columbia	5	2%
Manitoba	2	1%
Montana	2	1%
Saskatchewan	2	1%
Colorado	1	0.4%
Nova Scotia	1	0.4%
Yukon	1	0.4%

Participants were also asked regarding their city of origin, the responses to which are tabulated below. 178 (79%) participants chose to not answer this question.

City/Region of origin	Count*	Percentage
Blood	13	5.78%
Brocket	1	0.44%
Calgary	7	3.11%
Cardston	2	0.89%

Cranbrook	1	0.44%
Invermere	1	0.44%
Kamloops	1	0.44%
Lacombe	1	0.44%
Lethbridge	3	1.33%
Milk River	1	0.44%
Morley	1	0.44%
Ottawa	3	1.33%
Port Colborne	1	0.44%
Red Deer	1	0.44%
Saddle Lake	1	0.44%
Shelburne	1	0.44%
Stand Off	2	0.89%
Standard	2	0.89%
Taber	1	0.44%
Toronto	1	0.44%
Watrous	1	0.44%
Winnipeg	1	0.44%

## **Social Determinants**

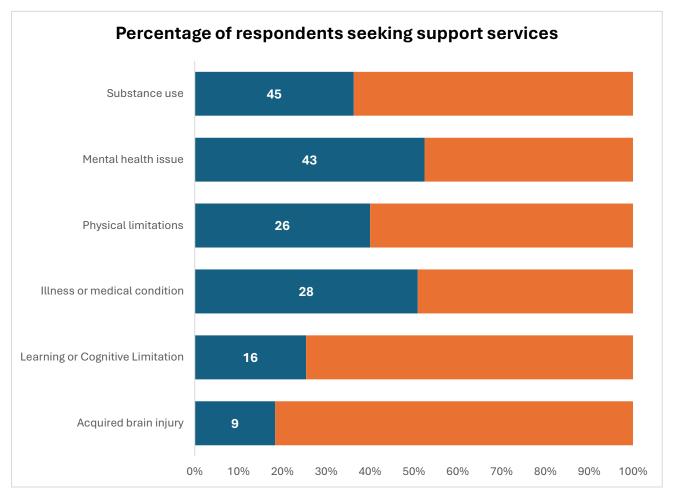
Social determinants of homelessness	Count*	Percentage
Experience in Foster Care/Youth Group Home	61	9.7%
Illness or Medical Condition	55	8.7%
Physical Limitations	65	10.3%
Learning or Cognitive Limitation	53	8.4%
Mental Health Issue	82	13.0%
Substance Use	124	19.7%
LGBTQ Status	17	2.7%
Sensory Limitations (Blindness and deafness)	53	8.4%
No Income	71	11.3%
Acquired Brain injury	49	7.8%

<sup>\*</sup>Refers to the unsheltered count and is a count of the respondents providing that value when posed the question.

Homelessness often confounds with many inequities that are a result of accumulated adverse social, economic and medical conditions. Of those who answered, the number of individuals indicating yes to some of these criteria are tabulated below. As many of these adversities are

non-mutually exclusive with participants indicating yes to multiple criteria, a percentage breakdown is not calculated. Like the 2022 report, substance use, and mental health issues remain the two most reported conditions.

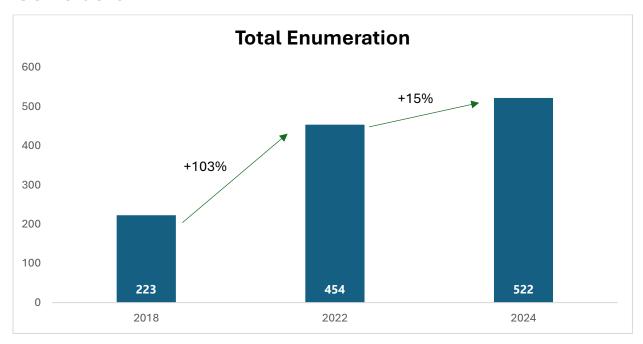
## Support Services Identified



A follow-up question was asked to inquire about the participants interest in accessing support services regarding medical conditions noted above. The chart illustrates the percentages of respondents seeking support services for various challenges. Substance use is the most significant concern, followed closely by mental health issues at. These two areas represent the highest demand for support services. In terms of physical challenges, 28 of the respondents sought help due to illness or medical conditions, while 26 reported needing support related to physical limitations. This data suggests that the most pressing needs are related to mental health and substance use, with a notable gap in the demand for support for cognitive and brain

injury-related challenges. This highlights the importance of addressing these primary issues in the allocation of resources for support services.

## Conclusion



The 2024 Point-in-Time (PiT) Count highlighted ongoing trends and emerging shifts in homelessness within Lethbridge. A total of 522 individuals were enumerated as experiencing homelessness on the night of the count, reflecting a persistent and complex social issue. This represents a 15% increase relative to the 2022 count, but it is important to note that this is a sixfold reduction in the rate of increase when comparing it to the period between the 2018 and 2022 Point-in-Time Counts. The number of people utilizing emergency shelters remained the same as that during the 2022 PiT count. The number of individuals utilizing emergency shelters remained consistent with the 2022 PiT Count, indicating no significant change in the reliance on these facilities. However, the number of unsheltered individuals increased by 16% compared to the previous count, highlighting a growing population without immediate access to shelter. At the same time, institutional accommodations saw a 46% increase, while transitional housing usage rose by 23%. These increases suggest that expanded capacity within institutional and transitional settings has helped prevent more individuals from remaining unsheltered, providing critical alternatives for those experiencing homelessness.

## **Key Findings**

• Shifts in unsheltered homelessness: 26% of respondents were staying in public spaces (parks, bus shelters, abandoned buildings, etc.), although those that were enumerated as unsheltered showed only an 8% increase from 2022, the unsheltered count makes up for

over 50% of the total enumeration count, reinforcing the urgency for outreach and encampment interventions.

- Lower presence in violence against women shelters: The percentage of individuals who
  reported staying in violence against women shelters decreased from 10% in 2022 to 3<sup>3</sup>%
  in 2024. The percentages refer to the number of individuals out of the total sheltered
  population. This could indicate changes in service delivery or shifts in how individuals
  access domestic violence support.
- Hospital and medical facility stay increased: The proportion of individuals in hospitals rose from 2% (2022) to 5%<sup>4</sup> (2024), The percentages refer to the number of individuals out of the total sheltered population, suggesting an increasing reliance on medical facilities, either due to aging, complex health needs, or limited alternatives for care.

### Systemic and Structural Barriers

Responses to "Where are you staying tonight?" highlight individuals' living situations. 29% reported staying in homeless shelters, 26% in unsheltered public spaces, and 10% at someone else's place.

Barriers to accessing stable housing remain consistent with previous counts, with key challenges noted being high rent costs (22%), lack of income assistance (20%), low income (19%), addiction (14%), mental health concerns (9%), and discrimination (12%).

Additionally, 81% of respondents had stayed in an emergency shelter in the past year but others cited barriers such as safety concerns, overcrowding, and infestations as reasons for avoiding shelters.

## **Demographic Considerations**

- Gender breakdown: 94 individuals (59%) identified as male, 60 as female (38%), and 5 as non-binary or Two-Spirit (3%).
- Age distribution: The most affected group remains adults aged 25–44, aligning with past PiT Counts.
- Racial disparities: Indigenous individuals remain overrepresented, accounting for 74 respondents (68% of respondents who answered this question), reinforcing the need for culturally responsive supports and reconciliation-driven housing approaches.

<sup>&</sup>lt;sup>3</sup> Note: Revision made.

<sup>&</sup>lt;sup>4</sup> Note: Revision made.

## Limitations of the PiT Count

A PiT count is not like conducting a census of households in which there are known fixed addresses for the vast majority of participants. Homelessness, by definition, involves housing instability, housing loss, or transience and, therefore, individuals living on the streets are not always easy to locate during a PiT Count or in a national Census. As a result, some of the following groups are under-represented in this report:

**Unsheltered homeless:** Persons staying outside, in a place not intended for human habitation and/or in a public or private space without consent or contract. This includes vehicles, makeshift shelters, bus shelters, or abandoned buildings. As is common for research with marginalized populations, it is difficult to engage the most vulnerable individuals. It is also impossible to cover every corner of the city and volunteers were instructed not to enter private property, abandoned buildings to verify the number of individuals.

**Hidden homelessness:** Individuals living temporarily with others without legal protection, guarantee of continued residency, or prospects of permanent housing (e.g., couch surfing). This population is considered 'hidden' because they may not be accessing homelessness supports or services despite not being adequately housed and as a result do not show up within the homeless-serving agency data. The PiT Count is not designed to measure the extent of hidden homelessness in a community, but some individuals surveyed did report staying with friends or family which provides some useful information about the experience of hidden homelessness in our community. Nationally, it is estimated that three people would be considered unhoused for every one person counted experiencing homelessness.

While the benefits of the PiT Count outweigh its limitations, it is important to acknowledge these limitations and strive for improvement. The key limitations include:

- The count inherently undercounts the homeless population (particularly the groups identified above). Therefore, it represents the minimum number of individuals experiencing homelessness on a single day.
- It is a snapshot of homelessness on one particular day and does not provide information on system use throughout the year, including the seasonal variation that impacts an individual's options and choices for where they will stay.
- Not all areas of the city can be covered and the count focused on areas where homeless individuals are known to frequent or stay.
- Individuals experiencing homelessness may not wish to be seen or counted.
- Administrative data relies on service provider reports and staff capacity to administer surveys, which may contain errors or missing data.
- A web-based database was used to collect survey information and there were reports of technical issues among volunteers entering information. To minimize this impact, each volunteer was provided paper copies of surveys as a backup resource.

While best efforts were made to optimize the survey design, there were database limitations
on the ability to edit questions or core question ordering. Volunteer feedback indicated that
question order, language, and response options would have improved data quality in some
instances.

## Different Tools to Count Homelessness

There are several mechanisms used in Lethbridge to measure homelessness which include the PiT Count and the By-Name List (BNL), primarily. The City of Lethbridge manages the BNL which is a real-time, dynamic list of individuals experiencing homelessness within a community. The BNL is continuously updated and aims to track individuals over time, unlike the Point-in-Time (PiT) Count, which provides a snapshot of homelessness on a single day. While the BNL offers significant advantages in service coordination and housing placement. These two tools work together to ensure that there are adequate services to support homeless individuals who need access to services.

#### **By-Name List**

The BNL is populated and used by service providers in Lethbridge that are funded by federal, provincial and municipal dollars within the homeless serving sector and/or working with individuals experiencing homelessness in an alternative capacity This includes individual-level data to monitor new inflows and outflows of homelessness in our community and services as a key tool within our coordinated access system of care. It is critical to note that only individuals who are accessing services would be accounted for within the BNL and therefore it does not capture hidden homelessness or individuals not receiving services in our community.

#### **Point-in-Time Count (PiT)**

A Point-in-Time Count (PiT) is a nationally coordinated one-night event to enumerate (count) persons experiencing homelessness to obtain a snapshot of those experiencing sheltered and unsheltered homelessness at that point-in-time. As an annual count and biannual survey, PiT Counts must be used in context with other more recent data and tools on homelessness such as the *By Name List*, to better understand and support the unique needs of every person experiencing homelessness. A key aspect of a PiT Count is that it serves to somewhat capture hidden homelessness and individuals not accessing services in our community. The PiT Count contributes to local, provincial and national trends over time and in combination with other tools contributes to our overall understanding of the state of homelessness to help inform planning, program, and service efforts to prevent and end homelessness.

#### **Evaluation of the Tools**

The use of the Pit Count and BNL data is critical evaluation of the social services that are being offered in a community and if there are any gaps in services provided. The evaluation of social

services is that the closer the number from the PiT Count and the BNL the more encompassing support is being provided.