Dimensions of Community Social Service in British Columbia:

A Survey Report on Social Need, Volunteering, and Service Utilization

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BRITISH COLUMBIA | Ministry of Social Development and Poverty Reduction

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Executive Summary

The community social services sector provides an array of services and supports to people across British Columbia (BC). There are thousands of service providers across the province[i] that help address, in part, the social development needs of BC residents, on a daily basis. These services may range from early years and family programming to help with dignified access to healthy food as well as housing security.

This study has sought to address key gaps in knowledge pertaining to the social development needs of British Columbians. This includes the need for services and supports through the community social services sector as well as opportunities for volunteering and engagement. This report begins by highlighting how key demographics and health-related social needs relate to these forms of engagement. Information was gathered through an online survey designed by SPARC BC to provide an incremental, yet timely and detailed contribution to our understanding of these topics.

The study findings were derived from the responses of 5,009 adult (18+) British Columbians during February and March of 2023. A series of questions guided the development and analyses of this survey, which has provided incremental understanding of key gaps in knowledge, as stated above:

1. What are the health-related social needs of BC residents?
2. Who volunteers their time with community social service organizations?
3. Who uses community social services in BC?

Key Findings

Health-Related Social Needs of British Columbians (18+)

- 14.3% reported *poor* or *fair general health*
- 43.7% reported very *weak* or *somewhat weak* sense of community belonging
- 20.7% experienced elevated anxiety ("feeling stress these days" *quite a bit* or *very much*)
- Between 17% and 20% experienced core depression symptoms *more than half the days* or *nearly every day in the past two weeks* (from point of data collection)
- 43.2% reported paying for basic needs like food, housing, medical care and heating as *sometimes hard* or *very hard*
- 14.1% reported that they *have a place to live today, but are worried about losing it in the future*
- 1.8% reported that they *do not have a steady place to live* (i.e., they stay with others, in a hotel, in a shelter, live outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- 30% of respondents reported that it was *often true* or *sometimes true* that they *worry that food would run out before getting money to buy more*
- 25.8% reported it was *often true* or *sometimes true* that they *experienced food running out and could not afford to buy more*

[i] Canadian Business Patterns (December 2021), Business Location Counts by CD/CSD and NAICS

- 18.1% reported that a lack of reliable transportation, which affected their daily lives
- 12.4% reported experiencing energy insecurity (i.e., a utility company has threatened or has already cut off energy services)
- Approximately 10% reported that a utility company had threatened to shut off services to their homes (e.g., electric, gas, oil or water)—2.4% reported that their service(s) had already been shut off
- 15.1% reported *wanting help finding work* and 12.9% reported *wanting help keeping work*
- 17.8% reported *wanting help with school or training*
- 15.8% reported *feeling lonely or isolated often* or *always*
- Due to a physical, mental or emotional condition, 23.6% of respondents reported *difficulty concentrating, remembering, or making decisions*, while 16.8% reported *difficulty doing errands alone such as visiting a doctor's office or shopping*
- 10.3% of respondents met the threshold for a potential safety concern relating to self-reported physical, verbal or emotional abuse

Health-related social needs, reflecting potential social development needs, were predominantly assessed using validated questions adapted from the *Accountable Health Communities Health-Related Social Needs Screening Tool*, developed by the Centre for Medicare and Medicaid Innovation.[1] In many instances (but not all), significant associations with the indicators described above were identified amongst those experiencing elevated mental health concerns, those between the ages of 18-34 years, those self-identifying as Indigenous and Black, those without a high school diploma or General Education Diploma (GED), students, those who were unemployed and looking for work, those with low levels of household income (i.e., <$50,000, typically less than $20,000), and those living in some locations characterized by rural and/or remote communities.

Volunteering in BC Among Adults (18+)

- 66.5% of surveyed British Columbians had volunteered at some time in the past; 40.7% reported volunteering in the past 12 months
- Most past year volunteers (65.9%) volunteered *at least once a month* or *at least once a week*
- 73.1% of volunteers reported volunteering in supported of a community social service organization
- *Youth services* (28.3%), *seniors' services* (21.2%), and *food security services* (19.1%) were the areas most heavily supported by volunteers in BC
- *Employment services* (8.3%), *housing services* (9.4%), and *newcomer and immigrant services* (9.7%) emerged as the areas least supported by volunteers
- Common motives for volunteering were predominantly **values-based**: *I feel it is important to help others* (36.1%), *I can do something for a cause that is important to me* (26.2%), *I fee compassion toward people in need* (26.2%), *I am genuinely concerned about the particular group I am serving* (22.9%), and *I am concerned about those less fortunate than myself* (22.7%)
- Approximately one-third (33.5%) of respondents indicated that they have never volunteered

- The most common reasons for *not* volunteering were *I did not have the time* (41.9%), *I was unable to make long-term commitment* (32.4%), *I was concerned about COVID-19* (23.9%), *no one asked me* (23.1%), and *I did not know how to get involved* (21.5%)

While seniors (65+ years) made up the biggest group of past year volunteers (24.5%), the age group with the greatest likelihood of volunteering were young adults (18-24 years). The motivation to volunteer also differed by age group. For instance, young adults were more driven by *career motives* (i.e., volunteering as a way to improve career prospects), whereas seniors were more likely to adopt *social motives* (i.e., volunteering as a way to develop and strengthen social ties) and *enhancement motives* (i.e., volunteering to help the ego grow and develop).

Other groups with a higher likelihood of past year volunteering included respondents self-identifying as Black, those with Master's and Doctoral degrees, students, those earning between $100,000 and $149,000 and those earing $200,000 or more, respondents who perceived their past community social services experience as *somewhat* or *very important*, and key jurisdictions[ii] (Campbell River, Dawson Creek, Salmon Arm, and Terrace).

Non-volunteers were more likely to be those 45-54 years of age, those self-identifying as East Asian, Latin American, Southeast Asian, homemakers, and those earning $19,999 or less. Among East Asians and Southeast Asians, *not having enough time* was cited as the most common reason. Among Latin Americans and homemakers, *not knowing how to get involved* was most likely cited. Finally, low income earners were less likely to volunteer due to the perceived *financial cost* and *health problems that acted as barriers*.

Community Social Service Utilization in BC

- 72% of respondents had *ever* used a community social service[iii] in the past
- The most common services used *ever* were *therapeutic services* (e.g., counselling, 37.2%), *employment services* (35.5%), *youth services* (34.3%), *early years services* (32.7%), *family services* (31.2%) and *food security services* (31.1%)
- Overall, the least reported services utilized (i.e., *Never*) included *newcomer and immigrant services* (77.2%), *Indigenous services* (75.5%), and *housing services* (75.5%)
- Over two-thirds (67.6%) of survey respondents reported that community social services have been either *somewhat important* or *very important* to them
- Approximately 13% of past service users indicated that they were *somewhat unimportant* (5.3%) or *not very important* (7.4%)
- Over half (55.6%) of respondents stated that accessing community social services was *moderately easy, easy,* or *very easy*

[ii] **Note**: Some caution in the interpretation of *geographic results* is warranted. With the exceptions of the Vancouver Metropolitan Area, Victoria, Kelowna, Abbottsford-Mission, Kamloops, Chilliwack, and Nanaimo, many sampled BC jurisdictions yielded double-digit sub-samples—Terrace, Prince Rupert, Powell River, and Williams Lake featured 20-or-less respondents. These results may be useful for identifying areas and issues for follow-up inquiries.

[iii] See Table 1 on page 5 for description of assessed service areas

Significant demographic patterns and persistent health-related social needs emerged in relation to community social service utilization across most service areas. For instance, those between the ages 18 and 24 were more likely to report past service engagement in all areas except *family services*. Higher educational attainment, particularly those with Master's and Doctoral degrees, were also more likely to report community social service utilization. Geographically, respondents located in Campbell River were twice as likely to report community social service utilization across all areas, except for *women's services*. The most striking finding, however, was that almost every indicator of health-related social need (from housing precarity to food insecurity, transportation insecurity, energy insecurity, cognitive and physical difficulties, and more) were strongly predictive of general community social service engagement.

Implications and Next Steps

This study has sought to address key gaps in information pertaining to the engagement of British Columbians in community social services and volunteering as well as variations in demographics and health-related social needs. The results of this survey have provided an incremental, yet timely and detailed contribution to our understanding of these topics. However, given the breadth and depth of information in this report, it is recognized that this content will mean different things to people coming from different positions and perspectives. As such, this report is intended as a resource to inform and support further inquiry and developments across a broad spectrum of interests.

This study was conducted between February and March, 2023 and provided valuable insights into key aspects of the BC population with respect to engagement in the community social services sector and health-related social needs that reflect the mandates of many sector service providers. This data has also come at a critical time in BC's history, following the impacts and fallout of the COVID-19 pandemic and various crises, which include housing, poverty, food insecurity, and others that continue amidst heightened consumer inflation. In order to help track ongoing developments in the BC population related to the community social services sector as well as augment our perspective in key areas (i.e., climate equity, year-over-year volunteering, newcomer and immigrant engagement etc.), **this survey will be expanded into a longitudinal study**. It is also hoped that the information from this survey may benefit others with interests related to the sustainability and improvement of the community social services sector.

Background

The community social services sector provides an array of services and supports to people across British Columbia (BC). There are thousands of service providers across the province[iv] that help address the social needs of BC residents, on a daily basis. These services may range from early years and family programming to help with dignified access to healthy food as well as housing security. Service providers include non-governmental, not-for-profit organizations as well as private contracted service providers located in communities all around the province. Examples of service areas can include (but are not exclusive to) *children and youth, women, families, seniors, newcomers and immigrants, housing, food security, accessibility and inclusion for those with diverse mental and/or physical abilities, Indigenous peoples, employment*, and more (see Table 1).

Table 1: Description of common service areas in the BC community social services sector

Service Areas	Description
Early years services	These services can cater to infants and young children and can include daycare programs, early learning programs, and more
Youth services	These services typically focus on children over the age of 10 until 19 years and can include educational programs, crisis management, employment training, and more
Women's services	Women's services often involve supporting women in crisis or dealing with trauma or violence
Indigenous services	Indigenous services pertain to programs and supports tailored to Indigenous, First Nations, Metis, and Inuit people and can include cultural education, mental health and peer support services, and more
Family services	Family services focus on parents and their children and can include education, peer-support and more
Therapeutic services	Therapeutic services can include mental health and addiction services and programming with an emphasis on counselling
Seniors' services	Seniors' services can involve a wide variety of programming tailored to those 65 years and older
Newcomer services	Newcomer services include all services catering to new immigrants, refugees and those seeking culturally specific programming
Housing services	These services involve all forms of shelter and housing supports and can include youth in care and foster housing programs
employment services	These services can include training, education and placement programs that support employability and employment
Community living services	These services include all those tailored to the needs of people with diverse mental and physical abilities in order to support increased independence and accessibility
Food security services	These services can involve various supports aimed at ensuring stable and equitable food systems, such as farm to table programs, school food programs, food banks, food rescue and recovery programs, coops and more

Note: *This tabled description of community social services was derived from an analysis of n=113 organizations who are members of the Federation of Community Social Services of BC (FCSSBC). The service areas listed may not be exhaustive or exactly as described in all instances, but provide a general overview of common areas of service provision.*

[iv] Canadian Business Patterns (December 2021), Business Location Counts by CD/CSD and NAICS

Over the past few years, social and economic disruptions stemming from the COVID-19 pandemic, current consumer inflation, and other local, regional, and provincial issues have raised the profile on key social development needs. For example, BC has experienced a 16.8% increase in the cost of new housing since January 2020[v]; rapidly increasing monthly rental housing costs across BC communities have also been noted[vi]; and inflation of basic store-bought foods (vegetables, dairy products, eggs) has exceeded 11% from the year previous.[vii] Since the start of the COVID-19 pandemic to January 2022, young adults (18-39 years), in particular, have seen increased rates of moderate to severe anxiety (33.5%), loneliness (29.1%), and depression (27.7%).[viii] Addressing these social and economic pressures, as well as others, reflect the general goals of the community social services sector—*meeting the social development needs of people and communities, including fostering a healthy, equitable, and inclusive society for all*. One of the key barriers to an informed response to these and other issues is that our current and timely understanding of system impacts and factors remains fragmented.

The limitations in current macro-economic data, such as those described above, are that their impacts are disconnected from the human experiences of individuals, populations, and local communities. Large macro-social surveys, such as those produced by Statistics Canada, provide a clearer picture of the human factors associated with *some* social and economic circumstances. However, these data sources are not updated more than once every few years and are typically subject to a two-year delayed release schedule (e.g., the most recent data being the 2021 Census with data reflecting the year 2020). As such, there is currently a need for timely engagement with BC residents to learn about their demographic backgrounds, where and how they live, their current health and well-being, as well as their specific social development needs. Evidence supporting the development of this understanding also helps put into context the potential linkages and impacts of the community social services sector.

Some gaps in the current knowledge base relating to the community social services sector, the people who work within the sector, and the communities being served have been identified by key partners, such as the *BC Ministry of Social Development and Poverty Reduction* and the *Social Services Sector Roundtable Reference Group*, composed of sector leaders. Notable areas identified for knowledge development have included baseline assessments of system impacts and the state and characteristics of volunteering, among others. Addressing these gaps in knowledge are expected to support future planning and development within the sector, concerning its sustainability and future growth.

Volunteering, for instance, is seen by many in the non-profit sector as a key success factor and requirement for organizational sustainability and mission attainment.[2] Among volunteers themselves, several benefits have been cited, including improved well-being,[3,4] social engagement,[5,6] and mental health.[7,8] Despite this, Statistics Canada has noted that nearly 70% of non-profit organizations serving households and individuals are in need of more volunteers.[ix] Greater understanding of *who* volunteers in

[v] Statistics Canada. Table 18-10-0205-01 New housing price index, monthly. Accessed April 12, 2023

[vi] The monthly average cost of a one-bedroom rental in Vancouver is $2,743, as of March 2023 (the highest in Canada). Rentals.ca. April 2023 Rent Report: Rent Growth Reaccelerates in March. Accessed April 12, 2023

[vii] BCStats. Consumer Price Index: February 2023. Accessed April 12, 2023

[viii] Centre for Addiction and Mental Health (CAMH). COVID-19 National Survey Dashboard: Impact of COVID-19 on Mental Health and Substance Use. Accessed April 17, 2023. **Note**: this 'young adults' age range is that of CAMH

[ix] Statistics Canada. Table 33-10-0617-01 Volunteers and challenges businesses face in volunteer recruitment and retention, fourth quarter of 2022. Accessed April 17, 2023.

BC, *where* they volunteer, and *why* they volunteer (or not) may provide valuable insight into this dynamic component of the community social services sector.

Similarly, understanding service utilization is important for supporting service planning within the sector and alignment with social development needs. For instance, in order to assess the degree to which the social development needs of BC residents are being met by the sector, an estimate of social service utilization is required. Moreover, such an assessment would provide additional value when compared with the demographic characteristics, service awareness and attitudes, as well as self-reported motivations for engaging services. Characterizations of those who *choose not to use services* or who face barriers to accessing services—based on an assessment of their health-related social needs—may also be beneficial for understanding the sector's growth potential.

Project Overview

This project seeks to understand how BC residents engage with and think about community social services. To this end, an online survey (*n*=5,009) of BC adults (18+) was carried out in order to answer a set of key questions:

1. **What are the health-related social development needs of BC residents?**
    a. Who in BC have the greatest need of community social services support?
    b. Are those in need engaged with community social services?
    c. What are the gaps and opportunities for improving service-need alignment?
2. **Who volunteers their time, free or charge, with community social service organizations?**
    a. Where and how long do volunteers lend their time?
    b. How has volunteering shifted over time?
    c. What motivates people to volunteer?
    d. Likewise, who chooses not to volunteer? Why?
3. **Who uses community social services in BC?**
    a. What services are most popular among key segments of the population?
    b. To what degree are services viewed as important to British Columbians?
    c. To what degree are services viewed as easy to access?
    d. What opportunities exist to increase engagement among non-users?

Methods

Between February 23rd and March 13th, 2023, a large online general population survey of adult (18+) British Columbians was conducted. **This study has received research ethics clearance from *Advarra Canada* (Pro00069314)**, the country's largest centralized and accredited[x] institutional review board (see **Appendix A** for Informed Consent and questionnaire).

Sampling and Data Collection

This study utilized a quota-based sampling strategy matching BC's 2021 census distributions for *age*, *gender*, and *geography*. An online survey panel provider, *Schlesinger Group* (now *Sago*), was used to

[x] Advarra is accredited under the Association for the Accreditation of Human Research Protection Programs (AAHRPP)

sample from a pool of over a million of Canadians[xi]. The recruitment strategy targeted permanent residents, living at least three months in BC with no intentions of leaving, who were 18 years of age or older. Eligible recruits were invited to respond to the survey electronically by the panel provider, based on pre-existing respondent profile information. Respondents directed to the online survey were first presented with an informed consent statement detailing the study sponsor (SPARC BC), its purpose, eligibility criteria, task requirements, potential risks, benefits, confidentiality, data security, and more. Those who *agreed* to participate were then directed to a series of screening questions asking about their age, how long they have been residents of BC, and their forward sorting area (i.e., the first three-digits of their postal code) to re-confirm eligibility. Those who did not meet the eligibility criteria were directed to an exit page with an ineligibility statement, while those who did meet inclusion criteria advanced to the survey's main questions.

The survey achieved a sample size of *n*=5,009 and featured very strong demographic representation, relative to other trusted provincial estimates (e.g., BCStats and Statistics Canada). For instance, age and gender almost exactly matched estimates published by BCStats (see Table 2). Geographic representation was tied to census metropolitan area (CMA) and census agglomeration (CA) estimates from Statistics Canada and remained within ±1% across the survey sample, except for the Vancouver Metropolitan Area, which was 4% under Statistics Canada's estimate. The rate of completion for the survey was 74.5% and 367 respondents were screened out due to unmet eligibility criteria. Overall, the survey sample has a crude estimated margin of error of ±1.38%.

Table 2: Age and gender quota alignment of survey sample with 2021 BCStats estimates

		18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 90+	Total	
BCStats Estimates	**Male**	231104	383857	354670	324743	358806	477645	2130825	**49.1%**
	Female	216739	365774	356768	344334	379126	547249	2209990	**50.9%**
	Total	447843	749631	711438	669077	737932	1024894	4340815	
		10.3%	**17.3%**	**16.4%**	**15.4%**	**17.0%**	**23.6%**	**100.0%**	
Survey Sample	**Male**	245	416	395	320	416	613	2405	**48.0%**
	Female	255	434	408	379	437	638	2551	**50.9%**
	Non-binary	14	15	3	1	1	0	34	**0.7%**
	Other	6	4	4	4	0	1	19	**0.4%**
	Total	520	869	810	704	854	1252	5009	
		10.4%	**17.3%**	**16.2%**	**14.1%**	**17.0%**	**25.0%**	**100.0%**	

Note: *BCStats 2021 estimates generated using Population Application (https://bcstats.shinyapps.io/popApp/); based on a 95% level of confidence, the survey sample has an estimated margin of error of ±1.38%*

Key Measures and Indicators

The survey asked people to report on their awareness, attitudes and behaviours related to the community social services sector. Specifically, respondents were asked about their past and present employment in the sector as well as volunteering and service utilization. Several questions were also presented to capture key demographic information, health and well-being, as well as health related social needs.

[xi] Sago's AskingCanadians panel is profiled across 500+ core demographic, psychographic, behavioural and attitudinal variables as well as 2,000+ variables for profiling Canadian households to enable the collection of data among hard-to-reach population segments.

Where possible, measures were adapted from pre-existing and validated surveys and screening tools. For instance, *general health* questions on 1) *self-reported health status* and 2) *health status compared to one year ago* have been adapted from the *Canadian Health Measures Survey* (Cycle 6).[xii]

Mental health and health-related social needs were assessed via *The Accountable Health Communities Health-Related Social Needs Screening Tool*. Developed by the Center for Medicare and Medicaid Innovation, this clinical screening tool assesses unmet health-related social needs concerning living situations, food, transportation, utilities, safety[xiii], financial strain, family and community support, education, physical activity, substance use, mental health[xiv], and disabilities. The questions underlying this screening tool provide a validated basis on which to assess social needs related to various social determinants of health. In turn, this suite of measures is useful for identifying and understanding those who may have greater need for community social service supports as well as confirming if those in need are engaged with potentially beneficial services, or not.

The Volunteer Functions Inventory (VFI) is a widely used and validated screening tool developed to assess volunteering motivations. Past studies have found that volunteering motivations are important for understanding both recruitment and maintenance of volunteer work engagement. The 30-items in the inventory assess motives related to altruism and humanitarianism (*value factors*); motivations focused on acquiring and/or improving knowledge, skills and experience (*understanding factors*); motivations related to developing and strengthening social ties (*social factors*); motivations compelling one to protect their ego or escape personal problems (*protective factors*); motivations to enhance knowledge in specific areas related to professional or academic development (*career factors*); and motivations to enhance self-knowledge and development (*enhancement factors*). For this study, the VFI is a relevant tool for understanding key elements of engagement with community social service organizations, as many rely upon volunteers to deliver programs and services, as well as support other aspects of operations. A Cronbach's Alpha test of reliability for the 30-item VFI in this study revealed excellent internal consistency (α=.96).

Several questions were also developed specifically for this survey and focused on *community social service experience*. For instance, respondents were asked if they had used any services in areas listed in Table 1, a) *six months ago, or more recently,* b) *between six months ago and one year ago,* c) *between one and two years ago*, d) *over two years ago,* or e) *never.* Respondents were also asked *how important access to community social services has been, how they rated the experience of accessing services or resources, why some have never used a community social service before,* and *if they would be more likely to use community social services if they knew more about them*.

Data Management and Analysis

Survey data was collected and secured by the survey panel vendor, who transmitted the final data to the research team for analysis and secure storage. Schlesinger Group (now Sago) employs multiple layers of security to make sure that data remains private and secure. This vendor is ISO27001 certified to protect personal identifying information and all surveys are placed in a Secure Survey Environment (SSE) where

[xii] Statistics Canada. Canadian Health Measures Survey (Cycle 6); General Health (GEN), GEN_Q005 and GEN_Q010. Accessed April 13, 2023

[xiii] Chronbach's Alpha test of reliability for survey results on this 4-item measure of personal safety showed excellent internal consistency (α=.90)

[xiv] Chronbach's Alpha test of reliability for the two-item PHQ-2 measure of depression symptoms revealed good internal consistency (α=.85)

web pages are encrypted with secure socket layer (SSL). Only persons with authorized access to a survey account have access to the data. The data set received by the research team was anonymized and de-identified by the vendor and then stored within SPARC BC's secured business continuity environment.

After receiving the data, SPARC BC cleaned and prepared it for analysis using SPSS version 28. This process involved conducting data quality checks, recoding variables, and computing new variables for analysis. Descriptive analysis focused on key demographic and health variables, as well as indicators of volunteerism, community social service utilization, and social needs. Bivariate analysis was also carried out to identify statistically significant associations ($p<.05$; $p\leq.001$) through Chi-square tests and odds ratio analysis. Additional targeted data analysis included logistic regression of some key variables.

Results

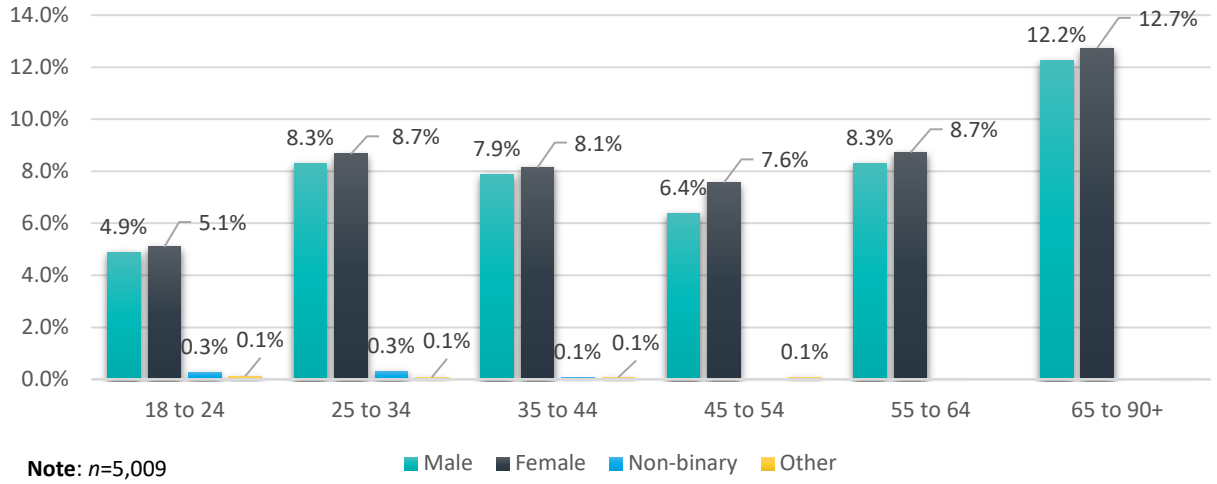
The following sections provide an overview of the survey results relating to respondent demographics, health and well-being, volunteerism, community social service utilization, and health-related social needs. Findings reflecting key factors and associations relevant to each domain are also integrated into the sections below.

Demographics

Age categories for the survey included *18-24, 25-34, 35-44, 45-54, 55-64,* and *65+ years*. The age distribution of the survey sample matched BCStats 2021 estimates within ±1.5% (see Table 1). Collectively, these data indicate that over 40% of adult British Columbians are 55 years of age or older and those 65 years or older represent upwards of one-quarter of the adult population. In contrast, adults between the ages of 18-34 represented just over one-quarter of the adult population in BC.

Gender was represented in the survey by the categories of *male, female, non-binary,* and *other*, while BCStats 2021 estimates were limited to either *male* or *female*. Approximately 1% of the survey sample self-identified as either *non-binary* or *other*. Compared to estimates from BCStats, the only discrepancy in gender distribution was for *males* (48% for the survey, 49.1% for the BCStats estimate), whereas *females* for both data sources represented 50.9% (see Figure 1).

Figure 1: Gender and age distribution of survey sample



Note: *n*=5,009

Geographic distribution reflected 2016 categories for BC census metropolitan areas (CMA) and census agglomerations (CA). Survey data was generally consistent with 2021 and 2022 distribution estimates published by Statistics Canada (see Table 3). The survey sample typically came within 1% of Statistics Canada estimates, apart from the *Vancouver metropolitan area*, which was 4% underrepresented. Those living in the *"rest of BC"* category were also underrepresented (2%), compared to Statistics Canada's estimate. The geographic areas with the smallest sub-samples included *Terrace* (*n*=11), *Prince Rupert* (*n*=18) and *Powell River* (*n*=18).

Table 3: Geographic distribution of survey sample and 2021/2022 Statistics Canada estimates[xv]

Region	Stats Can*	Final #	Final %	Difference
Abbotsford - Mission	4%	186	4%	0%
Campbell River	1%	88	2%	1%
Chilliwack	2%	142	3%	1%
Courtenay	1%	91	2%	1%
Cranbrook	1%	67	1%	0%
Dawson Creek	0%	27	1%	1%
Duncan	1%	56	1%	0%
Fort St. John	1%	22	0%	-1%
Kamloops	2%	146	3%	1%
Kelowna	4%	236	5%	1%
Nanaimo	2%	152	3%	1%
Nelson	0%	34	1%	1%
Parksville	1%	49	1%	0%
Penticton	1%	79	2%	1%
Port Alberni	1%	21	0%	-1%
Powell River	0%	18	0%	0%
Prince George	2%	91	2%	0%
Prince Rupert	0%	18	0%	0%
Quesnel	0%	29	1%	1%
Salmon Arm	0%	27	1%	1%
Squamish	0%	22	0%	0%
Terrace	0%	11	0%	0%
Vancouver	53%	2442	49%	-4%
Vernon	1%	74	1%	0%
Victoria	8%	407	8%	0%
Williams Lake	0%	20	0%	0%
Rest of BC	11%	454	9%	-2%

**Statistics Canada (%)* values reflect 2021 and 2022 estimates published by BCStats (January 2023).

[xv] **Note**: Some caution in the interpretation of geographic results is warranted. With the exceptions of the Vancouver Metropolitan Area, Victoria, Kelowna, Abbottsford-Mission, Kamloops, Chilliwack, and Nanaimo, many sampled BC jurisdictions yielded double-digit sub-samples—Terrace, Prince Rupert, Powell River, and Williams Lake featured 20-or-less respondents. These results may be useful for identifying areas and issues for follow-up inquiries.

Ethno-cultural identity was presented in the survey across ten categories and one *Other* open-field option. The *Other* option represented 1% of the survey sample. Table 4 provides an overview of the survey sample distribution and a comparison adapted from the 2021 Census profile for BC. Compared with estimates from Statistics Canada, the survey sample demonstrates notable variations in proportional representation. *East Asians* and *South Asians*, the two largest non-White ethno-cultural groups in BC, were notably underrepresented in the survey sample. *Indigenous* respondents were also underrepresented in the sample. In contrast, *Southeast Asian, White,* and *Black* respondents were slightly overrepresented, compared to Statistics Canada Census estimates. Comparison of estimates for *Pacific Islanders/Polynesians* was not practical at the time of reporting.

Table 4: Ethno-cultural distribution of survey sample and 2021 Census (BC Profile)

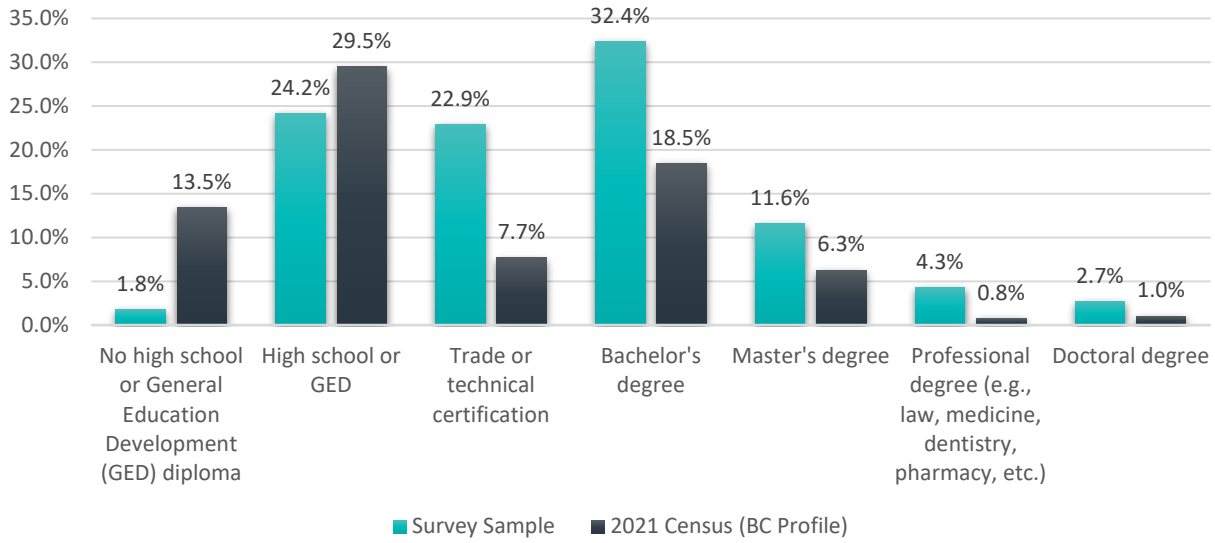
Ethno-Cultural Groups	Survey Sample	2021 Census* (BC Profile)
Black (e.g., African, Haitian, Jamaican, Somali, etc.)	2.3%	1.3%
Caucasian/White (e.g., European)	69.4%	65.6%
East Asian (e.g., Chinese, Japanese, Korean, Taiwanese, etc.)	12.6%	27.2%
Indigenous (e.g., First Nation, Métis, Inuit)	3.3%	5.9%
Latin American (e.g., Brazilian, Cuban, Mexican, Guatemalan, Peruvian, etc.)	1.7%	1.3%
Pacific Islander/Polynesian (e.g., Native Hawaiian, Samoan, Cook Islander, etc.)	0.3%	
South Asian (e.g., Afghan, East Indian, Pakistani, Sri Lankan, etc.)	3.9%	9.6%
Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese, Filipino, etc.)	2.6%	1.5%
West Asian (e.g., Armenian, Iraqi, Iranian, Israeli, Turkish, etc.)	1.0%	2.0%
Multi-ethnic	2.1%	1.2%

*2021 Census. *Statistics Canada (%)* values for ethno-cultural groups reflect 2021 Census, BC profile: Statistics Canada Catalogue no. 98-316-X2021001. Ottawa. Released March 29, 2023.

Educational attainment varied between the survey sample and the 2021 Census estimates for BC. Generally speaking, the survey sample skewed slightly towards higher educational attainment (see Figure 2). For example, Statistics Canada estimates for *no high school or GED* (13.5%) and *high school or GED* (29.5%) were notably higher than the survey sample (1.8% and 24.2%, respectively). In contrast, the proportion of survey respondents with *trade or technical certifications, bachelor's degrees, master's degrees, professional degrees,* and *doctoral degrees*[xvi] exceeded 2021 Census estimates. However, it is also important to note that the 2021 Census estimates used for comparison include those *15 years of age and older*, whereas the survey sample only included those *18 years and older*, which may account for some of the proportional difference in educational attainment.

[xvi] Respondents with doctoral degrees reflected extreme associations with volunteering and service utilization. **Appendix B** provides some background and context for interpreting these results..

Figure 2: Educational attainment distribution of survey sample and 2021 Census (BC Profile)

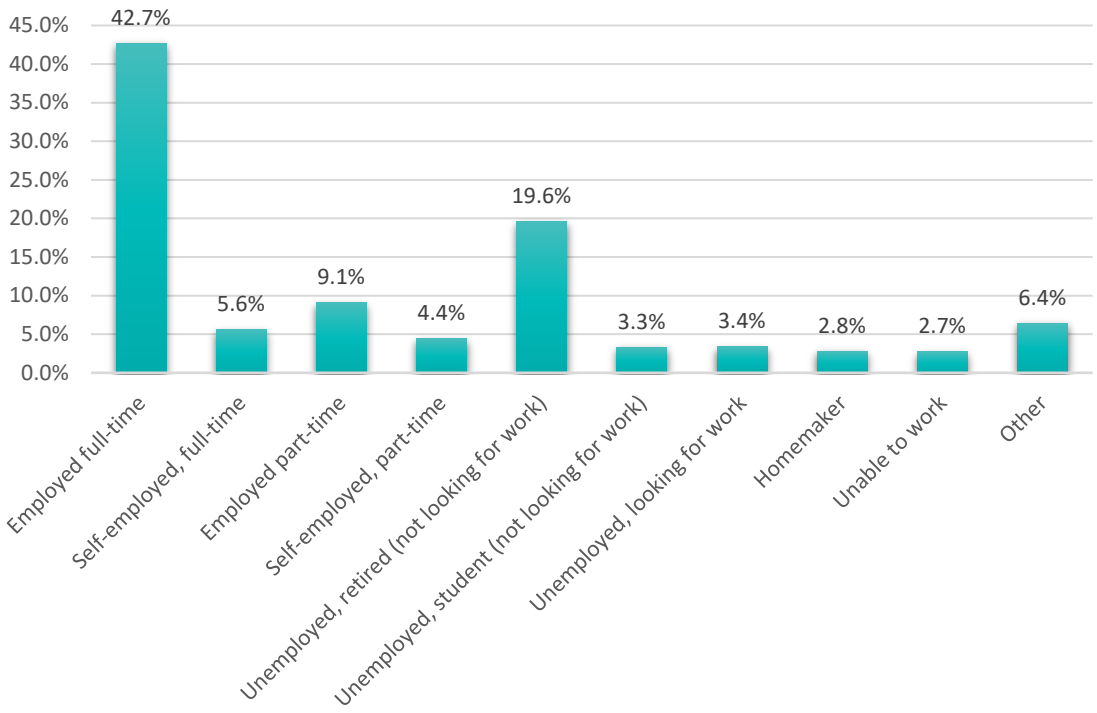


Note: 2021 Census education metrics for BC population 15+ years. Statistics Canada. 2023. *Census Profile*. 2021 Census of Population. Statistics Canada Catalogue no. 98-316-X2021001. Ottawa. Released March 29, 2023

Employment status was represented by ten categories across the survey sample, including *employed full-time, employed part-time, self-employed full-time, self-employed part-time, unemployed (retired, not looking for work), unemployed (student, not looking for work), unemployed (looking for work), homemaker, unable to work,* and *other.* Full-time employment (42.7%) represented the largest proportion of respondents, followed by retired British Columbians (19.6%). Those indicating that they were either *unable to work* (2.7%) or *homemakers* (2.8%) represented the smallest groups in the distribution (see Figure 3).

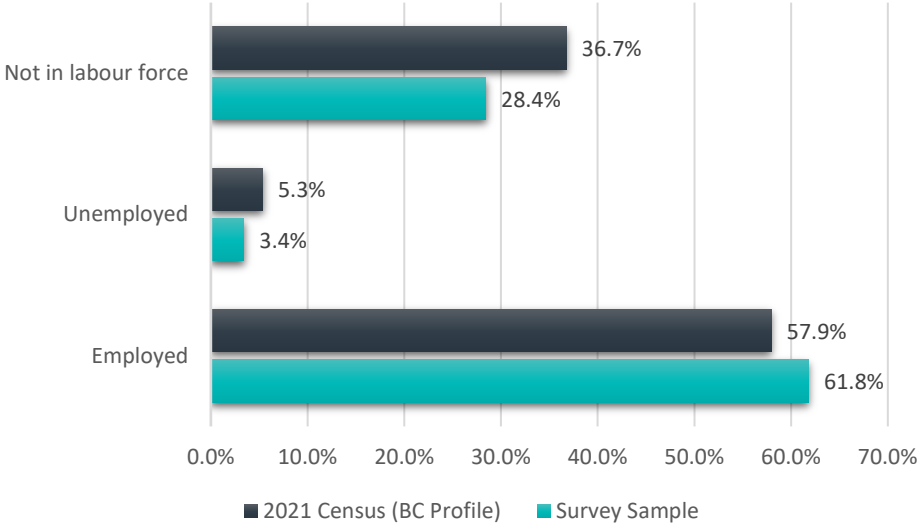
With respect to the 2021 Census, comparisons with aggregated survey estimates are generally consistent (see Figure 4). Compared to the 2021 Census, the survey sample reflected a slightly higher rate of *employment* (+3.9%) and lower rates of *unemployment* (-1.9%) and those *not in the labour force* (-8.3%). As with educational attainment, the inclusion of those 15-to-17 years of age in the Census data have impacted this comparison with the survey sample of those 18 years and older.

Figure 3: Detailed employment distribution of survey sample



Note: *n*=5,009

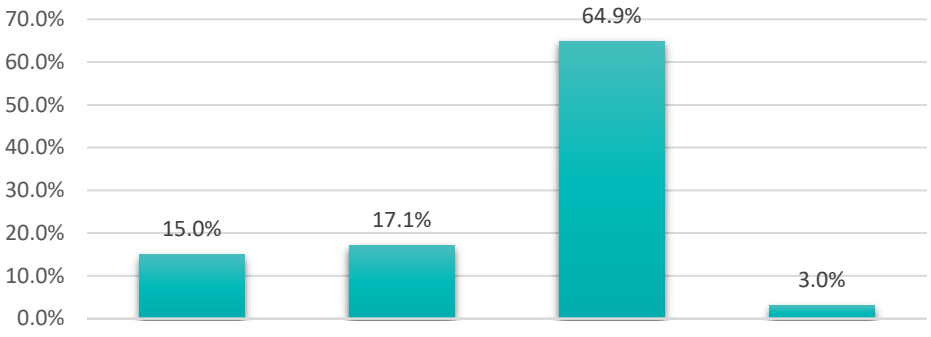
Figure 4: Employment distribution of survey sample and 2021 Census (BC Profile)



Note: Survey data of *Employed* in the table includes full-time and part-time employed and self-employed; *Unemployed* includes "Unemployed, looking for work"; *Not in labour force* includes Unemployed, retired and student, homemaker, and unable to work. Missing data (n=323) represents "Other" responses in survey data. 2021 Census data reflect BC profile on *labour force status* for ages 15 and older. Statistics Canada Catalogue no. 98-316-X2021001. Ottawa. Released March 29, 2023.

Approximately 15% of survey respondents indicated that they currently worked for a community social service organization in BC, while 17.1% indicated past experience working in the sector (see Figure 5). If taken at face value, the survey estimate indicates that around one-third of the BC workforce has experience working in the sector. This figure does, however, need to be consolidated with Statistics Canada's 2021 estimate of BC's non-profit workforce (12.6% of the total workforce)[xvii], two-thirds of which are government non-profit affiliated workers. Statistics Canada's estimate also does not account for those private organizations delivering community social services.

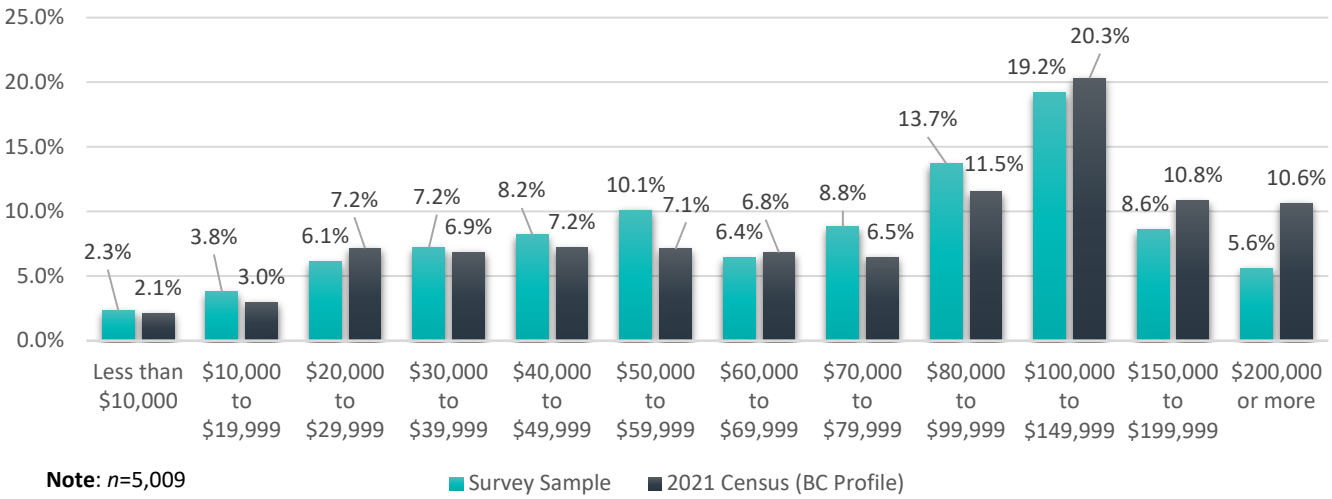
Figure 5: Have you ever worked for a community social service organization in BC?



Note: *n*=5,009

Household income was distributed consistently across the survey sample, as compared with 2021 Census estimates (see Figure 6). Only two categorical exceptions exceeding 3+% difference were apparent ($50K to $59,999 and $200K or more). The differences between remaining estimates were less than 2.5% (typically less than 1%). Overall, the survey sample featured a slightly greater proportion of respondent households earning $99,999 or less, whereas 2021 Census estimates were higher for those making $100,000 or more.

Figure 6: Household income before tax in survey sample and 2021 Census (BC Profile)

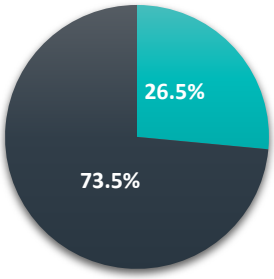


Note: *n*=5,009

[xvii] Statistics Canada. Table 36-10-0617-01 Employment in non-profit institutions by sub-sector (x 1,000). Released January 17, 2023.

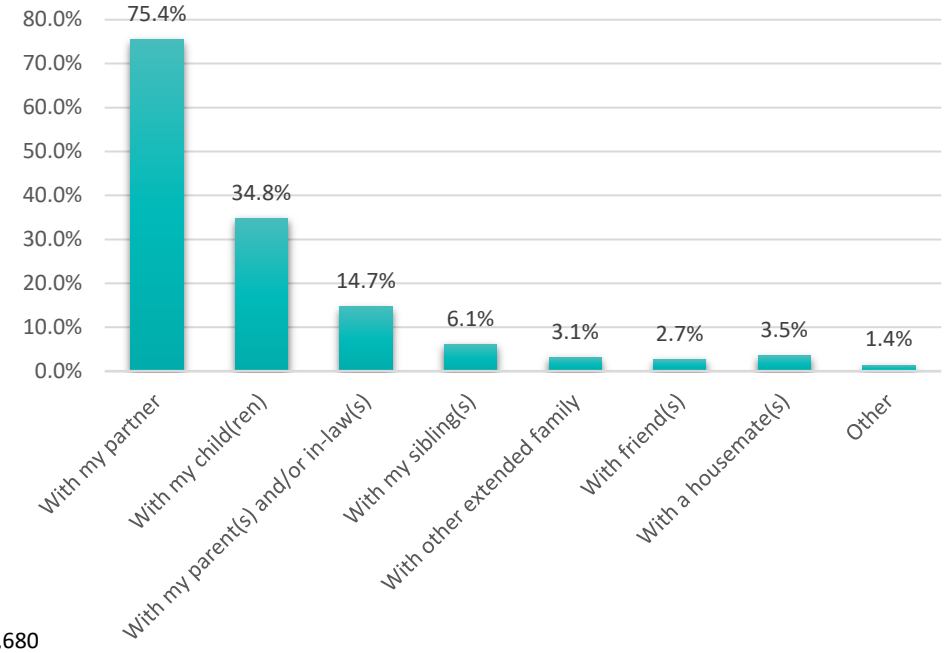
The majority of British Columbians (approximately three-quarters) **cohabitate** or live with others in their households (see Figure 7). The remaining one-quarter of respondents reported *living alone*. Of those who reported cohabitation with others, approximately three-quarters lived with their *partners*, while one-third indicated living with a *child or children* (see Figure 8). Just under 15% of respondents reported living with their *parents or in-laws*. The remainder of the distribution cohabitated with *siblings*, other *extended family members, friends, housemates*, or some *other* relational category. In comparison with the 2021 Census, Statistics Canada has noted that 14.3% of BC respondents aged 15 and over lived alone (12% lower than this general population survey).[xviii]

Figure 7: Cohabitation among survey sample respondents



Note: *n*=5,009

Figure 8: Cohabitants among those who live with others



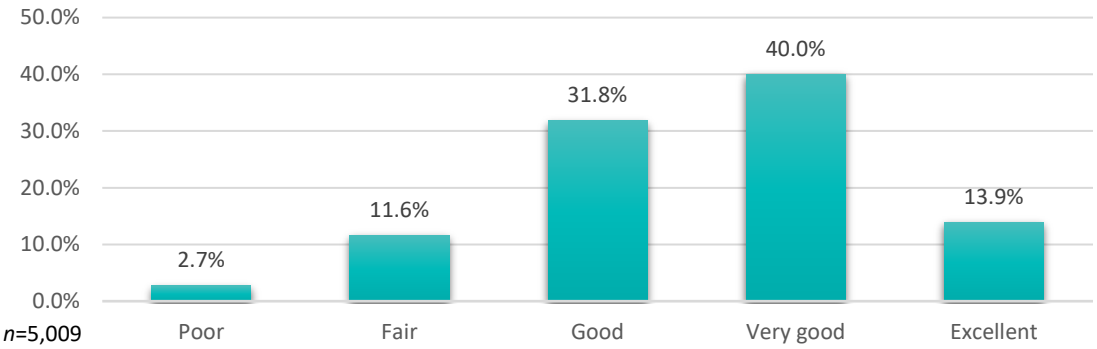
Note: *n*=3,680

[xviii] Statistics Canada. 2021 Census of Population. Accessed July 18, 2023. **Note**: the information presented in this Census data series focuses on family composition and does not show cohabitation with non-family members such as roommates, friends, others, etc.

Health and Well-Being

General health status was self-reported as *very good* or *excellent* by the majority of survey respondents (53.9%) (see Figure 9). Those who indicated that their general health was either *poor* or *fair* composed 14.3% of the survey sample. In comparison, Statistics Canada's 2019/2020 estimate of general health in BC[xix] included 60% who indicating *very good* or *excellent* health and 12.1% reporting *fair* or *poor* health. In this regard, it is important to note that this Statistics Canada estimate, while generally consistent with the survey sample, differs in its inclusion of those 12 years of age and older and reflects data collected from 3-4 years ago.

Figure 9: Self-reported general health status among survey sample



Note: *n*=5,009

Emerging Factors → *Poor* or *Fair* General Health

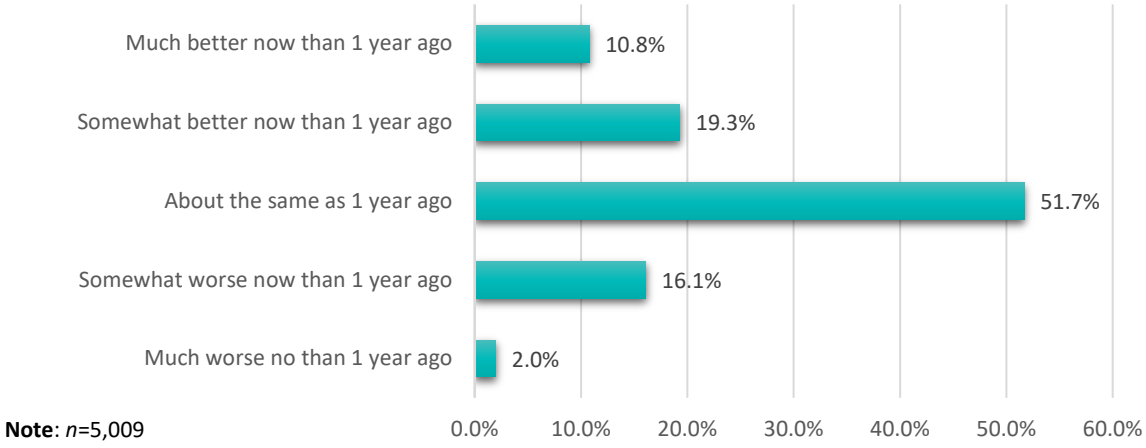
- 22.9% of **Indigenous respondents** reported *poor* or *fair* general health
- **Indigenous respondents** were 1.82-times more likely[xx] to report *poor* or *fair* health than other ethno-cultural groups
- **Lower educational attainment** was associated with a larger proportion of *poor* and *fair* health within groups: *no high school of GED* (35.9%; OR=3.4 *p*≤.001), *high school or GED* (20.2%; OR=1.78, *p*≤.001), and *trade or technical certification* (18.5%; OR=1.50, *p*≤.001)
- Large proportions of respondents who reported being **unemployed and looking for work** (26%) and those **unable to work** (64.2%) had *poor* or *fair* health and were 2.16-times and 12.05-times, respectively, more likely (*p*≤.001) than other employment groups to report this outcome
- Respondents **earning less than $30,000** in household income per year had between 2-to-5 times the odds (*p*≤.001) of reporting *poor* or *fair* health
- Approximately 30% of those positively screened for **potential mental health concerns** (depression and anxiety) reported *poor* or *fair* health and had over 3.5-times the odds of reporting this outcome

[xix] Statistics Canada. Table 13-10-0113-01. Health characteristics, two-year period estimates. Released April 19, 2022.

[xx] **Statistical 'likelihood'** or **'odds'** are reflective of **odds-ratio (OR)** calculations that provide a crude estimate of the likelihood a particular outcome may occur given a distinct exposure or group trait within the sample. Only values with less than a 5% chance of being random results (*p*<.05), within the limits of the survey sample, are presented. Odds presented with '*p*≤.001' mean that the chance that an associated value is random is less than or equal to 0.1% and have higher statistical significance (i.e., they reflect stronger statistical associations).

General health compared to a year ago revealed a majority (51.7%) reporting *limited or no change* (see Figure 10). Nearly one-third reported their general health being either *somewhat better* or *much better than 1 year ago*. However, just under one-fifth of respondents indicated that their health had deteriorated and was either *somewhat worse* or *much worse than 1 year ago*.

Figure 10: Current self-reported general health status compared to one year ago



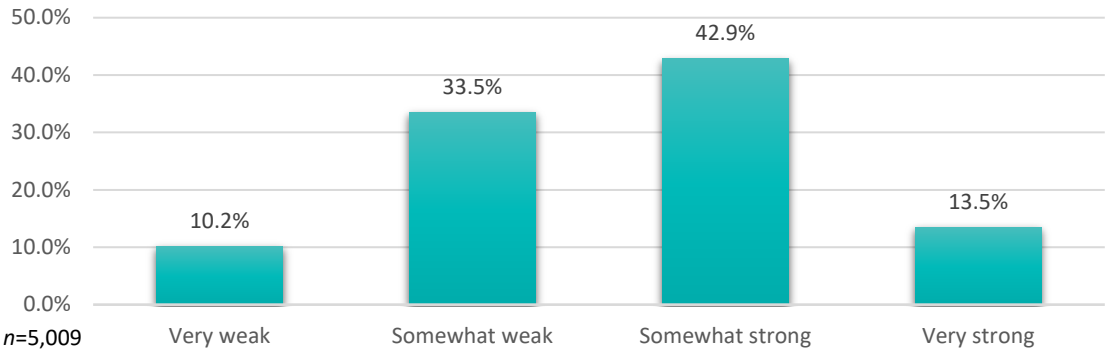
Note: *n*=5,009

Emerging Factors → General Health *Somewhat* or *Much Worse* Than One Year Ago

- **Lower educational attainment** featured higher proportions and increased odds of worse health: *no high school of GED* (27.2%; OR=1.71, $p<.05$), *high school or GED* (20.8%; OR=1.26, $p<.05$), and *trade or technical certification* (21.8%; OR=1.36, $p\leq.001$)
- One-quarter or more of respondents who were **self-employed, part-time** and **unemployed and looking for work** reported worse health (over 1.5-times the odds of other employment groups, $p<.05$)
- More than half of those indicating they are **unable to work** (53.7%) reported worse health and were 5.61-times more likely to say so ($p\leq.001$)
- Approximately one-quarter to one-third of those reporting **household incomes of $10,000 to $40,000** noted worse health and were 1.36-to-2.22-times more likely ($p<.05$) to report this outcome
- Approximately one-third of those screened for **potential mental health need** (depression and anxiety) reported worse health and were between 3 and 3.5-times more likely to be associated with this outcome compared to those not indicating mental health issues ($p\leq.001$)

Self-assessed sense of community belonging, reflecting aspects of personal and social well-being, was *somewhat strong* or *very strong* for most survey respondents (56.4%) (see Figure 11). The remaining 43.6% noted either *somewhat weak* or *very weak* senses of community belonging.

Figure 11: Self-reported sense of community belonging to local community



Note: *n*=5,009

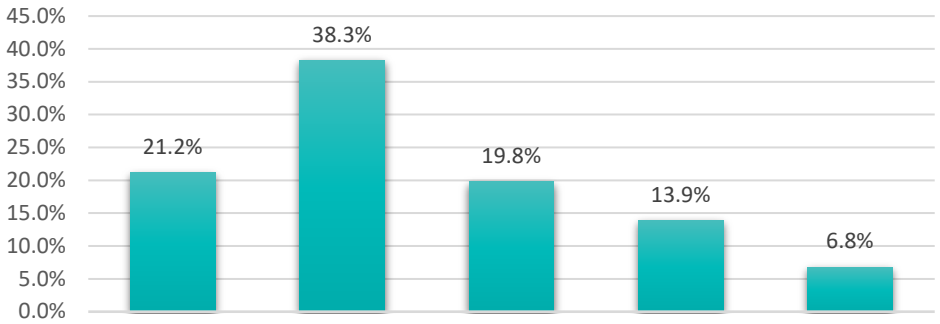
Emerging Factors → Sense of Community Belonging (*Somewhat* or *Very Weak*)

- **Middle-aged adults (45-54 years)** had the highest odds of reporting a weak sense of community belonging (55.4%; OR=1.73, *p*≤.001), compared to other age groups
- **Respondents identifying as East Asian** had a higher likelihood of feeling a weaker sense of community belonging (50.7%; OR=1.38, *p*≤.001)
- Over 50% of those with **household incomes between $10,000 and $39,999** were significantly more likely (OR=1.4-1.9, *p*≤.001) to report weak community belonging
- Many respondents who were **unemployed and looking for work** (58.6%) or **unable to work** (72.4%) had approximately 2-and-3.5 times the odds (*p*≤.001) of reporting a weak sense of community belonging, respectively
- Over 60% of those reporting **poor or fair general health** as well as **worse health (compared to the previous year)** had approximately 2.5 and 2.8-times the odds (*p*≤.001) of weaker self-reported community belonging, respectively
- The majority of those indicating **elevated depression and anxiety symptoms** were 1.77 and 2.46-times more likely (*p*≤.001) to report a weak sense of community belonging, respectively

Anxiety was assessed by asking respondents if they *feel stress these days*. Examples provided to survey respondents included *feeling tense, restless, nervous, anxious, or being unable to sleep because one's mind is troubled all the time*. The majority of British Columbians (59.5%) only experienced *a little bit* or *no stress at all* (see Figure 12). In contrast, 20.7% reported experiencing stress *quite a bit* or *very much*. While one-to-one comparison is difficult due to different screening tools used, the Centre for Addiction and Mental

Health (CAMH) has reported similarly high (*moderate* to *severe*) anxiety (25.1%) among Canadians in January 2022.[xxi]

Figure 12: Self-assessed anxiety symptomatology



Note: *n*=5,009

Question: *Do you feel stress these days? (feeling tense, restless, nervous, anxious, or unable to sleep because your mind is troubled all the time)*

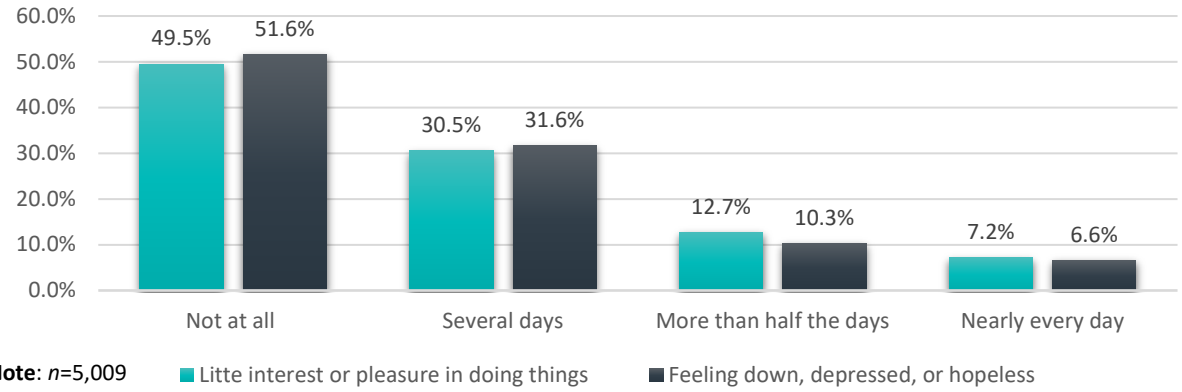
Emerging Factors → Elevated Anxiety Symptomatology (Feel Stress *Quite a Bit* or *Very Much*)

- 39% of **18-24 year-olds** and 29.3% of **25-34 year-olds** reported elevated anxiety and were 2.81- and 1.78-times more likely ($p \leq .001$) to report this outcome than other age cohorts
- One-quarter of **female respondents** indicated experiencing elevated anxiety symptoms and were 1.71-times more likely ($p \leq .001$) to report this outcome than other gender groups
- One-third of **Indigenous respondents** reported elevated anxiety and had 1.95-times the odds of this mental health outcome compared to other ethno-cultural groups
- **Lower educational attainment** was associated with elevated anxiety: *no high school of GED* (38%; OR=2.40, $p \leq .001$), *high school or GED* (27.6%; OR=1.68, $p \leq .001$)
- A high proportion of **unemployed students** (45.2%; OR=3.33, $p \leq .001$), **unemployed respondents looking for work** (37.3%; OR=2.36, $p \leq .001$), and **those unable to work** (50%; OR=4.03, $p \leq .001$) reported elevated anxiety
- 45.3% of those earning between **$10,000 and $19,999** experienced elevated anxiety that was 3.36-times ($p \leq .001$) that of other income categories
- Elevated anxiety was also noted by several respondents in **Cranbrook** (35.8%; OR=2.17, $p < .05$), **Dawson Creek** (37%; OR=2.27, $p < .05$), **Duncan** (37.5%; OR=2.33, $p < .05$), **Fort St. John** (40.9%; OR=2.67, $p < .05$), **Kamloops** (30.1%; OR=1.68, $p < .05$), and **Williams Lake** (40%; OR=2.57, $p < .05$)
- 42.8% of those who reported ***poor* or *fair* general health** were also screened for elevated anxiety and had 3.65-times the odds of this screening outcome
- Over one-quarter (26.5%) of those who **perceived community social services as *somewhat* or *very important*** were screened for elevated anxiety (1.42-times higher than those that did not share these perceptions, $p \leq .001$)

[xxi] Centre for Addiction and Mental Health (CAMH). COVID-19 National Survey Dashboard: Impact of COVID-19 on Mental Health and Substance Use. Accessed April 17, 2023.

Depression was assessed via two related but separate questions asking 1) if respondents had *little or no interest or pleasure in doing things* and 2) *feeling down, depressed, or hopeless* (see Figure 13). Approximately half of respondents reported experiencing these symptoms *not at all*. Between 17% and 20% of the survey sample revealed experiencing the highest levels of depression symptomatology *more than half the days* or *nearly every day* in the two weeks prior to data collection.

Figure 13: Self-assessed depression symptomatology (past two weeks)



Note: *n*=5,009

Emerging Factors → Elevated Depression Symptomatology (Patient Health Questionnaire, PHQ-2)

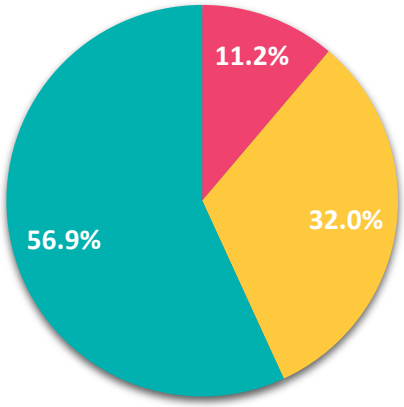
- 47.7% of **18-24 year-olds** and 36.6% of **25-34 year-olds** reported elevated depression and were 3.92- and 2.50-times more likely ($p \leq .001$) to report this outcome than other age cohorts
- Approximately one-third of **Indigenous** and **South Asian respondents** reported elevated depression and had 1.92-times the odds ($p \leq .001$) and 1.46-times the odds ($p < .05$) of this mental health outcome compared to other ethno-cultural groups
- **Lower educational attainment** was associated with elevated depression: *no high school of GED* (38%; OR=2.23, $p \leq .001$) and *high school or GED* (26.5%; OR=1.41, $p \leq .001$)
- A high proportion of **part-time employed respondents** (30.6%; OR=1.66, $p \leq .001$) **unemployed students** (48.8%; OR=3.60, $p \leq .001$), **unemployed respondents looking for work** (37.3%; OR=2.36, $p \leq .001$), and **those unable to work** (50%; OR=4.03, $p \leq .001$) reported elevated depression
- Over one-third (37.4%-42.6%) of respondents **earning $19,999 or less** reported elevated depression symptoms and had between 2.79-times and 3.18-times the odds of this screening outcome compared to higher income groups
- 30% of those who reported **living alone** were positively screen for elevated depression and were 1.84-times more likely to experience depression symptoms than those who cohabitated
- 58.8% of those **screened for elevated anxiety** also reported elevated depression and were 10.27-times more like to do so than those not reporting anxiety symptoms
- Elevated depression was also noted by several respondents in **Dawson Creek** (44.4%; OR=2.88, $p < .05$), **Fort St. John** (40.9%; OR=2.49, $p < .05$), and **Kamloops** (30.1%; OR=1.57, $p < .05$)
- 44.1% of those who reported **poor or fair general health** were also screened for elevated depression and had 3.55-times the odds of this screening outcome

Health-Related Social Needs

Health-related social needs reflect many areas of service provision in the community social services sector in BC. As such, assessing health-related social needs can help determine what the general burden of various social development needs may be, what segments of the BC population are disproportionately affected, and facilitate the ability to examine the alignment in service utilization among those who may benefit most from service provision. The sections below provide an overview of the assessed health-related social needs among survey respondents. These assessed areas include *financial strain, housing precarity, household health hazards, food insecurity, transportation insecurity, energy insecurity, employment security needs, loneliness and social isolation, cognitive and physical difficulties, illegal drug use,* and *potential physical and/or mental safety issues*.

Financial strain was assessed by asking respondents *how hard it is to pay for the very basics like food, housing, medical care, and heating*. Over one-third of British Columbians (43.2%) reported that paying for the very basics was either *sometimes hard* or *very hard* (see Figure 14). However, the majority of respondents (56.9%) noted that it was *not hard at all* paying for the very basics.

Figure 14: General self-assessed financial strain



Note: *n*=5,009

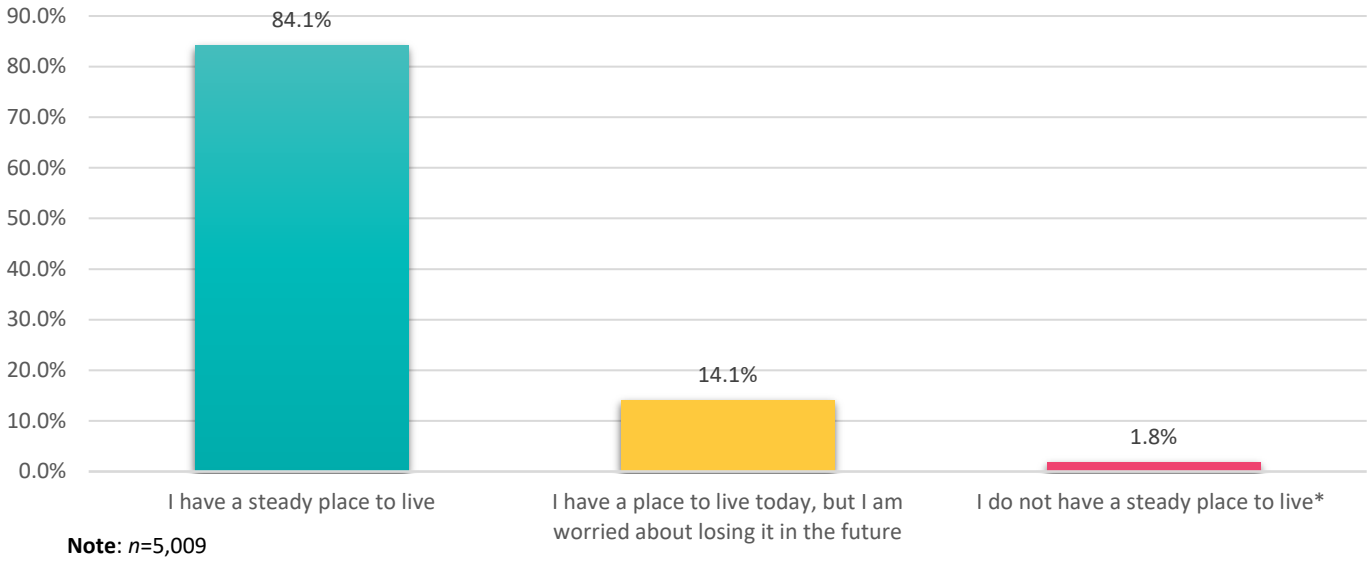
Emerging Factors → General Financial Strain

Factors Associated with a Higher Proportion (>40%) and Likelihood (OR>2.0, p≤.001) of Financial Strain

A number of factors were independently associated with greater relative reporting of financial strain, including being aged 18-34 years of old, self-identifying as Indigenous, self-identifying as Black, household incomes between $0 and $49,999, being an unemployed student, being unemployed (looking for work), being unable to work, no high school or GED, elevated depression symptoms, elevated anxiety symptoms, and respondents reporting from Dawson Creek

Housing precarity was assessed by asking survey respondents if they had *a steady place to live*. The vast majority of British Columbians (84.1%) reported that they *have a steady place to live* (see Figure 15). However, approximately 14% noted that they *have a place to live today, but are worried about losing it in the future.* A small, but critical group of respondents (1.8%) also reported that they are unhoused and *do not have a steady place to live*.

Figure 15: General self-assessed housing security



Note: *n*=5,009

**Staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park*

Emerging Factors → Housing Precarity

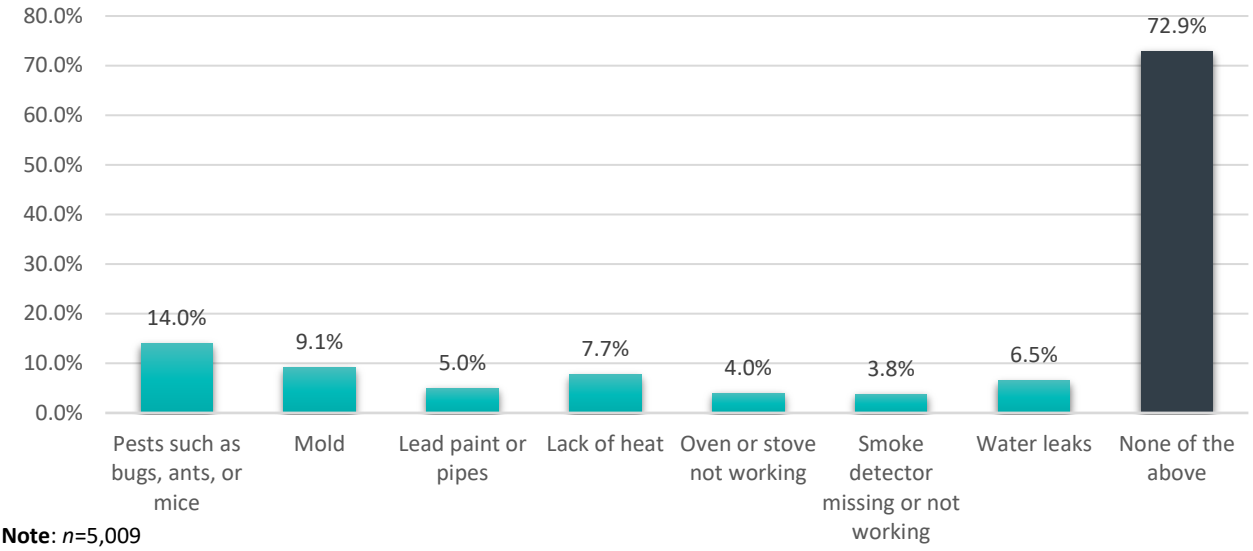
Factors Associated with a Higher Likelihood (OR>2.0, p≤.001) of Housing Precarity (i.e., Housing Insecurity)

At-risk (*have a place to live today, but worried about the future*): Being aged 18-24 years old, self-identifying as Indigenous, self-identifying as Black, self-identifying as Latin American, household incomes between $0 and $29,999, employed part-time, unemployed (looking for work), unable to work, no high school or GED, poor or fair general self-reported health status, elevated depression symptoms, and elevated anxiety symptoms

Unhoused (*do not have a steady place to live*): Being aged 18-24 years old, self-identifying as Indigenous, self-identifying as Black, household income less than $10,000, unemployed (looking for work), homemaker, unable to work, no high school or GED, high school or GED, poor or fair general self-reported health status, elevated depression symptoms, elevated anxiety symptoms, and located in Abbottsford-Mission

A closer examination of living situations in BC focused on **household health hazards** (see Figure 16). Most respondents (72.9%) did not experience any of the listed health hazards in their homes. However, 33.9% of British Columbians did report *at least one* (1+) health hazard in their home, with *pests, such as bugs, ants,* or *mice* (14%) being the most common, followed by *mold* (9.1%) and *lack of heat* (7.7%). Approximately 2% of the survey sample reported *five-or-more* (5+) health hazards in their homes.

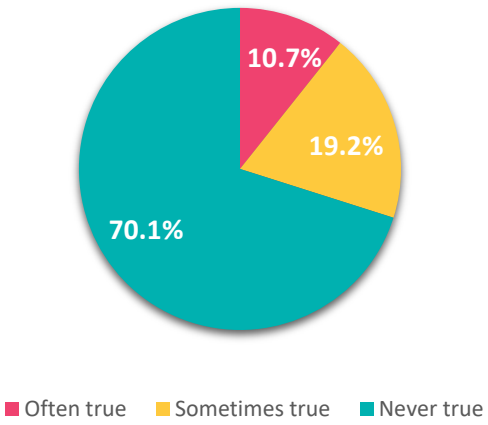
Figure 16: Health hazards associated with current living situation



Note: *n*=5,009

Food insecurity was assessed through *two* key questions. The first question asked survey respondents if, in the past 12 months, they were ever *worried food would run out before they could buy more*. Over two-thirds (70.1%) of British Columbians have not worried about their food security in the past 12 months (see Figure 17). However, approximately 30% reported that it was *sometimes true* or *often true* that they worried about running out of food in the past year.

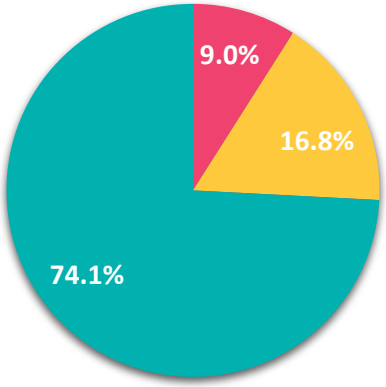
Figure 17: Worried food would run out before getting money to buy more (past 12 months)



Note: *n*=5,009

The second item used to assess food insecurity asked survey respondents if they had *experienced food running out before being able to buy more*. In the past year, slightly less that three-quarters of British Columbians never experienced this degree of food insecurity (see Figure 18). However, 25.8% of BC residents reported that running out of food before being able to buy more was either *sometimes true* or *often true.*

Figure 18: Experienced food run out and could not afford to buy more (past 12 months)



Note: *n*=5,009

Emerging Factors → Food Insecurity

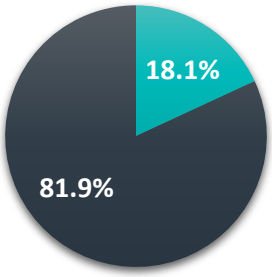
Factors Associated with a Higher Proportion (>40%) and Likelihood (OR>2.0, p≤.001) of Food Insecurity

Perceived food insecurity (*worried food would run out*): 18-34 years of age, self-identifying as Indigenous, self-identifying as Black, self-identifying as Latin American, household incomes between $0 and $29,999, unemployed student, unemployed (looking for work), unable to work, no high school or GED, poor or fair general self-reported health status, elevated depression symptoms, elevated anxiety symptoms, located in Campbell River, and located in Cranbrook

Experienced food insecurity (*food ran out and could not buy more*): 18-34 years of age, self-identifying as Indigenous, self-identifying as Black, self-identifying as Latin American, unemployed student, unemployed (looking for work), unable to work, no high school or GED, elevated depression symptoms, elevated anxiety symptoms, located in Campbell River, located in Cranbrook, located in Dawson Creek, and located in Williams Lake

Transportation insecurity was assessed by asking survey respondents if, in the past 12 months, *a lack of reliable transportation had kept them from medical appointments, meetings, work or getting things needed for daily life*. The majority of British Columbians did not experience transportation insecurity (see Figure 19). However, approximately one-in-five respondents (18.1%) reported a lack of reliable transportation, which affected their daily lives.

Figure 19: Experience transportation insecurity affecting daily life (past 12 months)



Note: *n*=5,009

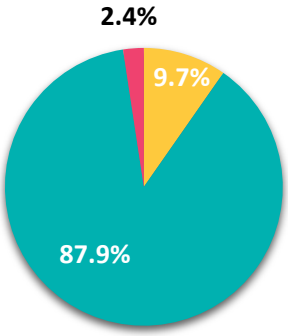
Emerging Factors → Transportation Insecurity

Factors Associated with a Higher Proportion (>30%) and Likelihood (OR>2.0, p≤.001) of Transportation Insecurity

A number of factors were independently associated with greater transportation insecurity, including being 18-34 years of age, self-identifying as Indigenous, self-identifying as Black, self-identifying as South Asian, household incomes between $0 and $19,999, unemployed student, unemployed (looking for work), unable to work, no high school or GED, poor or fair general self-reported health status, elevated depression symptoms, elevated anxiety symptoms, located in Campbell River, located in Dawson Creek, located in Fort St. John, and located in Squamish

Energy security was assessed by asking survey respondents *if the electric, gas, oil or water utility company had threatened to, or already, shut off services to their homes in the past 12 months*. The vast majority (87.9%) of British Columbians reported being energy secure at home, over the past year (see Figure 20). However, over 10% of BC residents noted either receiving a notice for the cessation of energy services or they had already been shut off during this period of time.

Figure 20: Utility company has threatened or already shut off services (past 12 months)



Note: *n*=5,009

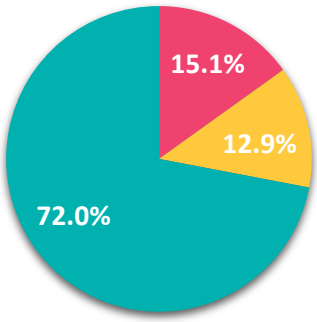
Emerging Factors → Energy Insecurity

Factors Associated with a Higher Proportion (>20%) and Likelihood (OR>2.0, p≤.001) of Energy Insecurity

A number of factors were independently associated with greater relative reporting of energy insecurity (i.e., *utility company has threatened or already shut off services*), including being aged 18-34 years of age, self-identifying as Indigenous, self-identifying as Black, unemployed student, live alone, poor or fair general self-reported health status, elevated depression symptoms, elevated anxiety symptoms, located in Campbell River, located in Cranbrook, located in Dawson Creek, and located in Duncan

Employment security was an area where over one-quarter of survey respondents indicated their interest in receiving supports (see Figure 21). Specifically, approximately 15% expressed an interest in *help finding work* and 13% in *help keeping work*. A sizable minority (17.8%) also expressed an interest in supports focused on *education and training* (see Figure 22).

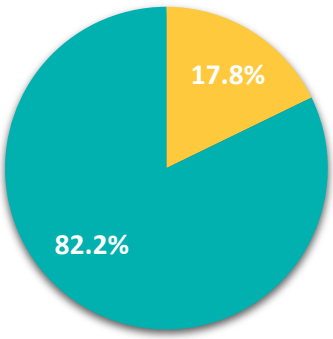
Figure 21: Want help finding or keeping paid work or a job



Note: *n*=5,009

Yes, help finding work Yes, keeping work I do not need or want help

Figure 22: Want help with school or training



Note: *n*=5,009

Yes No

Emerging Factors → Employment Security Need

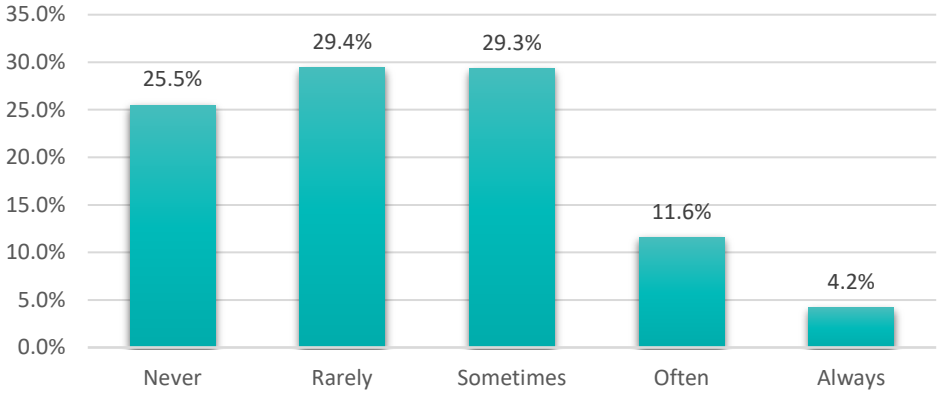
Factors Associated with a Higher Proportion (>20%) and Likelihood (OR>2.0, *p*≤.001) of Self-Reported Employment Security Need

Help Finding Work: Being 18-34 years of age, self-identifying as Indigenous, self-identifying as Black, self-identifying as Latin American, self-identifying South Asian, household incomes between $0 and 19,999, unemployed student, unemployed (looking for work) (65.7%; OR=12.43, *p*≤.001), no high school or GED, elevated depression symptoms, elevated anxiety symptoms, located in Campbell River, located in Dawson Creek, located in Duncan

Help Keeping Work: Being 18-44 years of age, self-identifying as Indigenous, self-identifying as Black, self-identifying as East Asian, self-identifying as South Asian, self-identifying as Southeast Asian, employed full-time, employed part-time, doctoral degree, elevated depression symptoms, located in Abbottsford-Mission

Feeling lonely or isolated was a sentiment shared, to varying degrees, by approximately 45% of survey respondents (see Figure 23). The majority of these British Columbians reported only feeling lonely *sometimes*, although 15.8% noted that they felt this way either *often* or *always*.

Figure 23: Feeling lonely or isolated from those around you



Note: *n*=5,009

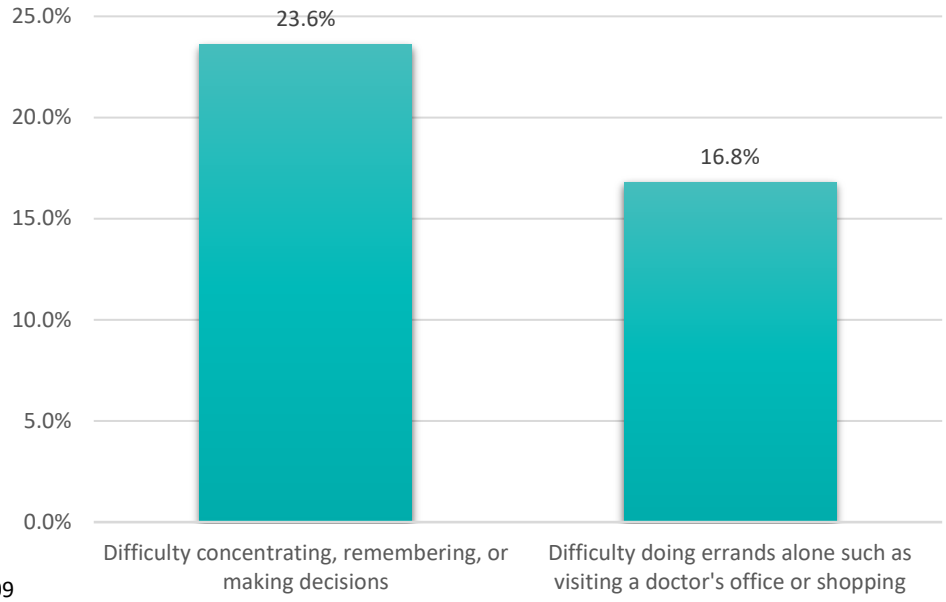
Emerging Factors → Feeling Lonely or Isolated

Factors Associated with a Higher Proportion (>20%) and Likelihood (OR>2.0, p≤.001) of Feeling Lonely or Isolated (*often* or *always*)

A number of factors were independently associated with greater relative reporting of feeling lonely or isolated, including being 18-24 years of age, household incomes between $10,000 and $19,000, unemployed student, unemployed (looking for work), unable to work, no high school or GED, live alone, poor or fair general self-reported health status, elevated depression symptoms (46.7%; OR=11.27, p≤.001), elevated anxiety symptoms (49.3%; OR=12.71, p≤.001), located in Courtenay, located in Cranbrook, located in Dawson Creek, located in Duncan, located in Fort St. John, located in Port Alberni, located in Prince Rupert, and located in Terrace

Difficulties related to physical, mental, or emotional conditions were experienced by less than a quarter of the survey sample (see Figure 24). For instance, 23.6% expressed *difficulty concentrating, remembering, or making decisions* (cognitive difficulties). To a lesser degree (16.8%), some British Columbians also reported *difficulty doing errands alone such as visiting a doctor's office or shopping* (physical difficulties).

Figure 24: Difficulties experienced due to physical, mental or emotional condition



Note: *n*=5,009

Emerging Factors → Cognitive and Physical Difficulties

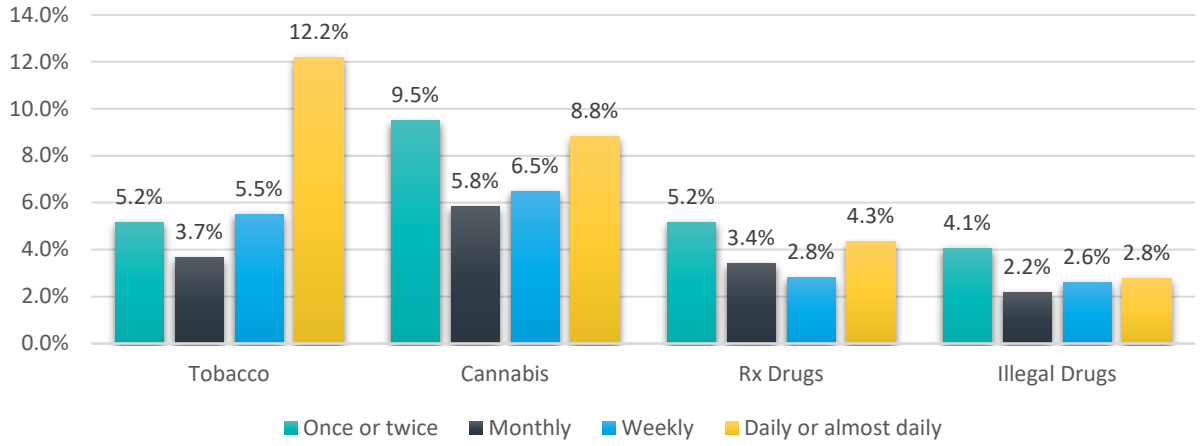
Factors Associated with a Higher Proportion (>20%) and Likelihood (OR>2.0, p≤.001) of Cognitive and Physical Difficulties

Cognitive Difficulties (*difficulty concentrating, remembering, or making decisions*): Being 18-34 years of age, self-identifying as Indigenous, self-identifying as Latin American, household incomes between $10,000 and $19,999, unemployed student, unemployed (looking for work), unable to work, no high school or GED, poor or fair general self-reported health status, elevated depression symptoms, elevated anxiety symptoms, located in Campbell River, located in Cranbrook, and located in Duncan

Physical Difficulties (*difficulty doing errands alone*): Being 18-34 years of age, self-identifying as Indigenous, self-identifying as Black, household incomes between $10,000 and $19,999, unemployed student, unable to work, no high school or GED, poor or fair general self-reported health status, elevated depression symptoms, elevated anxiety symptoms, located in Campbell River, located in Courtenay, located in Cranbrook, located in Dawson Creek, located in Duncan, and located in Fort St. John

Substance use over past 12 months varied across listed substances as well as in terms of frequency (see Figure 25). *Tobacco* smoking rates were very high (26.5%) across all frequency categories and reflected more than double the most recent prevalence estimate for BC (7.7%, 2020).[xxii] *Cannabis* use (30.6%, overall) was far more consistent with the official estimate from the Government of BC in 2021 (32%).[xxiii] Non-medical use of *prescription drugs* and *illegal drug* use feature much lower prevalence among survey respondents (15.7% and 11.6%, respectively). Recent, representative estimates from other trusted data sources were difficult to identify and limited the ability to draw comparisons.

Figure 25: Prevalence of selected substance use (past 12 months)



Note: *n*=3,009, missing=2000; Prescription drug use refers to non-medical use; *Never* users are excluded.

[xxii] Statistics Canada. Canadian Tobacco and Nicotine Survey, British Columbia in 2020. Retrieved May 1, 2023: https://uwaterloo.ca/tobacco-use-canada/

[xxiii] BC Cannabis Secretariat and BC Stats. Cannabis in British Columbia: Results from the 2021 BC Cannabis Use Survey. Retrieved May 1, 2023: https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/public-safety/cannabis/2021_bc_cannabis_use_survey_report_final.pdf

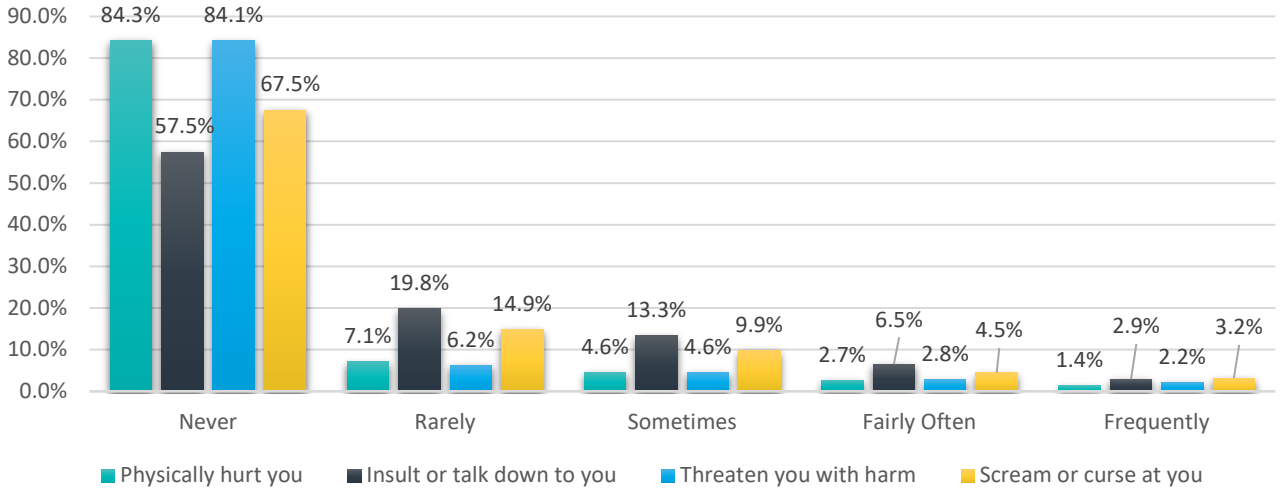
Emerging Factors → Illegal Drug Use

Factors Associated with a Higher Likelihood (OR>2.0, p≤.001) of Illegal Drug Use (*monthly* or *more*)

A number of factors were independently associated with greater relative reporting of illegal drug use, including being 18-34 years of age, self-identifying as Indigenous, unemployed students, unable to work, live alone, elevated depression symptoms (25.9%; OR=14.39, p≤.001), elevated anxiety symptoms, and respondents located in Abbottsford-Mission, Cranbrook, Dawson Creek, and Duncan

Physical, verbal or emotional abuse varied in prevalence and incidence among survey respondents (see Figure 26). Overall, 15.7% of British Columbians reported experiencing physical abuse *rarely* or more often. Many more respondents reported being insulted or talked down to *rarely* or more often (42.5%). Reports of being threatened with harm was reported by 15.9% of British Columbians in the survey sample to some degree. Finally, approximately one-third (32.5%) of respondents reported being screamed or cursed at by someone, including friends or family.

Figure 26: Prevalence of self-reported physical, verbal or emotional abuse



Note: *n*=5,009

Emerging Factors → Potential Safety Issues

Factors Associated with a Higher Proportion (>20%) and Higher Likelihood (OR>2.0, p≤.001) of Potential Physical and/or Mental Safety Issues (*Index Score ≥11*)

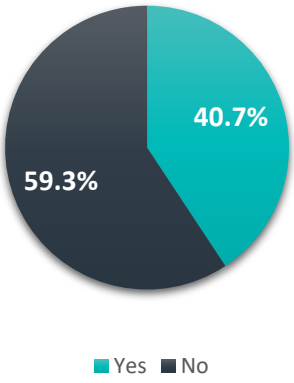
A number of factors were independently associated with greater relative reporting of potential physical and/or mental safety issues, including being 18-34 years of age, self-identified as Indigenous, self-identified as Black, household incomes between $10,000 and $19,999, unemployed student, unable to work, live alone, elevated depression symptoms (32.4%; OR=11.18, p≤.001), elevated anxiety symptoms, located in Campbell River, located in Dawson Creek, located in Duncan, and located in Fort St. John

Volunteering

Volunteering is a key aspect of the community social services sector. With this in mind, understanding the current prevalence of volunteering (in and out of the sector), the potential indicators of its trajectory in BC, and the motivations for and against the decision to volunteer are described in the sections below.

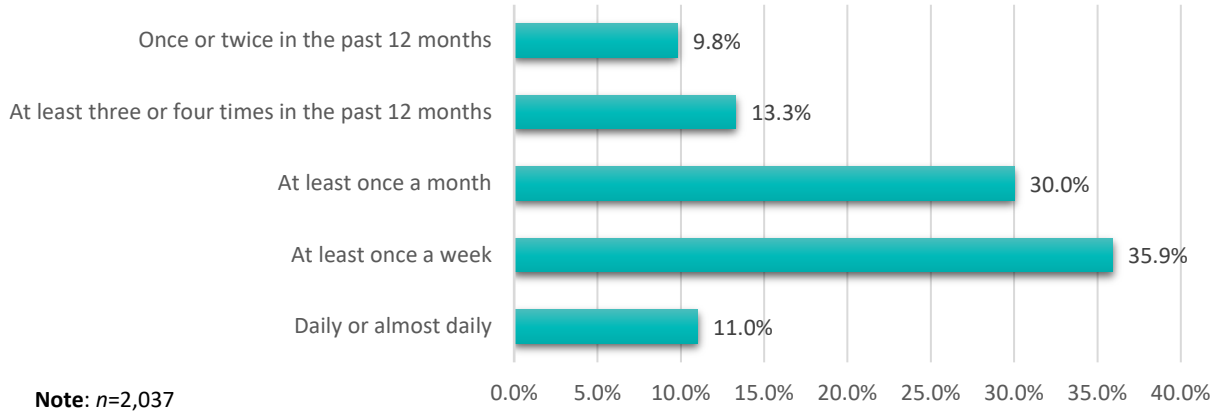
Approximately 40% of respondents reported **volunteering in the past 12 months** without pay, on behalf of a group or organization (see Figure 27). By comparison, Statistics Canada reported a *formal volunteer* rate in BC of 43.9% in 2018[xxiv], which included Canadians 15 years of age and older. Among past year volunteers in the present survey, over two-thirds reported volunteering *at least once a month* or *at least once a week* with a further 11% indicating that they volunteer on a *daily or almost daily* basis (see Figure 28). Overall, two-thirds (66.5%) of surveyed British Columbians have volunteered at any time in the past.

Figure 27: Volunteering without pay on behalf of a group or organization (past 12 months)



Note: *n*=5,009

Figure 28: Frequency of volunteer work over the past 12 months



Note: *n*=2,037

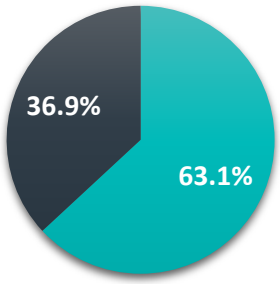
[xxiv] Statistics Canada. Formal volunteering for a group or organization. Table 45-10-0040-01 Volunteer rate and average annual volunteer hours, by definition of volunteering and gender. Accessed May 3, 2023.

Emerging Factors → Past Year Volunteering

- 60.2% of **young adults** (18-24 years) reported past year volunteer work (all other age groups featured less than 45% past year volunteering)
- **Young adults** (18-24 years) were 2.43-times more likely ($p \leq .001$) to report volunteering than older respondents
- **Seniors** (65+ years) composed the biggest group of past year volunteers (24.5%), but only 40% of this age group volunteered over the past 12 months
- 60.5% of respondents identifying as **Black (e.g., African, Haitian, Jamaican, Somali, etc.)** volunteered in the past year and were 2.28-times more likely ($p \leq .001$) to do so than other ethno-cultural groups
- Past year volunteering among respondents with **Master's degrees** (55.8%) and **Doctoral degrees** (76.9%) was much more likely (2.01-times and 5.05-times the odds, respectively) than other education attainment groups ($p \leq .001$)
- 64.5% of **unemployed students** (not looking for work) reported past year volunteering, which reflected 2.74-times the odds of other employment categories
- Those earning **$100,000 to $149,000** household income per year composed the biggest group of past year volunteers (21.2%), but those earning **$200,000** were most likely to do so (2.16-times the odds, $p \leq .001$)
- 54.2% of those who ***perceived the importance of community social services as 'somewhat' or 'very important'*** reported past year volunteering and were 2.36-times more likely to do so ($p \leq .001$)
- The jurisdictions with the greatest likelihood to report past year volunteering included **Campbell River** (3.37-times the odds, $p \leq .001$), **Dawson Creek** (2.94-times the odds, $p < .05$), **Salmon Arm** (2.49-times the odds, $p < .05$), and **Terrace** (3.90-times the odds, $p < .05$)

Looking further back, survey respondents were asked if they had **volunteered *prior* to 12 months ago** (i.e., before last year). Self-reports revealed that approximately 20% *more* British Columbians volunteered before last year than did in the year previous to data collection (see Figure 29).

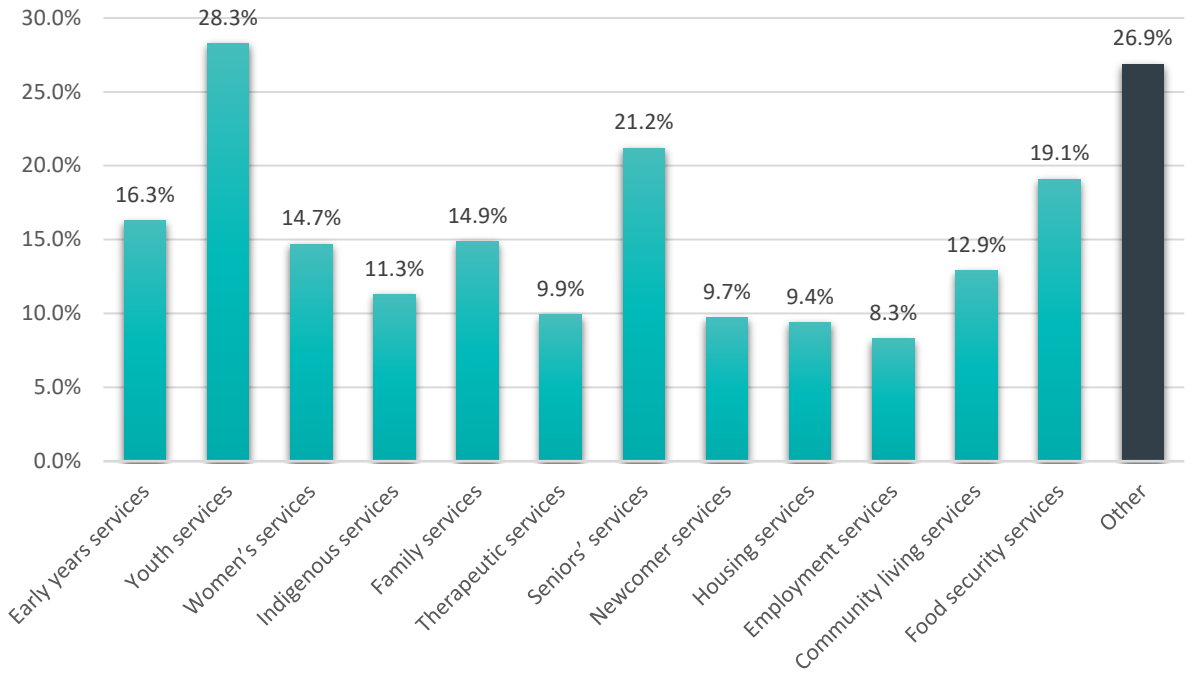
Figure 29: Volunteering without pay on behalf of a group or organization (before last year)



Note: *n*=3,163

Among those who reported any past or current volunteering, 73.1% indicated that their work had supported an organization associated with a listed **area of community social service** (see Figure 30). *Youth services* (28.3%), *seniors' services* (21.2%), and *food security services* (19.1%) were the areas most heavily supported by volunteers in BC. *Employment services* (8.3%), *housing services* (9.4%), and *newcomer and immigrant services* (9.7%) emerged as the areas least supported by volunteers.

Figure 30: Volunteer work by community social service area supported and others



Note: n=3330

Emerging Factors → Volunteering by Service Area

Note: *Factors Indicate a Higher Proportion (>20%) and Likelihood (OR>2.0, p≤.001) of Volunteering*

- **Early years services** – 18-24 year-olds, 35-44 year-olds, have used any community social service, self-identified as Black, household income of $200K or more, employed full-time, unemployed students, perceived community social services as important, located in Campbell River, and located in Chilliwack
- **Youth services** – 18-24 year-olds, 35-44 year-olds, males (33.6%; OR=1.64, *p*≤.001), have used any community social service, household income between $150K and $199K (38.8%; OR=1.69, *p*≤.001), household income of $200K or more, employed full-time, unemployed students, Doctoral degree, perceived community social services as important (35.1%; OR=1.72, *p*≤.001), located in Courtenay, located in Fort St. John (64.3%; OR=4.58, *p*=.003)
- **Women's services** – 18-24 year-olds, 35-44 year-olds, have used any community social service (17.2%; OR=4.27, *p*≤.001), self-identified as Black, household income of $200K or more, employed full-time, unemployed students, Master's degree, Doctoral degree, perceived community social services as important, located in Campbell River (25.7%; OR=2.04, *p*=.007)

...

- **Indigenous services** – 18-24 year-olds, 35-44 year-olds, self-identified as Indigenous, self-identified as Black, household income between $150K and $199K, household income of $200K or more, employed full-time (18.2%; OR=3.33, *p*≤.001), unemployed students, Master's degree, Doctoral degree, located in Abbotsford, Campbell River, located in Chilliwack, located in Dawson Creek, located in Fort St. John (35.7%; OR=4.41, *p*=.004)
- **Family services** – 35-44 year-olds, males (18.9%; OR=1.87, *p*≤.001), household income of $200K or more, employed full-time, Master's degree, Doctoral degree, perceived community social services as important
- **Therapeutic services** – 35-44 year-olds, household income of $200K or more, Doctoral degree
- **Senior's services** – 35-44 year-olds, 65+ year-olds (26.2%; OR=1.47, *p*≤.001), have used any community social service, household income of $200K or more; Doctoral degree, located in Penticton (36.7%; OR=2.19, *p*=.003)
- **Newcomer services** – 35-44 year-olds, household income of $200K or more, Master's degree, Doctoral degree
- **Housing services** – 35-44 year-olds, household income of $200K or more, Doctoral degree
- **Employment services** – 35-44 year-olds, self-identified as Black, self-identified as Latin American, household income of $200K or more, Doctoral degree, located in Fort St. John (28.6%; OR=4.48, *p*=.006)
- **Community living services** – 35-44 year-olds, household income of $200K or more, employed full-time (17.9%; OR=2.13, *p*≤.001), Doctoral degree
- **Food security services** – household income between $10,000 and $19,999, household income of $200K or more

According to the Volunteer Functions Inventory (VFI), the **motivations for volunteering** that were considered *extremely important or accurate* included the sentiments *I feel it is important to help others* (36.1%), *I can do something for a cause that is important to me* (26.2%), *I fee compassion toward people in need* (26.2%), *I am genuinely concerned about the particular group I am serving* (22.9%), and *I am concerned about those less fortunate than myself* (22.7%). These motivations predominantly reflect **values-based motives** or ways to express one's altruism or humanitarianism. Table 5 illustrates the median scores (most commonly adopted) for volunteering motivations.

Table 5: Volunteer Functions Inventory (VFI) motivation distribution

VFI Motivations	Score (0-35)
Values Motives - A way to express one's altruistic and humanitarian values	27
Understanding Motives - A way to gain knowledge, skills, and abilities	25
Enhancement Motives - A way to help the ego grow and develop	24
Protective Motives - A way of protecting the ego from the difficulties in life	20
Social Motives - A way to develop and strengthen social ties	20
Career Motives - A way to improve career prospects	19

Note: *n*=3330

With regard to the key factors associated with volunteering in areas of community social service (above), we find that some, including certain age cohorts (18-24 and 35-44 year-olds), those earning $200K or more per year, and some BC jurisdictions (e.g., Campbell River) stand out among multiple service areas. A preliminary **regression analysis of these groups and their motivations for volunteering** revealed, for instance, that 18-24 year-olds are significantly more likely (OR=1.16, $p \leq .001$) to adopt *career motives* (i.e., volunteering as a way to improve career prospects) and less likely to reflect *enhancement motives* (i.e., volunteering to help the ego grow and develop). Similarly, 35-44 year-olds were significantly more likely (OR=1.08, $p \leq .001$) to adopt *career motives*. The adopted motives of these age cohorts stood in contrast with 65+ year-old volunteers who were significantly less likely to adopt *career motives* (OR=0.82, $p \leq .001$) and more likely to reflect *social motives* (i.e., volunteering as a way to develop and strengthen social ties) (OR=1.04, $p \leq .001$) and *enhancement motives* (OR=1.05, $p \leq .001$). Those earning $200K or more were significantly more likely (OR=1.06, $p \leq .001$) to express *social motives*. Finally, respondents in jurisdictions like Campbell River were also significantly moved by *social motives* (OR=1.06, $p < .05$).

Non-Volunteers

Approximately one-third (33.5%) of respondents indicated that they **have never volunteered**. Within key demographic categories, those with the highest proportion and likelihood (OR>1.5, $p \leq .001$) of not volunteering included 45-54 year-olds, those self-identifying as East Asian, Latin American, Southeast Asian, homemakers, and those earning a household income of $19,999 or less. The most common **reasons for not volunteering** included *I did not have the time* (41.9%), *I was unable to make long-term commitment* (32.4%), *I was concerned about COVID-19* (23.9%), *no one asked me* (23.1%), and *I did not know how to get involved* (21.5%).

Among those groups in the sample least likely to volunteer, several distinct reasons emerged. Those aged between 45-54 year-olds, often cited *not having the time* (50.6%; OR=1.53, $p \leq .001$). East Asian respondents had a greater odds of reporting *not having the time* (48.1%; OR=1.34, $p \leq .001$) and being *concerned about COVID-19* (30.2%; OR=1.47, $p \leq .001$). Latin American respondents who never volunteered primarily noted *not knowing how to get involved* (46.7%; OR=3.30, $p \leq .001$). Southeast Asian respondents often reported *not having the time* (60.4%; OR=2.17, $p \leq .001$). Homemakers typically *did not know how to get involved* (30.1%; OR=1.60, $p > .05$) and those earning less than $19,999 in household income cited *the financial cost of volunteering* and *health problems that acted as barriers*.

Community Social Service Utilization

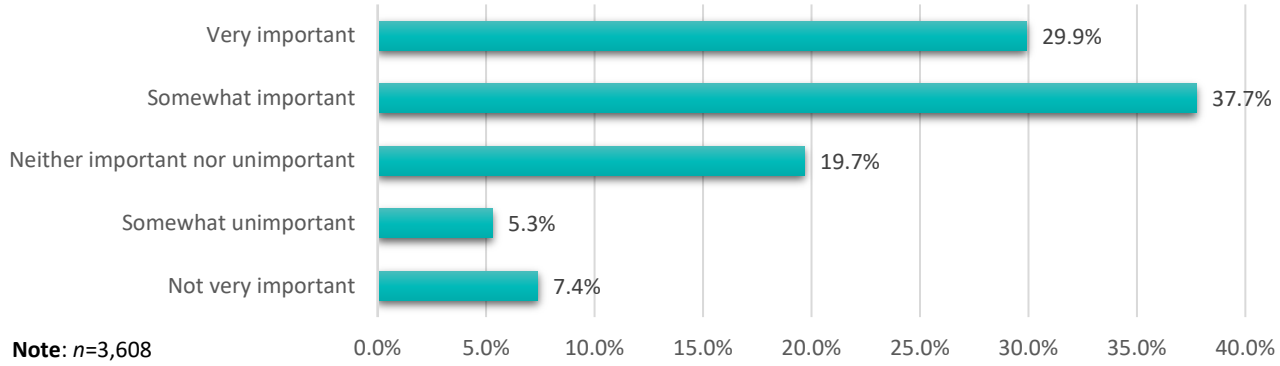
Community social service utilization was strongly endorsed by nearly three-quarters (72%) of British Columbians who had *ever* used a service between *zero months ago* and *over two years ago*. The most common services used *ever* were reported as being *therapeutic services* (e.g., counselling, 37.2%), *employment services* (35.5%), *youth services* (34.3%), *early years services* (32.7%), *family services* (31.2%) and *food security services* (31.1%). Over the past year, *therapeutic services, early years services, seniors' services,* and *food security services* have been the most heavily utilized. Overall, the least reported services utilized (i.e., *Never*) included *newcomer and immigrant services* (77.2%), *Indigenous services* (75.5%), and *housing services* (75.5%). When segmented by age, big differences can be seen in both the overall rate of past year service utilization, but also clustering in various instances around *early years services* (among 18-34 years), *therapeutic services* (44 years and under), and *seniors' services* (65+ years) (see Table 6).

Table 6: Past year social service utilization by age group in BC

Community Social Service Areas	18-24 (n=520)		25-34 (n=869)		35-44 (n=810)		45-54 (n=704)		55-64 (n=854)		65+ (n=1,252)		Service Totals	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Early years services	199	38.3%	267	30.7%	226	27.9%	54	7.7%	16	1.9%	17	1.4%	779	15.6%
Youth services	195	37.5%	230	26.5%	198	24.4%	66	9.4%	20	2.3%	25	2.0%	734	14.7%
Women's services	129	24.8%	176	20.3%	147	18.1%	35	5.0%	17	2.0%	19	1.5%	523	10.4%
Indigenous services	171	32.9%	246	28.3%	202	24.9%	41	5.8%	26	3.0%	15	1.2%	701	14.0%
Family services	124	23.8%	182	20.9%	165	20.4%	56	8.0%	36	4.2%	35	2.8%	598	11.9%
Therapeutic services	174	33.5%	256	29.5%	226	27.9%	90	12.8%	58	6.8%	45	3.6%	849	16.9%
Seniors' services	143	27.5%	209	24.1%	151	18.6%	46	6.5%	80	9.4%	172	13.7%	801	16.0%
Newcomer services	142	27.3%	210	24.2%	175	21.6%	34	4.8%	13	1.5%	27	2.2%	601	12.0%
Housing services	138	26.5%	211	24.3%	184	22.7%	40	5.7%	29	3.4%	48	3.8%	650	13.0%
Employment services	173	33.3%	229	26.4%	172	21.2%	55	7.8%	31	3.6%	24	1.9%	684	13.7%
Community living services	167	32.1%	258	29.7%	205	25.3%	50	7.1%	41	4.8%	54	4.3%	775	15.5%
Food security services	166	31.9%	212	24.4%	182	22.5%	82	11.6%	66	7.7%	65	5.2%	773	15.4%

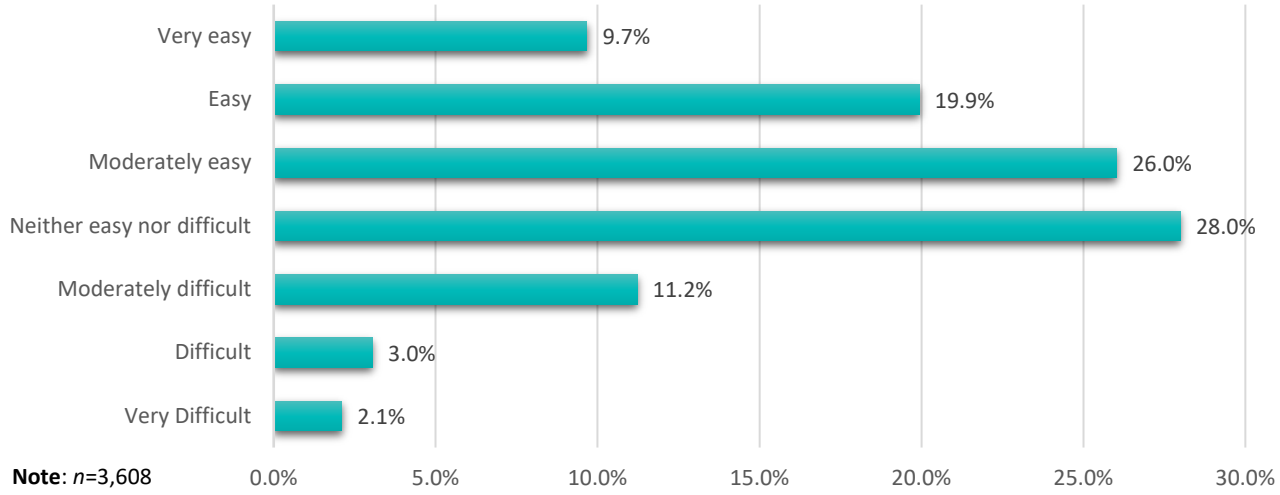
Over two-thirds (67.7%) of survey respondents reported that community social services have been either *somewhat important* or *very important* to them or those they care for (see Figure 31). Approximately 13% of past service users indicated that they were *somewhat unimportant* (5.3%) or *not very important* (7.4%). **Ease of accessing community social services** was perceived by over half of respondents (55.6%) as being *moderately easy, easy,* or *very easy* (see Figure 32). However, 16.3% of British Columbians did express some degree of *difficulty* in accessing services effectively or efficiently.

Figure 31: Perceived importance of community social services by end users



Note: *n*=3,608

Figure 32: Ease of accessing community social services by end users



Note: *n*=3,608

Early Years Services

The demographics and social development needs reflected in those reporting utilization of *early years services* revealed a nuanced and multi-faceted client population. For instance, over two-thirds (66.5%) of users were between the ages of 18 and 44 years. While self-identified Caucasians made up the majority of users (66.1%), they were significantly less likely than other groups to utilize early years services. Most respondents who reported early years service use *perceived their community social service experience as important* (79.3%) and *perceived access to be relatively easy* (68.7%). Approximately half or more of those reporting at least one *household hazard* (e.g., pests, mold, lead paint or pipes, lack of heat, stove not working, smoke detector not working, and/or water leaks), *worry about food security, general financial strain,* and *social isolation* reported engaging early years services in the past. Within individual demographic and social needs indicators, some emerging predictive factors were noted (see below).

Emerging Factors → Early Years Services Utilization

Factors Associated with a Higher Proportion (>40%) and Likelihood (OR>2.0, *p*≤.001) of Early Years Services Utilization

Key factors – 18-44 year-olds[xxv], self-identified as Indigenous, self-identified as Black, self-identified as Latin American, Master's degree, Doctoral degree, employed full-time, unemployed student, household income $200K or more, elevated depression symptoms, Campbell River, Dawson Creek, community social serviced perceived as important, access to community social services perceived as easy, housing precarity (unhoused), moderate and high housing hazard risk (1+ and 5+), potential physical and/or mental safety issues, perceived and experienced food insecurity, transportation insecurity, energy insecurity, general financial insecurity, want training/education support, illegal drug use (monthly or more), cognitive difficulty, physical difficulty

Youth Services

Survey respondents who reported *youth services* utilization were typically 44 years of age or younger (65.5%) and Caucasian (66.8%). Just over half (55.1%) indicated being employed full-time and approximate one-third were screened for *elevated depression symptoms*. Over 80% of those engaging youth services *perceived their community social service experience as being important*, and 66.8% perceived *accessing services as being relatively easy*. Half or more of youth service users reported at least one *household hazard*, *general financial strain*, and *social isolation*. Emerging predictive factors among individual demographic and social needs indicators shared both similarities and differences with some typical characteristics of users (see below).

Emerging Factors → Youth Services Utilization

Factors Associated with a Higher Proportion (>40%) and Likelihood (OR>2.0, *p*≤.001) of Youth Services Utilization

Key factors – 18-44 year-olds, self-identified as Indigenous, self-identified as Black, Master's degree, Doctoral degree, employed full-time, unemployed student, elevated depression symptoms, Abbottsford-Mission, Campbell River, Cranbrook, Dawson Creek, Quesnel, community social serviced perceived as important, access to community social services perceived as easy, housing precarity (unhoused), moderate and high housing hazard risk (1+ and 5+), potential physical and/or mental safety issues, perceived and experienced food insecurity, transportation insecurity, energy insecurity, general financial insecurity, want help finding work, want help keeping work, want training/education support, illegal drug use (monthly or more), cognitive difficulty, physical difficulty

[xxv] **How to interpret example:** Over 40% of respondents between the ages of 18 and 44 years (i.e., 18-24, 24-34, and 35-44) were significantly more likely (having two-times or greater the odds, *p*≤.001) to report early years service utilization in the past, compared to older age cohorts (i.e., the rest of the sample distribution)

Women's Services

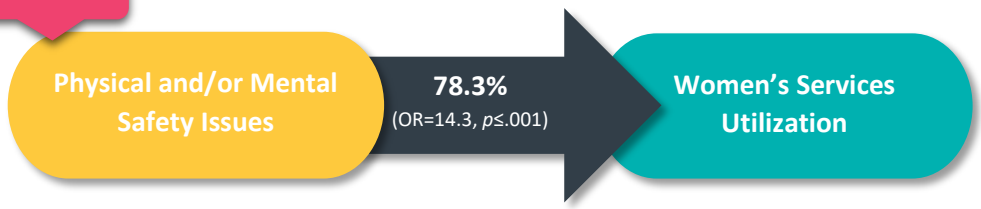
Approximately half of those utilizing *women's services* were between the ages of 25 and 44 years old. In terms of educational attainment, the majority reported having a *Bachelor's degree* (34%) or a *high school diploma or GED* (23.5%). Approximately two-thirds of respondents utilizing women's services noted living with others. Most women's service user perceived them as *important* (83.9%) and access as being relatively *easy* (70.1%). Over half of service users also reported *at least one household hazard*, being worried about and/or experiencing *food insecurity*, experiencing *financial strain*, and *feeling lonely or socially isolated*. Emerging predictive factors among individual demographic and social needs indicators diverged slightly from these typical user characteristics (see below).

Emerging Factors → Women's Services Utilization

Factors Associated with a Higher Proportion (>40%) and Likelihood (OR>3.0, *p*≤.001) of Women's Services Utilization

Key factors – 18-24 year-olds, self-identified as Indigenous, self-identified as Black, Doctoral degree, elevated depression symptoms, located in Quesnel, community social serviced perceived as important, housing precarity (at-risk and unhoused), moderate and high housing hazard risk (1+ and 5+), potential physical and/or mental safety issues , perceived and experienced food insecurity, transportation insecurity, energy insecurity, financial strain, want help finding work, want help keeping work, want training/education support, illegal drug use (monthly or more) , cognitive difficulty, physical difficulty

Callout Factor

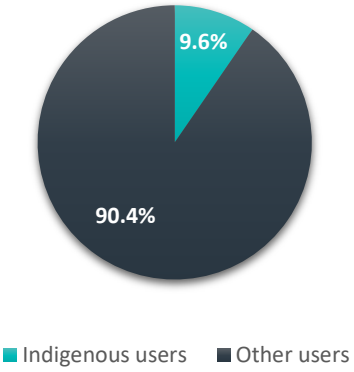


Note: This and other *Callout Factors* below are presented as a way to prompt discussion on key performance indicators that may help the sector understand its impact on those potentially in the greatest need of support.

Indigenous Services

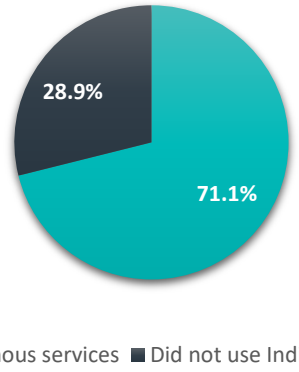
Nearly three-quarters (73.9%) of users of Indigenous services were 44 years-old or younger and most reported being *male* (63.8%). Almost 90% of Indigenous services users reported their general health as being *good, very good* or *excellent*. Less than 10% included those self-identified as Indigenous—63.6% of service users self-identified as Caucasian (see Figure 33). As noted below, this service utilization pattern does not reflect the likelihood of service use among self-identified Indigenous respondents, who were over 8-times more likely (*p*≤.001) to engage these services compared to other ethno-cultural groups. In addition, the proportion of Indigenous respondents reporting Indigenous services utilization (71.1%, see Figure 34) was substantial—by contrast, only 22.5% of Caucasian respondents reported Indigenous service use.

Figure 33: Indigenous service users



Note: *n*=1,227 reported ever using Indigenous community social services

Figure 34: Indigenous survey respondents



Note: *n*=166 self-identified as Indigenous

Indigenous services users were often cited as perceiving their community social service experience as being *important* (79.8%) and nearly three-quarters (72.2%) perceived service access as *easy*. In addition, over half of Indigenous service users expressed living with at least one household hazard, being worried about, and experienced in, food insecurity as well as experiencing general financial strain, and needing help with day-to-day activities. Emerging predictive factors among individual demographic and social needs indicators were also noted (see below).

Emerging Factors → Indigenous Services Utilization

Factors Associated with a Higher Proportion (>40%) and Likelihood (OR>3.0, *p*≤.001) of Indigenous Services Utilization

Key factors – 18-24 year-old, self-identified as Indigenous, self-identified as Black, Doctoral degree, located in Campbell River, perceived service access as easy, housing precarity (unhoused), housing hazard risks (1+ and 5+), physical and/or mental safety issues (69.8%; OR=9.7, *p*≤.001)[xxvi], perceived and experienced food insecurity, transportation insecurity, energy insecurity, want help keeping work, want training or education support, illegal drug use (78%; OR=14.0, *p*≤.001), cognitive and physical difficulties

Family Services

Half of those who reported using family services were between the ages of 25 and 44 years of age. Males represented the majority of service users (54.9%) and 68.2% self-identified as Caucasian. Approximately three-quarters of family service users reported living with others and nearly 90% self-reported as being in *good, very good,* or *excellent* general health. As with many other community social service users,

[xxvi] Some significant associations are detailed specifically to illustrate their substantially higher magnitude

experience was perceived as both *important* (83.8%) and services as *easily accessible* (70.2%). Finally, half or more of service users reported one or more household hazards, perceived food insecurity (i.e., worried about food running out), general financial strain, and feeling lonely or isolated. Emerging predictive factors among individual demographic and social needs indicators were also noted (see below).

Emerging Factors → Family Services Utilization

Factors Associated with a Higher Proportion (>40%) and Likelihood (OR>3.0, *p*≤.001) of Family Services Utilization

Key factors – Self-identified as Black, Doctoral degree, located in Campbell River, located in Dawson Creek, located in Quesnel, perceived community social service experience as important, perceived social service access as relatively easy, housing precarity (unhoused), housing hazard risks (5+), physical and/or mental safety issues, perceived or experience food insecurity, transportation insecurity, energy insecurity, want help keeping work, want training or education support, illegal drug use (79%; OR=10.1, *p*≤.001), and physical difficulty doing errands

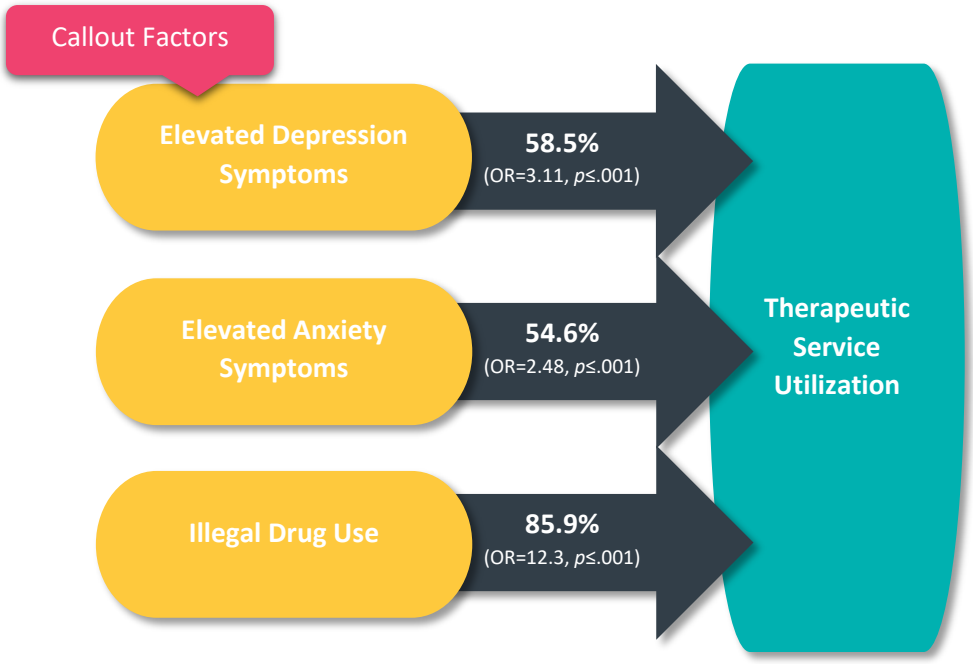
Therapeutic Services

Nearly half (47.7%) of those using therapeutic services were between the ages of 25 and 44 years. Most users self-identified as Caucasian (71.8%) and were employed full-time (50.8%). Over half of therapeutic service users reported household incomes of $80,000 or more. Over one-third (34.4%) of therapeutic service users were positively screened with elevated depression symptoms and over one-quarter (30.4%) had elevated anxiety symptoms. The majority of therapeutic service users perceived their community social service experience as *important* (79.1%) and access to services as generally *easy* (63.1%)—although this proportion was not as high as in other community social service areas. Finally, approximately half or more of service users reported at least one household hazard, general financial strain, and feeling lonely or socially isolated. Emerging predictive factors among individual demographic and social needs indicators were also noted (see below).

Emerging Factors → Therapeutic Services Utilization

Factors Associated with a Higher Proportion (>40%) and Likelihood (OR>2.0, *p*≤.001) of Therapeutic Services Utilization

Key factors – 18-34 years of age, self-identified as Indigenous, self-identified as Black, Doctoral degree, unemployed student, unable to work, elevated depression symptoms, elevated anxiety symptoms, located in Abbottsford-Mission, located in Campbell River, located in Cranbrook, located in Duncan, located in Terrace, perceived community social service experience as important, housing precarity (at-risk and unhoused) household hazard risks (1+ and 5+), physical and/or mental safety issues, perceived and experienced food insecurity, transportation insecurity, energy insecurity, financial strain, want help finding work, want help keeping work, need help with day to day activities, feel lonely or socially isolated, want training or education support, illegal drug use (85.9%; OR=12.3, *p*≤.001), cognitive and physical difficulties



Seniors' Services

Approximately one-third (35.1%) of seniors' service users were 55 years of age or older and nearly 60% of service users identified as male. Just over two-thirds of seniors' service users self-identified as Caucasian (69.9%), with East Asians being the second-largest group of users (10.8%). Approximately half of service users indicated being employed full-time and 16.3% reported being retired. Half of those who indicated using seniors' services reported household incomes of $80,000 or more. The vast majority (79.9%) of respondent who used seniors' services also indicated that their community social service experience was *important* and 68.2% reported that accessing services was generally *easy*. With regard to health-related social needs, over 40% of seniors' service users reported at least one household hazard, were worried about their food security, reported financial strain, and felt lonely or socially isolated. Emerging predictive factors among individual demographic and social needs indicators were also noted (see below).

Emerging Factors → Senior's Services Utilization

Factors Associated with a Higher Proportion (>40%) and Likelihood (OR>2.0, *p*≤.001) of Seniors' Services Utilization

Key factors – 18-24 years of age, self-identified as Black, Master's degree, Doctoral degree, located in Campbell River, located in Dawson Creek, community social service experience perceived as important, service access perceived as relatively easy, housing precarity (unhoused), household hazard risks (1+ and 5+), physical and/or mental safety issues, perceived and experienced food insecurity, transportation insecurity, financial strain, want help finding work, want help keeping work, want training or education support, illegal drug use, cognitive and physical difficulties

Newcomer Services

The vast majority of newcomer service users were under the age of 45 years (75.5%). Users were typically male (64.5%) and had a Bachelor's degree or higher level educational attainment (71.9%). Approximately two-thirds reported being employed full-time (63.6%) and lived with others (68.9%). Over 90% of newcomer service users also self-reported *good* general health status. The majority of respondents also stated that their community social service experience was *important* (84%) and service access was relatively *easy* (77.5%). The most pronounced areas of health-related social need included financial strain (56%), perceived food insecurity (52.5%), experienced food insecurity (47.5%), and feeling lonely or isolated (46.7%). Emerging predictive factors among individual demographic and social needs indicators were also noted (see below).

Emerging Factors → Newcomer Services Utilization

Factors Associated with a Higher Proportion (>40%) and Likelihood (OR>2.0, *p*≤.001) of Newcomer Services Utilization

Key factors – 18-44 years of age, self-identified as male, self-identified as Black, self-identified as South Asian, Master's degree, Doctoral degree, unemployed student, household income $200K or more, located in Campbell River, located in Courtenay, located in Dawson Creek, located in Fort St. John, perceived importance of community social services, perceived easy of accessing services, housing precarity (unhoused), household hazard risks (1+ and 5+), physical and/or mental safety issues (64.3%; OR=8.23, *p*≤.001), perceived and experienced food insecurity, transportation insecurity, energy insecurity, want help finding work, want help keeping work, want training or education support, illegal drug use (74.5%; OR=12.86, *p*≤.001), physical difficulty doing errands

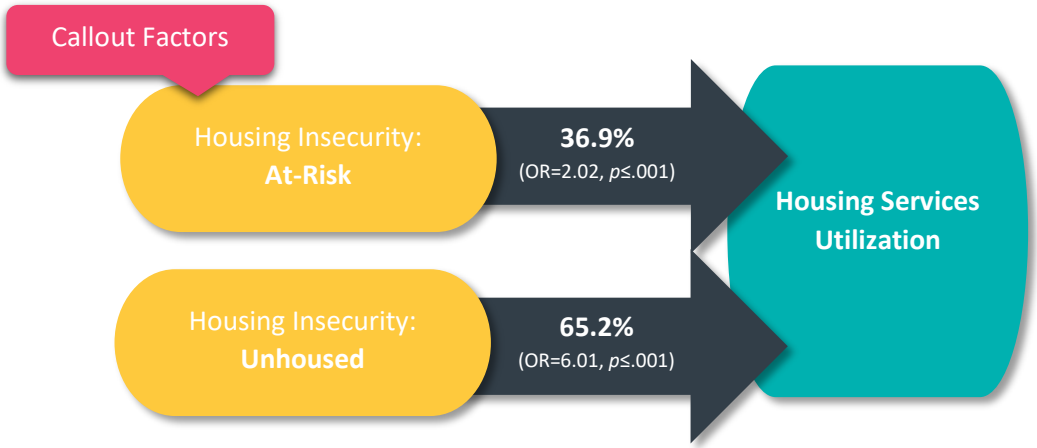
Housing Services

Nearly three-quarters of housing service users were under the age of 45 years (74.2%). Most service users also self-identified as male (62.2%). Almost 70% of housing service users self-identified as Caucasian, while 37.6% reported a level of educational attainment that was less than a Bachelor's degree, and 58.3% stated they were employed full-time. With regard to reported household income, nearly three-quarters (73.4%) of housing service users noted earning $50,000 or more. Two-thirds of users reported living with others and a quarter or more expressed elevated depression and anxiety symptomatology. Most housing service users also perceived their community social service experience as being *important* (86.5%) and service access as being relatively *easy* (75.6%). Over half of housing service users reported perceived and experienced food insecurity, financial strain, and feelings of loneliness or isolation. Emerging predictive factors among individual demographic and social needs indicators were also noted (see below).

Emerging Factors → Housing Services Utilization

Factors Associated with a Higher Proportion (>40%) and Likelihood (OR>2.0, p≤.001) of Housing Services Utilization

Key factors – 18-44 years of age, self-identified as Indigenous, self-identified as Black, Doctoral degree, unemployment student, elevated depression symptoms, located in Abbottsford-Mission, located in Campbell River, located in Cranbrook, located in Dawson Creek, located in Fort St. John, located in Quesnel, perceived importance of community social service experience, perceived ease of service access, housing precarity (at-risk and unhoused), household hazard risk (1+ and 5+), physical and/or mental safety issues (73.1%; OR=11.59, *p*≤.001), perceived or experience food insecurity, transportation insecurity, energy insecurity, financial strain, want help finding work, want training or education support, illegal drug use (85.7%; OR=24.60, *p*≤.001), cognitive and physical difficulties



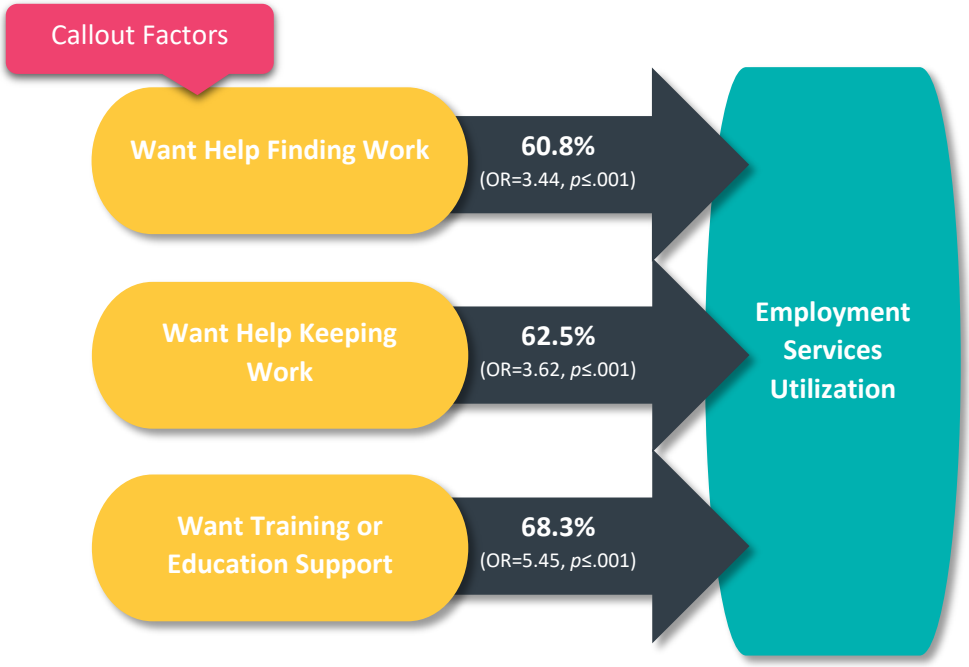
Employment Services

Approximately 50% of employment service users were between the ages of 25 and 44. Males reported service use slightly more (54.9%) than females (43.9%) and the majority of service users typically identified as Caucasian (68.3%). Over three-quarters (76.8%) of employment service users reported educational attainment of a Bachelor's degree or less, while just over half (52.9%) stated they were employed full-time. Over 70% of employment service users reported household incomes of $50,000 or more and living with others. The vast majority (85%) self-reported being in *good* general health, although one-third or slightly less expressed elevated depression and anxiety symptomatology, respectively. Most service users perceived their community social service experience as *important* (79%) and service access as being relatively *easy* (66.6%). Health-related social needs were most pronounced for financial strain (58.7%), feelings of loneliness or social isolation (53.2%), and household hazards (1+) (50.6%). Emerging predictive factors among individual demographic and social needs indicators were also noted (see below).

Emerging Factors → Employment Services Utilization

Factors Associated with a Higher Proportion (>40%) and Likelihood (OR>2.0, *p*≤.001) of Employment Services Utilization

Key factors – 18-44 years of age, self-identified as Indigenous, self-identified as Black, Doctoral degree, employed full-time, unemployed (looking for work), elevated depression symptoms, located in Campbell River, located in Cranbrook, located in Dawson Creek (81.5%; OR=8.08, *p*≤.001), located in Duncan, perceived importance of community social service experience, perceived ease of service access, housing precarity (at-risk and unhoused), household hazard risks (1+ and 5+), physical and/or mental safety issues (78.3%; OR=8.18, *p*≤.001), perceived and experienced food insecurity, transportation insecurity, energy insecurity, financial strain, want help finding work, want help keeping work, want training or education support, illegal drug use (87.8%; OR=15.82, *p*≤.001), cognitive and physical difficulties



Community Living Services

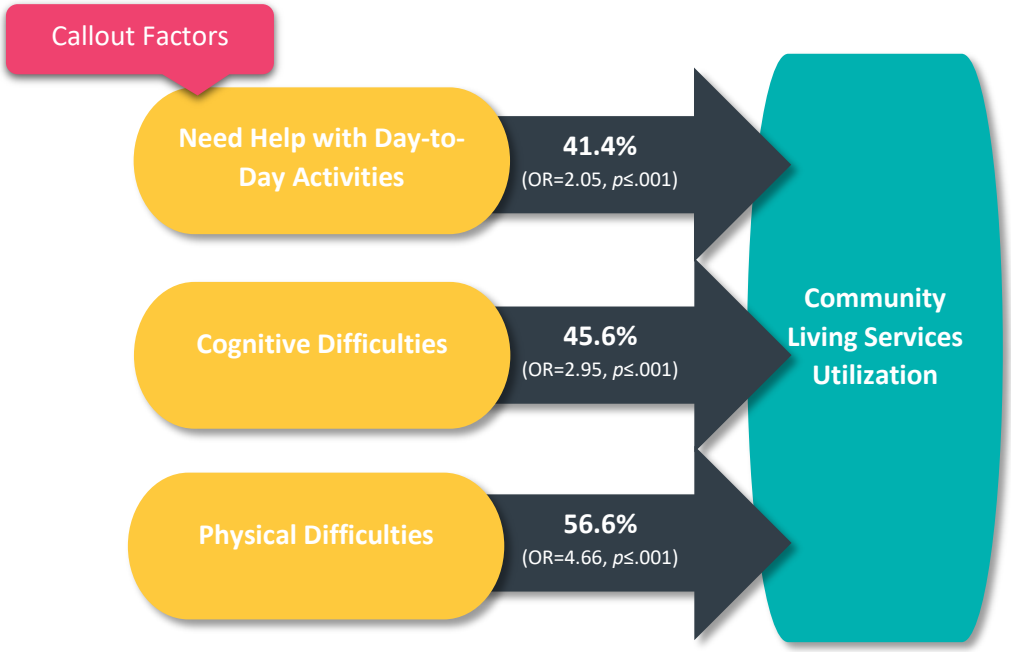
The majority of community living service users were under the age of 45 years (69.5%) and male (60.6%). Over one-third (37%) of community living service users reported attaining less than a Bachelor's degree and 56.4% stated they were employed full-time. Half of service users reported household incomes of $80,000 or more and nearly 70% lived with others. Approximately 90% self-reported *good* general health status, although notable proportions of elevated depression (36.2%) and anxiety (25.1%) were noted amongst this service user population. Service users also perceived their community social service experience as being generally *important* (82.5%) and service access as being relatively *easy* (71.1%). Health-related social needs were most elevated for financial strain (58.7%), household hazard risks (1+)

(53%), and perceived food insecurity (52.7%). Emerging predictive factors among individual demographic and social needs indicators were also noted (see below).

Emerging Factors → Community Living Services Utilization

Factors Associated with a Higher Proportion (>40%) and Likelihood (OR>2.0, p≤.001) of Community Living Services Utilization

Key factors – 18-44 years of age, self-identified as male, self-identified as Black, Master's degree, Doctoral degree, unemployed student, elevated depression symptoms, located in Campbell River, located in Cranbrook, located in Dawson Creek (77.8%; OR=9.26, *p*≤.001), located in Duncan, located in Fort St. John, perceived importance of community social service experience, perceived ease of service access, housing precarity (unhoused), household hazard risk (1+ and 5+), physical and/or mental safety issues (73.8%; OR=9.77, *p*≤.001), perceived and experienced food insecurity, transportation insecurity, energy insecurity, want help finding work, want help keeping work, need help with day-to-day activities, want training or education support, illegal drug use (82.2%; OR=15.25, *p*≤.001), cognitive and physical difficulties



Food Security Services

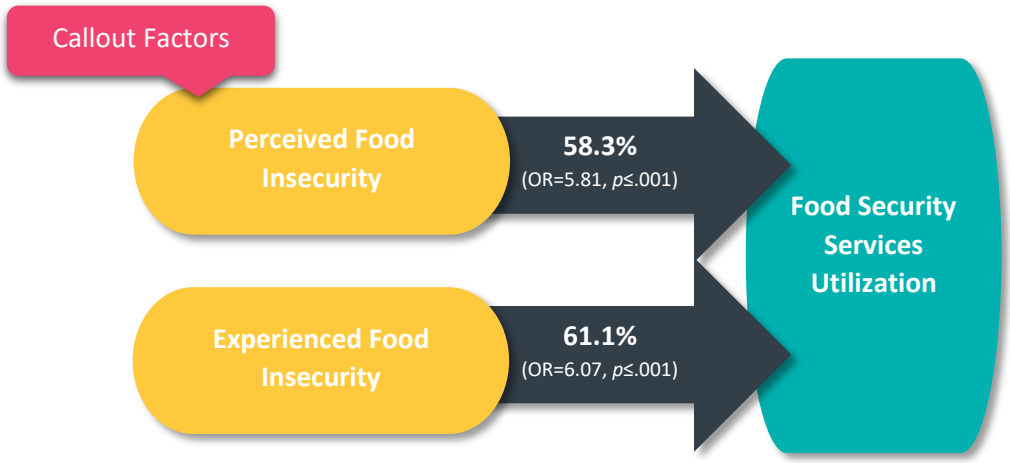
Approximately two-thirds of food security service users were under the age of 45 years. Three-quarters of service users had a Bachelor's degree or less and nearly 70% reported household incomes of $50,000 or more and lived with others. The vast majority of food security service users also self-reported *good* general health status, although elevated depression (37%) and anxiety (28.7%) were notable in about a third. Social service experience was perceived as *important* to many food security service users (84.8%) and service access thought to be relatively *easy* (70.1%). With regard to health-related social needs,

financial strain (62.7%), perceived and experienced food insecurity (56.2% and 50.9%), household hazards (1+) (55.3%), and feelings of loneliness or social isolation (53.2%) were most pronounced. Emerging predictive factors among individual demographic and social needs indicators were also noted (see below).

Emerging Factors → Food Security Services Utilization

Factors Associated with a Higher Proportion (>40%) and Likelihood (OR>2.0, p≤.001) of Food Security Services Utilization

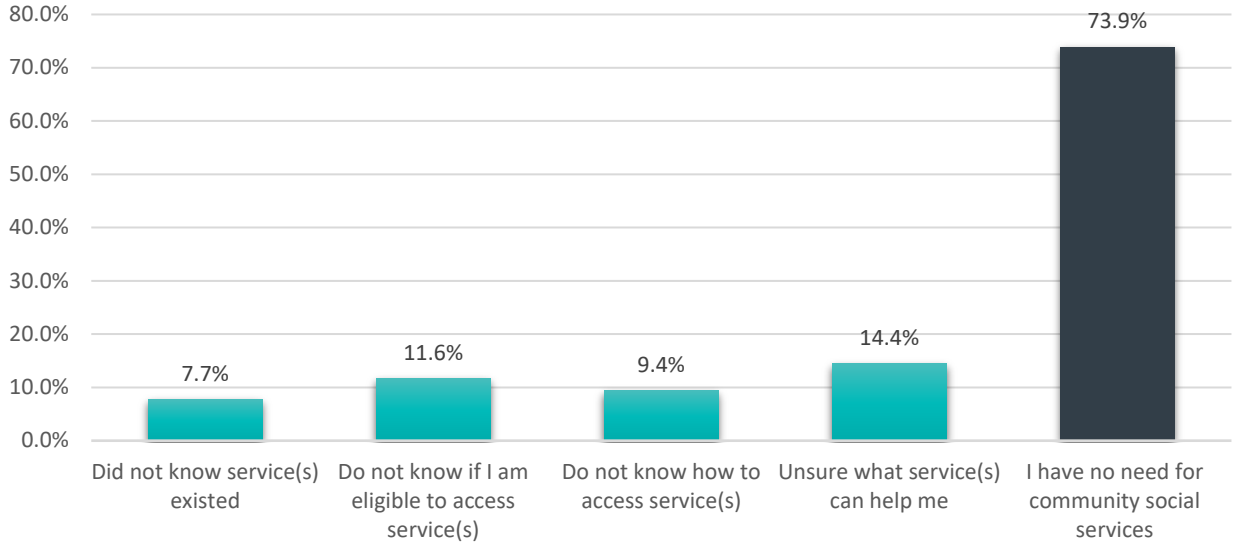
Key factors – 18-44 years of age, self-identified as Indigenous, self-identified as Black, self-identified as Latin American, Doctoral degree, unemployed student, unable to work, household income $10,000-$19,999, elevated depression symptoms, elevated anxiety symptoms, located in Campbell River, located in Cranbrook, located in Dawson creek (81.5%; OR=9.89, *p*≤.001), located in Duncan, located in Fort St. John, perceived importance of community social service experience, perceived ease of service access, housing precarity (at-risk and unhoused), household hazard risks (1+ and 5+), 81.4%; OR=10.21, *p*≤.001), physical and/or mental safety issues (79.7%; OR=11.45, *p*≤.001), perceived and experienced food insecurity, transportation insecurity, energy insecurity, financial strain, want help finding work, want help keeping work, need help with day-to-day activities, want training or education support, illegal drug use (87.3%; OR=19.02, *p*≤.001), cognitive and physical difficulties



Non-Utilization of Community Social Services

Reasons for not utilizing community social services concentrated around the perception that some respondents had *no need for community social services* (73.9%) (see Figure 35). For a notable minority of British Columbians, reasons for not utilizing services reflected a lack of awareness of services, how to access them, and eligibility.

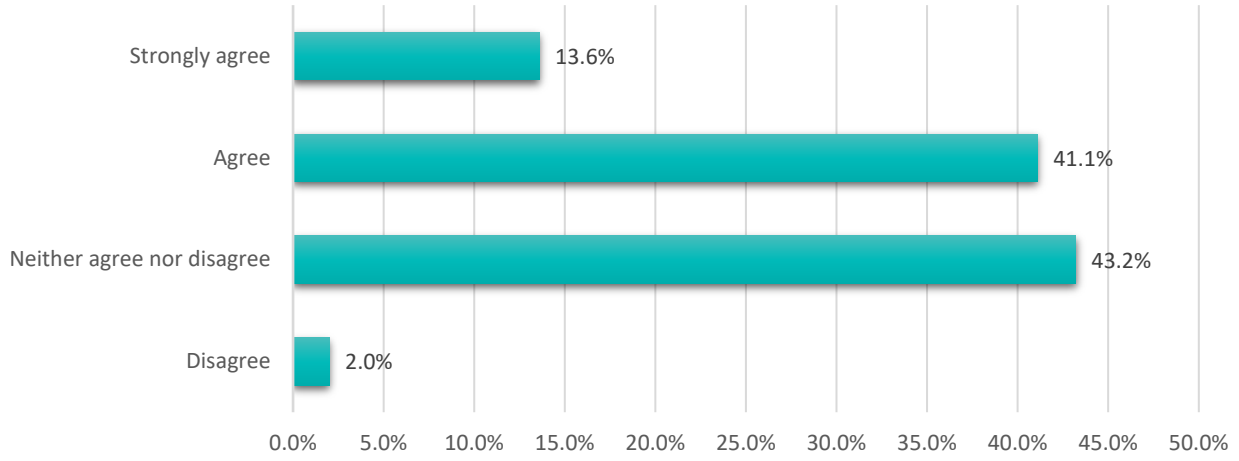
Figure 35: Reasons for not utilizing community social services by non-users



Note: *n*=1,401

Among those non-users of community social services that did not discount the need or utility of services outright, the majority (54.7%) *agreed* or *strongly agreed* that if they knew more about them (e.g., what's available, eligibility, how to access, and how they can be of benefit), they would you be more likely to use them (see Figure 36).

Figure 36: Prospective impact of awareness building on community social service utilization



Note: *n*=345; excludes those who stated they had no need for community social services (*n*=1,036); Question: *If you knew more about community social services (e.g., what's available, eligibility, how to access, and how they can benefit me) would you be more likely to use them?*

Discussion and Implications

The follow sections attempt to synthesize and discuss key findings related to the health-related social needs of British Columbians, volunteering with respect to the community social services sector, and community social service utilization. Generally, evidence shows that pronounced health-related social needs exist in the province and, in some respects, are aligned with self-reported community social service utilization. Volunteering was also prevalent in BC, although potential for growth was apparent when examining the profiles and motivations of particular community groups and populations.

Health-Related Social Needs of British Columbians

Health-related social needs were assessed using validated questions adapted from the *Accountable Health Communities Health-Related Social Needs Screening Tool*, developed by the Centre for Medicare and Medicaid Innovation.[1] Indicators of health-related social needs (see Table 7) have provided an important (and current) understanding of British Columbians who may have greater need for community social service supports.

Overall, the general self-reported health status of British Columbians was high, with 85.7% reporting *good, very good* or *excellent health*. The remainder of those who reported *poor* or *fair health* were significantly more likely (OR>2.0, $p \leq .001$) to be self-identified as Indigenous, have lower levels of educational attainment, experiencing difficulties with employment, have lower household incomes, and express mental health concerns. These, and other risk factors, commonly associated with the social determinants of health, crosscut many of the key health-related social needs assessed in this survey.

The **mental health concerns** of British Columbians have rapidly grown in prominence since the start of the COVID-19 pandemic. Approximately one-in-five respondents were screened for elevated levels of depression and anxiety symptoms, which was broadly in line with national estimates produced by the Centre for Addiction and Mental Health (CAMH) as recently as January 2022.[9] With the exception of expressed employment security needs (i.e., *wanting help finding work* and *wanting help keeping work*), both elevated depression and anxiety symptoms crosscut all areas of assessed social need, from financial strain to personal safety concerns. In some instances, such as feeling lonely or socially isolated, illegal substance use, and potential safety concerns (i.e., physical, verbal or emotional abuse), the odds of reporting health-related social needs were over 10-times more likely ($p \leq .001$) when respondents were positively screened for elevated depression and anxiety symptoms. Past Canadian research has also helped establish the understanding that mental health concerns can have strong comorbid associations with financial strain[10], loneliness and social isolation[11], and substance use.[12]

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Table 7: Emerging factors among British Columbians associated with health-related social needs

	Financial Strain	Housing Insecurity (At-Risk)	Food Insecurity*	Transportation Insecurity	Energy Insecurity	Employment Security Need*	Loneliness and Social Isolation	Cognitive Difficulties	Physical Difficulties	Illegal Substance Use	Personal Safety Concerns
Age	18-34	18-24	18-34	18-34	18-34	18-34	18-24	18-34	18-34	18-34	18-34
Ethno-cultural Identity	Indigenous, Black	Indigenous, Black, Latin American	Indigenous, Black, Latin American	Indigenous, Black, South Asian	Indigenous, Black	Indigenous, Black, Latin American, South Asian		Indigenous, Latin American	Indigenous, Black	Indigenous	Indigenous, Black
Educational Attainment	No HS/GED	No HS/GED	No HS/GED	No HS/GED		No HS/GED	No HS/GED	No HS/GED	No HS/GED		
Employment Status	Student, Looking for Work, Unable to Work	Part-Time, Looking for Work, Unable to Work	Student, Looking for Work, Unable to Work	Student, Looking for Work, Unable to Work	Student	Student, Looking for Work	Student, Looking for Work, Unable to Work	Student, Looking for Work, Unable to Work	Student, Unable to Work	Student, Unable to Work	Student, Unable to Work
Household Income	$0-$49K	$0-29K	$0-29K	$0-$19K		$0-$19K	$10K-$19K	$10K-$19K	$10K-$19K		$10K-$19K
Cohabitation					Live Alone		Live Alone			Live Alone	Live Alone
General Health		Poor/Fair		Poor/Fair	Poor/Fair		Poor/Fair	Poor/Fair	Poor/Fair		
Mental Health	Depression, Anxiety	Depression, Anxiety	Depression, Anxiety	Depression, Anxiety	Depression, Anxiety	Depression	Depression, Anxiety	Depression, Anxiety	Depression, Anxiety	Depression, Anxiety	Depression, Anxiety
Geography**	Dawson Creek		Campbell River, Cranbrook	Campbell River, Dawson Creek, Fort St. John, Squamish	Campbell River, Cranbrook, Dawson Creek, Duncan		Courtenay, Cranbrook, Dawson Creek, Duncan, Fort St. John, Port Alberni, Prince Rupert, Terrace	Campbell River, Cranbrook, Duncan	Campbell River, Courtenay, Cranbrook, Dawson Creek, Duncan, Fort St. John	Abbottsford-Mission, Cranbrook, Dawson Creek, Duncan	Campbell River, Dawson Creek, Duncan, Fort St. John

Note: All factors reflected in the table above were independently associated with indicators of health-related social need ($p \leq .001$) and were at least twice as likely (Odds Ratio ≥2.0), relative to other response options.

***Includes only overlapping factors where multiple indicators used.

**Caution when interpreting geographic findings due to potential small sub-sample sizes.

Young adults (18-34 years of age) were another key population segment consistently associated with the full spectrum of health-related social needs, which appeared consistent with previously collected data. Research conducted during the COVID-19 pandemic has noted a growing burden of mental health concerns among young adults and strong comorbid associations with financial insecurity.[13] In the Fall of 2022, Statistics Canada found that more than half of those upwards of 34 years of age had expressed concern about their ability to afford housing or rent.[14] For the purpose of greater clarity and context, this survey study found that many young adults (specifically the segment of 18-24 year-olds) were significantly more likely ($p \leq .001$) to report household incomes less that $10,000, be unemployed (*student* or *looking for work*), and be screened for elevated depression and anxiety symptoms, compared to older age groups.

Among self-identified ethno-cultural groups, **Indigenous** and **Black** respondents consistently had the highest reports of health-related social needs, with the notable exception of loneliness and social isolation. To a lesser degree, those self-identifying as **Latin American** were also significantly more likely ($OR \geq 2.0$, $p \leq .001$) to report housing insecurity, employment security needs, and cognitive difficulties (i.e., *difficulty concentrating, remembering, or making decisions*). In more limited instances, **South Asian** respondents were significantly more likely to express issues related to transportation insecurity and employment security needs (i.e., *wanting help finding* or *keeping work*). As reflected in the Public Health Agency of Canada (PHAC) report, *Key Health Inequalities in Canada: A National Portrait*, significant health inequalities exist among Indigenous, racial minorities, immigrants, and others.[15] Most prominent in the report is the disproportionate effects of health inequality on Indigenous, First Nations, Inuit and Metis people, particularly with respect to life expectancy, mortality due to injury or suicide, mental illness, food insecurity, and working poverty. Racial minorities and immigrant groups have been found to be most affected by below-standard housing. These findings, among other studies[16–18], were generally consistent with those of this survey study.

The strongest predictor of health-related social needs, with respect to educational attainment, was having **no high school diploma or GED**. In particular, respondents reporting this level of educational attainment were significantly more likely to be associated with financial strain, housing insecurity, food insecurity, transportation insecurity, employment security needs, loneliness and social isolation, and cognitive and physical difficulties. For decades, the social determinants of health have illustrated how educational attainment is tied to human capital, financial security, and population health outcomes.[19] Early, formative and foundational levels of educational attainment are also broadly understood to be critical predictors of health and well-being.

Respondents who reported limited or no participation in the labour force were typically screened for all health-related social needs. **Students** (not looking for work) were the most prominent indicator of health-related social needs. However, respondents who reported being **unemployed** (and looking for work) were more than 12-times as likely ($p \leq .001$) to also state that they *wanted help finding work*, which has acted as an intuitive confirmation of this social need indicator. It is noteworthy to recall that young adults, described above, have been identified as a key population segment for health-related social needs; they are also significantly more likely to fall into both of these employment categories. As above, employment status like education is closely tied to human capital, which is positively correlated with both financial security and population health outcomes.

Low levels of household income (less than $50,000 in all respects, and typically less than $20,000) represented a strong predictive health-related social needs factor, with the exceptions of energy insecurity and illegal substance use. While this finding should not be surprising to those engaged in the fields of population health and community social services, it is particularly poignant to reflect on this today, in 2023. The sequential and compounding effects of the COVID-19 pandemic and ongoing inflation have created serious issues of financial insecurity across Canada. At the start of the pandemic, between March and April 2020, Statistics Canada reported an 11% drop in employment.[20] Young adults, single parent households, seniors, individuals experiencing housing insecurity and others have been disproportionately affected by pandemic-related employment and financial disruptions. Between February 2021 and November 2022, Canada's Consumer Prince Index (CPI) increased from 1.1% to 6.8%, according to Statistics Canada.[21] In BC, between April 2022 and April 2023, essential goods and services such as food (+7.5%), shelter (+4.9%), and health and personal care (+5.5%) all exceeded the overall CPI in April 2023 (4.3%).[xxvii] In addition, while the crude poverty rate in Canada has decreased between 2015 and 2020 (6.4% according to Statistics Canada), unmet housing needs, unmet health needs, food insecurity, low literacy and numeracy, and median hourly wages have all worsened during this period of time.[22] Generally, low household income has emerged as a key associated factor for so many health-related social needs.

Living alone was a less associated, yet notable indicator of health-related social needs. In particular, those reporting living alone were significantly more likely to be screened for energy insecurity, loneliness or social isolation, illegal substance use, and personal safety concerns. Loneliness and social isolation are perhaps the most examined aspects of living alone. For instance, past studies have found that those living alone and experiencing moderate and high levels of social isolation are most often women, those with low income, those with issues or difficulties in daily activities, and those experiencing elevated depression symptoms.[23,24] For added context, this survey study found that those who lived alone were significantly more likely (p<.05) to be women, report household incomes between $10,000 and $49,999, be 18-34 years of age, self-identify as Black or Caucasian, be unemployed students or unable to work, and experience elevated depression and anxiety symptoms. Other factors associated with living alone, including energy insecurity and personal safety concerns have been less represented in the research literature and merit further examination.

Geography was a factor for predicting health-related social needs within the survey sample. Generally, respondent locations reflecting areas of social need could be typically described as *smaller, rural and rural-urban towns and smaller cities*. Variation in some related areas was also evident, such as being at-risk for housing insecurity having no strong association with any geographic location, while reportedly being unhoused (i.e., *do not have a steady place to live*) being strongly associated with Abbottsford-Mission, for example. Overall, the locations most often associated with reported health-related social needs included Campbell River, Dawson Creek, Cranbrook, and Duncan. Notably, according to *BC Community Health Data* published by Provincial Health Service Authority (PHSA)[xxviii], many of the abovementioned jurisdictions feature high levels of deprivation (i.e., health inequalities and marginalization), such as Campbell River and Dawson Creek.

[xxvii] As inflation continues to fall from its peaked in June 2022 (8.1%), the price of consumer goods does not necessarily fall in step—at least not until serious deflation sets in. What this means is that in many cases decreasing inflation simply slows the rate of increase in certain product and service categories, but gains may remain.
[xxviii] Provincial Health Services Authority. BC Community Health Data. Accessed June 5, 2023.

Volunteering and the Community Social Services Sector

Overall, two-thirds (66.5%) of surveyed British Columbians have **volunteered at any time in the past**, with 40.7% of respondents reporting **past year volunteering**. Among past year volunteers, over two-thirds reported volunteering *at least once a month* or *at least once a week* with a further 11% indicating that they volunteered on a *daily or almost daily* basis. Generally, these findings reveal that the rate of recent volunteering (over the past year) is lower than the prevalence of respondents who reported experience volunteering anytime in the past. While it is difficult to assess whether there has been a substantial year-over-year drop in volunteering in BC, Statistics Canada[xxix] has reported the rate of *formal volunteering* (i.e., volunteering on behalf of a group or organization) in 2018 as being 43.9%, which is roughly comparable with the past year estimate derived from the survey findings presented in this report. In addition, survey analysis has revealed more nuanced patterns of volunteering according to demographics and other key factors (see below).

Age Groups

Seniors made up the biggest group of past year volunteers (24.5%), but participation within this age cohort (40%) was not statistically significant. In contrast, 60.2% of **young adults (18-24 years)** reported volunteering in the past year, which reflected an odds ratio that was over twice that of older age groups. According to the *Volunteer Functions Inventory* (VFI), young adults were significantly motivated by ***career motives*** (i.e., volunteering as a way to improve career prospects) and less likely to be influenced by *enhancement motives* (i.e., volunteering to help the ego grow and develop). Past research has noted that young people may engage with volunteer work expressly for the purpose of learning new skills and receiving acknowledgement for their contributions, which can aid in their transition into paid work.[25] This, and other findings noted below, may help inform strategies for recruiting young people into the volunteer sector. It may also emphasize the need to identify the types of opportunities most likely to attract individuals in this age cohort.

Across individual community service areas, significant patterns in past year volunteering have emerged (see Table 8). **Young adults (18-24 years)** were most concentrated and more likely to volunteer in the areas of early years services, youth services, Indigenous services, and women's services. Respondents **35-44 years of age** were also significantly more likely to volunteer in areas typically associated with young adults, in addition to every other service area, with the exception of food security services. This slightly older age group was more strongly influenced to volunteer by ***career motives***.

Finally, **seniors (65+ years)** were most significantly concentrated and likely to volunteer in the area of seniors' services. Seniors were less likely to adopt *career motives* in relation to volunteer work and more likely to reflect ***social motives*** (i.e., volunteering as a way to develop and strengthen social ties) and ***enhancement motives***. Previous studies looking at senior centre participant volunteers corroborates this phenomenon, pointing out that older volunteers were more likely to be driven by a need to remain socially engaged and connected to their communities—voicing a need to volunteer as a means of socialization.[26]

[xxix] Statistics Canada. Table 45-10-0040-01 Volunteer rate and average annual volunteer hours, by definition of volunteering and gender. Accessed May 3, 2023.

Table 8: Emerging factors among British Columbians associated with past year volunteering by service area

	Early Years Services	Youth Services	Women's Services	Indigenous Services	Family Services	Therapeutic Services	Seniors' Services	Newcomer Services	Housing Services	Employment Services	Community Living Services	Food Security Services
Age	18-24, 35-44	18-24, 35-44	18-24, 35-44	18-24, 35-44	35-44	35-44	35-44, 65+	35-44	35-44	35-44	35-44	
Gender		Male			Male							
Ethno-cultural Identity	Black		Black	Indigenous, Black						Black, Latin American		
Educational Attainment		Doctoral	Master's, Doctoral	Master's, Doctoral	Master's, Doctoral	Doctoral	Doctoral	Master's, Doctoral	Doctoral	Doctoral	Doctoral	
Employment Status	Full-Time, Student	Full-Time, Student	Full-Time	Full-Time, Student	Full-Time						Full-Time	
Household Income	$200K+	$150K-$200K+	$200K+	$150K-$200K+	$200K+	$200K+	$200K+	$200K+	200K+	$200K+	$200K+	$10K-$19K, $200K+
Have Used Any CSS	Yes	Yes	Yes				Yes					
Perceived CSS as Important	Yes	Yes	Yes		Yes							
Geography*	Campbell River, Chilliwack	Courtenay, Fort St. John	Campbell River	Abbottsford, Campbell River, Chilliwack, Dawson Creek, Fort St. John			Penticton			Fort St. John		

Note: All factors reflected in the table above were independently associated with indicators of past year volunteering ($p \leq .001$) and were at least twice as likely (Odds Ratio ≥2.0), relative to other response options.

*Caution when interpreting geographic findings due to potential small sub-sample sizes.

Ethno-Cultural Identity

Respondents self-identifying as **Caucasian** (72.3%) and **East Asian** (10.3%) composed the vast majority of past year volunteers in the survey sample. While those self-identifying as **Black** only composed 3.4% of past year volunteers, this group was more than twice as likely ($p \leq .001$) to report past year volunteering than others. Moreover, respondents self-identifying as Black were most likely to volunteer in the areas of early years services, women's services, Indigenous services—an area where self-identified **Indigenous** respondents were also likely to volunteer—and employment services. **Latin American** respondents were also more likely to volunteer in the area of employment services. Generally, past studies of volunteering among self-identified ethno-cultural groups indicate that Asian and Hispanic respondents typically have lower rates of participation, although those identifying as Black with higher education (and income), good health, and children were more inclined to volunteer than when their human and social capital was lower.[27]

Educational Attainment

Approximately three-quarters (73.6%) of past year volunteers had a **Bachelor's degree or lower level of educational attainment**. However, respondents with higher educational attainment, including **Master's** and **Doctoral degrees**, which composed 21.1% of past year volunteers (and 14.3% of the overall survey sample), were between 2-and-5-times as likely to be volunteers as other educational attainment groups, respectively, which appears to be a well-established phenomenon in the research literature.[6,26] Respondents with **Doctoral degrees** and **Master's degrees** were significantly more likely to volunteer in the areas of women's services, Indigenous services, family services, and newcomer services. Respondents with **Doctoral degrees** were furthermore likely to volunteer in the areas of youth services, therapeutic services, seniors' services, housing services, employment services, and community living services.

Employment Status

Past year volunteers were predominantly **employed full-time** (44.6%), followed by those who reported being **retired** (18.4%) or **employed part-time** (10.4%). However, within individual employment categories, the proportion of **unemployed students** who volunteered in the past year was highest (64.5%) and had the greatest likelihood (OR=2.74, $p \leq .001$) of volunteering during this period, compared to other employment groups. Across the spectrum of community social service areas, those reportedly **employed full-time** were significantly more likely to be associated with volunteer work in the areas of early years services, youth services, women's services, Indigenous services, family services, and community living services. **Students** stood out as being most significantly associated with early years services, youth services, and Indigenous services. While the motivation to volunteer among students has included a focus on career and skills development in past research (and is reflected in young adults in this survey, who were 52-times more likely to be students, $p \leq .001$), robust studies have also illustrated that an overall positive perception of and social value for volunteering in society is a stronger predictor of student volunteering.[28]

Household Income

In terms of self-reported household income, those with higher incomes represented the majority of past year volunteers. For instance, over half (52.9%) of past year volunteers reported **household incomes of $80,000 or more**. After closer inspection, households earning **$100,000 to $149,999** per year composed the biggest group of past year volunteers (21.2%), but those earning **$200,000 or more** were most likely to do so (OR=2.16, $p \leq .001$). This highest income earning category of respondents was also strongly associated with volunteering as a way to express ***social motives.*** Without exception, those reporting

household incomes of $200,000 or more were likely to volunteer across all assessed areas of community social service. Generally, past research demonstrates that higher income security is positively correlated with volunteering in several jurisdictional contexts.[29,30] Within this survey, the exception to this high income pattern and volunteering was in the area of food security services, where those earning between **$10,000 and $19,999** were also significantly more likely to volunteer.

Importance of Service Experience

Among past year volunteers, 77.2% perceived their past **community social service experience as either *somewhat* or *very important***. Conversely, over half (54.2%) of those perceiving their past community social service experience as either *somewhat* or *very important* also reported past year volunteer work, making them more than twice as likely ($p \leq .001$) to do so, compared to those not perceiving their experience as being important. Among those past year volunteers who considered their previous community service experience as important, early years services, youth services, family services and women's services were the areas of heightened volunteer involvement.

Geography

Geographically, the **Vancouver Metropolitan Area** (i.e., Vancouver, Surrey, Burnaby, Richmond, Coquitlam, Langley, etc.) represented the highest proportion of past year volunteers (45.5%)—and the jurisdiction with the greatest proportion of the BC population. However, the jurisdictions with the highest *likelihood* of reporting past year volunteer work included **Campbell River** (OR=3.37, $p \leq .001$), **Dawson Creek** (OR=2.94, $p<.05$), **Salmon Arm** (OR=2.49, $p<.05$), and **Terrace** (OR=3.90, $p<.05$). Respondents located in Campbell River were particularly more likely to volunteer in the areas of early years services, women's services, and Indigenous services and do so as a way to express *social motives*. Overall, respondents in **Abbottsford-Mission, Campbell River, Chilliwack, Dawson Creek,** and **Fort St. John** presented the strongest associations with volunteering in the area of Indigenous services.

Non-Volunteers

Approximately one-third (33.5%) of respondents indicated that they have never volunteered. Respondents **45-54 years of age** and those identifying as **East Asian, Latin American, Southeast Asian, homemakers**, and those earning **$19,999 or less** were significantly less likely to volunteer. However, the motives for not volunteering did vary between these respondent groups. For instance, reports of *not having enough time* was most reflected by **East Asians** and **Southeast Asians,** whereas **Latin Americans** and **homemakers** were more likely to cite not *knowing how to get involved*. **Low-income earners** were particular less likely to volunteer due to the perceived *financial cost of volunteering* and *health problems that acted as barriers*.

Community Social Service Utilization in British Columbia

Utilization of community social services was confirmed by a majority (72%) of surveyed adults in BC. The most common services reported *ever* being used included *therapeutic services* (e.g., counselling, 37.2%), *employment services* (35.5%), *youth services* (34.3%), *early years services* (32.7%), *family services* (31.2%) and *food security services* (31.1%). Over the past year, service utilization has focused primarily on **therapeutic services, early years services, seniors' services,** and **food security services**. With regard to therapeutic services, examination of administrative health data in BC notes that between 2019 and 2021, mental health-related healthcare service utilization increased substantially, citing the impact of the COVID-19 pandemic.[31] Evidence on recent *non-clinical* mental health service utilization was less available, but was an area where this survey report may provide some initial insight. As another example, *Food*

Banks BC[xxx]—the province's association of food banks—reported that overall food bank visits have increased by 5% since 2019 and that seniors' (65+ years) in particular have increased their food bank utilization by 20% in the past two years, reflecting a recent, growing emphasis on community-based food security services.

Over two-thirds of respondents (67.6%) considered their **community social service utilization experiences to be important** (*somewhat* or *very important*), with approximately 13% stating their experience was unimportant. **Access to community social services was considered easy** (*moderately* to *very easy*) by 55.6% of experienced respondents—16.4% expressed degrees of difficulty in accessing services effectively and/or efficiently. While relevant evidence related to access difficulties in the community social services sector has been sparse, the *Angus Reid Institute* reported less than a year ago that 12.8% of adult Canadians experienced difficulty in accessing healthcare services[xxxi], including non-emergency care, emergency care, surgery, diagnostic testing, and specialist appointments. These survey findings raise additional questions about the nature and context for service user satisfaction and barriers to access, which could inform local service quality improvement within the community social services sector.

Among **non-users of community social services**, a variety of reasons were presented. The most prevalent response by non-users (73.9%) was the perception that they ***had no need for community social services***. Whether this perception was based on a fully informed understanding of the services supporting community members was not clear. Perhaps more notable were the next leading responses, including ***being unsure what services could help*** (14.4%) and ***not knowing if one was eligible to access services*** (11.6%). These types of barriers (i.e., knowledge and logistical barriers) have been shown to affect upwards of one-quarter of underserved community members with relevant mental health community resource needs, although more extensive evidence on community social service utilization and uptake is limited and merits further investigation.[32]

Table 9, below, provides an overview of some emerging demographic and **health-related social need factors associated with community social service utilization**. While some of these factors may not reflect the highest proportion of service users in key areas, they do represent the groups and characteristics most likely to report community social service engagement (i.e., the strongest positive statistical associations). This is important to take note of when considering that many groups in society with the greatest health-related social needs do not represent a majority of the broader population or service user base, but may stand to benefit most from them.

[xxx] Food Banks BC. Foodbanksbc.com. Accessed June 8, 2023.
[xxxi] Angus Reid Institute. Access to Health Care: Free, but for all? Nearly nine million Canadians report chronic difficulty getting help. Accessed June 8, 2023.

Table 9: Emerging factors associated with community social service utilization by service area, key demographics and health-related social needs

	Early Years Services	Youth Services	Women's Services	Indigenous Services	Family Services	Therapeutic Services	Seniors' Services	Newcomer Services	Housing Services	Employment Services	Community Living Services	Food Security Services
Age	18-44	18-44	18-24	18-24		18-34	18-24	18-44	18-44	18-44	18-44	18-44
Ethno-cultural Identity	Indigenous, Black, Latin American	Indigenous, Black	Indigenous, Black	Indigenous, Black	Black	Indigenous, Black	Black	Black, South Asian	Indigenous, Black	Indigenous, Black	Black	Indigenous, Black, Latin American
Educational Attainment	Master's, Doctoral	Master's, Doctoral	Doctoral	Doctoral	Doctoral	Doctoral	Master's, Doctoral	Master's, Doctoral	Doctoral	Doctoral	Master's, Doctoral	Doctoral
Employment Status	Full-Time, Student	Full-Time, Student				Student, Unable to Work		Student	Student	Full-Time, Looking for Work	Student	Student, Unable to Work
Household Income	$200K+							$200K+				$10K-$19K
CSS Perceived as Important	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	
CSS Access Easy	Yes	Yes			Yes		Yes	Yes	Yes	Yes	Yes	
Geography**	Campbell River, Dawson Creek	Campbell River, Cranbrook, Dawson Creek, Quesnel	Quesnel	Campbell River	Campbell River, Dawson Creek, Quesnel	Abbottsford-Mission, Campbell River, Cranbrook, Duncan, Terrace	Campbell River, Dawson Creek	Campbell River, Courtenay, Dawson Creek, Fort St. John	Abbottsford-Mission, Campbell River, Cranbrook, Dawson Creek, Fort St. John, Quesnel	Campbell River, Cranbrook, Dawson Creek, Duncan	Campbell River, Cranbrook, Dawson Creek, Duncan, Fort St. John	Campbell River, Cranbrook, Dawson Creek*, Duncan, Fort St. John
Mental Health	Depression	Depression	Depression			Depression, Anxiety			Depression	Depression		Depression, Anxiety
Housing Precarity	Unhoused	Unhoused	At-Risk, Unhoused	Unhoused	Unhoused	At-Risk, Unhoused	Unhoused	Unhoused	At-Risk, Unhoused	At-Risk, Unhoused	Unhoused	At-Risk, Unhoused
Household Hazards	1+, 5+	1+, 5+		1+, 5+	5+	1+, 5+	1+, 5+	1+, 5+	1+, 5+	1+, 5+	1+, 5+	1+, 5+*
Personal Safety Issues	Yes	Yes	Yes*	Yes*	Yes	Yes	Yes	Yes*	Yes*	Yes	Yes*	Yes*

	Early Years Services	Youth Services	Women's Services	Indigenous Services	Family Services	Therapeutic Services	Seniors' Services	Newcomer Services	Housing Services	Employment Services	Community Living Services	Food Security Services
Perceived Food Insecurity	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Experienced Food Insecurity	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Transportation Insecurity	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Energy Insecurity	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Financial Strain	Yes	Yes	Yes			Yes	Yes		Yes	Yes		Yes
Want help with employment		Finding Work, Keeping Work	Finding Work, Keeping Work	Keeping Work	Keeping Work	Finding Work, Keeping Work	Finding Work, Keeping Work	Finding Work, Keeping Work	Finding Work	Finding Work, Keeping Work	Finding Work, Keeping Work	Finding Work, Keeping Work
Want training or Education Support	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Need Help with Daily Activities						Yes					Yes	Yes
Lonely or Social Isolation						Yes						
Illegal Drug Use	Yes	Yes	Yes*	Yes*	Yes*	Yes*	Yes	Yes*	Yes*	Yes*	Yes*	Yes*
Cognitive Difficulties	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Physical Difficulties	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Note: All factors reflected in the table above were independently associated with indicators of community social service (CSS) utilization ($p \leq .001$) and were at least twice as likely (Odds Ratio ≥2.0), relative to other response options.

*Odds ratios for these associations are considered especially high (OR≥10, $p \leq .001$).

**Caution when interpreting geographic findings due to potential small sub-sample sizes.

Aligning Health-Related Social Needs with Community Social Services

The persistent concentration of health-related social needs presented in Table 8 is overwhelming. One impression left by the findings is that **if you have an assessed social need, the likelihood of engaging in community social services is increased. This finding is both encouraging and daunting**. It is *encouraging* because those with distinct and/or greater need of support are finding their way to community social service providers. For instance, the majority of those reporting *perceived* (58.3%) and *experienced* (61.1%) food insecurity confirmed engagement with food security services in the past year. In other respects, only 36.9% of those experiencing precarious housing are accessing housing services. Such findings may help inform further study and analysis, and by extension, promotion, and outreach to connect people in need with relevant services.

The *daunting* nature of these findings is that community social service users who are most inclined to engage providers, may bring with them a host of health-related social needs that cannot be addressed by a single organization and may benefit from coordinated access to multi-provider support. For instance, personal safety issues, housing precarity, household hazards, perceived and experienced food insecurity, transportation insecurity, energy insecurity, illegal drug use, and cognitive and physical difficulties crosscut almost all assessed service areas. Despite this challenge, the findings do reveal some key demographic groups and areas of health-related social needs associated with higher odds of service utilization in distinct areas of community social service. For example, those who self-identified as Indigenous and Black consistently emerged as engaged groups of service users who also had a greater burden and likelihood of expressing health-related social needs. In some service areas, such as women's services, Indigenous services, newcomer services, housing services, community living services, and food security services, the odds of engagement by those screened for personal safety issues was substantially high. Conversely, some indicators of social need, such as illegal drug use, were *extremely* predictive of community social service utilization across *all* assessed areas, with the exceptions of early years services, youth services, and seniors' services.

Limitations

As with any study, this general population survey features limitations that readers should be aware of when assessing its findings and their value for personal knowledge and decision making. However, despite the issues described below, this survey represents one of the only contemporary, comprehensive, and targeted examinations of British Columbians' relationship with the community social services sector.

As a cross-sectional self-report survey, this study reflects one-point in time and is subject to potential bias from respondents who may have chosen not to answer truthfully or recall accurately. This is a risk inherent in all surveys of this type. Efforts to mitigate the impact of such bias have included the use of questions previously validated for their readability and comprehension among general populations. In other respects, this survey is also potentially biased by the use of a sample derived from an online panel, which represents a form of convenience sampling and therefore cannot be generalizable to the BC adult population in the strictest sense because selection of respondents was not randomized from the entire population. As a way to reflect the BC population as closely as possible, within the restrictions of the sampling approach, sampling quotas for *age, gender,* and *geographic location* were used to match recent and robust estimates of the province's demographic distribution to a very close margin. In some areas where sampling quotas were not enforced, key demographics naturally fell out in relatively close alignment with more authoritative estimates (e.g., employment and household income). The substantial size of the sample (*n*=5,009), relative to other non-Census social surveys, has also helped to reduce the

impact of outlier responses in both analyses and interpretations. Furthermore, a strong emphasis has been placed on presenting only the strongest associations ($p \leq .001$) to reduce the chances of misrepresenting social phenomena. Where possible, discussion of key findings has also been presented alongside those of other data sources, such as Statistics Canada, which are considered rigorous and authoritative.

This survey has also highlighted some gaps in data collection, which merit correction in future iterations. For instance, a key dimension of health-related social need not accounted for in this survey includes climate risk and resilience, which may also affect volunteering and community social service utilization in BC. In other instances, respondents were asked about past year volunteering and volunteering in the years *prior to last year*, but not specifically about the year before last year, and the year before that, and so on. This detail may have helped estimate the crude year-over-year change in volunteering in the province. These issues, and others, will be addressed in future waves of this survey. In addition, this survey did not ask respondents about their immigrant status, which may provide another important dimension of community social service engagement in future survey waves.

Finally, small sub-sample sizes limited some analyses and findings, given the increased potential influence of outliers and misrepresentation of associated population groups. For instance, while emerging research has begun to show, in some cases, the relatively higher prevalence of health-related social needs amongst those self-identifying as non-binary and transgender[33,34], the low numbers of respondents representing these groups in the survey precluded any bivariate analysis. Similarly, the sub-samples of those identifying as Pacific Islander/Polynesian (e.g., Native Hawaiian, Samoan, Cook Islander, etc.) and West Asian (e.g., Armenian, Iraqi, Iranian, Israeli, Turkish, etc.) were not included in analyses due to low cell counts in preliminary cross-tabulations. With regard to geography, some caution in the interpretation of results is warranted. With the exceptions of the Vancouver Metropolitan Area, Victoria, Kelowna, Abbottsford-Mission, Kamloops, Chilliwack, and Nanaimo, many sampled BC jurisdictions yielded double-digit sub-samples—Terrace, Prince Rupert, Powell River, and Williams Lake featured 20-or-less respondents. On the one hand, these small sub-samples reflect a purposeful effort to sample according to the known census distribution of the BC population, from a total sample size of approximately 5,000. On the other hand, despite the small sub-samples in some jurisdictions, the total populations of these locations are also small and taken together with other rural and remote locations, have revealed certain patterns in health-related social need, volunteering, and community social service utilization that warrant, at the very least, further investigation. Future survey studies that intend to focus on these population groupings, and that featured smaller sub-samples in this study, may consider targeted sampling or over-sampling to boost the explanatory power of analyses.

Implications

This study has sought to address key gaps in information pertaining to the engagement of British Columbians in community social services and volunteering as well as variations in demographics and health-related social needs. The results of this survey have provided an incremental, yet timely and detailed contribution to our understanding of these topics. However, given the breadth and depth of information in this report, it is recognized that its content will mean different things to people coming from different positions and perspectives. As such, this report is intended as a resource to inform and support further inquiry and developments across a broad spectrum of interests.

When reflecting on and revisiting the findings in this report, it is useful for the reader to consider how they inform an understanding of volunteer work in the sector—particularly which population segments are engaged and why—in order to judge capacity across service areas and opportunities for promoting growth and sustainability. It is also worth considering how those engaged in one capacity (e.g., volunteer work) may have also been or continue to be engaged in another (e.g., service utilization), and vice versa. By extension, examining the relationships between expressions of health-related social needs and engagement in community social services (or not) may provide an initial point from which to begin assessing the impact of the sector, and, in turn, help support public awareness, service utilization, and quality improvement.

Next Steps

This study was conducted between February and March, 2023 and provided valuable insights into key aspects of the BC population with respect to engagement in the community social services sector and health-related social needs that reflect the mandates of many embedded service providers. This data has also come at a critical time in BC's history, following the impacts and fallout of the COVID-19 pandemic and various crises, which include housing, poverty, food insecurity, and others that continue amidst heightened consumer inflation. In order to help track ongoing developments in the BC population related to the community social services sector as well as augment our perspective in key areas (i.e., climate equity, immigrant status, year-over-year volunteering, etc.), **this survey will be expanded into a longitudinal study**.

Beginning in August, 2023, a second wave of data collection will be administered followed by a third wave in January or February 2024. Each wave will consist of a cross-sectional sample balanced according to census estimates for *age, gender,* and *geographic* distribution (as was the case in this first wave). However, sampling priority will first be given to past wave respondents in order to build a longitudinal sample that will have the power to show how perspectives, behaviours and self-reported outcomes (e.g., health-related social needs) may be changing over time among key segments of the BC population.

In addition to continued survey data development, the information from this wave and subsequent ones will be leveraged for other projects within the *Mind the Gaps* initiative (e.g., gap analyses, case studies, interactive mapping tools, etc.). It is also hoped that the information from this survey may benefit others working in the community social services sector.

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Appendix A: Survey of British Columbians on the Community Social Services Sector

INFORMED CONSENT

Sponsor / Study Title:	British Columbia Ministry of Social Development and Poverty Reduction / "Exploration of British Columbians' engagement with and perceptions of the community social services sector"
Principal Investigator:	Alex Price, PhD Associate Executive Director, SPARC BC
Telephone:	604-718-8501 604-718-7744 (24-Hour)
Address:	The Social Planning and Research Council of British Columbia (SPARC BC) 4445 Norfolk Street Burnaby, B.C. V5G 0A7

The community social services sector provides an important array of resources and support to people across British Columbia (BC). They are typically delivered by non-governmental, not-for-profit organizations located in communities all around the province. Examples of service areas include *children and youth, women, families, seniors, newcomers and immigrants, housing, food security, accessibility and inclusion for those with diverse mental and/or physical abilities, Indigenous peoples, employment*, and more. This survey supports research examining several areas of BC's community social services sector, particularly **how people in the province engage and think about the system, generally, as well as specific aspects of it**.

This study is being conducted by the *Social Planning and Research Council of BC* (SPARC BC), a not-for-profit organization located in Burnaby, BC and dedicated to working with communities to build a more just and health society for all. About 5,000 adults will participate in this study.

Eligibility criteria:

- Participants must be 18 years or older
- Participants must be residents of British Columbia

Purpose and task requirements: This survey requires you to complete a brief questionnaire (approximately 15 minutes long). The purpose of this survey is to better understand British Columbians' perspectives of and engagement with the community social services sector. In particular, we are interested in hearing about your past experiences with community social services, volunteering, and potential social needs you may have. You will also be asked a series of questions about your demographic information, health, and well-being as a part of this research.

Potential risks to respondents: There are minimal risks to the majority of participants. Some people may experience mild distress when thinking about sensitive topics relating to health and well-being and/or social needs, such as financial stress, mental health concerns, substance use, and others. This distress will not likely be any greater than what one would experience day to day, currently. You do not need to answer any questions that you are not comfortable with. However, there is one question that asks about experience with physical and verbal abuse. Information regarding local support services is provided during the survey for those who may want further assistance (*Dial '211' to access free multi-lingual and confidential support services in BC*). There may be other risks that are unknown.

Alternatives to participation: This study is for research purposes only. The only alternative is to not participate in this study.

Benefits: This study is for research purposes only. There is no direct benefit to you from your participation in the study. Information learned from the study may help other people in the future.

Compensation for participation: SPARC BC is not compensating you directly. Schlesinger Group will compensate you according to your agreement with them.

Confidentiality and data security: Your data will be completely anonymous and confidential. Only our survey panel provider (Schlesinger Group), who are ISO27001 certified (an international standard to manage information security) to protect your personal identifying information, will know who you are. Only an anonymous identification number associated with your responses will be made available to the SPARC BC research team. Anonymized survey data will be made accessible to the research team and be stored in password protected computers in Burnaby, BC.

The results of this research study may be presented at meetings or in publications, but your identity will not be disclosed. While every effort will be made to protect the privacy of your information, absolute confidentiality cannot be guaranteed. This does not limit the duty of the researchers and others to protect your privacy.

Right to withdraw: Your choice to participate in all or parts of this survey is completely voluntary. To withdraw, simply close the survey window and do not submit your questionnaire. You may choose to not participate or you may withdraw from the study for any reason without penalty or loss of benefits to which you are otherwise entitled. If and when you submit your final questionnaire, all responses will be anonymized and you will be unable to withdraw them.

Costs: There will be no charge to you for your participation in this study.

Research funding: This research is funded through a grant provided by the *BC Ministry of Social Development and Poverty Reduction*.

Whom to contact about this study: During the study, if you have questions, concerns or complaints about the study such as:

- Payment or compensation for being in the study, if any;
- Your responsibilities as a research participant;
- Eligibility to participate in the study;
- The Investigator's or study site's decision to withdraw you from participation;

Please contact the Investigator at the telephone number listed on the first page of this consent document.

An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, contact:

- By **mail**:

Study Subject Adviser
Advarra IRB
6100 Merriweather Dr., Suite 600
Columbia, MD 21044

- or call **toll free**: 877-992-4724
- or by **email**: adviser@advarra.com

Please reference the following number when contacting the Study Subject Adviser: Pro00069314.

□ I agree to participate in the study. *[Advance to screening questions]*

□ I do not consent to the study *[Exit survey]*

INELIGIBILITY STATEMENT

[Present statement IF prompted by inclusion screening question responses] Thank you for your interest in this survey. Unfortunately, you do not meet the eligibility criteria. Participants must be 18 years of age or older and be a permanent resident of British Columbia (three months or longer). If you have any further questions or comments, please contact Dr. Alex Price (aprice@sparc.bc.ca; 604-718-8501).

INCLUSION SCREENING

i. How old are you?

   a. _____ years old. *[IF <18 years, TERMINATE, prompt ineligibility statement]*

ii. How long have you been a resident of British Columbia?

   a. Less than 3 months *[TERMINATE, prompt ineligibility statement]*
   b. Between 3 and 6 months
   c. Between 6 months and a year
   d. Between 1 and 3 years
   e. Between 3 and 5 years
   f. Between 5 and 10 years
   g. Between 10 and 20 years
   h. Over 20 years

iii. *[IF response above = b-h:] Please type the first 3-digits of your postal code (e.g., V6E, V8P, V2B, etc.).* This will help identify the Canada Post forward sorting area (FSA) near you, but NOT your

personal mailing address**.** *[IF postal code does not start with "V", TERMINATE, prompt ineligibility statement]*

[Main survey questions begin]

DEMOGRAPHICS

The following demographic questions are important for understanding survey respondents and identifying key factors related to health and well-being and community social service needs in BC.

1. What is your gender identity?

    a. Male
    b. Female
    c. Non-binary
    d. Prefer not to answer
    e. Prefer to specify: _____

2. Please select the option that best reflects your ethno-cultural identity:

    a. Indigenous (e.g., First Nation, Métis, Inuit)
    b. Black (e.g., African, Haitian, Jamaican, Somali, etc.)
    c. Caucasian/White (e.g., European)
    d. East Asian (e.g., Chinese, Japanese, Korean, Taiwanese, etc.)
    e. Latin American (e.g., Brazilian, Cuban, Mexican, Guatemalan, Peruvian, etc.)
    f. Pacific Islander/Polynesian (e.g., Native Hawaiian, Samoan, Cook Islander, etc.)
    g. South Asian (e.g., Afghan, East Indian, Pakistani, Sri Lankan, etc.)
    h. Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese, Filipino, etc.)
    i. West Asian (e.g., Armenian, Iraqi, Iranian, Israeli, Turkish, etc.)
    j. Multi-ethnic (please specify): _____
    k. You do not have an option that applies to me. I identify as: _____

3. What is the highest level of education you have completed?

    a. No high school or General Education Development (GED) diploma
    b. High school or GED
    c. Trade or technical certification
    d. Bachelor's degree
    e. Master's degree
    f. Professional degree (e.g., law, medicine, dentistry, pharmacy, etc.)
    g. Doctoral degree

4. What is your current employment status?

    a. Employed, full-time

b. Self-employed, full-time
c. Employed part-time
d. Self-employed, part-time
e. Unemployed, retired (not looking for work)
f. Unemployed, student (not looking for work)
g. Unemployed, looking for work
h. Homemaker
i. Unable to work
j. Other: Please specify _____

5. Have you ever *worked* for a community social service organization in BC (i.e., been employed or volunteered)?

Note: ***These organizations are non-governmental and typically not-for-profit****. Examples of services provided by these organizations can include support for children and youth, women, families, seniors, newcomers and immigrants, housing, food security, accessibility and inclusion, Indigenous peoples, employment, and more.*

a. Yes, currently
b. Yes, previously
c. No
d. Not sure

6. What is your household income, before taxes and transfers?

a. Less than $10,000
b. $10,000 to $19,999
c. $20,000 to $29,999
d. $30,000 to $39,999
e. $40,000 to $49,999
f. $50,000 to $59,999
g. $60,000 to $69,999
h. $70,000 to $79,999
i. $80,000 to $99,999
j. $100,000 to $149,999
k. $150,000 to $199,999
l. $200,000 or more

7. Do you live alone *or* with others?

a. Live alone [1]
b. Live with others [*Prompt follow-up below]*

8. *[IF response=b above:]* Please select *all* the people you currently live with:

a. With my partner [2]
b. With my child(ren) [3]
c. With my parent(s) and/or in-law(s) [4]
d. With my sibling(s) [5]
e. With other extended family [6]
f. With a friend(s) [7]
g. With a housemate(s) [8]
h. Other: _____ [9]

HEALTH AND WELL-BEING

The following questions ask about various aspects of your health. By *health*, we mean not only the absence of disease or injury but also physical, mental and social well-being.

9. In general, would you say your health is... ?

   a. Excellent
   b. Very good
   c. Good
   d. Fair
   e. Poor

10. Compared to one year ago, how would you say your health is now? Is it...

    a. *Much better* now than 1 year ago
    b. *Somewhat better* now than 1 year ago
    c. *About the same* as 1 year ago
    d. *Somewhat worse* now than 1 year ago
    e. *Much worse* now than 1 year ago

11. Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not at all [0]	Several days [1]	More than half the days [2]	Nearly every day [3]
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				

12. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because their mind is troubled all the time. **Do you feel this kind of stress these days?**

    a. Not at all
    b. A little bit

c. Somewhat
d. Quite a bit
e. Very much

13. How would you describe your sense of belonging to your local community? Would you say it is...

a. Very strong
b. Somewhat strong
c. Somewhat weak
d. Very weak

VOLUNTEERING

There are different ways to engage in communities and support people. An unpaid activity could be done on behalf of a group or an organization or it could be done directly for others on your own. The following questions ask about any activities that you did without pay on behalf of a group or an organization.

14. *[ALL]* **Over the past 12 months**, have you volunteered without pay on behalf of a group or an organization?

a. Yes
b. No *[skip to Q16]*

15. *[IF YES to Q14]* **In the past** 12 months, how often did you do any unpaid activities?

a. Daily or almost daily
b. At least once a week
c. At least once a month
d. At least three or four times in the past 12 months
e. Once or twice in the past 12 months

16. *[ALL]* **Before last year**, did you ever volunteer without pay on behalf of a group or an organization?

a. Yes
b. No *[Skip to Q20]*

17. *[IF YES to Q16, above]* How long ago?

i. 1 to less than 3 years ago
ii. 3 to less than 5 years ago
iii. 5 years ago or longer

18. *[IF YES to Q14 or Q16]* What type of services or supports does your primary volunteer group or organization provide? (Select all that apply)

    a. **Early years services** cater to infants and young children and can include daycare programs, early learning programs, and more
    b. **Youth services** typically focus on children over the age of 10 until 19 years and can include educational programs, crisis management, employment training, and more
    c. **Women's services** often involve services supporting women in crisis or dealing with trauma or violence
    d. **Indigenous services** pertain to programs and services tailored to Indigenous and First Nations individuals and can include cultural education, mental health and peer support services, and more
    e. **Family services** focus on parents and their children and can include education, peer-support and more
    f. **Therapeutic services** can include mental health and addiction services and programming with an emphasis on counselling
    g. **Seniors' services** involve a wide variety of programming tailored to those 65 years and older
    h. **Newcomer services** include all services catering to new immigrants, refugees and culturally specific programming
    i. **Housing services** involve all forms of shelter and housing services and can include youth in care and foster housing programs
    j. **employment services** include training, education and placement programs that support employability and employment
    k. **Community living** services include all those tailored to the needs of people with diverse mental and physical abilities in order to support increased independence and accessibility
    l. **Food security** services involve various programs aimed at ensuring stable and equitable food systems, such as food banks, coops and more
    m. **Other:**_____ (Please specify)

19. *[IF YES to Q14 or Q16]* Please indicate how important or accurate each of the reasons for volunteering, below, were for you.

(**1 = not at all** important/accurate; **7 = extremely** important/accurate.)

	1	2	3	4	5	6	7
Volunteering can help me to get my foot in the door at a place where I would like to work.							
My friends volunteer.							
I am concerned about those less fortunate than myself.							
People I'm close to want me to volunteer.							
Volunteering makes me feel important.							
People I know share an interest in community service.							
No matter how bad I've been feeling, volunteering helps me to forget about it.							
I am genuinely concerned about the particular group I am serving.							
By volunteering I feel less lonely.							
I can make new contacts that might help my business or career.							
Doing volunteer work relieves me of some of the guilt over being more fortunate than others.							
I can learn more about the cause for which I am working.							
Volunteering increases my self-esteem.							
Volunteering allows me to gain a new perspective on things.							
Volunteering allows me to explore different career options.							
I feel compassion toward people in need.							
Others with whom I am close place a high value on community service.							
Volunteering lets me learn things through direct, hands-on experience.							
I feel it is important to help others.							
Volunteering helps me work through by own personal problems.							
Volunteering will help me to succeed in my chosen profession.							
I can do something for a cause that is important to me.							
Volunteering is an important activity to the people I know best.							
Volunteering is a good escape from my own troubles.							
I can learn how to deal with a variety of people.							
Volunteering makes me feel needed.							
Volunteering makes me feel better about myself.							
Volunteering experience will look good on my resume							
Volunteering is a way to make new friends.							
I can explore my own strengths.							

IF NOT VOLUTEERING

20. *[IF "NO" to Q14]* Please indicate whether any of the following statements are reasons why you did not volunteer in the past 12 months or before. (Select all that apply)

    a. You gave enough time already
    b. You were dissatisfied with a previous volunteering experience

c. No one asked you
d. You did not know how to get involved
e. You had health problems or you were physically unable
f. You did not have the time
g. The financial cost of volunteering
h. You were unable to make a long-term commitment
i. You preferred to give money instead of time
j. You had no interest
k. You did not identify an opportunity to use your skills or experiences in a volunteer role
l. You were not asked to contribute in a way that was meaningful to you
m. You were concerned about COVID-19 infection risk

COMMUNITY SOCIAL SERVICE EXPERIENCE

Community social services cover a broad range of programs and services delivered across BC. These services are often located where people live in the community and are often delivered by non-governmental, not-for-profit organizations.

21. Please indicate if you have accessed any of the community social services or supports listed below (either for yourself or others you care for):

	Six months ago, or more recently	Between six months and one year ago	Between one and two years ago	Over two years ago	Never
Early years services cater to infants and young children and can include daycare programs, early learning programs, and more					
Youth services typically focus on children over the age of 10 until 19 years and can include educational programs, crisis management, employment training, and more					
Women's services often involve services supporting women in crisis or dealing with trauma or violence					
Indigenous services pertain to programs and services tailored to Indigenous and First Nations individuals and can include cultural education, mental health and peer support services, and more					
Family services focus on parents and their children and can include education, peer-support and more					

Therapeutic services can include mental health and addiction services and programming with an emphasis on counselling					
Seniors' services involve a wide variety of programming tailored to those 65 years and older					
Newcomer services include all services catering to new immigrants, refugees and culturally specific programming					
Housing services involve all forms of shelter and housing services and can include youth in care and foster housing programs					
employment services include training, education and placement programs that support employability and employment					
Community living services include all those tailored to the needs of people with diverse mental and physical abilities in order to support increased independence and accessibility					
Food security services involve various programs aimed at ensuring stable and equitable food systems, such as food banks, coops and more					

22. *[Skip to Q24 IF "NEVER" TO ALL on Q21]* How important has access to community social services been to you and/or those you care for?

    a. Very important
    b. Somewhat important
    c. Neither important nor unimportant
    d. Somewhat unimportant
    e. Not very important

23. How would you rate your experience accessing services or resources?

    a. Very easy
    b. Easy
    c. Moderately easy
    d. Neither easy nor difficult
    e. Moderately difficult
    f. Difficult
    g. Very Difficult

24. *[IF NEVER TO ALL on Q21]* Generally, why do you believe you have never used a community social service before? Please check all that apply:

    a. Did not know service(s) existed
    b. Do not know if I am eligible to access service(s)
    c. Do not know how to access service(s)
    d. Unsure what service(s) can help me
    e. I have no need for community social services *[This response option is mutually exclusive to above options, remove multiple select option if selected]*
    f. Other (Please specify):_____

25. *[IF response = a-d on Q24]* If you knew more about community social services (e.g., what's available, eligibility, how to access, and how they can benefit me) would you be more likely to use them?

    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

SOCIAL NEED

The following questions ask about various aspects of your life that relate to social needs and determinants of health. Please select the response options that best reflect your experiences over the past 12 months.

If you feel you may be in need of immediate support, please dial 211 for confidential, multilingual service providing free information and referrals to a full range of community, government, and social services across BC. It operates 24/7. You may also access referral services via the Web: www.bc211.ca.

Living Situation

26. What is your living situation today?

    a. I have a steady place to live
    b. I have a place to live today, but I am worried about losing it in the future
    c. I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

27. Think about the place you live. Do you have any problems with any of the following?

(*Choose all that apply*)

    a. Pests such as bugs, ants, or mice
    b. Mold

c. Lead paint or pipes
d. Lack of heat
e. Oven or stove not working
f. Smoke detectors missing or not working
g. Water leaks
h. None of the above

Food

Some people have made the following statements about their food situation. Please answer whether the statements were **OFTEN**, **SOMETIMES**, or **NEVER** true for you and your household in the last 12 months.

28. Within the past 12 months, you worried that your food would run out before you got money to buy more.

    a. Often true
    b. Sometimes true
    c. Never true

29. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

    a. Often true
    b. Sometimes true
    c. Never true

Transportation

30. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

    a. Yes
    b. No

Utilities

31. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

    a. Yes
    b. No
    c. Already shut off

Financial Strain

32. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

    a. Very hard
    b. Sometimes hard
    c. Not hard at all

Employment

33. Do you want help finding or keeping paid work or a job?

    a. Yes, help finding work
    b. Yes, keeping work
    c. I do not need or want help

Family and Community Support

34. If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need?

    a. I don't need any help
    b. I get all the help I need
    c. I could use a little more help
    d. I need a lot more help

35. How often do you feel lonely or isolated from those around you?

    a. Never
    b. Rarely
    c. Sometimes
    d. Often
    e. Always

Education

36. Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, General Education Development (GED) diploma or equivalent.

    a. Yes
    b. No

Physical Activity

37. In the last 30 days, other than the activities you did for work, **on average, how many days per week did you engage in moderate exercise** (like walking fast, running, jogging, dancing, swimming, biking, or other similar activities)?

    a. 0
    b. 1
    c. 2
    d. 3
    e. 4
    f. 5
    g. 6
    h. 7

38. **On average, how many minutes** did you usually spend exercising at this level on one of those days?

    a. 0
    b. 10
    c. 20
    d. 30
    e. 40
    f. 50
    g. 60
    h. 90
    i. 120
    j. 150 or greater

Substance Use

The next questions relate to your experience with alcohol, cigarettes, and other drugs. We only ask in order to assess community service needs.

39. How often in the past 12 months have you had 3 or more drinks on one occasion?

    a. Never
    b. Less than once a month
    c. Once a month
    d. 2 to 3 times a month
    e. Once a week
    f. More than once a week

40. How many times in the past 12 months have you used:

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
Tobacco products (like cigarettes, cigars, snuff, chew, electronic cigarettes)					
Cannabis products (like dried plant material or oil for smoking/vaping or edibles)					
Prescription drugs for non-medical reasons					
Illegal drugs (like cocaine, ecstasy, hallucinogens, heroin, etc.)					

Disability

41. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

    a. Yes
    b. No

42. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

    a. Yes
    b. No

Safety

43. Because violence and abuse happen to some people and it affects their health, we are asking the following questions:

How often does anyone, including family and friends:	Never	Rarely	Sometimes	Fairly Often	Frequently
Physically hurt you?					
Insult or talk down to you?					
Threaten you with harm?					
Scream or curse at you?					

[IF any response to Q32 other than "NEVER", prompt following message:]

If you feel you may be in crisis and need support, please dial 211 for confidential, multilingual service providing free information and referrals to a full range of community, government, and social services across BC. It operates 24/7. You may also access referral services via the Web: www.bc211.ca.

[Survey questions end]

DEBRIEFING STATEMENT

Thank you for completing this survey!

For answers to common questions about this study, please see below. If you have questions that are not answered below, please contact the research team using the information at the bottom of this page.

What is the purpose of this research?

The purpose of this survey is to better understand British Columbians' engagement and perspectives of the community social services sector. In particular, we are interested to learn about your past experiences with community social services, volunteering, and the potential social needs you may have. We are also interested to understand your demographic information, health, and well-being.

Why is this research important?

This research will help create a better understanding of social service needs and engagement among British Columbians. The findings from this survey, as well as other research activities, will help provincial and local governments and social service organizations take actions to maintain and improve the community social services sector.

What can I do if I feel upset by my participation in this survey?

Some of the topics discussed in this survey may be sensitive. This is normal and understandable.

If you feel you may be in crisis and need support, please dial 211 for confidential, multilingual service providing free information and referrals to a full range of community, government, and social services across BC. It operates 24/7. You may also access referral services via the Web: www.bc211.ca.

Please visit the Federation of Community Social Services of BC (www.fcssbc.ca) for information of an array community social service organizations in the province offering support in a variety of areas.

How can I access more information on health and social service research in BC?

There are many good sources of health and social service research in BC. The Social Planning and Resource Association of BC (SPARC BC) has information on a wide variety of evidence and knowledge relating to community planning, health and well-being, and social services. Please visit the SPARC BC website for more information: www.sparc.bc.ca/resources/publications.

Do you have more questions about this research?

If you have any further questions or concerns about this study, please feel free to contact *Dr. Alex Price*, Associate Executive Director (aprice@sparc.bc.ca; 604-718-8501) or *Lorraine Copas*, Executive Director (lcopas@sparc.bc.ca; 604-718-7736) at SPARC BC.

Appendix B: Contextual Profile of Respondents with Advanced Education

Special Profile – Doctoral degree attainment

Only 2.7% of respondents reported the attainment of a **Doctoral degree**. However, as is described in the Volunteering and Community Social Service Utilization sections of this report, a greater proportion of those with Doctoral degrees have indicated engagement in volunteering and service utilization. In order to begin understanding this phenomenon, it is important to first understand *who* is represented in this educational attainment group.

Over half (54.5%) of those with Doctoral degrees were between the ages of 35 and 44 years with a further 25.4% being 65 years of age or older. Nearly three-quarters (73.9%) of respondents in this educational attainment group were male and over 80% self-identified as Caucasian. In addition, over two-thirds of those with Doctoral degrees reported household incomes of $150,000 or more. The most significant and likely locations of respondents with Doctoral degrees included the Vancouver Metropolitan Area (59%), Courtenay (9.9%), and Quesnel (3.7%). Overall, this group of respondents were least likely to report any health-related social needs among the entire survey sample.