



TIME FOR ACTION ON HOMELESSNESS IN EASTERN NOVA SCOTIA:

A 2024 Service-Based Count



Catherine Leviten-Reid¹, Kristen Desjarlais-deKlerk², Peggy Vassallo³, Thi Thuy Nhung Ho¹
(1) Cape Breton University, (2) University of Winnipeg, (3) Nova Scotia Health, Public Health

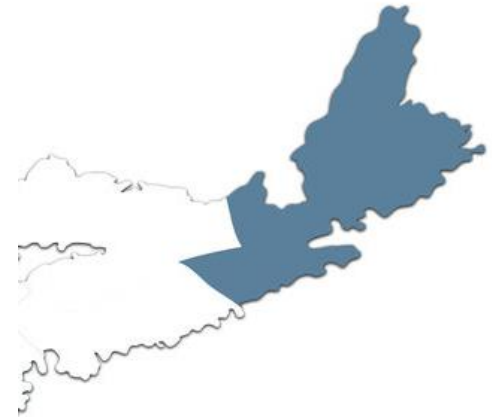
This project was supported by Cape Breton University, SSHRC-CMHC and the CBRM-based Community Advisory Board on Homelessness (Reaching Home)

Correspondence may be directed to Catherine Leviten-Reid, Cape Breton University,
catherine_leviten-reid@cbu.ca



Abstract

The purpose of this service-based homelessness count is to understand the scope and magnitude of homelessness across six counties in eastern Nova Scotia: Antigonish County, Cape Breton County (which includes the Cape Breton Regional Municipality), Guysborough County, Inverness County, Richmond County, and Victoria County. This region is also the Eastern Zone of Nova Scotia Health. A service-based homelessness count is particularly effective at estimating the number of people experiencing homelessness in more rural areas such as this, where homelessness is sometimes hidden and where formal services (such as emergency shelters and transitional housing) may be lacking. Previous service-based counts were conducted in the Cape Breton Regional Municipality in 2016 and 2018, and in all six counties in 2021.



Methods:

During the month of June, 2024, service providers throughout the study region identified clients who were thought to be experiencing homelessness. For each client, a survey was completed with the service provider's perspective on the client's socio-demographic background and housing situation. Service providers did not interview clients directly, rather, they used only the knowledge they currently had of the individuals they reported to us. Unique identifiers were assigned at the time of data collection to avoid double counting. The definition of homelessness used in this study includes different categories: unsheltered, emergency sheltered, temporarily housed (such as couch surfing or staying in a motel, as examples), being in institutional care with no subsequent place to live identified, and being at imminent risk of homelessness.

Findings:

There were **719** people aged 16 or older identified as experiencing some form of homelessness across the six counties during our count. There were also **174** children reported to be under either the full-time or part-time care of those experiencing homelessness, resulting in a total of **893** people counted. Twenty percent (N=146) had employment-related income (working full-time, part-time/casual or being in receipt of employment insurance). Eight percent (N=58) were thought to have no income at all, while 59% (N=423) were receiving income assistance. The gender split between men and women was nearly the same, with slightly more women identified (50%, N=361) than men (48%, N=347). Findings also show an overrepresentation of Indigenous people experiencing homelessness (12%, N=84 of clients reported). The most common age range of people living with homelessness was 30-39 (32%, N=227), followed by 16-29 (24%, N=174). The top barriers to securing appropriate, stable and permanent housing were that rents were too high (60%, N=433), incomes were too low despite being connected to government assistance (55%, N=394), substance use (48%, N=346), mental illness (43%, N=312), housing in poor condition (20%, N=142), and family breakdown (such as separation) (20%, N=141). Overall, a comparison of results from 2021 to 2024 shows a **dramatic increase** in the number

of people experiencing homelessness. In 2021, we estimated that there were 419 adults 16+ experiencing homelessness through our service-based count in eastern Nova Scotia. In 2024, we see a **72%** increase in this number.

Implications:

The results make clear that the provincial and federal governments need to significantly scale their investments in deeply affordable, non-market housing in eastern Nova Scotia, as soon as possible. Much of this housing should be supportive (that is, with staff on site) given that substance use or having a mental illness were identified as barriers to housing for many individuals. Given the increase in those at risk of homelessness, the province needs to immediately invest in more homelessness prevention through, for example, much higher income assistance and minimum wage rates, rent supplements which are designed to address the true housing costs of low-income tenants (versus being capped at average market rent and not covering utility costs, as they are currently designed), and more funding for housing support workers so that there are no wait lists for individuals and families seeking this support. More options must also be available so that individuals and families in more rural parts of the region can access housing support workers. Organizations offering these services must also be adequately resourced. Like with previous counts, findings highlight the urgent need for provincial legislation recognizing housing as a human right.

Table of Contents

Introduction and Purpose	6
How We Did the Study	7
Target Population	7
Engagement and Recruitment	7
Study Period	8
Orientation to the Study and Survey	8
Survey	8
Data Collection and Management	9
Data Collection	9
Completing the Survey	9
Reminders	9
Data Management	10
Confidentiality and Privacy	10
Contextualizing the Data	10
Ethical Considerations	10
Limitations to the Study Approach	11
Findings	12
Participating Organizations	12
Number of Surveys Completed	13
Number of People Experiencing Homelessness	13
Housing Situation	13
Cape Breton County	14
Antigonish and Guysborough Counties	14
Inverness, Richmond and Victoria Counties	14
Breakdown of Specific Housing Situations	15
Demographic Characteristics of Those Experiencing Homelessness	17
Age, Gender, and Marital Status	17
Previous Service	21
Education and Income	21
Children and Childcare	21
Barriers to Housing	21
Comparison with Previous Service-based Counts	23
Comparison to 2016 and 2018 Service-based Counts	25
Discussion	26
Conclusion	28
References	29
Appendix 1 – Survey Questions	31
Appendix 2 – Tables	315



Introduction and Purpose

There is a continuing crisis of affordable housing and homelessness across Canada. Despite the adoption of federal legislation to enshrine housing as a human right, as well as new investments made in affordable housing and homelessness through the National Housing Strategy and other federal and provincial initiatives, the number of Canadians in core housing need has increased, and homelessness continues to rise (Canadian Human Rights Commission, 2023; Infrastructure Canada, 2024; Standing Committee on Health, 2024).

When we began conducting the service-based count in 2016, it was done out of concern that our smaller (CBRM-based) population was not well-suited to a point-in-time (PIT) count, which has traditionally focused on counting people who are unsheltered, or in temporary accommodations such as emergency shelters, over a day-long period (Echenberg & Munn-Rivard, 2020; Kauppi et al., 2017). Expanding the count to six counties starting in 2021 allowed us to not only use a better method for this region, but to understand homelessness in communities from Antigonish to Bay St. Lawrence where PIT counts are never conducted.

Overall, our study is designed to fill basic data gaps and to help local communities better understand the scope of homelessness, the characteristics of those experiencing homelessness, and reasons why people are without housing. It is also used for community organizations and municipalities to develop local initiatives and seek funding and accountability from different levels of government and, now that we have data collected over time, to understand if homelessness is increasing, decreasing, or staying the same.

This study was driven by the work, interests, and priorities of the Affordable Housing and Homelessness Working Group (AHHWG) in the CBRM, and the Strait Richmond Housing Matters Coalition (SRHMC). The research was led by Kristen Desjarlais-deKlerk, now at the University of Winnipeg, Catherine Leviten-Reid from Cape Breton University, and Peggy Vassallo, a Consultant on Public Policy and Social Action with Nova Scotia Health, Public Health. Health Promoters working in the Eastern Zone of Nova Scotia Health were also members of the research team and did critical and excellent outreach with organizations across the region. These were Laura Chapman, Rowan Hart, Andrea Donovan, Brenda Moore, Kalen Long, Suzi Oram-Aylward and Christina MacNeil. The study was also supported immensely by CBU research assistant Thi Thuy Nhung Ho, who worked diligently on this project. The study was supported by a CBU RISE grant, partnership grant funds from SSHRC-CMHC and through funds from the CBRM-based Community Advisory Board (funded by Reaching Home). Space used to conduct this research was provided by the Community-University Housing Research Lab. This work would not have been possible without the participating service providers who work tirelessly to address homelessness in eastern Nova Scotia, typically in under-funded ways and at major risk of burnout.

Background

The definition of homelessness used in this service-based count includes the following categories (see also Gaetz et al., 2012): unsheltered (including living in public spaces or places unfit for habitation, such as an empty building or vehicle, or living in a tent); being emergency sheltered (including staying in a homeless shelter or a shelter for women

experiencing intimate partner violence); being temporarily or provisionally accommodated (such as staying with family, friends, in transitional or supportive housing with no permanency, or living in a boarding home or in a motel); being in institutional care with no subsequent place to live identified (such as in a correctional facility, or in acute care, in an addiction/recovery facility or mental health unit); and finally, being at imminent risk of homelessness (including being housed but facing eviction or foreclosure, living in housing which does not meet public health and safety standards, living in housing which is crowded, or being unable to pay rent).



How We Did the Study

Target Population

This study aimed to capture people 16 years of age and older who were experiencing homelessness in six counties of eastern Nova Scotia during the month of June, 2024. The counties were Antigonish, Cape Breton (which includes the CBRM), Guysborough, Inverness, Richmond, and Victoria. Data collection did not occur in First Nations communities (Eskasoni, Membertou, Paqtnkek, Potlotek, Wagmatcook, and We'koqma'q First Nation) within the geographical catchment area, although Indigenous organizations serving individuals living off reserve were invited to participate.

Engagement and Recruitment

Members of the Health Promotion Teams from Eastern Zone Public Health and Mental Health and Addictions were responsible for engagement, recruitment and then ongoing support to participants. In part, recruitment consisted of communicating with members of the AHHWG and SRHMC. The AHHWG and SRHMC consist of allies, partners, and service providers from a variety of sectors within the community who work with people experiencing homelessness. Beyond AHHWG and the SRHMC members, other service providers who participated in previous counts were invited to participate as well. Research team members also reviewed the participant list from 2021, adding new organizations to invite based on new developments in our communities (such as the opening of new non-profits or government-based service providers), and removing ones which were no longer active. Participating service providers represented non-profit community organizations and government departments falling under the areas of health/mental health and addictions, community-based services (such as emergency food providers), education, income and employment services, housing/transitional housing/shelter services, and justice. Senior staff from potential participating agencies were invited by the research team, by phone and/or by email, to be involved in the 2024 count. It is important to note that many of the individuals we contacted in 2021 had left or changed positions within their organizations, which resulted in new relationships needing to be built for our 2024 work.

Significant time was spent establishing contact with potential participating service providers. Members of the Health Promotion Teams conducted all communication with service providers about the orientation sessions and research agreements, distributed/collected surveys, and sent out reminders during the data collection period.

Study Period

This count took place during the entire month of June, 2024. Previous counts were completed in April (in the case of the Cape Breton County studies conducted in 2016 and 2018) and in November (in the case of the 2021 study which covered all six counties).

Orientation to the Study and Survey

Participating agencies were oriented to the study and the survey through one-hour sessions offered on Teams. Numerous sessions were offered during various days and times to offer flexibility to service providers. One session was recorded and sent out to service providers not able to attend any of the scheduled sessions as well. Site-specific orientation sessions with larger organizations and departments were also provided both in-person and on-line by members of the research team, as requested by participating organizations. One-to-one assistance was provided whenever requested, and for agencies completing paper-based surveys, orientation was also done informally when surveys were dropped off.

Survey packages, which included blank surveys along with the FAQ sheet, were distributed by the research team the week before the study period. The front of the survey package invited providers to contact a member of the research team for support and/or additional information. The same information was sent by email for those participating organizations who completed surveys online.

Survey Instrument

The 2024 survey questions were developed based on the 2018 and 2021 surveys used, and in consultation with stakeholders. Additionally, drafts of the survey were reviewed by some members of the research team involved in previous counts. Participating organizations were invited to complete surveys either electronically using an online survey developed with Qualtrics or, if they preferred, by paper.

In addition to asking about county and the client's current housing situation, the information collected included the client's age, marital status, number of children and their care arrangements, and whether the client identified as Indigenous, African or Black Nova Scotian, as a Newcomer to Canada, whether they were an international student, if they were a member of the 2SLGTBQIA+ community, and if they were living with mental illness or addiction. We also asked whether the client had served in the military or RCMP, about their sources of income and education level, and what, based on the service provider's perspective, is preventing the client from accessing and keeping appropriate and permanent housing. Finally, we asked service providers to identify the date of the last housing loss for each client, and if they considered the client to be experiencing chronic homelessness (see Appendix 1 for the survey instrument). Chronic homelessness is defined as being unsheltered and/or temporarily housed for a total of six months (180 days) over the past year or having recurrent experiences of homelessness for a total of 18 months over the past three years (Government of Canada, 2022).



Data Collection and Management

Data Collection

Service providers were asked to use a 2-step process to gather data. First, service providers screened for clients who fit the following criteria:

1. The client was located within one of the following geographies: Antigonish County, Cape Breton County, Guysborough County, Inverness County, Richmond County, or Victoria County
2. The client was at least 16 years of age
3. The client fit one of the categories of homelessness:
 - a. Unsheltered (i.e., living rough in places like an encampment or a vehicle, or sleeping outside)
 - b. Emergency sheltered (i.e., staying in a homeless shelter or a shelter for those experiencing intimate partner violence)
 - c. Living provisionally, such in a boarding house, motel, transitional housing (with no permanency) or with family or friends
 - d. In institutional care such as a health institution, a correctional or addiction treatment facility with no subsequent residence identified
 - e. At risk of homelessness, e.g., client is not currently homeless, but their current economic and/or personal situation is precarious, their housing is crowded or does not meet public health or safety standards, or they are facing eviction

Second, once the clients were recognized as fitting the criteria, service providers completed the survey to capture key socio-demographic and housing information. Clients were identified using unique identifiers assigned at the time of data collection (see the section on Confidentiality and Privacy).

Completing the Survey

Service providers were asked to collect information from active charts or files for clients with whom they had contact (either in person, through email/text/video conferencing, or by phone) during the month of June, 2024. They were asked to use the knowledge they currently had of the client to complete the survey; clients were not approached directly for information pertaining to the survey.

Reminders

Emails were sent to all participating providers and organizations at several intervals throughout the 4-week study period - beginning, midway, and during the final days. The email encouraged participation and invited providers to contact the research team with any questions or concerns. On-line survey submissions were also monitored by a member of the project team to help determine which organizations needed extra assistance or encouragement in submitting data.

Data Management

During the post-study period, the online survey was left open for two additional weeks. Paper survey packages were also not collected immediately following the survey period. This does not mean that the count reported clients from July, but that service providers had extra time to complete and submit surveys from the month of June.

The completed, paper-based surveys were collected by team members from Public Health and securely delivered to CBU-based team members. These data were then entered into Microsoft Excel, and reviewed for errors.

The data were explored and analyzed using descriptive and bivariate statistics (i.e., frequencies, crosstabs, etc.). Decision records were kept outlining key decisions throughout the study (e.g., identification of duplicates or how to code potentially conflicting survey information provided by participating agencies about clients).

Client data were collected using the following measures:

1. Only the investigators and research assistants had access to the data.
2. Once completed surveys were screened for duplication, the unique identifier codes were removed and deleted from the study.
3. All paper-based surveys were kept in a locked file cabinet at the Community-University Housing Research Lab (CBU).
4. Electronic surveys were stored on a secure server, and when downloaded for analysis, password-protected computers were used.
5. Study findings were grouped and reported to avoid singling out any participating service provider or clients.
6. At the end of the retention period, all paper documents are to be shredded.

Confidentiality and Privacy

Unique identifiers were assigned on the surveys by the service providers. The unique identifiers included the client's year of birth, gender (male, female, other) and the last two letters of the client's last name. In some situations, service providers did not know the client's name or other identifiers, so in those cases, only a partial identifier was used. This occurred in only 12 cases. The unique identifier was needed to link data from the various service providers and catch clients who were reported by more than one agency; when identifiers were incomplete, we examined and compared other information provided in the survey about the clients as well. By eliminating duplicates and only counting unique individuals, we avoided overestimating the number of clients included in the results. Additionally, to help protect privacy and confidentiality, any finding with less than 5 individuals was not reported.

Contextualizing the Data

To help interpret the findings and make recommendations, preliminary results were shared with staff from a small number of participating agencies who work directly with those experiencing homelessness.

Ethical Considerations

Approval for the study was obtained from the Nova Scotia Health Research Ethics Review Board (Romeo file: 1030121) and the Cape Breton University Research Ethics Board (#2024-023). A data transfer agreement was also signed between Nova Scotia Health and Cape Breton University.

Limitations to the Study Approach

Many organizations remain under significant strain due to funding shortages, burnout, and increasing demand for services due to population growth, high poverty, and inflation. As a result, some organizations may have under-reported client information due to lack of time. Second, some individuals experiencing homelessness were not captured due to lack of services in our catchment area: one example is incarcerated women, who are mostly located in central Nova Scotia given the lack of correctional facilities for women in eastern Nova Scotia. Third, holding the count in June was a challenging time for the educational sector in particular to participate, given some of these services were winding down for the summer months. Finally, our definition of homelessness fails to capture dimensions of Indigenous homelessness such as homelessness due to climate change or cultural dislocation (Thistle, 2017). However, this study has several strengths, including its reach across multiple sectors and service providers, and its coverage of people experiencing different types of homelessness over a one-month period. With respect to the validity or truthfulness of the findings, prior research conducted by members of our team has shown that service providers typically have in-depth knowledge of the individuals and families to whom they are providing services (for example, see Leviten-Reid & Desjarlais-deKlerk, 2024).



Findings

Participating Organizations

There were 111 invitations to participate sent out for our 2024 count. Some of those invited to participate were stand-alone organizations (e.g., community-based food or youth-serving organizations), while some were divisions or departments within larger organizations (health divisions within Nova Scotia Health would be an example). In total, 57 departments and organizations agreed to participate, representing a total of 48 distinct organizations. Out of these 57, 46 had participated in the 2021 count. For those that declined to participate in 2024 but which had participated in 2021, reasons provided included that the study wasn't considered to be a good fit with their organization's mandate, staff/volunteers were too busy, or the time of year was unsuitable. For those who joined for the first time in 2024 (11 cases), most were located in Cape Breton County although a small number were situated in other, more rural areas. Roughly 61% of the participating (i.e., 57) organizations and departments were located in Cape Breton County and the remainder were located elsewhere in eastern Nova Scotia.

Of the 57 organizations and departments that agreed to participate, 40 (or 70%) submitted surveys. Table 1 provides a breakdown by sector, and shows that community-based organizations were the most common type of entity submitting surveys.

Table 1. Number of Organizations by Sector

Sector	2024
	N=40
Community-based organizations	14
Health, mental health, and addiction services	7
Housing/transitional housing/shelter	6
Justice	6
Income and employment services	5
Education	2

Number of Surveys Completed

A total of 813 surveys were completed, which included some duplicates (N=94). Just over half (N=438) of these surveys were completed on-line, and the remainder (N=375) were completed using the paper version.

Number of People Experiencing Homelessness

After duplicates were removed, we found 719 unique individuals aged 16 or older identified as experiencing some form of homelessness across the six counties. This number does not include children under the care of those enumerated; in this study, there were 174 children reported to be under either the full-time or part-time care of those experiencing homelessness, resulting in a total of **893** people counted as living with homelessness in June, 2024.

Housing Situation

The housing situation of people 16+ experiencing homelessness is summarized in Table 2. Across all counties, approximately 11% (N=78) were unsheltered, 16% (N=115) were emergency sheltered, 33% (N=240) were provisionally accommodated, 9% (N=66) were in institutional care, and 31% (N=220) were considered at risk of homelessness.

Table 2. Housing Situations of People Aged 16 and Over Experiencing Homelessness in Six Counties of Eastern Nova Scotia

Housing Situation	2024							
	All Counties		Cape Breton County		Antigonish & Guysborough Counties		Inverness, Richmond & Victoria Counties	
	N=719	%	N=557	%	N=75	%	N=87	%
Unsheltered	78	10.8	58	10.4	10	13.3	10	11.5
Emergency sheltered	115	16.0	105	18.9	5	6.7	5	5.7
Provisionally accommodated	240	33.4	185	33.2	29	38.7	26	29.9
Institutional care	66	9.2	61	11.0	0	-	5	5.7
At risk of homelessness	220	30.6	148	26.6	31	41.3	41	47.1

Cape Breton County

Within Cape Breton County, which consists largely of Cape Breton Regional Municipality (CBRM), Table 2 shows that there were 557 people 16+ living with homelessness, or 77% of our total number of 719 adults. Approximately 10% (N=58) of these individuals were unsheltered, 19% (N=105) were emergency sheltered, 33% (N=185) were provisionally accommodated, 11% (N=61) were in institutional care, and nearly 27% (N=148) were considered to be living at risk of homelessness.

CAPE BRETON COUNTY

58	unsheltered
105	emergency sheltered
185	provisionally accommodated
61	institutional care
148	at risk of homelessness
557	TOTAL

Antigonish and Guysborough Counties

Antigonish and Guysborough Counties reported 75 people experiencing homelessness (which is about 10% of our total number). About 13% (N=10) of people were unsheltered, 7% (N=5) were emergency sheltered, 39% (N=29) were provisionally accommodated, no one was identified as being in institutional care, and 41% (N=31) were considered to be living at risk of homelessness.

ANTIGONISH & GUYSBOUROUGH

10	unsheltered
5	emergency sheltered
29	provisionally accommodated
0	institutional care
31	at risk of homelessness
75	TOTAL

Inverness, Richmond and Victoria Counties

The remaining three counties – Inverness, Richmond, and Victoria County - are rural relative to Cape Breton County. As Table 2 shows, service providers identified 87 people as living with homelessness across these counties, which is 12% of our total number. Twelve percent were unsheltered (N=10), 6% were emergency sheltered (N=5), 30% were provisionally accommodated (N=26), 6% were in institutional care (N=5), and 47% were considered to be living at risk of homelessness (N=41).

INVERNESS, RICHMOND & VICTORIA

10	unsheltered
5	emergency sheltered
26	provisionally accommodated
5	institutional care
41	at risk of homelessness
87	TOTAL

While it is not possible to provide region-specific data on type of homelessness experienced by children in the care of those clients reported by service providers, 82 were located in Cape Breton County, 33 were in Antigonish and Guysborough Counties and 59 were in the other combined counties (Inverness, Richmond, and Victoria). Most were provisionally accommodated or at risk of homelessness.

Overall, Cape Breton County had a lower percentage of people at risk of homelessness compared to other counties, and a higher percentage of people staying in shelters. These trends are likely related; that is, people who are at risk of homelessness in other parts of eastern Nova Scotia lack formal organizations to which to turn for emergency housing. Most of the individuals in institutional care are also located in Cape Breton County, which is not surprising given the concentration of these in the CBRM.

Breakdown of Specific Housing Situations

Table 3 breaks down housing situations into greater detail for all counties combined. Among the 719 people 16+ experiencing homelessness across eastern Nova Scotia, about 6% (N=44) were living rough (such as in an encampment or vehicle) and 3% (N=18) were sleeping outside. Meanwhile, 16% (N=115) were staying in emergency shelters, 21% (N=149) were staying with family or friends, 8% (N=54) were in transitional housing not considered to be permanent, 4% (N=26) were staying in a boarding house and 1% (N=6) were in either hotels or motels. Table 3 also shows that 6% (N=40) were in a correctional facility, 2% (N=11) were in a half-way house, group home or supported living, 1% (N=6) were in an addiction facility and 1% (N=8) were in either acute care, the hospital or a mental health unit. Finally, 14% (N=98) of individuals reported were in precarious economic situations, 10% (N=68) were at imminent risk of homelessness due to personal factors, 3% (N=22) were facing eviction, 2% (N=11) were living in crowded housing and 1% (N=7) were housed but their home did not meet health or safety standards.

Table 3. Detailed Housing Situations of People Aged 16 and Over Experiencing Homelessness in Six Counties of Eastern Nova Scotia

Housing Situation	All Counties	
	2024	
	N=719	%
Unsheltered	78	10.8
Living rough	44	6.1
Sleeping outside	18	2.5
Other	2	0.3
Don't know	14	1.9
Emergency sheltered	115	16.0
Provisionally accommodated	240	33.4
Staying with friends (couch surfing)	83	11.5
Staying with family members/relatives	66	9.2
Transitional housing (with no permanency)	54	7.5
Boarding house	26	3.6
Hotel/motel room	6	0.8
Other/don't know	5	0.7
Institutional care	66	9.2
Correctional facility	40	5.6
Half-way house/group home/supported living*	11	1.5
Acute care/hospital/mental health unit	8	1.1
Addiction facility	6	0.8
Don't know	1	0.1
At risk of homelessness	220	30.6
Housed but their current economic situation is precarious	98	13.6
Housed but personal factors put them at imminent risk	68	9.5
Housed but facing eviction for other reasons	13	1.8
Living in a crowded housing situation	11	1.5
Housed but facing eviction due to property sale	9	1.3
Housed but does not meet public health and safety standards	7	1.0
Don't know	14	1.9

*This refers to residential homes and facilities that provide interim housing and supports for individuals experiencing homelessness. This does not include special care residential facilities such as small option homes, or developmental care residences for individuals with disabilities.

Demographic Characteristics of Those Experiencing Homelessness

Demographic characteristics were only asked of those individuals aged 16 and older on which service providers were reporting, not about children in their care. These characteristics are reported in Table 4 and are presented for all six counties.

Age, Gender, and Marital Status

About 32% (N=227) of those identified were between the ages of 30-39 years, and this was the most common age category reported for people experiencing homelessness. Roughly 24% (N=174) of those enumerated were between the ages of 16 and 29, while 21% (N=153) of those counted were aged 40-49. In turn, 13% (N=95) were between the ages of 50 and 59, while 9% (N=67) were 60+.

The gender split between men and women was nearly the same, with slightly more women identified (50%, N=361) than men (48%, N=347). One percent (N=6) of clients were identified as having another gender, but this could not be reported in more detail due to low numbers (see the section on confidentiality and privacy). Note that when looking at the data in our more rural counties (that is, not including Cape Breton County), this distribution by gender changes: 59% of clients reported were women and 40% were men. Approximately 83% (N=598) of clients across all counties were single, separated or divorced.

Table 4. Demographic Information of People Aged 16 and Over Experiencing Homelessness in Six Counties of Eastern Nova Scotia

Demographic Characteristics	All Counties	
	2024	
	N=719	%
Age groups		
16-18 years old	24	3.3
19-24 years old	60	8.3
25-29 years old	90	12.5
30-39 years old	227	31.6
40-49 years old	153	21.3
50-59 years old	95	13.2
60-69 years old	40	5.6
70+ years old	27	3.8
Don't know	3	0.4
Gender		
Female	361	50.2
Male	347	48.3
Other	6	0.8
Don't know/missing	5	0.7
Marital status		
Married/common law	46	6.4
Single/separated/divorced	598	83.2
Don't know/other/no response	75	10.4
Intersectionality		
Indigenous	84	11.7
First Nations (off reserve)	55	7.6
First Nations (on reserve)	18	2.5
Other/don't know/no response	11	1.5
African/Black Nova Scotian	27	3.8
2SLGTBQIA+	25	3.5
Newcomers to Canada/international students	15	2.1
Living with mental illness	253	35.2

Demographic Characteristics (continued)	All Counties	
	2024	
	N=719	%
Living with addiction	257	35.7
Don't know/no response	267	37.1
Previous service in the military or RCMP		
Yes (military)	6	0.8
Yes (RCMP)	0	0.0
No/don't know/no response	713	99.2
Highest level of education attained		
Elementary/junior high school	36	5.0
Some high school	58	8.1
High school	151	21.0
Some college/university	27	3.8
College/university	80	11.1
Don't know/no response	367	51.0
Source of clients' income (income can come from more than one source)		
Income Assistance	423	58.8
Part time or casual employment	60	8.3
Full time employment	59	8.2
No income	58	8.1
Informal income (e.g., bottle returns, panhandling)	48	6.7
Disability Benefit	39	5.4
Senior Benefits (e.g., CPP/OAS/GIS)	38	5.3
Child and Family Tax Benefits	27	3.8
Employment Insurance	27	3.8
Money from family/friends	20	2.8
Income related to past work (e.g., pension, compensation, personal allowance)	5	0.7
Other	3	0.4
Don't know	62	8.6

Demographic Characteristics (continued)	All Counties	
	2024	
	N=719	%
Does the client have children?		
Yes	306	42.6
No	241	33.5
Don't know/no response	172	23.9
Age and number of children (N=306)		
No longer living at home (grown)	51	16.7
1 child under 18 years old	75	24.5
2 children under 18 years old	64	20.9
3 children under 18 years old	34	11.1
4 children under 18 years old	7	2.3
5+ children under 18 years old	8	2.6
Number of children under 18 not known/no response	67	21.9
Care arrangement when client has children under 18 (N=255)		
Has children under full time care of client	78	30.6
Has children under part time care of client (shared custody, visitation, etc.)	16	6.3
Has children under care of family or other persons	84	32.9
Has children under care of child welfare	37	14.5
Has multiple care arrangements (e.g., some children are with client full time and some are under care of family)	11	4.3
No response	26	10.2
Other	3	1.2
Number of children under 18 under care of the client (N=174 children)		
Full time care of client	133	76.4
Part time care of client	41	23.6

Approximately 12% (N=84) of clients were identified as Indigenous, about 2% (N=15) were newcomers to Canada (immigrants, refugees and those with study permits), 4% (N=27) were identified as African or Black Nova Scotian, and 4% (N=25) were identified as 2SLGBTQIA+. About 35% were thought to be living with mental illness (N=253), while 36% (N=257) were living with addiction.

Previous Service

A small number (1%, N=6) were identified as having previous service in the military, whereas none were identified with previous service in the RCMP. Most service providers did not know if clients had previous service in the military or RCMP, or surveys had missing responses to this question.

Education and Income

The level of education achieved by clients was not known for just over half of the survey responses. However, 13% (N=94) were reported to have below high school (some of which would reflect the age cut-off for our study of 16+), 21% (N=151) had completed high school, 4% (N=27) had some college or university training, and 11% (N=80) had completed college or university.

In most cases, service providers were able to identify sources of their clients' incomes, and had the ability to report multiple sources in their responses. Many reported that their clients had employment-based income: about 8% of (N=59) clients were employed full-time, 8% (N=60) were employed part-time or on a casual basis, 4% (N=27) were receiving employment insurance, and 1% (N=5) received income related to past work (such as a pension or sick leave). About 7% (N=48) derived income from informal work such as bottle returns. A large percentage received some form of government support: 59% (N=423) received Income Assistance, and others were receiving benefits related to, for example, having a disability (5%, or N=39), having children in their care (4%, or N=27), or being a senior (5%, or N=38). A small percent (<3%, N=20) were receiving some financial assistance from family and friends.

Children and Childcare

Approximately 43% (N=306) of people identified as living with homelessness had children. Of those clients with children under 18, approximately 33% (N=84) were reported to have children under the care of a family member or other people, roughly 31% (N=78) had children under their full-time care, while 6% (N=16) had children in their part-time care. About 15% (N=37) of clients had a child or children under the care of child welfare. As reported earlier, the number of children under the care of clients experiencing homelessness totaled 174. The number of children under the full-time care of clients was 133, while 41 were in the part-time care of the client.

Barriers to Housing

Several key barriers to accessing and keeping appropriate, stable, and permanent housing were identified. Results are reported in Table 5, for all counties combined. It is important to note that service providers could report as many barriers as were relevant. Not surprisingly, 60% (N=433) reported that rents were too high. The second most common reason was that the incomes of clients were too low, despite being connected to government assistance (55%, N=394). Substance use was reported for almost half of clients (48%, N=346), while having a mental illness was also a common response (43%, N=312). Other commonly reported barriers to housing included conflict in the household (such as separation or being kicked out) (20%, N=141), lacking housing in good condition (20%, N=142), having a criminal history (19%, N=137), having health problems or a disability (16%, N=116), having a low income (16%, N=116), having a problematic rental history (16%, N=114), family violence (14%, N=100) and having a lack of housing that meets family size (8%, N=60). Other barriers reported included not finding housing close to key amenities and services (8%, N=57), racial discrimination (5%, N=37), having pets (4%, N=29) or children (4%, N=25), experiencing discrimination due to gender and/or sexual orientation (2%, N=14), not wanting permanent housing (1%, N=8), intergenerational trauma (1%,

N=7) and other trauma (1%, N=7). Note that if looking at the barriers reported in more rural parts of eastern Nova Scotia (that is, outside of Cape Breton County), the number of clients experiencing family violence as a barrier rises to 30% [N=48].

Table 5. Barriers to Housing

Barriers to Accessing Stable/Permanent Housing	2024	
	All Counties	
	N=719	%
Rents are too high	433	60.2
Low income, despite income connected to Government Assistance (i.e., income assistance, disability income, old age pension)	394	54.8
Addiction/substance use	346	48.1
Mental illness	312	43.4
Lack of housing in good repair	142	19.7
Family breakdown / conflict with family members (e.g., separation, divorce, “kicked out”, etc.)	141	19.6
Criminal history	137	19.1
Health/disability issues	116	16.1
Low-income earner (i.e., minimum wage)	116	16.1
Problematic rent history	114	15.9
Family violence (violence of any sort from family members, e.g., elder abuse, intimate partner violence)	100	13.9
Lack of housing that meets family size	60	8.3
Poor proximity to services, supports, or amenities	57	7.9
Racial discrimination	37	5.1
Pets	29	4.0
Children	25	3.5
Learning/cognitive limitation (i.e., brain injury)	21	2.9
2SLGTBQIA+	14	1.9
Does not want permanent housing	8	1.1
Age	7	1.0
Intergenerational trauma	7	1.0
Other trauma	7	1.0
Lack of appropriate housing availability	5	0.7
Was in foster care/child welfare	0	-
Other	30	4.2
Don't know	29	4.0

Service providers were asked if those they identified were experiencing chronic homelessness, reported in Table 6. As defined earlier, chronic homelessness refers to someone who is unsheltered, using emergency shelters, or provisionally accommodated for a total of 6 months over the past year, or for a total of 18 months over the past 3 years (Government of Canada, 2022). In response, it was reported that 40% (N=285) of clients were chronically homeless, 40% (N=288) were not, and for 9% (N=66) of clients it was unknown while the remainder of responses were missing (11%, N=80).

Table 6. People Aged 16 and Over Experiencing Chronic Homelessness in Six Counties of Eastern Nova Scotia

Chronic Homelessness	2024	
	All Counties	
	N=719	%
Yes	285	39.6
No	288	40.1
Don't know	66	9.2
No response	80	11.1

Comparison with Previous Service-Based Counts

Because our 2021 count was conducted in the same six counties, we can compare overall results for these two time periods (i.e., 2021 and 2024). Results are shown in Table 7. In 2021, we found that there were 419 adults 16+ experiencing homelessness through our service-based count in eastern Nova Scotia (Roy et al., 2021). The rise to 719 individuals aged 16+ in 2024 represents a **72% increase**. Data show an increase in the number of people experiencing homelessness across all categories: 45 were unsheltered in 2021 compared to 78 in 2024, 76 were emergency sheltered in 2021 versus 115 in 2024, 150 were provisionally accommodated in 2021 versus 240 in 2024, 46 were in institutional care in 2021 versus 66 in 2024, and 102 were at risk of homelessness in 2021 versus 220 in 2024. The types of homelessness in which we see the largest changes are for those who were reported to be at risk (reflecting a 116% increase between 2021 and 2024), followed by people who were unsheltered (a 73% increase).

Table 7. Housing Situation of People Aged 16 and Over Experiencing Homelessness in Six Counties of Eastern Nova Scotia, 2024 and 2021

Housing Situation	All Counties					
	2024		2021		Difference	
	N=719	%	N=419	%	N=300	%
Unsheltered	78	10.8	45	10.7	33	73.3
Emergency sheltered	115	16.0	76	18.1	39	51.3
Provisionally accommodated	240	33.4	150	35.8	90	60.0
Institutional care	66	9.2	46	11.0	20	43.5
At risk of homelessness	220	30.6	102	24.3	118	115.7

As far as socio-demographic characteristics of those experiencing homelessness, results are fairly similar across the two time periods, and are reported in table format in Appendix 2. Age categories of those experiencing homelessness are somewhat different: in the 2024 count, we see a high percentage of middle-aged individuals experiencing homelessness versus the 2021 count. More specifically, while the 2021 results showed that about 32% of those experiencing homelessness were under the age of 30, 24% were in this age group in 2024. Meanwhile, the percentage of those experiencing homelessness who were between the ages of 30 to 39 increased from 29% to 32%, while for those between the ages of 40 and 49, we see an increase from 16% to 21%. It is also important to note the difference in the absolute number of people aged 70+ who were experiencing homelessness, from 5 reported in 2021 to 27 in 2024 (which reflects a 440% increase in this specific age category).

While there are no real changes in the distribution of gender and those experiencing homelessness over the two survey periods, results on marital status have changed. A lower percentage of individuals enumerated were married or living common law in 2024 compared to 2021 (6% versus 12%), and concomitantly about 83% were single, separated or divorced in the 2024 count versus 75% in 2021. For sources of income, a higher percentage of individuals experiencing homelessness in 2024 were in receipt of income assistance compared to 2021 (at 59% versus 42%). There is also a lower percentage of clients experiencing homelessness in 2024 who did not have any income, at 8% versus 15% in 2021.

For children, while the percentage of clients with children is similar in both years, about 31% of these children were in the care of clients in 2024 versus about 22% in 2021. A lower percentage were in the care of family members or other people in 2024 versus 2021 (so 33% versus 45%), while a higher percentage of children were under the care of child welfare (15% in 2024 versus 9% in 2021).

With respect to barriers to housing, results are somewhat difficult to compare because possible answers (or categories) were revised in the 2024 survey, in part for sake of clarity and in part to reflect feedback from allies, partners, and service providers. Specifically, to address the vaguely-written 2021 category of ‘lack of appropriate housing availability,’ we added the following to the 2024 version of the survey: ‘rents are too high,’ ‘lack of housing in good repair,’ ‘lack of housing that meets family size,’ and ‘poor proximity to amenities, services and supports.’ We also added specific categories to capture discrimination due to age, ethnicity and due to gender and/or sexual orientation. Finally, while the 2021 survey included the category of ‘history of trauma/abuse as a child,’ we added ‘intergenerational trauma’ and ‘other trauma’ in 2024.

As shown in Table 2 in Appendix 2, in 2021, the most common barrier reported was lack of appropriate housing availability (at 55%). In 2024, the most common barrier identified was that rents were too high (60%), while lack of housing in good repair was noted for about 20% of individuals. The second highest category in 2024 (at 55%) was that incomes were too low, despite income being connected to government assistance. This was reported for 25% of clients in 2021. Substance use remains similar, as a housing barrier, across the two years of data collection, at 48% for 2024 and 51% in 2021. So too does mental illness, at 43% in 2024 and 39% in 2021. It is also important to note the barriers that showed the highest percentage increases across the two waves of data collection: these were racial and 2SLGBTQIA+ discrimination (which was reported for nine clients in 2021 and for 51 in 2024), having a low income despite being connected to government support (reported for 104 clients in 2021 and for 394 in 2024), pets (reported for 11 clients in 2021 and 29 in 2024) and health or disability issues (reported for 48 clients in 2021 and 116 in 2024).

Finally, the percentage of clients experiencing chronic homelessness was similar across 2021 and 2024, at 40% in 2024 and 37% in 2021.

When interpreting these findings, it is important to note that 46 of the 57 organizations and departments that agreed to participate in 2024 were also involved in the 2021 count. Despite a small number of changes in participation, the increase in surveys mostly came from the same organizations and locations that participated in 2021. We can look to other data and trends to support our conclusion that the increase in homelessness we found is due primarily to systemic factors rather than changes in service-based count participation. These include our vacancy rate (only available for Cape Breton County), which shows a change from 6.1% in 2021 to 0.8% in 2023 (CMHC, 2024). Other evidence includes the temporary shelter which opened at the Ally Centre in Sydney in 2024, the development of a pallet shelter in Cape Breton County as a response to those living rough in that community, and increases in child poverty rates (Canadian Centre for Policy Alternatives, 2024).

Comparison to 2016 and 2018 Service-Based Counts

A comparison with older service-based counts from 2016 and 2018 can only be made for Cape Breton County. Note that during these earlier two counts, those considered at risk of homelessness were **not included** in the definition of homelessness and so for comparison purposes across years, we report in this section on the number of those who were unsheltered, emergency sheltered, provisionally accommodated and in institutional care only (Bickerton & Oake, 2016; Bickerton & Roy, 2018). **However, it is important for readers to use the definition of homelessness used in the 2024 survey, and when reporting 2024 results for Cape Breton County, to use 557 adults aged 16+ as the total number.**

For the sake of comparison across earlier iterations of the service-based count, however, note that in 2016, 279 adults 16+ were counted, and in 2018, 278 were identified. In 2021, there were 251 individuals aged 16+ who were counted, again excluding the category of those at risk of homelessness. Finally, in 2024, there were 409 individuals identified.

There was a higher percentage of women who were enumerated in both 2024 (50%) and 2021 (49%) in Cape Breton County compared to 39% in 2018 and 42% in 2016. Although there were some differences in response options for barriers to obtaining housing across all four time periods, substance use remained one of the most common barriers reported (51% in 2024 and 51% in 2021, compared to 42% in 2018 and 43% in 2016). For 39% of clients in 2018 and 69% in 2016, poor housing options/low income was identified as a barrier to accessing housing, while lack of appropriate housing availability, having a low income and poor housing options were commonly identified in 2021. Answers also

overlap with our 2024 findings for Cape Breton County, where rents were reported as being too high for 61% of clients, and having a low income, despite being connected to government support, was reported for 59% of clients.

Discussion

Overall, results are alarming and show not only that significant homelessness is being experienced across eastern Nova Scotia, but that it is *increasing rapidly*. Further, more families are experiencing homelessness than in previous counts, since our results show an increase in clients identified who had children in their care in 2024 compared to 2021. It is also important to note that our results are estimates only, with service providers sharing with us that the housing and homelessness crises have intensified since we conducted this June, 2024 count.

Results call for immediate and large-scale interventions and investments – under no circumstances should individuals in our communities be living rough, have to be emergency sheltered, or experience any other forms of homelessness captured in this study. Indeed, housing is a human right which has been recognized in several international covenants, beginning with the Universal Declaration of Human Rights over seventy years ago (United Nations, 1948). Central to realizing this human right is the provision of housing which is *adequate*, emphasized in the International Covenant on Economic, Social and Cultural Rights (United Nations, 1966). Moreover, as the Federal Housing Advocate has recently reminded us, all levels of government have an obligation to uphold this right (Canadian Human Rights Commission, 2023). Of course, homelessness is also costly: recent health data show that people experiencing homelessness have longer hospital stays compared to the national average, and these stays have higher average costs (Canadian Institutes for Health Information, 2024).

Immediate actions must include making large-scale investments in new social housing (that is, housing which is public, non-profit, co-operative, and deeply affordable). Currently, new investment in social housing in eastern Nova Scotia is extremely limited – for example, the government is building only 273 new units of public housing for the *entire province* (Municipal Affairs and Housing, 2024). Meanwhile, much of the newly built ‘affordable housing’ is too expensive for those living in poverty, since rents can be set at 80% of those charged in the local market, rather than being based on tenant income (Auditor General of Canada, 2022). Of course, the province must invest in adequate staffing within the Public Housing Agency so that turnover of vacant units is faster, preventing units from sitting empty for too long in the face of such high need. In the short term, emergency housing options are needed outside of Cape Breton County as well, such as in Antigonish, since descriptive results show these are minimally available to those outside of Cape Breton County.

Since about half (48%) of the surveys reported addiction/substance use as a barrier to accessing housing, and 43% reported mental illness as a barrier, deeply affordable, non-market housing is also needed that has supports embedded, called supportive housing. These initiatives could incorporate full-time or part-time staffing models, depending on project and tenant needs. It is also important to highlight here, given that housing investments must focus on those most marginalized in our communities, that a range of culturally appropriate and safe options are required. Violence in the household was identified as a barrier to housing for 14% of clients overall (and for 30% of those identified outside of Cape Breton County). Results also show that those identified as Indigenous disproportionately experience homelessness (12%), while roughly half of those who live with homelessness are women.

Given that results show a large increase in clients at risk of homelessness, more funding for housing support workers is also urgently required to assist both individuals and families. Housing support workers provide vital assistance and can prevent those living in poverty from falling into homelessness. For example, they intervene with landlords in cases of late rent payments or damage to units, help tenants connect to important government and community-based programs and services, and are people tenants can rely on when their ties to family and friends are limited or strained (Leviten-Reid & Desjarlais-deKlerk, 2024; Oudshoorn et al., 2016). Although organizations in Cape Breton County in particular have received funds in recent years to expand their housing support programs, there are waitlists for these services across *all counties* included in our study. This is unnecessary and unacceptable. Moreover, these positions are insufficiently resourced - housing support workers require adequate wages, office space and the funds required to cover mileage when they visit clients across rural communities in eastern Nova Scotia.

Related to prevention, the province must also consider hiring its own housing support workers for tenants living in Public Housing Agency units, rather than place this expectation on housing support workers within the non-profit sector, who are already overburdened and under-funded. Further, the requirement that tenants must work for 30 days with a housing support worker before being placed on the priority access list for a public housing unit results in unnecessary delays for those in urgent need of public housing.

Related to additional initiatives that fall into the category of homelessness prevention, which again is of particular importance in the context of an increasing number of people being at risk of homelessness in eastern Nova Scotia, financial supports for tenants and homeowners are also necessary. The provincial government must increase income assistance rates, or introduce a guaranteed basic income. Currently, income assistance amounts are far below the poverty line, even for families (Frank & Saulnier, 2024), and are greatly mismatched with both the high cost of basic goods and services and dramatic increases in rents (particularly for units in which there is turnover, since the rent cap does not apply). This is inconsistent with homelessness prevention, and our data show a 279% increase, from 2021 to 2024, in the number of clients for which income was a barrier to obtaining stable, permanent and appropriate housing, despite being connected to government supports. This was a barrier for 55% of all clients in 2024.

Further, the design of rent supplements, another form of financial support, must be improved so they allow tenants to live in housing that is affordable (meaning it costs less than 30% of income [Canada Mortgage and Housing Corporation, 2017]). Currently, the amount an eligible tenant receives through the supplement program bridges the gap between 30% of income and average market rent. This means if rent for a modest one bedroom is \$1,000 and average market rent is \$750, the tenant must pay the additional \$250 difference on their own, in addition to the 30% contribution they already make. By definition, this is not affordable housing (Auditor General of Canada, 2022; Canada Mortgage and Housing Corporation, 2017). Further, if utilities are not included in the rent (and data show that they seldom are; Leviten-Reid et al., 2019), low-income tenants do not receive additional funds through the rent supplement program to help cover these costs. Instead, they must find other ways to pay for these, or go without. Of course, rent supplements can only be effective if they are well-designed *and* if there is housing stock available for tenants.

Finally, like we recommended in 2021, the province of Nova Scotia must pass right-to-housing legislation. Although this perhaps sounds like an abstract gesture, it is important (Canadian Centre for Policy Alternatives – Nova Scotia Office, 2021; Eliadis, 2024). Having such legislation in place would mean that affordable housing and homelessness are central in policy development across government departments, concrete targets are set to eliminate homelessness and to

ensure that all Nova Scotians have adequate and affordable housing, reports on progress are public, much greater financial resources are made available, and that those most marginalized and in need of housing and supports are prioritized in planning and responses.

Conclusion

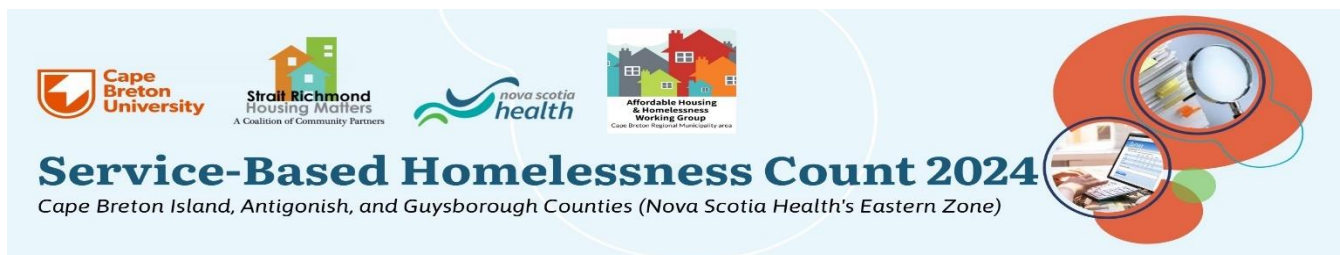
It is worth noting that in 2023, the province indicated, as part of its five-year housing plan, that it would develop a homelessness prevention strategy (Province of Nova Scotia, 2023). We do not have details of this strategy. The dramatic results reported here – the sheer number of people (including families) experiencing homelessness in eastern Nova Scotia in 2024, and the 72% increase in homelessness in our region since 2021 - all clearly signal that immediate action is required to not only help address this growing homelessness crisis, but to end it.

References

- Auditor General of Canada. (2022). *Report five: Chronic homelessness*. Office of the Auditor General of Canada.
https://www.oag-bvg.gc.ca/internet/docs/parl_oag_202211_05_e.pdf
- Bickerton, J. & Oake, N. (2016). *Understanding homelessness in the Cape Breton Regional Municipality: A service based approach*. Public Health – Nova Scotia Health Authority.
- Bickerton, J. & Roy, L. (2018). *Clone of understanding homelessness in the Cape Breton Regional Municipality: A service based approach*. Public Health – Nova Scotia Health Authority.
- Canada Mortgage and Housing Corporation. (2018). *About affordable housing in Canada*.
<https://www.cmhc-schl.gc.ca/en/professionals/industry-innovation-and-leadership/industry-expertise/affordable-housing/about-affordable-housing/affordable-housing-in-canada>
- Canada Mortgage and Housing Corporation. (2024). *Primary rental market statistics – Cape Breton*.
<https://www03.cmhc-schl.gc.ca/hmip-pimh/en#Profile/5560/3/Cape%20Breton>
- Canadian Centre for Policy Alternatives – Nova Scotia Office. (2021). *Keys to a housing secure future for all Nova Scotians*.
https://policyalternatives.ca/sites/default/files/uploads/publications/Nova%20Scotia%20Office/2021/05/CCPA-Housing-2021-Final_NS%20.pdf
- Canadian Human Rights Commission. (2023). *Advocating for change: The housing crisis in Canada*.
https://publications.gc.ca/collections/collection_2023/ccdp-chrc/CH1-44-2023-eng.pdf
- Canadian Institutes for Health Information. (2024, April 25). *Hospital data sheds light on patients experiencing homelessness*. <https://www.cihi.ca/en/hospital-data-sheds-light-on-patients-experiencing-homelessness#data>
- Echenberg, H., & Jensen, H. (2020). *Defining and enumerating homelessness in Canada*. Library of Parliament.
https://publications.gc.ca/collections/collection_2021/bdp-lop/bp/YM32-2-2020-41-eng.pdf
- Eliadis, P. (2024). Turning off the tap: Preventing homelessness for victims of violence. In J. Hughes (Ed.), *Ending homelessness in Canada: The case for homelessness prevention* (pp. 46-60). James Lorimer & Company Ltd.
- Frank, L. & Saulnier, C. (2024). *2023 report card on child and family poverty in Nova Scotia: Families deserve action, not excuses*. Canadian Centre for Policy Alternatives – Nova Scotia Office.
<https://policyalternatives.ca/sites/default/files/uploads/publications/Nova%20Scotia%20Office/2024/01/2023-NS-report-final-revised.pdf>
- Gaetz, S., Barr, C., Friesen, A., Harris, B., Hill, C., Kovacs-Burns, K., Pauly, B., Pearce, B. Turner, A. & Marsolais, A. (2012). *Canadian definition of homelessness*. Canadian Observatory on Homelessness Press.
<https://www.homelesshub.ca/sites/default/files/attachments/COH-Canadian%20Definition%20of%20Homelessness.pdf>
- Government of Canada. (2022). *Reaching home: Canada's homelessness strategy directives*.
<https://www.infrastructure.gc.ca/homelessness-sans-abri/directives-eng.html#shr-pg0>
- Infrastructure Canada. (2024). *Everyone counts 2020-2022 – Results from the third nationally coordinated point-in-time counts of homelessness in Canada*. https://housing-infrastructure.canada.ca/homelessness-sans-abri/reports-rapports/pit-counts-dp-2020-2022-results-resultats-eng.html#toc_5.1
- Kauppi, C., O'Grady, B., Schiff, R., & Martin, F. (2017). *Homelessness and hidden homelessness in rural and northern Ontario*. Rural Ontario Institute.
- Leviten-Reid, C., Horel, B., Matthew, R., Deveaux, F., & Vassallo, P. (2019). Strong foundations: Building community through improved rental housing data. *Journal of Rural and Community Development*, 14(3), 74-86.

- Leviten-Reid, C., & Desjarlais-deKlerk, K. (2024). "A community of one": Social support networks and low-income tenants living in market-rental housing. *Engaged Scholar Journal*, 10(2), 42-61.
- Municipal Affairs and Housing. (2024, May 22). *More public housing for western Nova Scotia*. <https://news.novascotia.ca/en/2024/05/22/more-public-housing-western-nova-scotia>
- Oudshoorn, A., Van Berkum, A. & Michelucci, J. (2016). *The role of the housing support worker*. <https://abeoudshoorn.com/wp-content/uploads/2015/08/Role-of-the-Housing-Support-Worker-1.pdf>
- Province of Nova Scotia. (2023). *Our homes, action for housing: A five year housing plan*. <https://novascotia.ca/action-for-housing/docs/strategic-plan-action-for-housing.pdf>
- Roy, L., Leviten-Reid, C., Digou, M., Gyorfi, M., MacQueen, J., & Gotell, C. (2021). *Service-based homelessness count 2021: Counting those experiencing homelessness in eastern Nova Scotia*. <https://cbufaces.cairnrepo.org/islandora/object/cbu%3A2119/datastream/PDF/view>
- Standing Committee on Health. (2024). *Hansard, links between health outcomes and lack of safe affordable housing*. https://nslegislature.ca/sites/default/files/pdfs/committees/he/he_20240813.pdf?20240819
- Thistle, J. (2017). *Definition of Indigenous homelessness in Canada*. <https://homelesshub.ca/IndigenousHomelessness>
- United Nations. (1948). *Universal Declaration of Human Rights*. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>
- United Nations. (1966). *International Covenant on Economic, Social and Cultural Rights*. https://treaties.un.org/pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-3&chapter=4&clang=_en

Appendix 1 – Survey Questions



Organization Name: _____ Department: _____

Geographical Location: _____ Date Completed: _____

STUDY CRITERIA:

In order to complete the survey, the client must be residing in the Eastern Zone, be 16+ years of age, and experiencing one of the housing/homelessness situations below. (Questions 1, 2 and 3 are required).

1. THE CLIENT IS LOCATED OR RESIDING WITHIN ONE OF THE FOLLOWING COUNTIES: (Please check one county they reside in)

- Cape Breton County** (e.g., Glace Bay, Louisbourg, Sydney, Sydney Mines, etc.)
- Antigonish County** (e.g., Antigonish, Havre Boucher, St Andrew's, etc.)
- Richmond County** (e.g., Isle Madame, Louisdale, St. Peter's, etc.)
- Inverness County** (e.g., Inverness, Margaree, Whycomomagh, Cheticamp, etc.)
- Guysborough County** (e.g., Guysborough, Canso, Lincolnville, etc.)
- Victoria County** (e.g., Cape North, Ingonish, Iona, Neil's Harbour, etc.)

2. THE CLIENT IS AT LEAST 16 YEARS OF AGE AND MEETS ONE OF THE FOLLOWING HOUSING SITUATIONS: (Pick one of the four definitions and then select a specific housing situation)

- The client is **currently unsheltered** (i.e., usually for people who are not accessing emergency shelters).
 - Sleeping outside (sidewalk, park, forests, etc. or private space and vacant buildings i.e., squatting)
 - Living rough (places unfit for habitation such as a vehicle, shed, tent/encampment, living in a trailer etc.)
 - Unknown
 - Other _____
- The client is currently living **“temporarily”** in places such as boarding houses, hotels, transitional housing or with family or friends (i.e., “couch surfing”).
 - Emergency shelter (e.g., Transition House)
 - Boarding house
 - Hotel/motel room
 - Transitional housing (no permanency)
 - Staying with friends (couch surfing)

- Staying with family members/relatives
- Unknown
- Other _____

The client is currently under **institutional care** such as a health institution, correction or addiction treatment facility with no subsequent residence identified. Examples include the client experiencing homelessness prior to admittance; or had housing but lost their housing while in institutional care; or had housing prior to admittance but cannot go back due to change in needs. In any case, without a discharge plan or support, there is a likelihood that the client may transition into homelessness upon discharge.

- Correctional facility
- Half-way house (E Fry, Howard House)
- Group home/supported living (non-permanent)
- Addiction facility
- Acute care/hospital
- Mental health facility
- Unknown
- Other _____

The client is currently **at risk of homelessness**, i.e., the client is not currently homeless, but their current economic and/or housing situation is precarious or does not meet public health and safety standards.

- Housed but their current economic situation is such that they cannot pay for their housing related costs (rent, heat, etc.)
- Housed but the client's personal factors put them at imminent risk of homelessness (i.e., sudden unemployment, severe and persistent mental illness, division of household, violence/abuse, discontinuation of housing supports)
- Housed but does not meet public health and safety standards
- Housed but facing eviction due to property sale
- Housed but facing eviction for other reasons
- Living in a crowded housing situation
- Unknown
- Other _____

3. CONFIDENTIAL IDENTIFICATION NUMBER:

The confidential identification number consists of the last two letters of the client's last name, their year of birth and their gender (M, F or O for Other).

If any of this information is unknown, please leave that part blank and fill out as much as you can.

EXAMPLE:

Name: John Smith
 Year of Birth: 1956
 Sex: M

IDENTIFIER:
 - With full information known: T H 1 9 5 6
M

4. WHAT IS THE CLIENT'S YEAR OF BIRTH?

— — — —

4a. If the birth year is unknown, please select one of the following:

- 16 – 18 years old
- 19 – 24 years old
- 25 – 29 years old
- 30 – 39 years old
- 40 – 49 years old
- 50 – 59 years old
- 60 – 69 years old
- 70 – 79 years old
- 80 + years old
- Don't know

5. MARITAL STATUS

- Single
- Married/Common Law
- Separated/Divorced
- Don't Know

6. DOES THE CLIENT HAVE CHILDREN?

- Yes
- No
- Don't know

6a. If yes, number of children under 18 years old: _____

6b. If yes, what is the current care arrangement for children?

- Under full time care of the client
- Part time care (shared custody, visitation, etc.)
- Under care of family or other person(s)
- Under care of Child Welfare
- Other (please explain) _____

7. DOES THE CLIENT IDENTIFY AS ONE OF THE FOLLOWING? Check all that apply.

- Indigenous
- African or Black Nova Scotian
- Newcomers (Immigrants and Refugees)
- International Students
- 2SLGBTQIA+
- Living with mental illness
- Living with an addiction
- Don't know

7a. If the client identifies as Indigenous, please select:

- First Nations: Off Reserve
- First Nations: On Reserve
- Métis or Inuit
- Unknown

8. HAS THE CLIENT HAD SERVICE IN THE MILITARY OR RCMP? (Military includes army, navy, air forces)

- Yes, Military
- Yes, RCMP
- No
- Don't Know

9. WHERE DOES THE CLIENT OBTAIN THEIR INCOME? Check all that apply.

- Full time employment
- Part time or casual employment
- Income Assistance
- Disability Benefit
- Employment Insurance
- Money from family/friends
- Seniors Benefits (e.g., CPP/OAS/GIS)
- Child and Family Tax Benefits
- No income
- Informal income (e.g., bottle returns, panhandling)
- Don't know
- Other (please specify) _____

10. WHAT IS THE HIGHEST LEVEL OF EDUCATION THE CLIENT HAS ATTAINED?

- Elementary School
- Junior High School
- High School
- Some High School
- College or University
- Some College/University
- Don't Know

11. BASED ON YOUR KNOWLEDGE OF THE CLIENT, WHAT DO YOU PERCEIVE IS PREVENTING THEM FROM ACCESSING AND KEEPING APPROPRIATE, STABLE, AND PERMANENT HOUSING? Check all that apply.

- Addiction/substance use
- Lack of housing that meets family size
- Criminal history
- Children
- Health/disability issues
- Doesn't want permanent housing
- Poor proximity to services, supports, or amenities
- Rents are too high
- Low income, despite income connected to Government Assistance (i.e., income assistance, disability income, old age pension)
- Family breakdown / conflict with family members (e.g., separation, divorce, "kicked out", etc.)
- Family violence (violence of any sort from family members, e.g., elder abuse, intimate partner violence)
- Learning/cognitive limitation (i.e., brain injury)
- Unknown
- Other (e.g., intergenerational trauma) _____
- Mental illness
- Pets
- 2SLGBTQIA+
- Racial discrimination
- Problematic rental history
- Lack of housing in good repair
- Low-income earner (i.e., minimum wage)

Provide details or any further information:

12. CAN YOU IDENTIFY WHEN THE CLIENT HAD THEIR MOST RECENT HOUSING LOSS?

(Example responses include Jan 2024 or Jan 10, 2024 if you know the specific day)

13. BASED ON THE KNOWLEDGE OF YOUR CLIENT, DO YOU BELIEVE THE CLIENT IS CHRONICALLY HOMELESS? Yes

- No Don't know

Chronic homeless refers to individuals experiencing homelessness (unsheltered 'living rough', using emergency shelters, or temporarily housed) for a total of 6 months (180 days) over the past year or have recurrent experiences of homelessness of for a total of 18 months (or 546 days) over the past 3 years.

14. PLEASE ADD ANY OTHER PERTINENT INFORMATION THAT YOU WISH TO INCLUDE.

Appendix 2 – Tables

Table 1. Demographic Information of People Aged 16 and Over Experiencing Homelessness in Six Counties of Eastern Nova Scotia, 2024 and 2021

Demographic Characteristics	All Counties			
	2024		2021	
	N=719	%	N=419	%
Age groups				
16-18 years old	24	3.3	17	4.1
19-24 years old	60	8.3	50	11.9
25-29 years old	90	12.5	65	15.5
30-39 years old	227	31.6	121	28.9
40-49 years old	153	21.3	67	16.0
50-59 years old	95	13.2	51	12.2
60-69 years old	40	5.6	28	6.7
70+ years old	27	3.8	5	1.2
Don't know	3	0.4	15	3.6
Gender				
Female	361	50.2	206	49.2
Male	347	48.3	196	46.8
Other	6	0.8	N/A	N/A
Don't know/no response	5	0.7	17	4.1
Marital Status				
Married/common law	46	6.4	52	12.4
Single/separated/divorced	598	83.2	313	74.7
Don't know/other	75	10.4	54	12.9
Intersectionality				
Indigenous	84	11.7	60	14.3
First Nations (off reserve)	55	7.6	44	10.5
First Nations (on reserve)	18	2.5	8	1.9
Other/don't know/no response	11	1.5	8	1.9
African/Black Nova Scotian	27	3.8	12	2.9
2SLGTBQIA+	25	3.5	8	1.9

Demographic Characteristics (Continued)	All Counties			
	2024		2021	
	N=719	%	N=419	%
Newcomers to Canada/international students	15	2.1	16	3.8
Living with mental illness	253	35.2	218*	N/A
Living with addiction	257	35.7		
Don't know/no response	267	37.1	133	31.7
Previous service in the military or RCMP				
Yes (military)	6	0.8	8	1.9
Yes (RCMP)	0	0.0	0	-
No/don't know/no response	713	99.2	411	98.1
Highest level of education attained				
Elementary/junior high school	36	5.0	24	5.7
Some high school	58	8.1	59	14.1
High school	151	21.0	68	16.2
Some college/university	27	3.8	31	7.4
College/university	80	11.1	38	9.1
Don't know/no response	367	51.0	199	47.5
Source of clients' income (income can come from more than one source)				
Income Assistance	423	58.8	176	42.0
Part time or casual employment	60	8.3	30	7.2
Full time employment	59	8.2	21	5.0
No income	58	8.1	64	15.3
Informal income (e.g., bottle returns, panhandling)	48	6.7	36	8.6
Disability Benefit	39	5.4	22	5.3
Senior Benefits (e.g., CPP/OAS/GIS)	38	5.3	14	3.3
Child and Family Tax Benefits	27	3.8	29	6.9
Employment Insurance	27	3.8	25	6.0
Money from family/friends	20	2.8	19	4.5
Income related to past work (e.g., pension, compensation, personal allowance)	5	0.7	5	1.2
Other	3	0.4	8	1.9

Demographic Characteristics (Continued)	All Counties			
	2024		2021	
	N=719	%	N=419	%
Don't know	62	8.6	45	10.7
Does the client have children?				
Yes	306	42.6	181	43.2
No	241	33.5	125	29.8
Don't know/no response	172	23.9	113	27.0
Age and number of children				
No longer living at home (grown)	51	16.7	23	12.7
1 child under 18 years old	75	24.5	63	34.8
2 children under 18 years old	64	20.9	38	21.0
3 children under 18 years old	34	11.1	25	13.8
4 children under 18 years old	7	2.3	11	6.1
5+ children under 18 years old	8	2.6	N/A	N/A
Number of children under 18 not known/no response	67	21.9	21	11.6
Care arrangement when client has children under 18 (N=255)				
Has children under full time care of client	78	30.6	34	21.5
Has children under part time care of client (shared custody, visitation, etc.)	16	6.3	6	3.8
Has children under care of family or other persons	84	32.9	71	44.9
Has children under care of child welfare	37	14.5	14	8.9
Has multiple care arrangements (e.g., some children are with client full time and some are under care of family)	11	4.3	N/A	N/A
No response	26	10.2	29	18.4
Other	3	1.2	4	2.5
Number of children under 18 under care of the client				
Full time care of client	133	76.4		
Part time care of client	41	23.6		
Total	174		64**	

N/A is included in some cells when the category was not included in the survey during either 2024 or 2021. *In 2021, these were reported in one category (i.e., 'Living with mental illness/addiction). **In 2024, we did not report on the number of children in full-time versus part-time care.

Table 2. Barriers to Housing, 2024 and 2021

Barriers to Accessing Stable/Permanent Housing	2024		2021	
	All Counties		All Counties	
	N=719	%	N=419	%
Rents are too high	433	60.2	N/A	N/A
Low income, despite income connected to Government Assistance (i.e., income assistance, disability income, old age pension)	394	54.8	104	24.8
Addiction/substance use	346	48.1	215	51.3
Mental illness	312	43.4	162	38.7
Lack of housing in good repair	142	19.7	N/A	N/A
Family breakdown / conflict with family members (e.g., separation, divorce, “kicked out”, etc.)	141	19.6	92	22.0
Criminal history	137	19.1	92	22.0
Health/disability issues	116	16.1	48	11.5
Low-income earner (i.e., minimum wage)	116	16.1	148	35.3
Problematic rent history	114	15.9	67	16.0
Family violence (violence of any sort from family members, e.g., elder abuse, intimate partner violence)	100	13.9	63	15.0
Lack of housing that meets family size	60	8.3	N/A	N/A
Poor proximity to services, supports, or amenities	57	7.9	N/A	N/A
Racial discrimination*	37	5.1	9	2.1
2SLGTBQIA+*	14	1.9		
Pets	29	4.0	11	2.6
Children	25	3.5	16	3.8
Learning/cognitive limitation (i.e., brain injury)	21	2.9	13	3.1
Does not want permanent housing	8	1.1	7	1.7
Age	7	1.0	N/A	N/A
Intergenerational trauma	7	1.0	N/A	N/A
Other trauma**	7	1.0	9	2.2
Lack of appropriate housing availability	5	0.7	230	54.9
Was in foster care/child welfare	0	-	5	1.2
Poor housing options	N/A	N/A	144	34.4
Poor housing conditions	N/A	N/A	21	5.0
Other	30	4.2	30	7.2
Don't know	29	4.0	4	1.0

N/A is included in some cells when the category was not included in the survey during either 2024 or 2021. *In the 2021 survey instrument, the category used to capture discrimination was 'Discrimination due to ethnicity, gender, or sexual orientation.' This is somewhat different from the two categories included in 2024. **In 2021, we included 'history of trauma/abuse as a child'.