Service-Based Homelessness Count 2021

Counting those Experiencing Homelessness in Eastern Nova Scotia

Cape Breton University

nova scotia health
Mental Health and Addictions Program

Affordable Housing & Homelessness Working Group
Cape Breton Regional Municipality area

Strait Richmond Housing Matters
A Coalition of Community Partners

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List of Terms

Affordable Housing and Homelessness Working Group (AHHWG): The Affordable Housing and Homelessness Working Group (AHHWG) has taken a leadership role in both understanding and addressing homelessness and affordable housing in the Cape Breton Regional Municipality. The committee began in the fall of 2015 when the Community Advisory on Homelessness Board (CAB) provided funding for Cape Breton Community Housing Association to initiate a Housing First readiness plan for the area. Since 2015, the working group has provided guidance and oversight on a number of research projects and has engaged the community through workshops and presentations on homelessness and affordable housing in the CBRM.

Health Promotion: Health Promoters work to improve the health and wellness of communities by developing and implementing programs, providing education and training, and advocating for beneficial policies. They work with government departments and agencies at the local, provincial and national level to reduce health inequities and identify necessary changes in cultures and systems for communities to thrive.

Mental Health and Addictions Program: a multi-disciplinary provincial program to help people experiencing mental disorders, including substance use, to manage their conditions and work towards recovery.

Newcomer: A "newcomer" is anyone new to Canada, such as an immigrant or refugee. It does not include people who may have moved from other areas of the province or country.

Point-in-Time (PiT) Count: A Point-in-Time (PiT) count is different than a service based count. A PiT count is a "snapshot" of the number of people experiencing homelessness during a 24-hour period. During a PiT count, volunteers approach people on the street and ask them specific questions about their current housing situation and experience with homelessness. PiT counts are limited in their duration, and are impacted by factors such as the weather, the location (urban versus non-urban), and individual willingness to be surveyed about the potentially sensitive topic of 'being homeless'. Although the PiT count obtains information directly from clients, a service-based count offers the advantage of a longer data-collection period, and through its indirect approach, may capture additional people who may not be willing to be interviewed about their experience.

Service-Based Count: A Service-Based Count (SBC) is a way of counting the number of people experiencing homelessness, or at risk of homelessness and living in unstable housing conditions. It involves collecting information indirectly from knowledgeable sources (in other words, the service providers who work on a regular basis with people experiencing homelessness). The SBC is called indirect because at no time do service providers interview or directly ask the client questions pertaining to the study. Instead, the knowledge of the service provider is used.

Service provider: Service providers work with and have knowledge of the client. For example, service providers are case workers, social workers, intake workers and front-line staff whose job it is to provide a service.

Strait Richmond Housing Matters Coalition: The Strait Richmond Housing Matters Coalition began in December 2018 after a concerned group of citizens interested in housing came together following the October 2018 Community Think Tank – Housing Matters. The Coalition is comprised of individuals and members of organizations that represent a wide spectrum of housing related issues including, community health and social service organizations and municipal representatives. Our vision is inclusive, healthy, affordable, sustainable, and accessible housing is available in Strait Richmond communities.

Unique Identifiers: Unique identifiers are codes of a person's information such as letters in the first or last name, year of birth, or gender. In this Service Based Count, the unique identifier for each client will be the last two letters of the client's last name, their year of birth, and their gender (M, F, or O if gender is unknown/unspecified). A unique identifier is a way of labeling anonymous surveys that will remove duplicates and reduces the chance that people will be counted twice

Executive Summary

Background

The purpose of conducting this service-based homelessness count is to better 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).

A service-based homelessness count is particularly effective at enumerating the homeless population in rural areas such as this, where homelessness may be hidden. Previous service-based counts were conducted in the Cape Breton Regional Municipality in 2016 and 2018; this is the first count in this region to include the entire Eastern Zone of Nova Scotia Health.

Method

During the month of November 2021, 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 demographic background and housing situation. Service providers did not interview clients directly, rather, they used only the knowledge they currently had of the individuals. 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, provisionally accommodated (including institutional care with no subsequent place to live), and being at risk of homelessness.

Findings

There were 419 people aged 16 or older identified as experiencing some form of homelessness across the six counties of eastern Nova Scotia. There were also 64 children reported to be under the care of those experiencing homelessness, resulting in a total of 483 people counted. Over half of those identified as experiencing homelessness aged 16 or older were living with mental illness and/or addiction.

Fifteen percent were thought to have no income at all, while 42% were receiving income assistance.

The gender split between male and female was nearly the same, with slightly more females identified (49%) than males (47%). Findings also show a disproportionate number of Indigenous people experiencing homelessness.

The largest age group of people living with homelessness were those between the ages of 16-29 (32%), followed by those aged 30-39 (29%).

Overall, a comparison of counts from 2016 and 2018, which is possible in Cape Breton County only, shows little change in the number of people experiencing homelessness.

Implications

Findings highlight the urgent need for a rights-based approach to housing to be implemented in Nova Scotia.

A rights-based approach to housing, formalized through provincial legislation, would mean, in practical terms, that affordable housing and homelessness are central in policy development across government departments, that concrete targets are set to eliminate homelessness and to ensure that all Nova Scotians have adequate and affordable housing, that reports on progress are public, that much greater financial resources are made available, and that those most marginalized and in need of housing and supports are prioritized in the province's planning and responses.

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Introduction and Purpose

There is a crisis of affordable housing and homelessness across Canada. Nova Scotia is no exception, with a recent report estimating that over 33,000 new public and non-profit/co-operative housing units are needed in the province over the next ten years (Canadian Centre for Policy Alternatives – Nova Scotia Office, 2021).

Researchers and people working on the front lines argue that problems with affordable housing and homelessness in smaller and more rural communities are often overlooked. Large, urban areas receive most of the homelessness funding available (Schiff et al., 2021), some cities have had money allocated specifically to them for new affordable housing development, and rural communities do not have the same kind of health and other homeless-serving infrastructure as bigger centers (Buck-McFayden, 2022).

Another challenge smaller populations face is simply understanding how many people are experiencing homelessness in their local areas, since data collection tools which count people who are staying temporarily with friends or family (called couch surfing), in addition to those which capture those who are living rough or staying in shelters, have been lacking (see Echenberg and Munn-Rivard, 2020; Kauppi et al., 2017).

The service-based approach we use in this study was designed with these problems in mind. It captures various kinds of homelessness in partnership with many service providers, and provides much-needed data on rural communities in eastern Nova Scotia.

Although the Cape Breton Regional Municipality (CBRM) has conducted bi-annual counts since 2016 (with a delay due to COVID-19 in 2020), a count of people experiencing homelessness has not yet taken place in several other nearby counties of eastern Nova Scotia. **The purpose of conducting this service-based homelessness count was to fill this gap and to help these communities better understand the scope of homelessness, the characteristics of those experiencing homelessness, the reasons why people are without housing, and limits in service delivery**. The final purpose of this report was to compare CBRM-based results from 2016 and 2018 to data collected in 2021.

This study was driven by the work, interests, and priorities of the Affordable Housing & Homelessness Working Group (AHHWG) in CBRM, and the Strait Richmond Housing Matters Coalition (SRHMC). The research was led by Lilla Roy and Catherine Leviten-Reid from Cape Breton University, who are members of the AHHWG and have collaborated with the working group on other projects in the past. The research team included collaborative partners Jean MacQueen (Co-chair, AHHWG) and Celeste Gotell (Co-chair, SRHMC) from Mental Health and Addictions of Nova Scotia Health. The study was also supported by two part-time research assistants - Megan Digou and Mia Gyorfi. The study was supported by two CLARI Community Engaged Research grants (2020, and 2021), as well as a Mitacs Business Strategy Internship. This work would not have been possible without the participating service providers who work tirelessly to address homelessness in eastern Nova Scotia. We would also like to acknowledge that the region captured in our study is located in the unceded and traditional territory of the Mi'kmaw people.

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Background

Historically, counts at emergency or transitional shelters were thought to be a reliable depiction of the homeless population in a rural context (Hall, 2017). Homelessness was previously associated with an image of a single man living on the street (Layton, 2000). We now understand that many people who are having experiences with homelessness "live with family and friends, and do not come into contact with emergency shelters" (The Homeless Hub, 2017). Moreover, homelessness affects a rising diversity of Canadians beyond the stereotypical single man to include women, youth, seniors, and families (Gaetz et al., 2013; Segaert, 2012).

Rural homelessness has distinct characteristics from urban homelessness which must be understood and incorporated into the enumeration approach (Hall, 2017). For many communities within eastern Nova Scotia, it may be less likely that people are seen sleeping on the streets or in other public areas, and more likely that people stay with family or friends, live in unsuitable housing, or are at risk of losing their housing. This presents a 'hidden' homelessness issue which requires its own methodology.

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 places or places unfit for habitation, such as an empty building or vehicle.

Emergency sheltered: including homeless shelters and shelters for those escaping intimate partner violence.

Provisionally accommodated: staying with family, friends, in transitional or supportive housing, or living in a boarding home or in a motel.

OR because one is in institutional care with no subsequent place to live identified (such as in a correctional facility, a group h acute care, in an addiction/ recovery facility or mental health unit.

At risk of homelessness: Including being housed but having a precarious employment or housing situation, facing eviction, and living in housing which does not meet public health and safety standards.

How We Did the Study (Method)

Study Design

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 November 2021. The counties were (alphabetically) Antigonish County, Cape Breton County (which includes CBRM), Guysborough County, Inverness County, Richmond County, and Victoria County. Like the previous, CBRM-based counts, we were not able to include females who were incarcerated since there is no correctional facility for them in the catchment area.

Engagement

A service-based count relies heavily on relationships with service providers. As mentioned, the AHHWG and SRHMC were key drivers behind the study, and the research team formed through existing relationships within and among these groups. The AHHWG and SRHMC consist of stakeholders and service providers from a variety of sectors within the community who work with people experiencing homelessness, such as community-based organizations, housing/transitional housing/shelter programs, health, mental health and addiction services, education, justice, income and employment services, academics, municipal representatives, and program staff from government. As such, the working groups were highly invested in supporting the outcome of this research.

Select Indigenous organizations/service providers have an ongoing relationship with the AHHWG or SRHMC through membership, or through participation in past counts. Those with membership with the AHHWG or SRHMC were aware of this research and were part of the larger working group consultation about proposed methods. Service providers who participated previously were invited to participate again in the 2021 count. It should be noted that there are six First Nations communities (alphabetically – Eskasoni, Membertou, Paqtnkek, Potlotek, Wagmatcook, & We'koqma'q First Nation) within the geographical catchment area, however, relationship with these communities was young or new, and it was not yet appropriate to engage in recruitment of service providers/ organizations within these communities. Future counts and engagement with these communities will also need to consider how homelessness may be described and enumerated from an Indigenous worldview (Thistle, 2017).

Study Period

This service-based study took place during the entire month of November 2021. Although previous counts in the CBRM were done in April, concerns about the impact of COVID-19 resulted in us choosing a time later in the calendar year. Community partners had also previously questioned whether the April time period might miss key groups, such as university students; as such, the alternate time period was methodologically reasonable.

Participant Recruitment

Participating service providers represented non-profit community organizations and government service departments falling under the areas of health, community services, education, income and employment services, housing/transitional housing/shelter services and justice. Service providers were identified through existing relationships with the AHHWG and SRHMC, with the Mental Health & Addictions Health Promotion Team, Nova Scotia Health - Eastern Zone and knowledge of the study team members and community partners of relevant service providers. Senior staff from potential participating agencies were invited by the research team, by phone and/or by e-mail, to be involved in the 2021 count.

Orientation to the Study and Survey

Participating agencies were oriented to the study and the survey through 2.5-hour sessions that were offered on Zoom by the research team. Three sessions were offered during various days and times to offer flexibility to service providers. Also, an orientation package was sent to all participating service providers containing a self-paced orientation session on PowerPoint, a Frequently Asked Questions (FAQ) sheet, and a link to a Post-Orientation Knowledge Check on Microsoft Forms. One-to-one assistance was also provided whenever requested, and for agencies who were 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 in the week prior to 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, and personalized whenever possible, for those participating organizations wanting to complete surveys online.

Survey

The 2021 survey questions were developed based on the 2018 survey used in the CBRM, and in consultation with stakeholders including members of the AHHWG and the SRHMC. Additionally, drafts of the survey were reviewed by some members of the research teams involved in the 2016 and 2018 counts. Participating organizations were invited to complete surveys either electronically using an online survey developed with Microsoft Forms 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, if they were a member of the 2SLGBTQIA+ community and if they were living with mental illness or addiction. We also asked whether the client had been in the military or RCMP, 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 (see Appendix 1). Respondents were also asked if they felt the client's housing situation was caused or influenced by the COVID-19 pandemic, and if they were chronically homeless.

Data Collection and Management

Data Collection

Service providers agreed to collect data on clients who were experiencing homelessness during November 2021. 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 is located or residing within one of the following six counties: Antigonish County, Cape Breton County, Guysborough County, Inverness County, Richmond County or Victoria County.

2. The client is at least 16 years of age.

3. The client fits at least one of the categories of homelessness:

   a. Client is currently **unsheltered** (i.e., not accessing emergency shelters, and living rough in public or private places unfit for habitation).

   b. Client is currently **emergency sheltered** (i.e., accessing emergency shelter and emergency supports).

   c. Client is currently **provisionally accomodated** (i.e., living "temporarily") in places that offer no permanency.

   d. Client is currently **under institutional care** such as a health institution, correction or addiction treatment facility with no subsequent residence identified.

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

Second, once the clients were identified as fitting the criteria, service providers completed the survey to capture key 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 e-mail/video conferencing, or by phone) during the month of November 2021. 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

E-mails were sent to all participating providers and organizations at several intervals throughout the 4-week study period - beginning, midway, and during the final days of the study. The email encouraged participation and invited providers to contact the investigators with any questions or concerns.

Data Management

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

The completed, paper-based surveys were collected by team members from Mental Health and Addictions (mostly in person, although some were sent by post) and delivered to CBU-based team members. These data were entered by members of the research team into Microsoft Excel, and work was subsequently reviewed for data entry errors by comparing every second paper survey to the spreadsheet. This file was then analyzed by the principal investigator and a separate research assistant using both SPSS and Stata, under the guidance of other team members.

The data were analyzed by the research team 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:

- Only the investigators and research assistants had access to the client-level data.
- Once the completed survey was screened for duplication, the unique identifier code was removed and deleted from the study.
- All paper-based surveys were kept in a locked file cabinet at Cape Breton University.
- Electronic surveys were stored on a secure server at Cape Breton University, and when downloaded for analysis, password-protected computers were used.
- Study findings were grouped and reported to avoid singling out any participating service provider or clients.
- At the end of the retention period, team members will shred all paper documents and have the electronic files permanently deleted.

Confidentialty and Privacy

When possible, unique identifiers were assigned on the survey by the service providers. The unique identifier 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, therefore, in those cases, there was only a partial or no identifier used on the survey. The unique identifier was needed to link data from the various service providers and catch clients who were being 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. This is in accordance with current guidance on reporting small numbers.

Contextualizing the Data

Preliminary results were shared with staff from a small number of participating agencies who work directly with those experiencing homelessness, to help interpret the findings.

Ethical Considerations

The study team received approval for the study from the Nova Scotia Health Research Ethics Review Board (Romeo file: 1027214) and Cape Breton University Research Ethics Board (#2021-085). A data transfer agreement was also signed between Nova Scotia Health and Cape Breton University.

Limitations to the Study Approach

This research took place at a time when service providers were still feeling the strain of the COVID-19 pandemic. The pandemic has placed significant pressure on many organizations in the Eastern Zone due to staffing challenges and exhaustion from having to modify service delivery in the face of constantly changing public health guidelines (Karabanow et al., 2022). As a result, some organizations did not feel they had the capacity to participate in this count, and some of those which did may have under-reported client information due to lack of time. The pandemic also resulted in staffing changes and a shifting of responsibilities among managers, making it more difficult to secure participation. Another limitation related to the pandemic is discontinued or less frequent service use on the part of clients.

Lessons Learned

Beyond limitations, important lessons were learned regarding how to conduct future counts. More outreach and relationship building is needed for subsequent counts in order to increase the number of service providers who participate across the six counties, although it needs to be acknowledged that there are fewer service providers in more rural parts of the Eastern Zone than there are in its more urban centres. Contacting Boards of Directors regarding participation, rather than only Executive Directors, is recommended as well so that Board members are aware of the study and have the opportunity to provide input on whether or not they should participate, and members of future research teams need to be sure to communicate that involvement in the study is not onerous. Finally, phone calls and in-person communication are much more effective than e-mails at engaging participants.

Findings

Participating Organizations

A total of 59 separate departments or organizations agreed to participate in the study, from a total of 48 different organizations. Some larger organizations (such as Nova Scotia Health) had multiple departments participating. Of the 59 participating departments/organizations, 12 serve areas outside of Cape Breton County only. However, some of the organizations within Cape Breton County also serve other counties in the catchment area.

Of the 59 departments/organizations that agreed to participate, a total of 40 submitted surveys meeting the eligibility criteria. These are broken down by sector, and shown in Table 1. There were 13 community-based organizations and seven organizations from the housing/transitional housing/shelter sector. Seven organizations from health, mental health and addiction services submitted surveys, along with six organizations from the education sector. Also, three organizations from justice and four organizations from income and employment services submitted surveys.

Table 1. Number of participating organizations by sector

Sector	(n)
Community-based organizations	*13*
Housing/transitional housing/shelter	*7*
Health, mental health, and addiction services	*7*
Education	*6*
Justice	*3*
Income and employment services	*4*

Number of Surveys Completed

A total of 457 surveys were completed. The majority (n=302) of surveys were completed using the online version, while approximately one third (n=155) of the surveys were completed using the paper version.

Number of People Experiencing Homelessness

There were 419 unique individuals aged 16 or older identified as experiencing some form of homelessness across six counties in eastern Nova Scotia. This number does not include children under the care of those enumerated; in this study, there were 64 children reported to be under the care of people experiencing homelessness, resulting in a total of 483 people counted as living with homelessness in November 2021.

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 2 and are presented for all six counties. Although these are presented as an aggregate across counties, we looked for associations between characteristics and region, and present results of those which are statistically significant on the following page.

Age, Gender, and Marital Status

The demographic characteristics of people identified to be experiencing homelessness by service providers is summarized in Table 2. Roughly 32% of those enumerated were between the ages of 16 and 29. The next largest groups were those aged 30-39 years old, who comprised ~29% of all people identified, and then those aged 40-49 (16% of those identified). The gender split between male and female was nearly the same, with slightly more females identified (49%) than males (~47%). A significant association was found between the gender of individuals experiencing homelessness and place. More specifically, in Antigonish County, 71% of those experiencing homelessness were female, versus 49% in Cape Breton County and 48% in the other counties combined, X (2, n=402) = 8.39, p=.015. Finally, approximately 75% of the clients identified as living with homelessness were single, separated or divorced.

Intersectionality and Previous Service

Exactly 52% of clients identified as living with homelessness were living with mental illness or addiction, over 14% were Indigenous, nearly 4% were Newcomers to Canada (immigrants and refugees), 3% were identified as African or Black Nova Scotian, 2% were identified as 2SLGBTQIA+, and nearly 7% identified with more than one of these groups. A small number (~2%) were identified as having previous service in the military, whereas there were none identified with previous service in the RCMP. The majority of surveys indicated that service providers did not know whether clients had previous service in the military or RCMP (97%). More of those living in Cape Breton County experiencing homelessness were Indigenous as compared to Antigonish County, and as compared to the four other counties combined (Fisher's exact test, p=.006).

Education and Income

The level of education achieved by clients was not known for nearly half of the survey responses. However, about 20% had either elementary/junior high or some high school education, 9% had college or university education, and over 7% had some college or university education. In approximately 75% of cases, service providers were able to identify sources of the client's income. Five percent were employed full-time, ~7% were employed part-time, 6% were receiving employment insurance, and a little over 1% received income related to past work (pension, compensation, veteran's assistance, or sick leave). A large proportion received some form of benefit or income assistance – 42% received Income Assistance, 5% were receiving Disability Benefit, 3% were receiving Seniors Benefits, and 7% were receiving Child and Family Tax Benefits. Approximately 13% were obtaining informal income (panhandling, bottle returns) or money from family or friends. A small percent (<2%) were receiving income from sources such as the Canada Emergency Response Benefit (CERB), student loans, supported employment programs, or skills development programs.

Children and Childcare

Approximately 43% of people identified as living with homelessness were reported to have children. Of those clients with children under 18, approximately 45% were reported to have children who are under the care of a family member or other people, and roughly 22% were reported to have children who are under the full-time care of the client. As reported earlier, the number of children who were under the full-time care of clients experiencing homelessness was 64.

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

Demographic Characteristics	n	%
Age Group		
16-18 years old	17	4.1
19-24 years old	50	11.9
25-29 years old	65	15.5
30-39 years old	121	28.9
40-49 years old	67	16.0
50-59 years old	51	12.2
60-69 years old	28	6.7
70+ years old	5	1.2
Don't know	15	3.6
Gender		
Female	206	49.2
Male	196	46.8
Don't know	17	4.1
Marital Status		
Married/common law	52	12.4
Single/separated/divorced	313	74.7
Don't know/other	54	12.9
Intersectionality		
Indigenous	60	14.3
(off reserve)	44	10.5
(on reserve)	8	1.9
Other/don't know/no response	8	1.9
African/Black Nova Scotian	12	2.9
2SLGTBQIA+	8	1.9
Newcomers to Canada (immigrants and refugees)	16	3.8
Living with mental illness/addiction	218	52.0
Identify as more than one group	29	6.9
Don't know/no response	133	31.8
Previous service in the military or RCMP		
Yes (military)	8	1.9
Yes (RCMP)	0	0.0
No/don't know	411	98.1
Highest level of education achieved		
Elementary/junior high	24	5.7
Some high school	59	14.1
High school	68	16.2
Some college/university	31	7.4
College/university	38	9.1
Don't know/no response	199	47.5

Demographic Characteristics	n	%
Source of clients' income (income can be from more than one sourse)		
Income assistance (including Band assistance)	176	42.0
No income	64	15.3
Informal income (e.g., bottle returns, pan handling)	36	8.6
Part time or casual employment	30	7.2
Child & family tax benefits	29	6.9
Employment insurance	25	6.0
Disability benefit	22	5.3
Full time employment	21	5.0
Money from family/friends	19	4.5
Senior benefits (e.g., CPP/OAS/GIS)	14	3.3
Other (e.g., CERB, student loans/grants, skills development program, supported employment program)	8	1.9
Income related to past work (e.g., pension, compensation, veteran's assistance, sick leave)	5	1.2
Don't know	45	10.7
Does the client have children?		
Yes	181	43.2
No	125	29.8
Don't know/no response	113	27.0
Age and number of children		
No longer living at home (grown)	23	12.7
1 child under 18 years old	63	34.8
2 children under 18 years old	38	21.0
3 children under 18 years old	25	13.8
4 children under 18 years old	11	6.1
Number of children under 18 not known	21	11.6
Care arrangement when client has children under 18 (n=158)		
Has children under full time care of client	34	21.5
Has children under part time care of client (shared custody, visitation, etc.)	6	3.8
Has children under care of family or other person	71	44.9
Has children under care of child welfare	14	8.9
No response	29	18.4
Other	4	2.5

Housing Situation

The housing situation of people identified to be experiencing homelessness is summarized in Table 3. Approximately 11% of people identified as living with homelessness were unsheltered, and 18% were emergency sheltered. The largest group (~36%) was provisionally accommodated. Eleven percent of those who were provisionally accommodated were in institutional care, and an additional 24% were considered to be living at risk of homelessness.

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

Housing Situation	All counties		Cape Breton County		Antigonish County		Guysborough, Inverness, Richmond & Victoria Counties	
	n	%	n	%	n	%	n	%
Unsheltered	45	10.7	33	10.2	6	11.8	6	13.9
Emergency sheltered	76	18.1	65	20.0	5	9.8	6	13.9
Provisionally accomodated	150	35.8	107	32.9	24	47.1	19	44.2
Institutional care	46	11.0	46	14.2	--	--	--	--
At risk of homelessness	102	24.3	74	22.8	16	31.4	12	27.9
TOTAL	**419**	**100**	**325**	**100**	**51**	**100**	**43**	**100**

Table 4 (on the following page) breaks down housing situations into greater detail; this was necessarily reported as an aggregate for all six counties to protect individual privacy in situations where counts were small (see ethical considerations). About 8% of people experiencing homelessness were living rough, 9% were in a shelter for those affected by violence and roughly the same percentage were staying at a homeless shelter. About 14% were staying with friends or "couch surfing", while 10% were staying with family members or relatives. Roughly 4% of people experiencing homelessness were staying in a boarding house, and about 3% were staying in transitional/supportive housing; as well, 3% of people were staying in a hotel/motel room. Moreover, almost 8% of people identified as living with homelessness were staying in a correctional facility or a halfway house, and about 2% were staying in a mental health unit. One percent of clients were staying in a hospital or addiction/recovery facility.

Of those considered to be living at risk of homelessness, about 15% were housed but their current economic and/or housing situation was precarious. Five percent were housed, but their housing did not meet public health and safety standards. About 3% of those considered to be living at risk of homelessness were housed but facing eviction.

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

Housing Situation	n	%
Unsheltered	**45**	**10.7**
Living rough	35	8.4
Don't know/missing response	10	2.4
Emergency Sheltered	**76**	**18.1**
Shelter for those affected by violence	38	9.1
Homeless shelter	36	8.6
Shelter for those fleeing natural disaster	0	0.0
Don't know/missing response	2	0.2
Provisionally Accommodated	**150**	**35.8**
Staying with friends (couch surfing)	59	14.1
Staying with family members/relatives	41	9.8
Boarding house	16	3.8
Transitional/supportive housing	14	3.3
Hotel/motel room	14	3.3
Other/don't know/missing response	6	1.4
Institutional Care	**46**	**11**
Correctional facility/half-way house	32	7.6
Mental health unit	9	2.1
Acute care/hospital/addiction/recovery facility	5	1.2
Don't know/missing response	0	0.0
At Risk of Homelessness	**102**	**24.3**
Housed but their current economic and/or housing situation is precarious	61	14.6
Housed but does not meet public health and safety standards	21	5.0
Housed but facing eviction	14	3.3
Other/don't know/missing response	6	1.4

Cape Breton County

Within Cape Breton County, which is comprised largely of Cape Breton Regional Municipality (CBRM), there were 325 people identified as living with homelessness. Approximately 10% of these people were living unsheltered, 20% were emergency sheltered, 33% were provisionally accommodated, 14% were in institutional care, and nearly 23% were considered to be living at risk of homelessness.

Antigonish County

Antigonish County reported 51 people as living with homelessness. Nearly 12% of people were living unsheltered, and 10% were emergency sheltered. Almost half (~47%) were provisionally accommodated, and 31% were considered to be living at risk of homelessness.

Guysborough, Inverness, Richmond & Victoria Counties

The remaining four counties are rural relative to Antigonish and Cape Breton County, which each include a larger population centre. Service providers identified 43 people as living with homelessness across these counties. Fourteen percent of these people were living unsheltered, and 14% were emergency sheltered. Nearly 45% were provisionally accommodated, and almost 28% were considered to be living at risk of homelessness. While it is not possible to provide region-specific data on type of homelessness experienced by children in the care of those reported by service providers, 21 were located in Cape Breton County, 31 were in Antigonish County and 12 were in the other combined counties.

Barriers to Affordable, Appropriate Housing

Several key barriers to accessing and keeping appropriate, stable, and permanent housing were identified, and less than 1% of surveys did not have a response to this question. It is important to note that surveys could report as many barriers as were relevant, and results are reported in Table 5. More than half (55%) of those identified as living with homelessness were reported as lacking appropriate housing, and more than half (51%) were reported to be experiencing addiction or substance misuse. Other commonly reported barriers to housing included mental illness (~39%), low income (~35%), poor housing options (~34%), inadequate income from Government Assistance Programs (~25%), criminal history (22%), family breakdown (22%), problematic rental history (16%), family violence (15%), poor housing conditions (5%), children (<4%), learning/cognitive disability (3%), and having pets (<3%). Other barriers were reported but less frequently (about 2% of cases or less) such as people who did not want permanent housing, were experiencing racial or 2SLGTBQIA+ discrimination, had history of trauma/abuse as a child, were in foster care/child welfare, or some other barrier.

In about 5% of cases, service providers felt that the situation of homelessness was attributable to the COVID-19 pandemic.

Table 5. Barriers to Housing

Barriers to Access Stable/Permanent Housing	n	%
Lack of appropriate housing availability	230	54.9
Addictions/substance use	215	51.3
Mental illness	162	38.7
Low-income earner	148	35.3
Poor housing options	144	34.4
Income is inadequate from government assistance programs (e.g. income assistance, disability income, old age pension)	104	24.8
Family breakdown (e.g. separation, divorce, conflict, etc.)	92	22.0
Criminal history	92	22.0
Problematic rent history	67	16.0
Family violence (violence of any sort from family, e.g., elder abuse, intimate partner violence)	63	15.0
Health/disability issues	48	11.5
Poor housing conditions	21	5.0
Children	16	3.8
Learning/cognitive disability (i.e., brain injury)	13	3.1
Pets	11	2.6
History of trauma/abuse as a child	9	2.2
Discrimination due to ethnicity, gender, or sexual orientation	9	2.2
Does not want permanent housing	7	1.7
Was in foster care/child welfare	5	1.2
Other	30	7.2
Don't know	4	1.2
COVID Influence on Housing		
- *Yes*	22	5.3
- *No*	368	87.8
- *No Response*	29	6.9

Service providers were asked if those they identified were experiencing chronic homelessness. 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 37% of clients were chronically homeless, 39% were not, and for 23% of clients it was unknown.

Comparison to Previous (2018 and 2016) Service-Based Counts

A comparison with previous service-based counts can only be made for Cape Breton County (Bickerton and Oake, 2016; Bickerton and Roy, 2018).

Note that during two previous 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, transitionally housed and in institutional care specifically.

In 2016, 279 adults were counted along with 25 dependents (total=304), and in 2018, 278 individuals and 6 dependents were enumerated (total=284). In 2021, there were 251 individuals aged 16+ and 14 dependents identified (total=265), again excluding the category of those at risk of homelessness. There was a higher percentage of women who were enumerated in 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 in the 2021 survey as compared to previous counts, substance use remained one of the most common barriers reported (51% in 2021 for Cape Breton County compared to 42% in 2018 and 43% in 2016). For 39% of clients in 2018 and 69% in 2016, 'poor housing/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. The age groupings of those most likely to experience homelessness in 2021 overlap with the 2018 count, with the highest percentage of those enumerated falling within the ages of 16 to 29, and then 30 to 39 years of age. Counts from 2016, 2018, and 2021 all show those who are Indigenous as disproportionately experiencing homelessness.

2016

279 adults
25 dependents
304 total
42% women

2018

278 adults
6 dependents
284 total
39% women

2021

251 adults
14 dependents
265 total
49% women

Top Barrier to Housing

Substance use
2021- 51%
2018 - 42%
2016 - 43%

Discussion

As stated earlier, this is the first time a homelessness count has been conducted simultaneously across six counties of eastern Nova Scotia. Although it is the third count for the Cape Breton County region, it is the first time for the remaining five counties (Antigonish, Guysborough, Inverness, Richmond, and Victoria). Results should therefore be interpreted as a first attempt for these five counties, with the consideration that subsequent counts will have greater participation due to ongoing outreach and relationship building over time, as well as less organizational strain as we transition to post-pandemic workplaces.

Overall, results are alarming and show that significant homelessness is being experienced across eastern Nova Scotia, as it is in other parts of the province (Jonsson, Gagnon, Lecker and Oliver, 2022) and the country (Employment and Social Development Canada, 2022). Based on the number of people experiencing homelessness and barriers identified in obtaining housing, results call for immediate interventions to include more housing development which is deeply affordable (social or community housing), the preservation of all existing social housing stock in the province, and supports for tenants (including managed alcohol programming, supportive housing for those who use substances and with mental illness, and more funds for housing support workers). Greater financial assistance for individuals and families is also needed; it is noteworthy that the primary source of income for those identified in this count is income assistance (42%), and that 15% of individuals were thought to have no income at all.

Comparative results of Cape Breton County show a very small change in the number of people experiencing homelessness compared to 2018, with nineteen fewer people over a three-year period, or roughly six people/year, identified. Results could be interpreted as a community that is stuck treading water when it comes to tackling homelessness; over the past three years, since the last service-based homelessness count was conducted, community-based organizations have successfully housed many clients in the community through Housing First, rapid rehousing and other housing support programs, but results show only a very slight change in homelessness overall in that period. This suggests many are becoming homeless in the region despite the on-going work to provide permanent housing and support, with the 2021 count pointing to this by identifying 74 individuals ages 16+ at risk of homelessness in the county due to precarious housing or economic circumstances, living in unsafe housing, or eviction. Results show that additional resources are required to reduce and eliminate homelessness in the region; a reduction of 19 people over a three-year period, all remaining constant, would mean homelessness would be eliminated in the community in 42 years, a pace that all would surely consider unacceptable.

It is also critical to fund housing and support tailored to the characteristics of those experiencing homelessness to ensure they are appropriate and safe. Violence in the household was identified as a barrier to finding housing for 15% of clients, with 9% of all those ages 16+ who were counted in this study at shelters for those affected by violence. The data also show the percentage of women experiencing homelessness compared to men is roughly equal (with more women than men in some areas), that those identified as Indigenous are more likely to experience homelessness, and that homelessness impacts younger people disproportionately. In addition, although studies on child and family poverty identify parts of eastern Nova Scotia as having among the highest poverty rates in the province (Frank, Fisher and Saulnier, 2020 and 2021), we were not expecting 64 children to be reported or for 32% of those adults identified in our service-based count to fall between the ages of 16 and 29.

The prevalence of addiction/substance use and mental illness among those experiencing homelessness, or as a barrier to securing housing, cannot be ignored. Over half (52%) of the people counted were identified as living with a mental illness and/or addiction; similarly, over half (51%) of the surveys reported addiction/substance use as a barrier to accessing housing, and 39% reported mental illness as a barrier to accessing housing. This percentage has increased since prior counts, with the service-based count from 2018 reporting 42% with addiction/substance use as a barrier and the count from 2016 reporting 43%. Meanwhile, the 2018 and 2016 counts reported mental illness as a barrier for 23% and 21% of clients respectively. Again, these findings speak to the urgent need for managed alcohol programming, mental health supports, and supportive housing.

Although the count took place during the COVID-19 pandemic, only 5% of survey responses indicated that the homelessness being experienced was related to the pandemic's impact. This was an unexpected finding; in the recent point-in-time count conducted in Halifax Regional Municipality, 86% of those surveyed (283) said that they lost housing since the pandemic (Jonsson, Gagnon, Lecker and Oliver, 2022). Differences in how the pandemic affected homelessness in these two regions of the province could be related to the chronically high unemployment in most of eastern Nova Scotia that existed before COVID-19, and different pressures on the rental markets in these two parts of Nova Scotia during the past two years.

Conclusion

Overall, findings highlight the urgent and underlying need to implement the recommendations made in the Keys to a Housing Secure Future for All Nova Scotians report (Canadian Centre for Policy Alternatives – Nova Scotia Office, 2021).

These include promoting interconnectedness (including investing in homelessness prevention, poverty reduction, and health care services), and social inclusion.

Treating housing as a human right is an additional recommendation from this report, and a rights-based approach to housing, formalized through provincial legislation, urgently needs to be implemented in Nova Scotia. This 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.

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Appendix 1 - Survey Questions (page 1 of 2)

Service-Based Homelessness Count 2021

Cape Breton Island, Antigonish, and Guysborough Counties (Nova Scotia Health's Eastern Zone)

Organization Name: _____

Community Organization is Located: _____ Date Completed: _____

STUDY CRITERIA:

IN ORDER TO COMPLETE THE STUDY, YOU MUST ANSWER YES TO QUESTIONS 1 AND 2.

1. Client is located or residing within one of the following counties: *(Please check one and circle which community they reside in. Communities listed below aren't exhaustive).*

- ☐ **Cape Breton County:** Alder Point, Bras D'or, Donkin, Edwardsville, Glace Bay, Groves Point, Howie Centre, Lingan, Little Bras D'or, Little Pond, Louisbourg, New Waterford, North Sydney, Point Aconi, Port Caledonia, Prime Brook, River Ryan, Sydney, Sydney Mines, Sydney River, Other: _____
- ☐ **Antigonish County:** Antigonish, Ballantynes Cove, Afton Station, Havre Boucher, Heatherton, Arisaig, Pomquet, Maryvale, St. Andrew's, Linwood, Other: _____
- ☐ **Richmond County**: Lower River, Cleveland, Dundee, Framboise, Grand River, Isle Madame, Loch Lomond, Louisdale, Soldiers Cove, St. Peters, River Bourgeois, Other: _____
- ☐ **Inverness County**: Inverness, Mabou, Margaree, Pleasant Bay, Port Hawkesbury, Port Hood, Whycocomagh, Cheticamp, Port Hastings, Other: _____
- ☐ **Guysborough County:** Canso, Guysborough, Sherbrooke, Mulgrave, Boylston, Lincolnville, Country Harbour, Larry's River, Aulds Cove, Other: _____
- ☐ **Victoria County:** Baddeck, Big Bras d'Or, Boularderie, Cape North, Dingwall, Englishtown, Ingonish, Iona, Neils Harbour, St. Anns, South Harbour, Other: _____

2. Client is at least 16 years of age and meets one of the following housing situations: *(Pick one of the four definitions and select a specific housing situation)*

- ☐ Client is **currently unsheltered** (i.e. client is not accessing emergency shelters).
  - ☐ Living rough in public or private spaces unfit for habitation (sidewalk, park, forest, vacant building, vehicle, shed, tent)
  - ☐ Other: _____ ☐ Don't know
- ☐ Client is **currently emergency sheltered** (i.e. accessing emergency shelter and emergency supports).
  - ☐ Homeless Shelter ☐ Shelter for those affected by family violence (Leeside, CB Transition House, etc) ☐ Shelter for those fleeing natural disaster or destruction (fire, flood, etc.)
- ☐ Client is currently provisionally accommodated (living "**temporarily**") in places that offer no permanency.
  - ☐ Staying with family member/relatives
  - ☐ Staying with friends (couch surfing)
  - ☐ Boarding house
  - ☐ Transitional/Supportive housing
  - ☐ Hotel/motel room
  - ☐ Don't know
  - ☐ Other: _____
- ☐ Client is currently under **institutional care** such as health institution, correction or addiction treatment facility with no subsequent residence identified.
  - ☐ Correctional facility/Half-way house
  - ☐ Group home/supportive living
  - ☐ Acute care/hospital
  - ☐ Addiction/Recovery facility
  - ☐ Mental health unit
  - ☐ Don't know
  - ☐ Other: _____
- ☐ Client is currently **at risk of homelessness**, e.g., 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 and/or housing situation is precarious.
  - ☐ 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.
  - ☐ Don't know
  - ☐ Other: _____

Appendix 1 - Survey Questions (page 2 of 2)

3. Confidential identification number*

__ __ __ __ __ __ __ __

*If any part of the Confidential Identification Number is unknown, please leave blank and fill out what you can.

Example:
Name: John Smith
Year of birth: 1956
Gender: M

Identifier: T H 1 9 5 6 M

- Last two letters of last name
- Year of birth
- Gender identified - M, F, O (use "O" if unknown or unspecified)

4. How old is the client or what is their year of birth?

Year of birth: _____ ☐ Don't know

If 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

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

If yes, what is the current care arrangement for the child/children:

☐ Under full time care of client ☐ Part time care (shared custody, visitation, etc.)

☐ Under care of family or other person(s) ☐ Under care of Child Welfare

☐ Other, explain: _____

7. Does the client identify as one of the following? Check all that apply.

☐ Indigenous ☐ African or Black Nova Scotian ☐ 2SLGTBQIA+

☐ Newcomers to Canada (Immigrants and Refugees) ☐ Living with mental illness and/or addiction ☐ Don't know

If the client identifies as Indigenous, select:

☐ First Nations: Off Reserve ☐ First Nations: On Reserve ☐ Metis or Inuit ☐ Don't know

8. Has the client had service in the military or RCMP? (Military includes navy, army, and 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 ☐ Income Assistance ☐ Part time or casual employment ☐ Disability benefit

☐ Employment insurance ☐ Seniors benefit ☐ No income ☐ Don't know

☐ Child and family tax benefit ☐ Informal income (e.g. bottle returns, panhandling) ☐ Money from family/friends ☐ Other: _____

10. What is the highest level of education the client has attained?

☐ Elementary School ☐ Junior High School ☐ High School ☐ Don't know

☐ College or University ☐ Some College/University ☐ Some High School

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 ☐ Children ☐ Low-income earner ☐ Racial discrimination

☐ Poor housing conditions ☐ Health/disability issue ☐ Mental illness ☐ Problematic rental history

☐ Criminal history ☐ Doesn't want permanent housing ☐ Lack of appropriate housing availability ☐ Pets

☐ Income inadequate from Government Assistance Programs (e.g. income assistance, disability income, old age pension). ☐ Family breakdown (e.g. separation, divorce, conflict, etc.) ☐ Family violence (violence of any sort from family, e.g. elder abuse, intimate partner violence) ☐ Other, specify: (e.g., Trauma related, such as history of abuse, violence)

☐ Learning/cognitive limitation (i.e., brain injury) ☐ 2SLGTBQIA+ discrimination

_____

_____

12. Do you perceive the client's current housing situation has been caused or influenced by factors related to the Covid-19 pandemic? (e.g. loss of work as a result of the pandemic, feeling unsafe in group settings, lack of available shelter beds, etc.) ☐ Yes ☐ No

Please explain_____

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** (546) **over the past 3 years**.

13. Is your client chronically homeless? ☐ Yes ☐ No ☐ Don't know

14. Please add any other pertinent information that you wish to include _____

_____