“If it is true that a chain is only as strong as its weakest link, isn’t it also true a society is only as healthy as its sickest citizen and only as wealthy as its most deprived? I believe so”.

Maya Angelou
Foreword

The Halifax Regional Municipality is a growing community, considered to offer a very good quality of life for those who live, work and visit here. However, the growing income gap, the recent increases in the cost of housing, low vacancy rates and the short supply of social housing mean that some people are being left behind. The emerging issues of homelessness have led our municipality to investigate the scope of homelessness and the need for affordable housing in our community.

We find that many of our most vulnerable citizens, young and old, men, women and children lack access to essential health services, social supports and basic housing. It will take great efforts from all levels of government and community stakeholders, including non-governmental agencies and the business sector, to reduce homelessness and its impacts on individuals and entire communities. The causes of homelessness are complex, and we all need to do our part.

Halifax Regional Municipality can show leadership in working to reduce the array of risk that lead to homelessness. We can encourage federal and provincial policy makers and funders to come together to develop innovative and effective prevention strategies. We can review our own policies to ensure that residents of HRM have a greater choice in accessing affordable accommodation. We can improve inclusionary practices, reduce financial barriers, and advocate for increased support services for those in the greatest need.

The Portrait of Streets and Shelters represents the first effort of the Halifax Regional Municipality to support the need for base knowledge on homelessness and related social issues. We are grateful to the Community Action on Homelessness Steering Committee for approving the funds for this research under the Federal Government Supporting Community Participation Initiative (SCPI) Program.

It is my hope that this document is a useful tool for those who wish to increase their understanding of homelessness and the importance of diverse, accessible and affordable housing for all residents of HRM.

Peter J. Kelly
Mayor Halifax Regional Municipality
Executive Summary

*Homelessness in HRM, Portrait of Streets and Shelters* describes the first effort by the Halifax Regional Municipality to document both relative and absolute homelessness in the region. This was developed using Census 2001, Federation of Canadian Municipalities Quality of Life Reporting System and a direct snapshot survey of streets and shelters in the metro area.

In this study a **household at risk** of homelessness is defined as one that spends 50% or more of their gross household income on shelter costs regardless of tenure. The ratio of income to household expenditure is therefore based on gross household income levels and shelter expenditures. The total number of **individuals** at risk is based on the number of people living in households at risk.

According to the 2001 Census information 16,595 households in HRM (12% of all HRM households) spend 50% or more of their income on shelter out of which:

- 12,000 are renter households (73%) and 4,465 are owner households (27%)
- 9,715 are non-family households (59%)
- 6,890 are family households (41%)
- 3,335 are lone-parent family households (20%)

The 16,595 at-risk households represent 30,760 individuals living in those households (8% of the total HRM population) including:

- 4,760 are members of a visible minority (15%)
- 2,965 are immigrants (10%)
- 655 are Aboriginal (2%)
- 1,670 are seniors (5%)

An **absolutely homeless** person was defined as an individual that on the night of June 19, 2003 did not have their own place to stay as determined by a direct survey of streets, shelters, transitional housing, addiction recovery, police and emergency care services. The latter does not represent a count of the absolutely homeless but it does provide a multi-faceted portrait of the homeless population, including differences between the sheltered and the street population, men and women. The **snapshot survey** reached 269 homeless individuals in the Metro area, including 35 children. Significant findings include the following:

- 67% of those surveyed were male and 33% were female;
- 41% of all those surveyed (including children) were under 24 years of age;
- 5% of those surveyed were over 65 years of age;
- 62% were originally from Halifax;
- 14% of respondents were Aboriginal, 9% Black, 7% Asian, 1% Latin American;
- Housing (lack of accommodation, eviction and unsafe premises) and family breakdown and violence were cited as the leading immediate causes for homelessness followed by lack of income.
- The leading cause of homelessness among women was family breakdown or violence (32% vs. 11% for men) and for men it was the lack of income.

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2 Based on the status of the head of household (Statistics Canada special tabulations prepared for FCM).
75% of respondents cited health problems;
21% were homeless for more than 6 months; this was significantly higher for the street population, 53% of whom were homeless for more than 6 months;
58% were homeless two or more times but 79% of the street population;
8 women and 3 youth turned away by agencies due to lack of beds on the night of June 19th;
23 women and 11 children on a waiting list for transitional housing;

These findings also indicate that youth, women with children, Aboriginal Canadians, members of visible minorities, persons with multiple health needs and renters are among the most vulnerable to housing instability and homelessness. Chronic homelessness is a problem in HRM and the level of service available – the number of emergency beds, the availability of addictions and other health services and the number of affordable housing units in our region – is inadequate.

Immediate gaps that need to be addressed include:
- Emergency shelter provision for women and youth
- Street outreach, detox, long-term addiction recovery programs
- More transitional and affordable housing.

The Halifax Regional Municipality can:
- Locally and nationally advocate for more funding from federal and provincial governments for housing and homelessness initiatives, particularly those that address the needs of the most vulnerable populations;
- Encourage provincial and federal governments to support and adequately fund a continuum of care model that assists individuals in moving from street to shelter and housing. This should include linking institutional discharge policies with housing and support programs, a harm reduction facility (“shelter of last resort”), street outreach and health care, and better links between emergency, transitional and permanent housing options;
- Encourage and support the provincial government in swiftly implementing the Federal-Provincial Affordable Housing Program and focus funding to address the needs of the most vulnerable populations;
- Internally review municipal policies, processes and regulations to find more efficient and innovative means of supporting the development and maintenance of affordable housing.
Acknowledgements

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Introduction

On November 20, 1998 the Big City Mayors Caucus of the Federation of Canadian Municipalities (FCM) declared homelessness in Canada a “national disaster”, calling for an immediate intervention and a national housing strategy to be developed. Today over 1 million households in Canada are paying more than 50% of their income on shelter - 51% increase in the number of households since 1990\(^3\).

The Halifax Regional Municipality (HRM) is the largest municipality in Nova Scotia and in Atlantic Canada with a population of 359,000. As an aspiring urban centre and a magnet for rural, out of province and international migrants, issues of housing and homelessness are central to municipal interests, community planning, economic development and good municipal governance. Social justice for all is a value expressed in the “HRM 20/20: Vision and Values” statement endorsed by the HRM Council. According to that vision homelessness and poverty are not acceptable to the citizens of HRM. Housing is a key determinant of health, economic growth and quality of life. We want all of our citizens to be housed, and to be housed well.

Homelessness in Halifax

To many, homelessness is associated with the small minority of homeless individuals who sleep in public places, panhandle, or collect bottles for a few extra dollars. But why is there homelessness in HRM? Who experiences homelessness, and who is at risk of living without shelter? What does it mean to be homeless in this city, in this region? These are questions that many of us ask.

An increase in the incidence and depth of poverty, stagnating wages for the majority of the population\(^4\) cuts to social programs, significant increases in shelter costs, historically low vacancy rates and virtually no new construction of social housing since the deep cutbacks in federal and provincial housing programs in the early 1990s place increasing pressures on today’s families.

For example, food bank use in Nova Scotia increased 5.2% in 2001/02 and 36% since 1997\(^5\). In HRM in 2002/03 there were 39,000 visits into the 29 food banks. The majority (62%) of users were Income Assistance recipients, 7% were receiving pension and 7% were employed\(^6\). Shelters seem to be always full and waiting lists for social housing are getting longer.

Domestic violence, severe mental health and addiction problems combined with poverty, lack of affordable housing, de-institutionalization, inadequate discharge programs from mental health and correction institutions are all factors that can place an individual or a family at a risk of homelessness\(^7\). Today more households struggle to meet their basic needs. Some families are being forced right out of their homes, and while many can still count in times of hardship on the support of family and friends some are left with very few options. Homelessness is a complex social phenomenon and while emergency interventions are important, they cannot replace efforts to address the root causes of homelessness: those of poverty and housing.

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\(^3\) FCM 2002 and Statistics Canada 2003. *All references to the shelter to income rate ration refer to gross income and gross shelter costs, rental and ownership.*


\(^5\) Canadian Association of Food Banks, 2002

\(^6\) Metro Food Bank, 2002

\(^7\) Canadian Council on Social Development, 2001; Rosenheck et al, 1998
Homelessness as Problem of Housing, Health and Support

The vast majority of housing in Canada is delivered by the private sector. Only 5% of Canadian households live in social housing (housing owned or managed by government, non-profits or co-ops) as compared to 40% in the Netherlands, 22% in the United Kingdom, 15% in France and Germany and 2% in the United States. While most Canadians are well-served by the private sector, a growing minority is not having its housing needs met.

Today 35,000 or 25% of HRM households are paying more than 30% of their income on shelter, and nearly 12% (16,500 households) pay more than half. Nationally Halifax has one of the highest proportions of renters paying more than 30% of income on shelter – 44% or 24,000 households. This can have a serious impact on our ability to grow as a region of safe, healthy, sustainable and vibrant communities.

![Proportion of Population Living In Households that Pay 50% of Income on Shelter (2001)](image)

Fig. 1. Comparison of population living in households at risk in the 25 Canadian municipalities. (paying 50% or more of households income on shelter). Source: Statistics Canada special tabulations prepared for FCM, 2003

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8 Freeman, Holmans and Whitehead, 1996 cited in Hulchanski, 2003:9
9 Statistics Canada 2001
Housing is a critical component of future growth
Homeowners have higher incomes and levels of wealth than renters, yet all households regardless of tenure are feeling the effects of rising housing prices: “as more and more people migrate to cities, the pressure to find suitable accommodation has a ripple effect on society as a whole” (Sgro, 2002:17-18). As HRM looks to its future growth prospects, it must plan for the housing needs of its present and future residents.

Public opinion on housing and homelessness
In a recent public opinion survey\(^\text{10}\), 58% of the respondents said that housing costs in HRM increased significantly in the last 5 years (Fig. 2). Twenty six per cent said that they knew someone who experienced difficulties in finding or maintaining housing due to its cost, and 6% were personally affected by the increase in costs. Seventy per cent saw a public role in ensuring housing stays affordable, and 69% would support increased public spending on housing even if it meant transferring funds from other areas (CRS, 2003).

These perceptions reflect real increases in housing prices over the last several years as between 1990 and 2002 average MLS housing prices increased 53% and average rent increased 18%. Vacancy rates decreased from 9.7% in 1996 to 2.3% in 2003, placing a significant pressure on households whose incomes have not kept up with the cost of housing.

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\(^{10}\) April 2003 Metro Quarterly Survey conducted by Corporate Research Associates Inc. Survey included a sample of 400 HRM households; results are accurate within +/-4.9% in 95 out of 100 samples.
Housing Quality
There is also the issue of housing quality. It may be difficult to understand why an individual would live in a shelter or on the streets but we must understand the limited choices that exist for persons on very low and unstable levels of income: housing far removed from essential services; housing with broken windows and leaking roofs; housing where mould and grass grow out of floors and walls; housing inhabited by ten or fifteen unrelated individuals; housing infested with rodents and other pests; housing where fire and violence take a toll on human lives.

According to the last Census 8% of residential dwellings in HRM require major repairs. The poor quality of rooming houses has been raised as a concern\textsuperscript{11} and resulted in the new Minimum Standards Bylaw M-100 being passed by the HRM Council in December 2002. The enforcement of higher standards under the leadership of Fire Services promises improvement, but enforcement continues to face several barriers, including the intermingling of occupational safety, health and tenancy matters. An interdisciplinary Minimum Standards team may be well equipped to address these issues.

Housing Programs
The Canadian housing system is complex, with a large number of players involved, including the various departments of the federal, provincial and municipal governments, financial institutions, land owners, developers and non-profit groups. Housing costs may depend on the prevailing interest rates, vacancy rates, the supply of land, availability of subsidies and incentives, and the regulatory environment.

In Canada the focus has always been on homeownership through the amortized mortgage market, which favours homeowners over renters\textsuperscript{12}. This political goal was achieved by establishing the Canada Mortgage Housing Corporation (CMHC) in 1946, with the mandate to provide direct mortgage lending, mortgage insurance to protect lenders, and in promoting the construction of private rental and social housing. As the two latter programs have been withdrawn, the affordability of rental units has declined.

The stock of social housing HRM consists of approximately 4,400 public housing units, 1,300 co-op units and 1,200 non-profit units. In addition to capital and operating subsidies provided to these programs 4,600 households receive rent subsidies (25-30\% of working household income). The Nova Scotia Department of Community Services also operates a number of supportive or supervised residential facilities for mentally disabled adults with a total of 3,215 beds. In addition there are approximately 200 available beds in the emergency shelter system. In total we estimate that social housing accounts for 5\% of HRM’s housing stock.

Most of the social housing stock in HRM is the result of federal government activity in the housing sector between 1946 and 1993. The 1973 amendment to the National Housing Act in particular established a number of funding programs, including the assisted home ownership program, a neighbourhood improvement program, a housing rehabilitation program, a municipal land assembly program, a native housing program, and a non-profit and co-op housing program. These programs were delivered directly to non-profits and municipal governments and nationally nearly 200,000 social housing units were built. Thousands more units received insulation and rehabilitation grants.

In the late 1970s a series of cuts to housing programs were initiated, eventually ending all funding for new social housing in 1993. The production of social housing fell from 25,000 new units per

\textsuperscript{11} Charlebois, 1996.

\textsuperscript{12} Buying a home is the largest investment for most families and homeowners do not pay tax on capital gains. Renters generally do not receive similar assistance in paying rent and do not have the ability to accumulate wealth in the same way that owners do (Hulchanski, 2003).
year in 1983 to zero in 1993\textsuperscript{13}. In Halifax only 36 new units have been built since 1986, and many older units are in urgent need of repair and some are boarded up.

In 1999 the federal government announced $753 million over three years for homelessness initiatives and in 2001 $680 million ($18 M in Nova Scotia) for a five-year Federal-Provincial Affordable Housing programs. Both programs were extended in the 2003 budget. While this new injection of funding is much needed, projects funded by SCPI have to demonstrate long-term sustainability (which entails commitment of provincial funds), and federal contributions to the affordable housing program also have to be matched by the province. The affordable housing program, if implemented, has the potential to produce between 60,000 and 120,000 units across the country and up to 1,500 in Nova Scotia but it will not address the needs of the homeless and those on very low incomes\textsuperscript{14}.

\textit{Emergency services}

There are approximately 200 emergency shelter beds in Metro Halifax. While services for the homeless have seen some expansion and diversification in recent years with the opening of a new youth shelter and a centre for women struggling with addictions, line ups at food banks and soup kitchens are expanding, shelters are turning people away because lack of affordable housing translates into extends shelter stays and a shortage of beds. Emergency shelters are also not able to serve those with severe mental health and addiction problems. This population, considered to be the most difficult to reach, is in an urgent need of a shelter of last resort, street outreach, and a continuum of health care and housing supports. The harm reduction model, which is non-judgemental in its approach and does not make access to services conditional on sobriety, is one that has been locally suggested\textsuperscript{15}.

In addition, we note a lack of a shelter for families where couples, parents with children of both genders can stay together. Given the emphasis of women’s shelters to serve abused women, teenage male children are often not allowed to stay with their mothers. Outreach services are also limited to the Stepping Stone, ARK, Brunswick Street Church Mission and occasionally Salvation Army and Red Cross.

Every part of the housing system is facing pressures - those in emergency shelters and in transitional housing are over-extending their stays because they cannot access affordable housing. Waiting lists for public housing are lengthy, particularly for single individuals. Churches, hospitals and the police – previously acting as havens of last resort – report that they are increasingly turning people away due to lack of resources, strict insurance policies and concerns over liability.

\textit{Health Services}

Health problems (including disability, physical and mental illness and addictions) are deeply intertwined with the problem of homelessness, both as contributory factors and symptoms of street life. A recent Statistics Canada \textit{Canadian Community Mental Health and Well-being} survey reported that one out of every 10 Canadians aged 15 and over (83,000 in Nova Scotia and 33,000 in

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\textsuperscript{13} Hulchanski, 2003.

\textsuperscript{14} With maximum cost-shared subsidy of $50,000 per unit and a definition of “affordable rental housing” set at average market levels, the program will not be able to produce housing units affordable to the working poor. For example, a single individual working full time in Halifax at a minimum wage would earn approximately $11,000 per year. At 30% of income to shelter expense ratio that individual would be able to afford a $281 per month bachelor apartment. Average market rent for a bachelor apartment is $472 per month, creating a gap of $191 dollars per month. According to FCM calculations $56,000 subsidy would be required, not $50,000 to achieve 30% affordability level (FCM, 2002).

\textsuperscript{15} McNeil, 2002; Bishop, 2003; Rehman and Gahagan, 2003
Halifax Portrait of Streets and Shelters

HRM\textsuperscript{16}, reported symptoms consistent with alcohol, illicit drug dependence, or mental disorder but only 32% accessed mental health services in the last 12 months\textsuperscript{17}.

Most shelters do not have the trained staff to monitor clients’ medication particularly when the use of medication is combined with substance abuse. The inherently unstable housing situation of homeless individuals presents numerous barriers in obtaining diagnosis and in complying with prescribed medical treatments. The lack of proper identification and permanent address, frequent moves, transportation, fear, distrust and negative experiences with the health care system all compound the problem of access. Shelter and a supportive living environment, combined with engaging previously homeless individuals in the delivery of health services may increase the likelihood of “reducing harm” associated with addictions, and potentially future recovery\textsuperscript{18}.

Developing solutions at the local level

The face of poverty is as ugly as ever and much of it is hidden from the sight of ordinary HRM citizens, yet it does exist. As a community we must ask ourselves two very important questions: for each visibly homeless person how many others are struggling to meet their basic needs and secondly, as a community that finds homelessness and poverty unacceptable how can we direct our efforts to ensure that the risk of homelessness is reduced and that all have access to decent shelter, that all have a home?

The City of Halifax, the City of Dartmouth and the Halifax County prior to amalgamation played a vital role as partners in the various National Housing Act (NHA) and Canada Assistance Plan (CAP) programs\textsuperscript{19}. The local level of government has facilitated the development of many of the social service agencies in existence today. Although the current policy context is quite different today, as a local government HRM has an interest in:

- monitoring the housing situation;
- providing support (monetary and in-kind) to non-profit organizations in their efforts to develop affordable housing;
- creating an environment for private sector investment in appropriately located, diverse and affordable forms of housing;
- reducing regulatory barriers to the creation of diverse and affordable forms of housing;
- increasingly public awareness, and
- locally and nationally advocating for greater senior government involvement in housing and homelessness programs.

It is in that spirit that HRM has been involved as a stakeholder on the Community Action on Homelessness Steering Committee\textsuperscript{20}, on the Research Sub-Committee and as a recipient of the SCPI research grant provided to support community information needs and renew municipal capacity in addressing housing and homelessness.

\textsuperscript{16} HRM estimate based on 40% population share of Nova Scotia
\textsuperscript{18} McNeil, 2002; Bishop, 2003; Rehman and Gahagan, 2003
\textsuperscript{19} The NHA Programs produced 5,000 units in the City of Halifax alone, 6,000 units were produced through the Provincial Land Development program and thousands more received renovation assistance (City of Halifax Planning Dept. 1984.).
\textsuperscript{20} In 1999 Halifax was one of the 10 Canadian cities to receive federal funding ($6M for general programs and $3M for aboriginal and youth initiatives) under the HRDC National Homelessness Secretariat Supporting Community Partnership Initiative (SCPI). Phase 1 of the project was administered by the Community Action on Homelessness (CAH) Steering Committee, which prepared the Halifax Community Action Plan on Homelessness and distributed project funding. In the last three years CAH has been instrumental in organizing public events, workshops, focus groups and broader community consultations on issues related to housing and homelessness in Halifax, and has been successful in bringing together all levels of government, service providers, and individuals with direct experience of homelessness.
The need for better information

The housing situation in HRM is getting tighter and homelessness appears to be on the rise, yet trends in homelessness continue to be poorly documented, and therefore hidden. Inadequate records may cripple the effective use of scarce resources, and our ability to foresee new trends and plan for them. Currently information is only collected about those accessing services, while those who do not are largely invisible to decision makers. The limited information that exists is collected in various ways, it is fragmented and not widely shared. Because information is not standardized in any way, there is no benchmark and no basis for monitoring the state of homelessness, how the population is changing over time, how effective current services are in serving those in need, and what support systems are lacking. This is a critical issue.

There are reasons for this shortage of homegrown data including unclear requirements of the funding agencies, concerns over confidentiality, chronic under-funding and under-staffing of frontline agencies. The priorities of service agencies lie with providing services and continuously seeking resources to support organizational mandates. There is little time left to analyse detailed records or to develop coordinated information systems. At the same time research on the rise of the “new” homelessness (women, children, families and youth) is in its infancy in Canada, but benchmark studies such as the Mayor’s Taskforce on Homelessness in Toronto influenced national policy. It is important that each community develops information resources and solutions appropriate to the context in which it operates. Information collected locally is instrumental to developing a national strategy to address homelessness.

Portrait of Homelessness in HRM

The Portrait of Streets and Shelters describes the first effort by the Halifax Regional Municipality to facilitate – with the support of community agencies and volunteers – a one-day snapshot survey of streets, emergency and transitional services in Halifax Metro. While the focus of the snapshot study is urban, the Census 2001 analysis of households paying more than half of their income on shelter provides information about housing needs in the suburban and rural areas of HRM.

At the start of the research process leading to the Portrait of Streets and Shelters key stakeholders, including agency representatives and Community Voice\textsuperscript{21}, were invited to a meeting where the rationale for the study and initial approach were presented. Thirty people attended and feedback was collected through discussion and comment forms. Participants cautiously supported the project but stressed the importance of presenting any quantitative information on homelessness in a larger policy context without losing sight of individual experiences. Attention to uncovering some of the differences among homeless men and women, people of different age, and ethnic background were also stressed. Several participants also mentioned the importance of acknowledging and developing an indicator for the existence of hidden homelessness (those that double-up, couch surf etc). With this feedback in mind, literature on homeless survey methods was reviewed, and local reports on homelessness in Halifax were compiled\textsuperscript{22}. Researchers in other Canadian cities were contacted to gain insight into the methodologies of similar studies.

A smaller working group (comprised of service providers, researchers and Community Voice) emerged from this first initial meeting to advise and assist HRM in developing a working definition of homelessness for the purpose of the Portrait, survey questions, reviewing the language of the questions, and the method of collecting information in a sensitive and ethically responsible manner.

\textsuperscript{21} Refers to individuals who are homeless or have in the past experienced homelessness.
\textsuperscript{22} Terashima, 2003.
This sub-group has also been instrumental in recruiting volunteers, engaging Community Voice participants, organizing volunteer training and carrying out the snapshot survey on June 19th and 20th. Thanks to this a thoughtful and inclusive approach was developed to conducting the study, which defined homelessness as not having “one’s own place to stay” or paying half or more of gross household income on all shelter expenses.

**Study Objectives**

The study has the following objectives:

1. Develop a method to increase understanding of the scope and characteristics of the absolutely homeless in Metro Halifax;

2. Develop a profile of those economically at risk of becoming homeless in HRM on the basis of Census 2001 information;

3. Provide an indication of the extent of “hidden” homelessness;

4. Place homelessness in Metro Halifax in a larger context;

5. While recognizing the need for a multi-pronged and partnered approach to addressing the needs of the homeless, develop recommendations on municipal role in addressing homelessness and housing affordability in HRM.

The word “portrait” implies a certain degree of approximation and a reflection of reality as observed at a particular point in time and place. The report includes voices from the streets to provide a snapshot of the complex causes and consequences of being without shelter in Halifax. These voices are also woven among other sections of the report as a reminder that behind every statistic there is a human face and a distinct reality.

**Organization**

This report is directed at a wide audience, ranging from policy makers, service providers, individuals who are or have in the past been affected by homelessness, and the general public.

Part I explores some of the policy background issues related to defining homelessness, vulnerable populations in HRM (considered to be those who pay more than 50% of their income on shelter), and outlines some of the key causes of homelessness. Qualitative indicators of homelessness and housing affordability problems based on a random public opinion survey are also included in this section.

Part II describes the methodology and the results of the snapshot survey of absolute homelessness in Metro Halifax – the Portrait of Streets and Shelters. It also includes a section entitled “In their own words” which complete the portrait, followed by Summary of findings and conclusions.

Beyond statistics and admittedly imperfect demographic profiles, it is our hope that the Portrait provides some insight into who didn’t have a place to stay in Halifax on the night of June 19th, what conditions drive people in our community to either lose permanent housing or accept grossly

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23 Refers to individuals with either current or previous experience of homelessness.


25 Only the standard of affordability from Census data is used because core housing need calculations from CMHC will not be available until spring of 2004.
substandard living conditions, and how our community can come together to increase the chances of everyone having a home. If homelessness is the result of the factors, conditions and policies that result in some individuals losing shelter, then any preventive strategy must focus on understanding and minimizing those risks.
PART I – PORTRAIT OF POPULATION AT RISK
Defining Homelessness

“Does Halifax have a homelessness problem?”

Those working with the homeless in Halifax are inevitably asked “how many?” and “who are they?” This is not surprising as all social problems are defined and prioritized in terms of their scope but can there be an accurate “count” or “profile” of a social problem that continues to evade definition? First we must describe what homelessness means in HRM.

Homelessness, or the state of being without shelter and without a home is one of the most perplexing issues in the affluent countries of the “First World”. Homelessness “carries implications of belonging nowhere rather than simply having nowhere to sleep”26. We can perhaps come closer to understanding the reasons for homelessness in the swelling cities of India or Mexico but why here, on our streets, among prosperity? Article 11(1) of the Covenant on Economic, Social and Cultural Rights recognizes:

“the right of everyone to an adequate standard of living for himself [sic] and his [sic] family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. It requires nations to take appropriate steps to implement this in the context of international co-operation”27

Human rights are essentially about protecting “human agency” from abuse and oppression28. Shelter is essential to human health, development, and safety. While nations are not obliged to provide free housing to anyone who demands it, homelessness carries within it an implicit call to action in a civil society.

Any discussion of “homelessness” must therefore commence with reference to the idea of “Home”. More than shelter, “home” implies a refuge, a place of emotional safety and comfort. It is also a place that is secure in a physical sense, private, and appropriate to the needs of the inhabitant. Home is also a place where one can exercise a degree of choice and of control. Many would also agree that the feeling of “Home” implies belonging, a link to society.

Housing is the fabric and the foundation of any community and is essential to good quality of life. Home is all of that and more because the notion of “home” is deeply private, heavily coloured by community history, individual experiences, needs and values. The Canadian Mortgage Housing Corporation (CMHC) uses standards of appropriateness, suitability and affordability to monitor the housing situation of Canadians and the extent of “core housing need”. In other words it measures whether the housing is big enough, cheap enough and does not require major repairs.

11

26 UN Habitat, 2000:16
The United Nations Centre for Human Settlements (Habitat) describes homelessness in high-income industrialized countries as points on a continuum that includes all those “who live in accommodation that does not reach certain standards as well as those with no accommodation at all” (UN Habitat, 2000:xiii). The lack of access to housing can be variously described as “rooflessness (living rough), houselessness (relying on emergency accommodation or long term institutions), or inadequate housing (including insecure accommodation, intolerable housing conditions or involuntary sharing”29.

Alternatively the absolutely homeless are those who are living in the streets with no physical shelter of their own, and no elements of home, while the relatively homeless may have a roof over their head but no elements of home and no stability. They may be living in spaces that do not meet basic health and safety standards, as well as other community standards of affordability, suitability, security of tenure and access30. Housing security is tentative at the best of times and can be easily disturbed by unexpected events and natural disasters.

The US Stewart B. McKinney Homeless Assistance Act of 1987 also includes in the definition those who are at “imminent risk” of losing their housing because they are being evicted or discharged from a public institution and have nowhere else to go. Those at an economic risk of becoming homeless are spending more than 50% of their income on shelter31.

The continuum of homelessness, is therefore well established in literature and public policy documents and reflects the definition adopted by the Community Action of Homelessness. The problem is contextualized with respect to diversity and hierarchy of need, length and prevalence of incidences of homelessness, and underlying reasons for housing instability – all of which require different societal responses. What is clear is that “The homeless”, are not a homogenous group and for that reason rather than striving to reduce homelessness to one number, it is more useful to understand factors that contribute to the risk of homelessness and populations vulnerable to experiencing those risks. Personal experiences of those who experienced homelessness can be critical in developing effective programs and social policies.

Joanne Monaghan, the past president of the Federation of Canadian Municipalities said that "Homelessness is only the most visible symptom of a larger crisis, the acute and growing shortage of quality, affordable housing in Canada. For every homeless person visible on the street, up to four families are at risk of losing the roof over their heads"32. Who is at risk of homelessness in HRM and how can that risk be reduced?

29 Edgar and others, 1999:2
30 Cooper, 1995
31 Mars and Springer, 1998
32 FCM Oct. 31, 2000 Press Release
Who Is at Risk of Homelessness in HRM

Homelessness can be viewed as the result of a number of different “risks” that result in one becoming “shelterless”. There are two schools of thought related to the underlying causes of homelessness. While some continue to view it as largely a symptom of personal problems such as mental health and addiction, others argue that while personal factors may play a role homelessness is largely a symptom of structural problems of poverty, discrimination, change in social relations, drastic shifts in market structures, evictions and the lack of affordable housing.

Major forms of social organization such as stages of life cycle (children, youth, the elderly), gender, health status (psychiatric illness, substance abuse, disability etc), visible minority status (Canadian Aboriginal peoples, racial minorities) and social status (new immigrants, refugees, past convicts, gays and lesbians) may place some individuals at a higher risk of living in poverty and homelessness by restricting social and economic opportunities. In-depth exploration of these changes are outside the scope of this report and readers are directed to the excellent literature on these and related issues. And while it is useful to discuss the various social forces at work and the diversity among the homeless, the purpose of such discussion is not to decide whether one group is more deserving of assistance than another. It is to identify risks and develop strategies to reduce those risks.

Many of the categories that may place an individual or a family at “risk” of homelessness are fluid, overlapping and while they may be a liability under one policy regime they may emerge as strengths under another. We are reminded that while “homelessness is not only a housing problem, it is always a housing problem” and therefore a problem that can be solved – one brick at a time. We are limited to economic indicators of risk using Census 2001 data on households that pay more than half of their income on shelter, which means that risks associated with family violence, addictions, mental health and other personal reasons are not included. Economic issues are however deeply connected to social problems.

Low Income Households

Households at an economic risk of losing shelter are those that are in core housing need and paying more than 50% of their income on shelter. As the Table 1 below illustrates in 2001 there were 16,595 households in HRM that paid more than half of their income on shelter. This represents 44% of households at risk in the province of Nova Scotia and nearly 31,000 individuals living in those households (8% of HRM population). In addition, 73% of all households at risk are renters, and when family type is considered 58% are non-family households (single individuals). While the problem of affordability is concentrated in the urban core of HRM reflecting population

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33 Rosenheck et al, 1998
34 See Culhane and Hornburg, 1997; Canadian Council on Social Development, 2001; Golden et al, 1999 among others.
36 Springer and Mars, 1998. This is not a perfect measure as a household on very low income may be unstably sheltered while spending a much lower proportion of its income on shelter while high income households may spend more than 50% based on choice. The median income of households in HRM paying 50% or more of their income on shelter is $9,200 per year.
37 The values used in this analysis do not incorporate core housing need as these calculations are not available from CMHC at the time of writing. Households that pay 100% or more of their income on shelter are also included. CMHC analysis indicates that in 1996 the proportion of households paying 50% and in core housing need was 6.5% of all households.
distribution, high proportions of households in urban and rural areas experience housing affordability problems (Figure 3).

**Table 1 – Households spending 50% or more of gross income on all shelter - HRM and Nova Scotia (Canada Census 2001)**

<table>
<thead>
<tr>
<th></th>
<th>Nova Scotia</th>
<th>HRM</th>
<th>% of HRM households</th>
<th>HRM as % of NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>908,007</td>
<td>359,183</td>
<td>100%</td>
<td>40%</td>
</tr>
<tr>
<td>Total number of households</td>
<td>355,095</td>
<td>144,080</td>
<td>100%</td>
<td>41%</td>
</tr>
<tr>
<td>Households spending 50% or more on shelter</td>
<td>37,530</td>
<td>16,595</td>
<td>12%</td>
<td>44%</td>
</tr>
<tr>
<td>Renters as a proportion of at risk households</td>
<td>23,480</td>
<td>12,130</td>
<td>73%</td>
<td>52%</td>
</tr>
<tr>
<td>Owners (proportion of households)</td>
<td>14,050</td>
<td>4,465</td>
<td>27%</td>
<td>32%</td>
</tr>
<tr>
<td>Family households at risk (spending 50% or more of income on shelter)</td>
<td>18,045</td>
<td>6,825</td>
<td>41%</td>
<td>38%</td>
</tr>
<tr>
<td>Multiple-family households as a proportion of households at risk</td>
<td>175</td>
<td>65</td>
<td>1%</td>
<td>37%</td>
</tr>
<tr>
<td>Single individuals proportion of households at risk</td>
<td>19,310</td>
<td>9,715</td>
<td>58%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Low income is a significant factor in determining housing affordability problems and homelessness. Out of the 35,500 households in HRM that pay more than 30% of their income on shelter, 9,400 have earnings of less than $10,000 a year and 14,700 households had earnings of less than $20,000 per year. Job security is on the decline, with more people working part time, seasonally, or juggling several part-time jobs to make ends meet.

**Fig. 3 Proportion of Households in each Census tract paying 30% or more of household income on all shelter costs – renters and owners (Source: Census 2001 with mapping by HRM). Note that variation in population levels are not reflected in this figure.**
In 2001 only 54% of Halifax earners had full time year round positions and 20,000 full time workers (18%) had annual earnings of less than $20,000\(^{38}\). This means that someone who worked 40 hours at $10 per hour (well above the minimum wage in Nova Scotia) would earn less than $20,000 per year. At 30% of gross income dedicated to shelter, a single individual at that level of earnings would be able to afford a maximum rent of $500 per month. A full-time worker on minimum wage would only be able to afford between $300 and $351 per month on rent. Only 12,500 HRM households reported to have paid less than $500 per month in rent in the last Census Canada Survey.

The median income before taxes of Canadian families, at $55,000, remained essentially unchanged from 1990 to 2000 after adjusting for inflation. Incomes of families in the bottom half of the income distribution showed little or no improvement through the 1990s and there appears to be a growing income gap between the top and the bottom income earners: the 10% of families with the highest incomes experienced substantial gains while the bottom 20% experienced substantial losses. The proportion of total income among working-age families that came from government transfer payments declined from 6.4% in 1990 to 5.6% in 2000. Market incomes increased only 0.8% (Statistics Canada 2003a).

An estimated 19% of children were living in low-income families in 2000. This proportion was virtually unchanged from a decade earlier, while the low-income rate of seniors declined from 20% in 1990 to 17% in 2000. Lone-parent families with children aged 17 years and under made gains between 1990 and 2000, the result of greater labour market activity and increased government transfers.

More than 60% of people in lowest earning category did not have more than high school education and while higher education increases the likelihood of higher wages, it provides no guarantee for economic stability. Eleven per cent (11%) of university educated full time workers in Canada have annual income of less than $20,000 – this is a 3.2% increase from 1990\(^{39}\).

There is also a generational and gender divide in the labour market: women under 30 and men under 40 experienced income losses since 1980, while women over 30 and men over 40 years old experienced income gains. Men in their 20s experienced the highest and continuous level of income losses for the last two decades. The lack of financial independence has an impact on new household formations and may explain a nearly 30% increase over the last 20 years in the number of people in their twenties living with their parents\(^{40}\).

### Income Assistance Recipients

The Canada Assistance Plan (CAP) instituted in 1968 as a national and universal social support program was dismantled and transformed into the Canada Health and Social Transfer (CHST) system in 1995. Prior to 1995 funding for social assistance was provided to the provinces through the designated CAP program, which recognized rights such as the personal right to adequate income, to income assistance when in need, to welfare without forced participation in work training programs. The 1995 federal budget drastically reduced provincial transfers, eliminated CAP and incorporated federal funding for social assistance, post-secondary education and health into the CHST at reduced levels of funding.

\(^{38}\) Statistics Canada 2003c.
\(^{39}\) Ibid
\(^{40}\) 41% of individuals between 20 and 29 years old lived their parents or returned to parental home (ibid).
Since then, the provinces changed methods of social assistance delivery, eligibility criteria, and levels of support. Rates have not been changed to reflect inflation and changes in housing costs, and in most provinces benefits were reduced\textsuperscript{41}. If there ever was a question about income assistance acting as employment disincentive, those questions have disappeared\textsuperscript{42}.

There are approximately 11,600 active cases on Income Assistance (IA) recipients in HRM administered by the Department of Community Services. The majority of those households rent in the private market (65%), 16% live in room and board arrangements, 6% are homeowners, 10% live in public housing and 3% in other forms of accommodation, which may include free shelter\textsuperscript{43}.

Fifty seven per cent (57%) of the households on IA are single individuals and 43% are family households\textsuperscript{44}. IA households are very similar to the Census profile of “at risk” population in terms of low income, and high proportion of single individuals and renters. Table 2 illustrates basic shelter allowance rates for Income Assistance recipients based on family size. As can be seen shelter and personal allowance amounts are allocated separately, and can range from $235 to $600 per household on shelter depending on household size. Under special circumstances individual personal allowance may also reach $600 per month, and a typical personal allowance (for all other expenses) is $180 per month\textsuperscript{45}. Prior to 1996 municipal governments in Nova Scotia were involved in delivering short-term income assistance while long-term income assistance was provided by the Province\textsuperscript{46}. In 1996 these benefits were amalgamated and streamlined and in some cases reduced, particularly for single employable individuals. At $415 per month they are some of the lowest in the country\textsuperscript{47}.

\textit{Table 2 Basic Income Assistance shelter and personal allowance rates based on family size}

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Shelter Allowance - Rent/Own Home</th>
<th>Shelter Allowance - Board</th>
<th>Personal Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$235</td>
<td>$197</td>
<td>$180 per adult</td>
</tr>
<tr>
<td>2</td>
<td>$550</td>
<td>$242</td>
<td>$180 per adult</td>
</tr>
<tr>
<td>3+</td>
<td>$600</td>
<td>$282</td>
<td>$180 per adult</td>
</tr>
<tr>
<td>Dependant under 18 years old</td>
<td></td>
<td></td>
<td>$133 per dependant child</td>
</tr>
</tbody>
</table>

FCM Quality of Life data shows that in 2000 welfare rates in Nova Scotia for single employable individuals stood at 37% of the Low Income Measure\textsuperscript{48}, single parent rates received 73% of LIM and couples with two children received 69% of LIM.

Income assistance is now largely conditional upon mandatory participation in employment training and placement programs. Only the child tax benefit system was substantially expanded, increasing the incomes of lone parents by $246 per child in a family. This does not change the fact that 62% of food bank clients in Halifax Metro are IA recipients\textsuperscript{49}.

\textsuperscript{41} National Council of Welfare, 2000
\textsuperscript{42} Picot et al, 2003
\textsuperscript{43} NS Community Services database. March 2003.
\textsuperscript{44} Ibid
\textsuperscript{46} Municipalities were largely involved in operating federal grant programs, but also contributed some of their own funds to local programs. While HRM continues to contribute between $2 and $3 M per year to the Metro Housing Authority on the basis of mortgage agreements signed over 30 years ago, other contributions to social programs have been absorbed into the general revenue stream since amalgamation in 1996.
\textsuperscript{47} FCM. 2003.
\textsuperscript{48} Low Income Measures (LIMs) are strictly relative measures of low income, set at 50% of adjusted median family income. These measures are categorized according to the number of adults and children present in families, reflecting the economies of scale inherent in family size and composition.
\textsuperscript{49} Metro Food Bank Society, 2002
Government transfers play a significant role in smoothing the effects of recessions and preventing the depth and incidence of poverty from rising during period of high unemployment. However, while these programs were effective in ameliorating the effects of recession in the 1980s, their scaled back version was less helpful in the 1990s and poverty levels increased despite economic recovery. There is a growing income problem as well as housing affordability problem, and a growing number of recent studies conclude that “there is only spotty evidence that a rising tide lifted all boats” during the last cycle of economic recovery. The levels of Income Assistance rates in HRM need to be urgently reviewed.

Renters

Tenure is important when considering the risk of homelessness. Renters and single individuals in the at-risk category are over-represented in HRM when compared to the population in Nova Scotia (Table 1) - 73% of households paying more than half of their income on shelter in HRM are renters and 27% were owners.

Vacancy rates declined sharply in recent years from 8.7% in 1996 to 2.7% in 2002 as illustrated in figure 4. Average rents have also been sharply increasing since 1997 – the average price for a two bedroom apartment increased from $616 in 1997 to $704 in 2002 – that’s a 12.5% increase.

Dwellings occupied by renters tend to be older and in greater need of major repairs than are owner occupied dwellings (Table 3). Households that pay half of their income on shelter are very vulnerable – an unexpected illness or expense may leave them without resources to cover shelter expenses. Between August 2002 and July 2003 there were 2,895 registered eviction orders in Nova Scotia, 920 of those in HRM and 793 in Halifax Metro.

Table 3 Affordability and dwelling condition in HRM based on tenure (Census 2001)

<table>
<thead>
<tr>
<th></th>
<th>Number of households</th>
<th>Median Income</th>
<th>Avg Monthly Payment</th>
<th>% Paying 30%+</th>
<th>Per cent paying 50%+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owners</td>
<td>89,045</td>
<td>61,076</td>
<td>823</td>
<td>13%</td>
<td>5%</td>
</tr>
<tr>
<td>Renters</td>
<td>55,030</td>
<td>27,743</td>
<td>657</td>
<td>44%</td>
<td>22%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Number of dwellings</th>
<th>Per cent built after 1980</th>
<th>Per cent regular maint</th>
<th>Per cent minor repairs</th>
<th>Per cent major repairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner dwellings</td>
<td>89,190</td>
<td>41.4%</td>
<td>63.4%</td>
<td>29.9%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Renter Dwellings</td>
<td>55,215</td>
<td>30.3%</td>
<td>66.3%</td>
<td>24.7%</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

Many of the Metro eviction were concentrated in high rental areas (Fig. 5) and 95% of evictions were for unpaid rent although some evictions may be caused by disputes over housing quality and living conditions rather than ability to pay rent.

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50 Picot et al, 2003
51 TD Economics, 2003:ii
52 Service Nova Scotia and Municipal Relations, 2003 tenancy orders database
Tenants may choose to withhold their rent in cases where the landlord fails to address repeated requests for repairs. Unfortunately when a tenant is thirty days behind in rent, the landlord is empowered to file a Vacant Possession notice, which in most cases results in an eviction order for the tenant regardless of the underlying issues that caused the non-payment of rent.

Enforcement of minimum-standards straddles federal, provincial and municipal jurisdictions and this division of responsibility does not always adequately protect tenant interests. Few low-income tenants will take repair issues to the Residential Tenancy Board due to fear of retaliation by landlord, lack of knowledge of their rights, and lack of confidence that the repair order will be carried out or enforced. Appeals of wrongful eviction orders may also be inhibited by cost – Small Claims Court has a $75 filing fee for appeals, which may be waived but which may pose a significant barrier for those on fixed income.

Table 4. National Comparison of Proportion of Rental Households Paying 30% and 50% of gross income on shelter in 2002

<table>
<thead>
<tr>
<th></th>
<th>&gt;30% Income on Rent</th>
<th>&gt;50% Income on Rent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>39.6%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Vancouver</td>
<td>43.2%</td>
<td>22.3%</td>
</tr>
<tr>
<td>Halifax</td>
<td>43.7%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Regina</td>
<td>42.6%</td>
<td>21.1%</td>
</tr>
<tr>
<td>Toronto</td>
<td>42.2%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Edmonton</td>
<td>37.3%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Winnipeg</td>
<td>37.9%</td>
<td>16.1%</td>
</tr>
<tr>
<td>Calgary</td>
<td>36.5%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Ottawa</td>
<td>36.4%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Montreal</td>
<td>36.4%</td>
<td>18.1%</td>
</tr>
</tbody>
</table>


The Canadian housing system, overwhelmingly based on the market economy favouring property ownership, serves most homeowners well but offers increasingly limited choices to renters. While owners do not pay tax on their capital gains there is little in terms of supports for renters. The growth of the condominium market is another force that may potentially impact renters by
converting rental units into condos\textsuperscript{53}, diverting investment and more affluent renters into the condo market\textsuperscript{54}. This may be attributed to the termination of the Assisted Rental Program in 1978 and the heavy taxation of rental properties (mostly in terms of income, but also in terms of property), which makes condo development more profitable than rental construction and operation. Renter households are also more at risk due to lower incomes and a growing gap not only in levels of wealth but real income levels: in the 1960s the income gap between renters and owners was 20\% but it is over 200\% in 2001\textsuperscript{55}.

\textsuperscript{53} The scale at which this is taking place in HRM is unclear as NS Municipal Affairs Condominium Registry is currently not tracking conversions.
\textsuperscript{54} At the time of writing the Nova Scotia Condominium Registry is not tracking conversions from rental to condominium units.
\textsuperscript{55} Hulchanski, 2003
Fig. 5 Eviction orders by postal code in Metro Halifax (data from Service Nova Scotia and Municipal Relations; mapping HRM Planning and Development Services)
Singles

Single individuals (non-family households) account for 58% of all those paying more than half of their income on shelter. This is largely a function of income because two working individuals may combine their salaries to double household income but their shelter costs may be only marginally higher. Single individuals do not benefit from similar “economy of scale”. Socially isolated individuals, those with addictions and mental health illnesses may also be more likely to live alone and live in poverty.

Families

Forty two per cent of all households at risk are family households. Longitudinal data on family homelessness is only available in Toronto, which reported a 76% increase in the number of families admitted to Toronto shelters between 1988 and 1996. In 1996 as many 5,300 children were admitted56.

Lone parent families that rely on a single income are at a high risk of losing shelter - out of the 16,700 lone-parent households in HRM 3,335 (20%) can be considered to be at risk. Women lone parent families have much higher incidences of low-income than male-headed households, therefore both in terms of numbers and proportion, women lone parents represent a high risk group (Table 5).

| Table 5 At risk lone-parent households in HRM (Source: FCM and Canada Census 2001) |
|-----------------------------------|----------|----------|----------|
| 2001                              | Male lone parent | Female lone parent | Total |
| Total - Census Families in Private Households in Private Occupied Dwellings | 2,390 | 14,325 | 16,715 |
| Average Census Family Income - $  | $44,542  | $29,866  |        |
| Number of Owner Occupied Households spending more than 50% of income on shelter | 95    | 620    | 715    |
| Incidence of Low Income - %       | 15%     | 39%     |        |

While men represent a higher proportion of the national homeless population (Table 5) women have lower incomes and higher levels of poverty: in HRM women have average annual incomes of $23,000 and men $36,700. The incidence of low income is 17% for women and 14% for men. Family type cannot be discussed without considering gender in determining the risk of homelessness. In Halifax 19% or 38,000 children live below the low income cutoff level57.

Fewer affordable housing units, restricted access to social housing, increasing family poverty, changing job market, family violence, addictions, and specific events can act as “triggers” causing homelessness. The latter may include an unexpected expense for those living on very low incomes, job loss, family breakdown, eviction, unexpected move due to substandard or unsafe housing58.

56 Springer and Mars, 1998
58 Kraus and Dowling, 2003
CMHC survey conducted in 2001 of 112 family shelters across the country\(^9\) found that over half the children were under the age of 5, almost 30% were between 5 and 12 and less than 15% were teenagers. According to the survey most families moved to their own place after leaving shelter, but 10% moved to another shelter, a rooming house, motel or stayed with friends and therefore continued to be homeless. There are currently no shelters in HRM servicing families and no shelters where male children past the age of 12 can stay with their mothers.

**Children, Youth and Seniors**

Age and life cycle stage can pose unique challenges and risks. Between 1995 and 2000 low-income rates continued to decline for the population aged 65 and over; for children, low-income rates did not change over the past decade (Statistics Canada, 2003) although it improved since 1996.

As table 6 below illustrates, households paying more than 50% of income on shelter are diverse with respect to age although younger than average. Home ownership is much lower among this group than the general population (37% vs. 62%), and renter households dominate the at risk population under the age 35. While most people rent in their younger years, some are never able to move to ownership, therefore continue to have lower income and wealth rates than owners.

<table>
<thead>
<tr>
<th>Age of household maintainer</th>
<th>Renter</th>
<th>Owner</th>
<th>Total</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All age groups</td>
<td>12,130</td>
<td>4,465</td>
<td>16,595</td>
<td>100%</td>
</tr>
<tr>
<td>&lt; 25</td>
<td>2,990</td>
<td>115</td>
<td>3,105</td>
<td>19%</td>
</tr>
<tr>
<td>25-34</td>
<td>2,700</td>
<td>595</td>
<td>3,295</td>
<td>20%</td>
</tr>
<tr>
<td>35-44</td>
<td>2,150</td>
<td>1,055</td>
<td>3,205</td>
<td>19%</td>
</tr>
<tr>
<td>45-54</td>
<td>1,795</td>
<td>1,070</td>
<td>2,865</td>
<td>17%</td>
</tr>
<tr>
<td>55-64</td>
<td>1,185</td>
<td>940</td>
<td>2,125</td>
<td>13%</td>
</tr>
<tr>
<td>65-74</td>
<td>510</td>
<td>355</td>
<td>865</td>
<td>5%</td>
</tr>
<tr>
<td>75+</td>
<td>805</td>
<td>330</td>
<td>1,135</td>
<td>7%</td>
</tr>
</tbody>
</table>

When table 6 above is compared to the survey of collective dwellings (shelter facilities) in table 7, it is apparent that the shelter population is also young – over 50% is below 34 years of age as opposed to 39% of the at-risk population in HRM. Youth and lone parents under 19 also face strict eligibility criteria when applying for Income Assistance. Apart from low income levels pathways into homelessness among youth may include strained family relationships, abuse or neglect, substance abuse and mental health problems, economic crisis and family breakdown, foster care, experience with juvenile detention centres, and eviction.

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Total shelter population</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>All age groups</td>
<td>14,150</td>
<td>100.0%</td>
<td>8,780</td>
</tr>
<tr>
<td>under 15</td>
<td>1,490</td>
<td>10.5%</td>
<td>750</td>
</tr>
<tr>
<td>15-34</td>
<td>4,655</td>
<td>32.9%</td>
<td>2,685</td>
</tr>
<tr>
<td>35-64</td>
<td>6,630</td>
<td>46.9%</td>
<td>4,720</td>
</tr>
<tr>
<td>65+</td>
<td>1,365</td>
<td>9.6%</td>
<td>625</td>
</tr>
</tbody>
</table>

In Canada only 10% of shelter users on the day of the 2001 Census were over the age of 65, 7% of whom were men and 14% were women, which indicates the possibly greater vulnerability of elderly women. Although their population is small, homeless seniors are of special concern due to their frail health, vulnerability to victimization, and the reluctance or inability of shelters and traditional senior service systems to reach them. Poor hearing or impaired vision along with other symptoms of aging may cause additional stress and distrust among homeless seniors. Chronically homeless elders may be particularly difficult to reach due to a long history of poverty, traumatic childhoods, severe mental illness, abuse and violence. Erratic or bizarre behaviour among some (poor hygiene, self-mutilation, screaming) may cause them to be barred from most shelters. US research reports that even though chronically homeless individuals are only 10% of shelter users, they consume 50% of shelter system days and therefore resources.

**Ethnic and Racial Minorities**

The at-risk population can also be considered with respect to the vulnerability of minority groups. This includes aboriginal identity, visible minorities, immigrants and ethno-cultural minorities (indicated by the use of non-official language used at home). Although these groups make up a relatively small proportion of the total HRM population (7% immigrant with 30% arriving after 1996, 7% Visible Minority, 1% Aboriginal) it is a revealing profile. Looking at the at risk population from the perspective of ethnic and racial minority groups may reveal the impact of structural barriers, discrimination (in employment, access to housing etc.), as well as the long term impacts of colonization, slavery and segregation on entire communities.

As indicated in fig 6 below, out of all of the households considered to be “at risk”, 15% are headed by an individual with a visible minority status, 10% with an immigration status and 2% with aboriginal identity status. This means that all three groups are over-represented in the at-risk population

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**Fig. 6. Population living in households that pay 50% or more of gross household income on all shelter costs by status of the head of household.**

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60 Rosenheck et al, 1998  
61 Novac, Brown and Gallant, 1999  
62 Kuhn and Culhane, 1998  
63 Rosenheck, 1998
Table 8 provides more detail on the minority groups in HRM with respect to incidence of low income and proportion of individuals living in households considered to be at risk (50% Shelter to Income Ratio or STIR) within their own groups and as a proportion of the total population\(^{64}\).

**Table 8 At-risk minority groups in HRM (Canadian Census 1991 - 2001 and FCM QLRS, 2003)**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>14%</td>
<td>21%</td>
<td>36%</td>
<td>15%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>1996</td>
<td>17%</td>
<td>27%</td>
<td>36%</td>
<td>20%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td>15%</td>
<td>35%</td>
<td>37%</td>
<td>20%</td>
<td>53%</td>
<td>15%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individuals Paying &gt;50% on Shelter</th>
<th>Total Population</th>
<th>Aboriginal Identity</th>
<th>Visible Minorities</th>
<th>Immigrant</th>
<th>Recent Immigrant (1997 +)</th>
<th>Non-Official Lang Used at Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>57,335</td>
<td>1,350</td>
<td>4,085</td>
<td>1,105</td>
<td>1,105</td>
<td>1,400</td>
</tr>
<tr>
<td>1996</td>
<td>32,690</td>
<td>385</td>
<td>4,630</td>
<td>1,400</td>
<td>1,400</td>
<td>810</td>
</tr>
<tr>
<td>2001</td>
<td>30,760</td>
<td>655</td>
<td>4,760</td>
<td>2,965</td>
<td>1,065</td>
<td>810</td>
</tr>
<tr>
<td>2001 - &gt;50% STIR as a proportion of its group</td>
<td>8.7%</td>
<td>18.8%</td>
<td>19.0%</td>
<td>12.2%</td>
<td>29.8%</td>
<td>21.5%</td>
</tr>
<tr>
<td>2001 - minority 50% STIR as proportion of total pop with &gt;50% STIR</td>
<td>100.0%</td>
<td>2.1%</td>
<td>15.5%</td>
<td>9.6%</td>
<td>3.5%</td>
<td>2.6%</td>
</tr>
<tr>
<td>2001 - minority group as a proportion of total population</td>
<td>1.0%</td>
<td>7.1%</td>
<td>6.8%</td>
<td>1.0%</td>
<td>1.1%</td>
<td></td>
</tr>
</tbody>
</table>

* STIR (%) = Gross Shelter Cost / Gross Household Income *100

It indicates that 18% of persons of Aboriginal identity, 19% of visible minorities, 22% of non-official language speakers and 30% of recent immigrants pay more than 50% of their income on rent. This is much higher than the 9% average for the population as a whole. Figure 4 illustrates the proportions of Aboriginals, visible minority groups, and immigrants as a component of all persons living in at risk households.

Persons with Aboriginal or First Nation background are twice as likely as the general population to be at risk, visible minority groups are twice to three times as likely to experience housing difficulties as the general population. While older immigrants are in general well-housed, recent immigrants (those that immigrated in 1997 and later) have the highest rates of low income and the highest proportion of those paying more than half of their income on shelter. All groups are greatly over-represented given their small

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\(^{64}\) Source of data: special Statistics Canada tabulations for the FCP Quality of Life Indicators Project, 2003. Visible minority status based on the status of the head of household. All data based on the number of *individuals* living in “at-risk” households.
numbers in HRM.

Social status, income and housing stability are clearly closely connected. As the table 8 shows, while the incidence of low income in the total HRM population is about the same as it was a decade ago, it has significantly increased in the Aboriginal community (an increase of 14% in the last decade) and in the immigrant community (5% increase).

Ethnic and racial minorities continue to face structural barriers that may limit their economic opportunities, and increase the potential for housing instability and homelessness. Although the Aboriginal population in Canada is increasingly urban, there are thirteen reserve Mi’kmak communities in Nova Scotia (including two within or bordering with HRM) and several historic Black communities. Individuals may choose to move to HRM from their traditional communities to pursue better employment, education and housing opportunities. Visible minorities are however over-represented in several of the low-income Metro neighbourhoods therefore issues of segregation are relevant:

In a racially and socio-economically integrated community, even though the disadvantaged suffer disproportionately especially during economic downturns, neighbourhood institutions are little affected because of the contributions of better off residents. In contrast, in segregated communities, when poor people experience an economic downturn or a reduction in public support, their communities suffer devastating losses of material resources, infrastructure, and institutional capital (Massey and Denton, 1993 cited in Rosenheck, 1998).

More investigation is warranted of the housing needs of minority group members yet any solutions in this case more than in others must not only address the needs of individuals but also structural barriers affecting entire communities. Well-designed, well-integrated and appropriately distributed affordable housing units should contribute to the health and safety of their residents, should allow those who choose to stay in their neighbourhoods to stay while helping them access economic opportunities and affordable housing. The combined cooperation and expertise of all levels of government, the private sector, and the wisdom of local communities must be synchronized to facilitate a greater economic participation of minority groups in HRM.

**Behavioral and Health Conditions**

Severe mental health, substance abuse, other medical conditions as well as a history of involvement in the criminal justice system or the military may increase the risk of homelessness although local estimates of the prevalence of these conditions are not available. There is however a large body of literature that addresses those issues: “The prevalence of psychiatric and addictive disorders among homeless people has probably been studied more intensively and more rigorously than any other problem”.

Major features of social organization usually receive far less attention.

Early American studies suggested that as many as 90% of homeless people might suffer from mental illnesses, including severe mental illnesses such as schizophrenia, but deinstitutionalization was quickly identified as the major cause of homelessness in the 1980s. More rigorous American studies demonstrated that 20-25% of homeless persons had lifetime histories of serious mental illness, about half had histories of alcohol abuse or dependence, and about one-third had histories of

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65 Statistics Canada Census 2001 special tabulations for HRM.
66 Rosenheck, 1998:16
67 De-institutionalization has impacted service provision in HRM with the Nova Scotia Hospital downsizing its number of beds for mental health patients from 500 to 50 over the in the late 1990s.
drug use and about half of those with mental illness also had substance abuse disorders. Higher incidences of medical conditions and mortality were also repeatedly demonstrated.

According to US studies an estimated 20 percent to 66 percent of homeless people have been arrested or incarcerated in the past as compared to only 22 percent of men and 6 percent of women in the general population\textsuperscript{68}. These high rates however should not be interpreted as a proof that homeless individuals are a danger to society. They are more likely to reflect the need to commit crimes for material sustenance due to poverty and adaptation to street life. Inadequate discharge policies may force an individual to re-commit offences because they cannot access employment, housing or medical care. Homeless individuals may at times commit petty crimes to access to food, shelter, sobriety, or to achieve medical services such as dental care\textsuperscript{69}. The reliance on emergency services carries with it understandably high costs.

In Nova Scotia 83,000 individuals experience mental health illnesses and/or substance abuse problems (over 33,000 in HRM based on population share) but only 32% have access to mental health services\textsuperscript{70}. Most of these individuals can function well in the community, but some do not. Currently in HRM there are only 15 detox beds, two long-term recovery facilities for men (30 beds) and one long-term recovery facility for women (17 beds). The latter has been initially funded by the federal homelessness program funds in combination with Nova Scotia Community Services and other sources but does not receive health funding. This level of addiction services does not appear to be sufficient as police arrests.

According to HRM Police data in 2002, 453 arrests were made for public intoxication among persons who claimed to have no fixed address and in 2003 the number increased to 518 (see Table 9). Many individuals were repeatedly arrested – some as many as 10 times in any given month and on average 4.2 times per person in 2002. In 2002 there were 109 different individuals arrested and in 2003 there were 146 (34% increase). As indicated in figure 7, more than 75% of those arrested were 30 years of age or older.

HRM pays approximately $235 in staff time alone for each arrest of this nature, which translated into $106,455 in 2002 and $121,730 in 2003. While we cannot verify that all of those individuals are homeless (this type of offence does not require the police to verify a person’s address), the high number of repeatedly arrested individuals provides an indication of one of the many hidden costs of homelessness. Both the risk and the incidence of homelessness may be reduced by investing in broader addiction and harm reduction programs.

\textsuperscript{68} Fisher, 1992 cited in Rosenheck, 1998
\textsuperscript{69} Rosenheck, 1998
\textsuperscript{70} Statistics Canada. 2003b. HRM estimate based on 4% population share of Nova Scotia and may be higher because HRM is the largest urban centre with access to services.
Table 9 Number of arrests by the HRM Police for public intoxication and without fixed address (2002 and 2003)

<table>
<thead>
<tr>
<th>Individuals</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>32</td>
<td>34</td>
</tr>
<tr>
<td>February</td>
<td>32</td>
<td>17</td>
</tr>
<tr>
<td>March</td>
<td>43</td>
<td>19</td>
</tr>
<tr>
<td>April</td>
<td>48</td>
<td>38</td>
</tr>
<tr>
<td>May</td>
<td>53</td>
<td>26</td>
</tr>
<tr>
<td>June</td>
<td>36</td>
<td>55</td>
</tr>
<tr>
<td>July</td>
<td>61</td>
<td>42</td>
</tr>
<tr>
<td>August</td>
<td>58</td>
<td>62</td>
</tr>
<tr>
<td>September</td>
<td>47</td>
<td>38</td>
</tr>
<tr>
<td>October</td>
<td>51</td>
<td>44</td>
</tr>
<tr>
<td>November</td>
<td>44</td>
<td>46</td>
</tr>
<tr>
<td>December</td>
<td>13</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>518</td>
<td>453</td>
</tr>
<tr>
<td>Avg arrests per person</td>
<td>3.6</td>
<td>4.2</td>
</tr>
<tr>
<td>Per cent increase 2002-2003</td>
<td></td>
<td>14.3%</td>
</tr>
</tbody>
</table>

Fig. 7. Age profile of Individuals without Fixed Address Arrested for Intoxication in Public Places in 2002 and 2003 (Source: HRM Police data, 2003).

**Hidden Homeless**

Service agencies report the prevalence of “hidden homelessness” or those stay with family and friends for lengthy periods of time because they cannot access or maintain their own housing. Hidden homelessness (those who may be staying with family and friends for extended periods of time due to lack of difficult circumstances involving housing instability) is difficult to measure but in a random survey of 400 respondents in Metro Halifax 7% (n=26) said that they had someone staying with them “who was not a usual member of the household but who was staying with them due to severe financial problems, eviction, discrimination, recent immigration, domestic or other problems”. This was consistent in all the regions of HRM. Five of the 26 respondents said that they had two people staying with them under those conditions, which means that 31 relatively homeless individuals were uncovered in a sample of 400 households. In 20 of those cases the person stayed for more than one month. Given that the result is accurate +/- 4.6% it is difficult to extrapolate this number but it could potentially mean that between 3,000 and 10,000 households may be supporting a relatively homeless individual for extended periods of time.\(^{71}\)

Summary

Out of the 16,595 households in HRM (12% of all households and 8% of the population) that pay more than half of their income on shelter:

- 12,130 are renter households (73%)
- 4,465 are owner households (27%)
- 9,715 are non-family households (59%)
- 6,890 are family households (41%)
- 3,335 are lone-parent households (20%)

Out of the more than 30,760 individuals (8% of the population) of the population in at-risk households:

- 10,000 resided in owner households and 20,000 resided in renter households
- 11,225 were unattached individuals and 1,670 were seniors
- 4,760 were members of a visible minority
- 2,965 were immigrants
- 655 were Aboriginal

Table 10 – Profile of households, families and individuals at risk in HRM (Statistics Canada Census 2001 and FCM QLRS, 2003)

<table>
<thead>
<tr>
<th></th>
<th>Owner</th>
<th>Renter</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Households paying more than 50%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One-family households</td>
<td>2,730</td>
<td>4,095</td>
<td>6,825</td>
</tr>
<tr>
<td>Multiple family households</td>
<td>35</td>
<td>30</td>
<td>65</td>
</tr>
<tr>
<td>Non-family households</td>
<td>1,700</td>
<td>8,015</td>
<td>9,715</td>
</tr>
<tr>
<td>Lone male parent families in private households</td>
<td>95</td>
<td>100</td>
<td>195</td>
</tr>
<tr>
<td>Lone female parent families in private households</td>
<td>620</td>
<td>2,520</td>
<td>3,140</td>
</tr>
<tr>
<td><strong>Number of individuals in households paying &gt;50%</strong></td>
<td>10,165</td>
<td>20,595</td>
<td>30,760</td>
</tr>
<tr>
<td>Visible minority</td>
<td>1,480</td>
<td>3,280</td>
<td>4,760</td>
</tr>
<tr>
<td>Aboriginal Identity</td>
<td>180</td>
<td>475</td>
<td>655</td>
</tr>
<tr>
<td>Immigrant</td>
<td>1,135</td>
<td>1,830</td>
<td>2,965</td>
</tr>
<tr>
<td>Unattached individuals 15+</td>
<td>1,805</td>
<td>9,420</td>
<td>11,225</td>
</tr>
<tr>
<td>Unattached individuals 65+</td>
<td>480</td>
<td>1,190</td>
<td>1,670</td>
</tr>
</tbody>
</table>

* Note that Households and Families represent two different Census data sets and the number may not add up; similarly the total number of individuals and visible minorities are based on personal characteristics of the head of household that pays 50% or more of household income on shelter costs. Core housing data need not available at the time of writing for 2004.
PART II – PORTRAIT OF THE ABSOLUTELY HOMELESS
Portrait Methodology

The methodology of the “Portrait of Streets and Shelters” can be divided into four components:

1. Survey of streets
2. Survey of shelters, transitional housing facilities, police and emergency services
3. Follow-up in-depth interviews with individuals homeless or formerly homeless;
4. Collection of indicators of at risk and hidden homelessness

As was described in the introduction the survey of streets and shelters and the qualitative survey guide was developed with the assistance of the steering committee, which included First Voice, Community Action on Homelessness, other researchers and academics. In this study an absolutely homeless person was defined as someone who did not have a place of their own to stay on the night of June 19th. This included:

- Persons who stayed in a shelter for the homeless or a transitional housing facility on the night of June 19th;
- Persons without fixed address and who stayed at a long term recovery facility, emergency hospital service, or were retained in custody by the police on the night of June 19th;
- Persons either observed to “sleep rough” on the streets and in public places of downtown Halifax and downtown Dartmouth between 9 pm and midnight on the night of June 19th and those who self-identified as not having a place to call their own for the night in the area covered by the street survey;
- Those who used one of the surveyed drop-ins and soup kitchens in Metro Halifax during the day between 9:00 am and noon on June 20th but did not stay at one of the above mentioned facilities and did not previously answer the survey.

For the purpose of the qualitative survey a formerly homeless person was defined as someone who had no personal accommodation in the past and as a result slept rough, stayed in a shelter for the homeless, transitional housing facility or “couch-surfed” rent-free. A couch surfer/relatively homeless was defined as someone who is not a usual member of the household but staying temporarily with friends or relatives due to severe financial difficulties, eviction or discrimination in seeking housing, recent immigration, domestic and/or other personal problems.

Scope

The direct survey of streets and shelters took place on the night of Thursday June 19, 2003 and morning of Friday June 20th, 2000. This date was selected to fall approximately mid-month to avoid results being unduly affected by income assistance payment cycle. In June median temperatures in Halifax are 15°C, with a maximum reaching 19.4°C and minimum of 10°C which is moderate for the city. On June 19th the temperatures were normal for that time of year. There were rain showers over the city early in the morning, it was cloudy during the day and heavy rain showers started at 2:00 pm and continued until 10:00 pm.

All known shelters and transitional housing facilities were included in the survey but the focus of the street survey was the downtown core of Metro Halifax (including Dartmouth). In addition soup kitchens and drop in centres willing to participate were included the following morning, but
individuals were screened first. Those who already filled out the survey or stayed at one of the facilities participating in the Portrait were excluded.

The purpose of the direct street survey was not to identify all those sleeping rough on the streets of Halifax but rather to observe street activities and where possible conduct a short survey with visibly homeless, who may not regularly use services for the homeless. Teams of trained volunteers (2 or 3 persons per team) conducted the survey within delineated city blocks between 9:00 pm to 12:00 am on June 19th (Fig. 8).

Assistance was provided by the staff of ARK, an outreach centre for youth, and the staff of Stepping Stone, an outreach service for sex workers, to cover areas known to them without breaching the confidence of their clients. Volunteers covered areas assigned to them and were asked to follow procedures identified in Appendix 2. While main streets and side streets were covered, volunteers were not to go into parkades, abandoned buildings, desolate parks. They were also asked to respect the personal space of individuals who may work or live on the streets, and they were not to wake anyone. In the event that a sleeping person was encountered the sex, approximate age and
observed race were noted. If someone was heading for a shelter at night or was enumerated the following morning but stayed in a shelter, transitional housing facility etc., they were not counted.

The survey was self-administered by the shelters, transitional housing, police and emergency services who received instructions and surveys approximately 10 days before the day the Portrait (see Table 11 and Appendix 2). The agencies were advised to start the survey after their curfew until the following morning but otherwise were given the opportunity to administer the survey in the most appropriate manner depending on the setting and admission procedures. In addition to filling out a survey about those who used the services, agencies were asked to track the number of persons who had to be turned away and the reason for refusal of service. Confirmation and clarification of instructions over the phone was conducted with key agency contacts several days prior to June 19th. Posters advertising the survey were distributed and posted in key locations around the city to inform the community about the survey but the media was not informed to maintain a level of confidentiality and comfort.

In addition to carrying out the survey, street teams had snacks, coffee coupons, cards with information on services available to homeless individuals in the community and information about opportunities to participate in longer individual interviews about the experience of homelessness in Halifax. Interviews were conducted on a drop-in basis at two central locations in north end Halifax on June 22-25, 2003 between 9:00 am and noon. Fifteen individuals participated and received a $15.00 honorarium. Interviews were either taped on recorded in a written notes depending on the wishes of the interviewee. Informed consent was verbally obtained and all interviews were anonymous. Information collected through the qualitative interviews are included in the “Results” and “In their own words” sections of the report.

**Constraints**

The “Portrait” represents a significant effort to enumerate and survey those without shelter in Halifax Metro but it should not be construed as a “count” of the homeless population because any such effort tends to underestimate the actual population 50-60% at any given time. This methodology clearly cannot assess the total number of different individuals who were served by the shelter system over the course of a year. There are a number of other important limitations that need to be considered.

The visibility of homelessness can fluctuate seasonally, depending on the time of the week, time of day and weather conditions. Given that the survey was conducted in June, the results will reflect a summer situation but due to the heavy showers that Halifax experienced on June 19th the results may underestimate the street population as many may have been forced to seek refuge in protected buildings, shelters, with relatives, friends or acquaintances. This may have been compensated by a higher number of individuals in emergency shelters.

The issue of definition, access, individual disclosure, limited geographic scope, the level of comfort of volunteers with approaching individuals, and the degree to which both agency staff and volunteers followed procedures can all affect the accuracy of the survey. Despite its limitations the *Portrait of Streets and Shelters* provides valuable information about the characteristics of homeless in Halifax homeless as large number of individuals were reached in a short period of time.

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72 Culhane and Hornburg, 1997 and Appendix 1.
### Table 11 Agencies included in the Portrait of June 19, 2003

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>Population Served</th>
<th>Name of Organization</th>
<th>Capacity</th>
<th>June 19 Homeless count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>Women</td>
<td>Adsum House</td>
<td>18</td>
<td>17 + 4 children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Barry House</td>
<td>14</td>
<td>5 + 1 child</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bryony House/Veith House</td>
<td>24</td>
<td>11 + 16 children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YWCA of Halifax</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phoenix Youth Shelter</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Universal Shelter Association</td>
<td>Fluctuates depending on houses approx. 7</td>
<td>1+2 children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Metro Turning Point</td>
<td>60</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Salvation Army</td>
<td>40</td>
<td>38</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td></td>
<td>Alice Housing</td>
<td>17 units</td>
<td>15 +12 children</td>
</tr>
<tr>
<td>Addiction recovery facility</td>
<td></td>
<td>Al-Care Place</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Freedom Foundation</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Marguerite Centre</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Police</td>
<td></td>
<td>Halifax Regional Police</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Emergency</td>
<td>Children and Youth Em.</td>
<td>Emergency - IWK</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>General Em.</td>
<td>Emergency QE II</td>
<td>2</td>
</tr>
<tr>
<td>Breakfast Programs and Drop In Centres</td>
<td>General Soup Kitchen</td>
<td>Brunswick St. United Church</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Feeding Others of Dartmouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Housing Support Centre</td>
<td>MNP Housing Support Centre</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outreach for Sex Trade Workers</td>
<td>Stepping Stone</td>
<td>Included in street count</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drop Centre for Youth under 24</td>
<td>ARK</td>
<td>5</td>
</tr>
</tbody>
</table>
Results

Results of the June 19/20 Survey are presented below for each question. In total 234 persons participated in the survey, 195 of which were reached through service agencies and 39 on the streets. Eighteen (18) of those surveyed indicated that they had one or more children under their care, to a total of 35 children which would bring the total to 269. In addition, forty two were reported to be turned away due to lack of beds or on a waiting list. This represents eight direct refusals (5 women and 3 youth) and 34 women and children on the waiting list. Agencies may refuse service due to being full, admission policies (eg. an adult seeking admission to a youth shelter, insobriety, serious mental illness, behavioural problems etc.).

<table>
<thead>
<tr>
<th>Location</th>
<th>M</th>
<th>F</th>
<th>Total</th>
<th>Percent</th>
<th>Children</th>
<th>Refusals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Streets</td>
<td>29</td>
<td>10</td>
<td>39</td>
<td>17%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelters</td>
<td>83</td>
<td>40</td>
<td>123</td>
<td>53%</td>
<td>23</td>
<td>4</td>
</tr>
<tr>
<td>Drop-ins</td>
<td>14</td>
<td>0</td>
<td>14</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police/Emergency</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional Housing/</td>
<td>27</td>
<td>26</td>
<td>53</td>
<td>23%</td>
<td>12</td>
<td>38</td>
</tr>
<tr>
<td>Recovery Facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>157</td>
<td>77</td>
<td>234</td>
<td>100%</td>
<td>35</td>
<td>42</td>
</tr>
</tbody>
</table>

The surveys were filled out with the assistance of agency staff and trained volunteers but respondents were free to omit any questions they felt uncomfortable in answering, and in some cases they could select multiple answers. Response rate therefore varied from a low of 35% to a high of 100%, with most questions hovering around 80%. Therefore when the results are discussed in terms of proportion of responses, they refer to the number out of the total answers to each question, which is indicated in each table.

Answers to each question on the survey are reported in terms of the total number of responses, as well as responses obtained form the sheltered population (shelters and transitional housing) and the street population (which includes those surveyed on the streets, in drop-in centres, and through police and emergency services). Responses were also analysed according to gender but only significant differences in the responses of men and women are presented here.
The portrait surveyed 234 individuals, 157 (67%) men and 77 (33%) women. The split in gender is similar to that reported by the 2001 Canada Census of Collective Dwellings in Halifax (68% male and 32% women). However, when the street and shelter population are compared, the proportion of men is noticeably higher on the streets than in the shelters but women still account for 19% of the street population. Eighteen (18) individuals, all of them women, reported being accompanied by a total of 35 children in their care. When children are included, the total number of persons reported to be without their place to stay on the night of June 19th raises to 269. Information on the age and gender of children accompanied by adults was not collected but may be considered for inclusion in future surveys.

The age profile of the surveyed population reflects the age distribution the 2001 Census Survey of Collective Dwellings (Table 7). Children and youth under 18 (accompanied by an adult) represent 15% of the homeless population, and 25% if independent youth under 18 years of age are added. Unaccompanied youth under 24 years of age comprise 26% (nearly a third) of surveyed individuals, while those in the 25 to 44 age group comprise 36% of the surveyed population. Individuals 65 years of age and over are a minority - 5% of the population.

Although no children accompanied by an adult were surveyed outside of shelters or transitional housing, individuals sleeping rough tend to be younger than those who spent the night in a shelter on the night of June 19th: 47% of the street population is under 24 years of age and only 15% was over 45. It is possible that older individuals are more skilled at finding safe and therefore hidden places of refuge at night, but this survey indicates that youth form a significant portion of street population in Halifax. This may reflect the lack of availability and/or access to emergency services for homeless youth. For example, some youth may not be admitted to a shelter because of pets.
Meg is 22 and has been on the streets for 8 years. “I’ve had pneumonia and I had my jaw broken but drop-in centres in Toronto know me really well. I got a lot of young girls off the streets – I don’t want them to go through what I had gone through. Sure, the streets will build your character but it’s hard to avoid the bitterness. I tell them…why rush losing your innocence”.

When the responses are grouped by gender significant differences emerge. In the under 24 years of age category males are over-represented with 34% as opposed to 24% of women. However, 61% of all female respondents are in the 25-44 year old category as opposed to 35% of all men (Fig. 9). This points to the vulnerability of women in their twenties and thirties, or it may be related to the nature of local services. There are more men in the older age categories (31% of men is over 45 as opposed to 15% of women). Men and women may be vulnerable to becoming homeless at different stages of their life cycle and for different reasons.

**Do you have a family?**

*Table 15 Family status*

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Couple (married or common law)</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>175</td>
<td>21</td>
<td>196</td>
</tr>
<tr>
<td>Shelters</td>
<td>140</td>
<td>17</td>
<td>157</td>
</tr>
<tr>
<td>Streets</td>
<td>35</td>
<td>4</td>
<td>39</td>
</tr>
</tbody>
</table>

The majority of respondents were single, with only 11% indicating to be in a relationship, be it marriage or common law. When those with dependent children are included then families (couples or adults with children) would account for 20% of the total number of respondents. This may indicate a need for services that serve families as opposed to men and women separately, and women with children up to the age 18. Currently male children over 12 years old are not admitted to shelters for women.
Where are you from?

**Table 16 Place of origin**

<table>
<thead>
<tr>
<th>Place of origin</th>
<th>Halifax</th>
<th>Outside Halifax</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>132</td>
<td>82</td>
<td>214</td>
</tr>
<tr>
<td>Shelters</td>
<td>106</td>
<td>56</td>
<td>162</td>
</tr>
<tr>
<td>Streets</td>
<td>26</td>
<td>26</td>
<td>52</td>
</tr>
</tbody>
</table>

The homeless population is often presumed to be highly mobile, and in many cases this may be true. A significant proportion of respondents to this survey (38%, n=82) said that they were originally from outside of Halifax, but the majority (62%, n=132) indicated that Halifax is their place of origin. In shelters, a higher proportion of individuals said that they were originally from Halifax (65% vs. 50% on the streets). Only 1 respondent indicated an immigrant status, everyone else cited Canadian citizenship but many refused to answer this question. Given the high incidence of low income among recent immigrants (53%) and the limited services available to refugees and asylum claimants, homelessness issues in those populations will require further investigation. Future studies may wish to explore mobility patterns among homeless individuals in HRM.

"I decided to leave [small town in Newfoundland] because there is NOTHING to look forward to there but a Tim Hortons job for the rest of your life. I am not interested in just having a job. I want a career. I would like to get into international development – the biggest high would be doing something for my planet. It makes me mad. There is no reason we have to be homeless in this country. I can’t get a job, can’t get assistance, I can’t get in a shelter. I don’t get how the system works. I am not interested in drugs. I am passing out resumes all the time”.

What is your ethnic/racial background?

**Table 17 Visible minority status**

<table>
<thead>
<tr>
<th>Visible minority status</th>
<th>Caucasian</th>
<th>First Nation</th>
<th>Black/Afr. Canadian</th>
<th>Asian</th>
<th>Latin American</th>
<th>Unknown/Refused</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>117</td>
<td>26</td>
<td>16</td>
<td>13</td>
<td>1</td>
<td>14</td>
<td>187</td>
</tr>
<tr>
<td>Shelters</td>
<td>98</td>
<td>22</td>
<td>11</td>
<td>13</td>
<td>1</td>
<td>5</td>
<td>150</td>
</tr>
<tr>
<td>Streets</td>
<td>19</td>
<td>4</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>37</td>
</tr>
</tbody>
</table>

There were 187 responses to the question of ethnic background. Overall less than 7% of the population in Halifax can be described as “visible minority” with approximately 4% being Black, 2% being Asian and South-East Asian and less than 1% being Aboriginal/First Nation. In the analysis of the at-risk households all groups were over-represented with 2% identified as Aboriginal Canadian, 16% as Visible Minority and 10% as Immigrants. In this survey of absolute homelessness all of the visible minority groups with the exception of immigrants are over-represented with 14% being of Aboriginal/First Nation, 9% being Black and 7% Asian. Notably, out of the 26 Aboriginal
respondents 20 were women. The lack of representation of immigrants may be linked to the way the questions were answered. Note that 7% were Asian, 1% Latin American and 7% refused to answer the question. Also, 2 individuals claimed refugee status as the reason for their homelessness (Table 19).

Figure 10 illustrates the representation of diverse groups in the total population, in the at-risk population and in the absolutely homeless population. Clearly housing issues among visible minorities need to be explored and addressed in more detail.

![Over-representation of members of diverse communities in the at-risk and absolutely homeless populations](image)

Fig. 10 Representation of members of diverse communities in the total, at-risk and absolutely homeless population in HRM. NOTE: during the Portrait direct survey the question on citizenship and immigration status had a low response rate therefore data on immigrants is omitted.
**Where does your regular income come from?**

*Table 18 Source of regular income*

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Shelters</th>
<th>Streets</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA/Training program</td>
<td>50</td>
<td>42</td>
<td>8</td>
</tr>
<tr>
<td>23%</td>
<td></td>
<td>25%</td>
<td>17%</td>
</tr>
<tr>
<td>No Income/Not eligible for IA</td>
<td>51</td>
<td>33</td>
<td>18</td>
</tr>
<tr>
<td>23%</td>
<td></td>
<td>19%</td>
<td>38%</td>
</tr>
<tr>
<td>Disability</td>
<td>40</td>
<td>39</td>
<td>1</td>
</tr>
<tr>
<td>18%</td>
<td></td>
<td>23%</td>
<td>2%</td>
</tr>
<tr>
<td>Employment / EI</td>
<td>27</td>
<td>22</td>
<td>5</td>
</tr>
<tr>
<td>12%</td>
<td></td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>24</td>
<td>22</td>
<td>5</td>
</tr>
<tr>
<td>11%</td>
<td></td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>CPP/Pension</td>
<td>15</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>7%</td>
<td></td>
<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td>*Binning/Panhandling</td>
<td>11</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>5%</td>
<td></td>
<td>1%</td>
<td>19%</td>
</tr>
<tr>
<td>Total Responses</td>
<td>218</td>
<td>170</td>
<td>48</td>
</tr>
</tbody>
</table>

* Binning = scavenging, picking up discarded recyclable or re-usable materials of value

During the Portrait we also asked respondents about the source of their regular income. A significant proportion received some form of government assistance (23% or n=50 received Income Assistance; 25% or n=55 received Disability or Pension). In addition, 12% (n=27) said that they are either working or had recent work history because they were receiving Employment Insurance. However, 51 (23%) said that they had no income and did not qualify for Income Assistance and 11 said that they were binning and panhandling to support themselves. Low income or no income is one of the leading causes of homelessness.

---

**“I think that I am creative. I don’t panhandle as a rule but once was really desperate and did a bit of a street theatre in front of Scotia Square. I made some money doing a monologue out of Shakespeare - King Lear”**

**“We once used the APM or Automated Panhandling Machine. But it was never for drugs. I had to feed my pack”**.
Several differences between men and women (Fig. 11) and between those on the streets and those in shelters emerge. Men were much more likely to work, receive pension or disability and engage in binning or panhandling. Women appear to be more “compliant” when it comes to eligibility for Income Assistance: 50% of women were on IA as compared to 8.5% of the men. However equal proportion of men and women (23%) either had no income or was not eligible for Income Assistance. With respect to the street and shelter population, those on the streets were more likely to cite no income or lack of eligibility for Income Assistance, were more likely to panhandle, and less likely to be on disability or receive pension. It is worth noting that at least portion of beds in each of the shelters is funded on a per diem basis, therefore for long term stays clients usually have to demonstrate eligibility for Income Assistance.

What is the immediate reason for you being homeless?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Total</th>
<th>Shelters</th>
<th>Streets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family breakdown or violence</td>
<td>49</td>
<td>42</td>
<td>7</td>
</tr>
<tr>
<td>No income</td>
<td>37</td>
<td>17</td>
<td>20</td>
</tr>
<tr>
<td>Moved/Visiting/Stranded</td>
<td>37</td>
<td>31</td>
<td>6</td>
</tr>
<tr>
<td>Can't find accom'n</td>
<td>32</td>
<td>20</td>
<td>12</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>29</td>
<td>23</td>
<td>6</td>
</tr>
<tr>
<td>Evicted</td>
<td>18</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>Not eligible for IA</td>
<td>12</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Released from treatment</td>
<td>5</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Fire/unsafe premise</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Released from Correction/Jail</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Refugee claimant</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>28</td>
<td>23</td>
<td>5</td>
</tr>
<tr>
<td>Total Responses</td>
<td>257</td>
<td>182</td>
<td>85</td>
</tr>
</tbody>
</table>

When asked “what is the immediate reason for you not having a place of your own?” 21% cited housing related reasons (can’t find accommodation, evicted, unsafe premise), 19% indicated family breakdown or violence, 14% indicated mobility, and 11% substance abuse. Table 19 lists the reasons in order of importance, which was different for the street and shelter populations and for men and women. Individuals in shelters were more likely to cite family breakdown or violence while those not in the shelters cited the lack of income as a primary reason.

Women were three times as likely as men to cite family violence, conflict or breakdown as the immediate reason for homelessness. Equal proportions of men and women (14%) - cited no income as a reason for homelessness, but a higher proportion of the street population cited no income and no eligibility for Income Assistance. Although 14% said that were visiting, moving or were stranded in the city, this was more frequently cited by men and by those in shelters rather than on the streets. Another significant proportion (14%) of indicated that they could not find
accommodation and 7% said that they were evicted, pointing to finding and maintaining housing as an important factor in preventing homelessness.

Substance abuse and release from treatment were cited as the immediate reason for homelessness by 34 individuals (15%), although that proportion was slightly higher for women (12.5% men vs. 14.5% women). Release from a correctional institution, sexual orientation and refugee status comprised a small proportion of responses but confirm that those groups are also found among the homeless and those at risk. Nearly 11% identified “other” as a reason for homelessness and this should be considered in the design of subsequent surveys.

While the homeless may continue to be a highly mobile population, mobility is not as important as other causes of homelessness. There may be a need however to have information about existing services available more widely for those who are not familiar with Halifax. During the qualitative interviews participants indicated that the police and hospitals are often their first points of contact and could play a role in providing information to those who arrive in the city. The Department of Community Services could reduce the length of time spent in a shelter by speeding up the Income Assistance process and providing information about a broader range of affordable housing options. Some per diem rates in shelters may be as high as $80-100 per night, which may be a valuable but not an inexpensive way of providing shelter for longer periods of time.

Fig. 11 Proportion of men and women on the basis of self-reported immediate reason for homelessness
Where did you stay last night?

Table 20 Place of stay the night before the Portrait

<table>
<thead>
<tr>
<th>Place of stay the night before the Portrait</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter/Transition House/Safe Home</td>
<td>212</td>
</tr>
<tr>
<td>Someone else’s place</td>
<td>13</td>
</tr>
<tr>
<td>Street/squat</td>
<td>20</td>
</tr>
<tr>
<td>Unable to determine</td>
<td>5</td>
</tr>
<tr>
<td>Car/garage/public building</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>192</td>
</tr>
</tbody>
</table>

Homelessness is identified as different stages of housing instability. A person may move from an apartment to a room, to a friend’s house, to a shelter and at times a park or a public building may be the only places to seek refuge. Sleeping in openly public places is unsafe, and hence homelessness is often invisible. When asked “where did you stay last night?, 62% cited shelter, transitional house or safe home. This is not surprising given that the majority of those surveyed were using services for the homeless on June 19th. Twenty-eight individuals cited someone else’s place and 20 cited street or squat, although not surprisingly in both instances the street population was mostly likely to couch surf or sleep rough than the sheltered population. Only three individuals said that they slept in public places on the night before the survey.

Women were twice as likely as men to cite “someone else’s place” (17.8% women vs. 10.8% men) and only slightly less likely to sleep “rough” on a street and in the squat (6.8% of women and 10.8% of men; proportionately there were 29 men and 10 women surveyed on the streets). Six of the 10 women surveyed on the streets were under 24 years of age.

Did you try accessing shelter/another shelter tonight?

Table 21a Attempt to access shelter or another shelter on the night of the survey

<table>
<thead>
<tr>
<th>Accessing shelter/another shelter tonight</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>192</td>
</tr>
<tr>
<td>No</td>
<td>163</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Shelters</td>
<td>147</td>
</tr>
<tr>
<td>Streets</td>
<td>45</td>
</tr>
</tbody>
</table>

The majority (76%) of those surveyed were accessed through shelters and transitional housing facilities. In shelters and transitional housing facilities this question was interpreted as “did you try accessing another shelter today”, which explains why the majority of responses to this question said that they did not try accessing a shelter (n=163 or 85%), and this was the same for both men and women. Two thirds of those who said that they did try to get into a shelter on the night of June 19th were surveyed on the streets.
What happened?

Table 21b Reason for accessing or not accessing shelter on the night of the survey

<table>
<thead>
<tr>
<th></th>
<th>Did not try didn't know where to go</th>
<th>Did not try don't like staying at shelters</th>
<th>Tried but shelter full</th>
<th>Tried but were not admitted</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>22</td>
<td>27</td>
<td>9</td>
<td>10</td>
<td>68</td>
</tr>
<tr>
<td>Shelters</td>
<td>21</td>
<td>11</td>
<td>5</td>
<td>5</td>
<td>42</td>
</tr>
<tr>
<td>Streets</td>
<td>1</td>
<td>16</td>
<td>4</td>
<td>5</td>
<td>26</td>
</tr>
</tbody>
</table>

|                  | 32%                                  | 40%                                       | 13%                    | 15%                        |
| Total            |                                      |                                           |                        |                            |
| Shelters        | 50%                                  | 26%                                       | 12%                    | 12%                        |
| Streets         | 4%                                   | 62%                                       | 15%                    | 19%                        |

Only half of those on the streets followed up with an explanation to what happened when trying to access a shelter. When asked about their opinion of staying in shelters, the street population cited not liking to stay at shelters as the main reason for not trying to get in, and was slightly more likely not to be admitted than those already sheltered.

Women were more likely to say that they did know where to go (32% overall, 49% for women and 15% for men) while men were more likely to say that they did not like staying in shelters (40% overall, 26% for women and 55% for men). This may be linked to the different conditions prevailing in shelters for men and women. The new Phoenix Youth Shelter may have strict admissions criteria but it is based on a new model of service delivery with shared and private rooms available. Youth who stay at Phoenix have the opportunity to access a variety of support services. Shelters for women and children also provide emergency shelter in conditions likened to a home-like environment with semi-private rooms, smaller settings (15-30 individuals), and 24 hours per day access. Meals are usually provided on site.

In contrast, the Salvation Army and Metro Turning Point, which provide shelter for single men, present dorm-like environments with as many 70 men sleeping in one dorm. Issues of different sleeping habits, safety and comfort arise. Snacks may be available, but men must leave the shelter and line up for meals at the different soup kitchens (Brunswick Street United Church for an early breakfast, Hope Cottage for lunch and dinner, other church soup kitchens on weekends). Although the facilities are well operated, they may be closed for cleaning during part of the day. While some residents of the shelter use this opportunity to search for work, those who are unable to work must seek refuge from the elements in shopping malls, libraries and other locations. The different ways in which men and women are sheltered in Halifax is not unlike what exists in other cities. The differences arise from variation in philosophies of service delivery, and more fundamentally in the way society perceives homeless men, homeless women and their place in the home environment.

The 29 individuals who tried accessing shelter may have been included among the eight reported be shelters to have been turned away on the night of June 19th, or they may have been different individuals. Regardless of the precise number, access to emergency housing may not be available to all who need it in HRM. Several issues emerge out of this question that may require further analysis and investigation: the pressure on services for women and youth, the reason for turning away individuals, providing better information about existing services, and identifying changes to improve access.
What is your health like?

Table 22 Self-reported health status

<table>
<thead>
<tr>
<th></th>
<th>Addiction</th>
<th>Mental illness</th>
<th>Medical condition</th>
<th>Other condition</th>
<th>Physical disability</th>
<th>None</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>61</td>
<td>49</td>
<td>38</td>
<td>16</td>
<td>14</td>
<td>58</td>
<td>236</td>
</tr>
<tr>
<td>Shelters</td>
<td>26%</td>
<td>21%</td>
<td>16%</td>
<td>7%</td>
<td>6%</td>
<td>25%</td>
<td>178</td>
</tr>
<tr>
<td>Streets</td>
<td>21%</td>
<td>10%</td>
<td>10%</td>
<td>19%</td>
<td>10%</td>
<td>29%</td>
<td>58</td>
</tr>
</tbody>
</table>

Shelter is a major determinant of health and it is not surprising that only 25% (n=58) of responses to this question indicated no health condition of concern, while 26% (n=61) cited addiction, 21% (n=49) indicated mental illness, 16% (n=38) indicated a medical condition, and 6% (n=14) indicated physical disability for a total of 75%. It should be noted that 31 individuals indicated multiple health needs and 10 indicated dual mental illness and addiction problems. Responses of the sheltered and the street population corresponded very closely. Medical condition was proportionately higher for women than it was for men, while for men disability, addiction and mental illness were cited more often. During the personal interviews access to dental care and consistency in mental health care providers were mentioned as causes of concern. This raises important questions about access to treatment and health services, shelter admissions policies and more holistic integration of health and housing programs as means of addressing homelessness. Given the long line-ups at emergency services, street outreach (which may provide basic services such as foot care) and clinics at the shelters may be an effective way of providing accessible health care to homeless individuals.

Fig. 12 Self-reported health conditions for all respondents
How long have you been without your own place to stay?

Table 23 Length of time currently homeless

<table>
<thead>
<tr>
<th></th>
<th>Less than 1 week</th>
<th>1 week _1 month</th>
<th>1 month _6 months</th>
<th>6 months _1 year</th>
<th>1 year or more</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>40</td>
<td>36</td>
<td>26</td>
<td>7</td>
<td>21</td>
<td>130</td>
</tr>
<tr>
<td>Shelters</td>
<td>34</td>
<td>29</td>
<td>20</td>
<td>4</td>
<td>2</td>
<td>89</td>
</tr>
<tr>
<td>Streets</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>3</td>
<td>19</td>
<td>41</td>
</tr>
</tbody>
</table>

During the survey respondents were asked how long they have been currently homeless (without their own place to stay). There was quite a wide range of distribution with respect to the period of homelessness with 31% (n=40) of all respondents being without their own place for less than a week, 28% (n=36) a month, 20% (n=26) up to six months, 21% (n=28) six months or more. Proportionately more men (25%) than women (15%) indicated to have been without their own place for more than 6 months. Those in the shelters tended to be homeless for a shorter period of time – only 7% was homeless for more than 6 months as compared to 53% of the street population.

Overall there appears to be a high proportion of individuals who have been homeless for more than six months. This may suggest that the current housing and social support system is not addressing the needs of those individuals. Future research and/or evaluation of services should investigate the different ways in which individuals move through the system and whether at some point they cease to access any services. Outreach services and a continuum of services may be the only effective way of reaching out to the chronically homeless population. The longer an individual is homeless the more difficult it is for them to return to stable living conditions therefore prevention and early intervention strategies by ways of support are essential in preventing chronic homelessness.
“I’ve been homeless…a few times ranging from a few weeks to 5 or 6 months. In Charlottetown there were no shelters. I would have to sleep on the streets. I would also sleep on the streets in Halifax sometimes. I had my own places but usually ended up in the wrong place. They were places where everyone was using, they were not clean, there was no security at all, there were rats and mice. There was death and violence and there were body bags. I was paying $300-$400 for it in rent. Sometimes I was better off living on the streets. But there was no other housing that I could afford”.

“And there were men in the shelters who were given a bed but who would still sleep down on the floor…it’s been too long for them”.

How many times have you been homeless?

Table 24 Incidence of homelessness

<table>
<thead>
<tr>
<th></th>
<th>Once</th>
<th>2 or more times</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>49</td>
<td>69</td>
<td>118</td>
</tr>
<tr>
<td>Shelters</td>
<td>42%</td>
<td>58%</td>
<td>58%</td>
</tr>
<tr>
<td>Streets</td>
<td>7</td>
<td>27</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>21%</td>
<td>79%</td>
<td></td>
</tr>
</tbody>
</table>

The incidence of homelessness may happen only once in a person’s life and over a short period of time, it may occur periodically for short periods of time. For a small minority it may become a chronic or “normal” way of living.

When asked how many times over the course of their lifetime a person was homeless, nearly 60% of those who responded to this question indicated that they have been homeless more than once. This was similar for men and women (61% of men and 55% of women have experienced homelessness twice or more). There are however striking differences between the sheltered and the street population. Exactly half of the responses received from the shelters indicated that this was not their first time being homeless as compared to 79% of the street responses. It appears that there is a higher incidence of chronic homelessness among the street population, who do not access existing services, or whose needs are not met by existing services and existing housing options.

How many times I’ve been homeless? In total 6-8 times without a place. All between 2-3 months to 2 years apart. Last time, two years ago in the fall it was for 8 weeks, 4 of which I spent living in the woods...out in Sackville. Lost a lot of hope...lost 20 pounds too! Some people would look down on that, on people who are homeless, but they couldn’t do what many of us have to do. That was 2 years ago in the fall.
In their own words

This section summarizes some of the major themes that emerged from conducting interviews with individuals at drop-in centres and some of the food programs. This was a relatively small yet important component of the study because it provides personal reflections, opinions and ideas of those living “homelessness” in Halifax.

1. Why did you become homeless?

When individuals are asked to reflect on the main reasons that caused them to become homeless, simple answers are rare. In most cases entire life stories emerge in a train of events and decisions, seemingly unrelated yet significant. Family problems, frequent moves, previous foster care, immigration, divorce or family breakup were often cited as a source of many problems even later in life. An individual with background in foster care but who was able to secure a career in the military for a number of years noted:

I had a good job that took me all over but I never learned very many life skills. My rent was always deducted off the paycheque!

For this individual budgeting would not have been an insurmountable challenge if it wasn’t for family breakdown that resulted depression, loneliness, addictions and estrangement from other family members. Family breakdown or violence are often cited as the most important reasons for homelessness among women but the men interviewed spoke at length about the impact that family breakdown and the loss of children had on their lives:

Soon after my marriage broke down, I could not see my boy, which made it real bad. I got into a deep depression, started drinking a bit, did not care anymore and there was no family to turn to. I was devastated.

Other triggers may include a sudden illness, a car accident, a death in a family, or a simple conflict between close members of family:

Suddenly my sister stopped talking to me and told me I couldn’t stay with her anymore. It was hard. I started drinking a lot more in bars, I started working a lot more and would sleep whenever….at the studio, outside on a grass. I did not care. We eventually made up but it was hard.

A poor start in life can lead to low education, low-income jobs, and intermittent employment. Youth and single parents under 19 years old, those who were fired or left employment voluntarily, immigrants, refugees, asylum seekers, and those who are not actively seeking employment (including full time or part time students) may not be eligible for Income Assistance or face stricter eligibility criteria. Some of those policies may be justified, but in emergency situations they can leave individuals with few options. Lack of eligibility for income assistance may not only limit a person’s housing choices, but also the ability to access emergency shelter because some beds are billed on a per diem basis and must be approved by the Department of Community Services.

Even in cases where someone is working or receiving Income Assistance, the low wages and low levels of support increase the risk of homelessness because those on very low incomes cannot plan for unexpected expenses, increases in rent etc. When conflict with roommates, family or personal problems make it necessary to move, housing choices may be very limited, particularly when
moving costs and start-up costs are added. These costs are not usually covered by Community Services. As expressed by one of those interviewed:

*What would help me right now? Work at decent wages...$400 a month is not enough! Start up money, housing. Minimum wage or IA will only put me in a crack house. I would need at least $10-$13 per hour to live on.*

Poverty as well as the lack of opportunities in rural areas and other parts of Atlantic Canada cause many to leave home, to leave their network of support. A young, ambitious man from Newfoundland came to Halifax to start a new life but found himself homeless for several months:

*I decided to leave the town because there is nothing to look forward to there but a [coffee shop] job for the rest of your life. The lumber industry will be there for a short period of time but even that will not last. At Sally Ann you have to pay. I could not believe that. They would not take me in. They are my church and they would not allow me to stay there for one night. It makes me mad. There is no reason we have to be homeless in this country. I can’t get a job, can’t get assistance, I can’t get in a shelter. I don’t get how the system works. I am not interested in drugs. I am passing out resumes all the time. I am looking daily.*

In many cases individuals cited a cycle of poverty, addictions, depression and loneliness that kept them on the streets for months and years at a time:

*Everything was caused by drugs and alcohol, and by putting money in the wrong places. I could not find the help and support I needed.*

Overcoming addiction is more than a matter of will. It is a matter of long terms support and healing. Without the support of family and friends, a positive and stable living environment, and appropriate medical help those trying to overcome addictions and mental illness may find themselves fighting a losing battle, a battle that only become more difficult with each recurrent setback:

*I know I still have some mental health issues, depression but I refuse to get help. I tried in the past but I felt like a guinea pig for students! I could never get a stable doctor that would stay and help me work through the issues. I can make you cry here but the way I am telling you things now I don’t even feel them. But if I open up, and I did once, I really open up. I don’t want to be told “time’s up”!*

Housing is not a home as our informants stressed over and over again and supportive living environments, perhaps with a small social area may make a difference between someone staying sheltered or going back to the streets:

*What isolation does to me is it makes me very sick. And when I find myself in my own place there, and I see that I have no choice, if I want to stay away from the riffraff out there—what’s going on in other apartments in my building, crack-heads running back and forth—I stay in my apartment and isolate. Eventually I’m going to get into it too, to get out of that isolation, and here I am, sick all over again. In a deep kettle of fish. ... Gone back into the drugs again, and rent not paid. I find myself back out on the street again, and it’s because of where I was at. Cause I know I’m an addict, and I know my addiction is progressive. But I also know that I have a lot of recovery time in me, and I also know that recovery is progressive too. To me, it matters where I am.*
Recent immigrants, refugees and asylum claimants arrive in Halifax to escape harsh political situations and to seek better opportunities for themselves and their families. Halifax may be a refuge from war, from persecution and uncertain economic future for some, but it can also be a harsh place for someone arriving with little money, no connections, with little knowledge of the language and of the city. The length and uncertainty of the asylum process causes an incredible degree of stress. Support services of refugee claimants are virtually non-existent in HRM.

When the immigration status is cleared, challenges remain. The lack of opportunities leaves many disillusioned and at a brink of homelessness:

Your country is great but I need work...I came here to work not to beg.

Why accept us if you aren’t going to help us find job opportunities. Does Canada really need skilled people? Then why are we put on a shelf?

I came here to be safe and to serve society. The system looks nice from the outside, but once you get here there is this problem of qualification. I was a university teacher in my country – what am I now? Now I am nothing. Where is my position, my qualification, my background, my years of training? I have talent but you are making me a cleaner.

The lack of choice with respect to housing for persons on Income Assistance or on low wages results in the lack of housing security, living in a violent environment and poor living conditions. Tenants see themselves as being “disposable” and abused by slum landlords:

I live in a basement suite. I’ve been there for 7 weeks and I tell you it is enough!! I had one inch of water in the kitchen last night and it is always damp. There are holes in the doors. But if you don’t have much money, what choice do you have? One thing that hurts me very much is the 2 weeks security deposit that landlords require that’s not covered by welfare.

I came here from Bosnia to be safe. But I didn’t like the apartment that we got. Every night neighbours drinking, broken things, no heat. I scared for my children. Landlord owns many buildings and don’t turn heat on. He tell me” turn stove on and close window”.

And eventually it doesn’t seem like your own home anymore... and that’s what the apartment building is about. You find this with... it’s the type of people they get in, they don’t respect other people. That’s one reason. And drugs, what they’re into. Whether it’s prostitution, drugs.

In many instances the security deposits are not returned and tenants have little recourse when a landlord refuses to carry out the necessary repairs. When a building is condemned it is also the tenants who pay the cost of eviction, moving, new security deposits, adopting to new roommates, new neighbours, longer commuting distance.
2. **Life without a home**

What does a “typical” day of a homeless person look like? In fact there may be very little that is “typical”. Being a homeless woman in Halifax may mean staying for 4 or 5 months in a shelter due to lack of affordable housing. It may mean getting turned away from help when it is needed the most. Being a homeless man in Halifax involves getting up early (usually before 6:00 am), it involves a lot of walking, a lot of searching (for jobs, for housing), a lot of standing in line-ups (for Income Assistance, to get into a shelter, to get a hot meal, to get bus tickets), sleeping in parks, in ATMs, in shelter dorms, in squatted buildings. In the words of a man who has recently moved from a shelter into his own place in a rooming house:

*Well, people who don't have the means you know have to walk and that's I guess what I do. I've walked every morning to Dartmouth for the past 10 days. Rain or shine. I'm going because I have to. Hoping for work. Since I came back this is the first day I got work. And it paid off.*

Transportation is clearly an issue for those trying to find housing or employment on fixed, limited or no income. The cost, the coverage and the frequency of public transit are critical considerations.

Risks associated with living in shelters or on the streets were inevitably mentioned. This included being hassled by strangers, being beaten, having one’s belongings stolen, not having a place to go during the day or on the weekends, being asked to leave a shopping mall on a rainy day, being ticketed for sleeping or panhandling in public places:

*You feel like an outcast already and then you get approached by junkies, you get approached for sexual favours. Or people stare you down. I try to keep myself in good shape, healthy, clean. Try to get to the good food. But got sick from being in the cold a lot. Once picked up some rash – did not know what it was.*

*I was sleeping under a bridge one night and I got $200 worth of tickets. I even got fined for not having a license for my dog.*

*Once was really, rally cold and it was raining and I hung out with some people at this ATM on Barrington Street. There were some homeless girls with us. Then some jocks got in, insulted the girls. Bunch of jocks picking on homeless girls!*  

Homelessness among refugees was identified as a problem and linked to the lack of services. Apart from the Halifax Refugee Clinic (which provides legal assistance to prepare claimants for their Refugee Board hearing), there are no services for refugees. The Metro Immigrant Settlement Association can provide refugees and asylum seekers with information but no other settlement assistance.

*Housing is a big problem. Refugees need an agency to help with problems – housing, language, even identification. That would really lessen stress.*

Even when housing is found resources are minimal and indulgences few and far in between as recounted by this elderly man:

*I wake up at six am or earlier and go to have breakfast at Brunswick Church. I don't usually eat dinner. I may have a bowl of cereal. I don't need to eat that much at this*
Yet more than anything, isolation, and the fear of it, came up in many conversations. In some cases moving out of a shelter also means leaving behind a support system, a loose network of friends and acquaintances.

3. Services

While we heard many positive things about the services offered and the kindness and dedication of staff in the shelters, some commented on the lack of integration between the services offered and the lack of clear information about essentials such as Income Assistance and affordable housing. When asked about the ease of accessing services and satisfaction with them some individuals, particularly newcomers to the city, said that at first it is not easy to find services. Once inside the shelter system most respondents were happy and grateful for the level of support they received, although younger respondents expressed discomfort about having to stay in shelters with older individuals when access to the youth shelter is limited. Special services for youth were very well received. The only issue was the lack and difficulty in finding affordable housing. In the words of a man who came to Halifax to avoid addictions:

> When I got into Halifax, I was only interested in finding a place to live. One of the first things I did was I went to Community Services to get IA sorted out. I was told it would take 2 months and there was nothing they could do. They sent me to Metro Turning Point and there was no other referral. It took me 2 or 3 weeks before someone told me about Metro Non Profit. If I knew about it sooner, it would have made a big difference. This way I had live at the shelter for about 2 weeks, which is a very long time. If you are living on a street or in a shelter every day is like a week. As an addict or an alcoholic, if you are forced to wait you will very likely get back to using. Drugs and alcohol are the only thing that help you battle loneliness. That’s how you survive.

Housing and support services can play a tremendous role in assisting individuals overcome their addictions and maintain housing. A continuum of supports, from a harm reduction facility and emergency service, to supported housing and eventually independent housing generally works well. The same expectations of “success” cannot be placed on every individual. A home environment and a non-judgmental approach to everything from mental illness, addictions, and behavioural problems are increasingly being implemented.

4. What is the difference between housing and having a Home?

As mentioned above for some individuals, particularly those cycling between the street, shelters, rooming houses, family and friends a roof over their head is not a home. But those who agreed to speak to us had a very good idea of what a home is:

> Housing is a place where you just live. Home is something that you own, that you can change, improve, design and renovate. That’s home.
Home – your own little space. I’ve never had my own little home except in Mexico. Even a portable track camper would be good.

I’ve had housing many times I’ve never felt safe and secure. Having a home is being safe and secure. Housing is temporary. Home is permanent. When I come here [to the support centre] it’s like family, not a landlord. I’m here and I’m happy. I’ve had lots of housing where I wasn’t happy.

Privacy is important. A good environment around you is important. And someone that will not leave things go, that would fix something that is broken. And will ask you once in a while if there’s any problems you have, or anything like that. See if everything’s ok. Somebody who’s concerned.

There is no difference. It’s what you make of it. The earth is my home, home is where I live. A small place is all I want – there is no need to spend time in a big, boring home. Anything at all – a roof over my head. As long as it’s dry. A little bachelor – even if I had to share it with others. A small bathroom to keep clean. I am really flexible!

One day I just want to have a beautiful, old house. And I just want to let people live in it. That’s all I want.
Summary of findings

What Causes Homelessness

Homelessness is the result of complex personal circumstances and social conditions. The key causes of homelessness include:

- Low Income or no source of income
- Income levels and shelter allowances that do no reflect housing costs
- Shortage of affordable and social housing
- Lack of continuum of support services
- Social status and barriers to employment opportunities
- Recent immigration and refugee status
- Family violence and breakdown, alienation from social networks, isolation
- Severe mental health illness, additions, disability
- De-institutionalization and discharge policies from foster care, mental health institutions and correction facilities
- Changes in social policy
  - Collapse of funding for affordable housing in 1993
  - Change from Canada Assistance to Canada Health and Social Transfer in 1995 and the resultant cutbacks to income assistance rates, change in eligibility criteria for Employment Assistance, freezing or cutbacks to community-based social support systems.

Portrait of Populations at Risk of Homelessness in HRM

When a household pays more than 30% of gross income on shelter other essential needs may not be satisfied, quality of life may begin to be affected, and unexpected expenses may compromise housing stability. Households that pay more than 50% of their income on shelter are considered to be economically at risk of losing shelter.

- In the year 2000 there were 16,595 households in HRM (12%) that paid more than half of their income on shelter. This represents 44% of households at risk in the province of Nova Scotia and nearly 31,000 individuals (8%) living in those households.

- Low income is a significant factor in determining housing affordability problems and homelessness. For example, in the city of Calgary the majority of the homeless are employed men. Out of the 35,500 households in HRM that pay more than 30% of their income on shelter 9,400 have earnings of less than $10,000 a year, and 14,700 households had earnings of less than $20,000 per year (Statistics Canada, 2001c).

- Tenure is a factor when considering the risk of homelessness - 73% of households that spend more than half of their income on shelter in HRM are renters and 27% are owners. Nationally HRM has one of the highest proportions of renter households spending more than 30% of their incomes on shelter - 44% (Statistics Canada, 2001c).

- Renter households have lower levels of wealth and income levels than owners and this income gap has been progressively growing: the income gap was only 20% in the 1960s and it is more than 200% in 1999. Homeowners’ wealth increased from being 29 times that of renters in 1984
to being 70 times that of renters in 1999 (University of Toronto Centre for Urban Community Studies, 2001). The wealth and income levels of owner households drive up housing prices, and in the absence of adequate housing, social service and income assistance programs renter households may find it increasingly difficult to find suitable private market accommodation.

- Between August 2002 and July 2003 there were 2,895 registered eviction orders in Nova Scotia, 920 of those in HRM and 793 in Halifax Metro. Many of the Metro eviction were concentrated in several neighbourhoods and 95% of evictions were for unpaid rent (Service Nova Scotia and Municipal Relations database, 2003). This may indicate a severe affordability problem, but some evictions for unpaid rent may also be caused by landlord-tenant disputes. Tenants that withhold rent without due process provide grounds for eviction after 30 days.

- There are approximately 11,600 active cases on Income Assistance (IA) recipients in HRM administered by the Department of Community Services. The majority of those households are renters in the private market and only 10% live in public housing (Nova Scotia Department of Community Services database, 2003).

- Shelter amounts for Income Assistance recipients do not reflect housing costs in HRM. A basic shelter allowance for a single, able-bodied individual is $235 per month with an additional $180 provided for all other expenses (Nova Scotia Department of Community Services, 2003). Although under special circumstances shelter allowance may reach $550 per month for a single individual, housing at this price level is not abundant in the Metro area. Average rent for a bachelor apartment in HRM is $600 (CMHC Affordability Criteria, 2003) per month and a room in a rooming house may cost as much as $400 per month.

- Income Assistance rates in Nova Scotia have been declining when compared to the Statistics Canada Low Income Measure (LIM). The rate for single individuals changed from being 62% of LIM in 1991 (after tax) to 37% of LIM in 2000 (FCM, 2003).

- Single individuals (non-family households) account for 58% of all those paying more than half of their income on shelter and 42% are families (FCM, 2003).

- Over 3,140 lone parent families in HRM may be considered to be at-risk. Most of them are renters, and most are headed by women (FCM, 2003).

- In Nova Scotia 38,000 children (19.2%) live below the low-income cutoff level (i.e., in families where incomes are sufficiently low to create serious difficulties). The prevalence of poverty among Nova Scotia children living with lone parent mothers is 53.9% compared to 12.8% for children living in two-parent families (Raven and Lesley, 2003).

- Thirty nine per cent (39%) of households that pay more than 50% of their gross income on shelter are headed by individuals under the age of 34 while 12% are headed by individuals 65 years of age or older (Census, 2001).

- In HRM, 7% of the population can be considered Visible Minority, 7% Immigrant, 0.5% has non-permanent resident status and 1% is Aboriginal. However, 16% of those paying more than 50% of their income on shelter in HRM live in Visible Minority households (as defined by the status of household maintainer), 10% in Immigrant households and 2% in Aboriginal households. Therefore, individuals living in Visible Minority households are 2.3 times more at risk of being unstably housed than the general population, members of Aboriginal households 2 times, and Immigrants (including landed immigrants) 1.25 times.
Within the various minority populations 18% of Aboriginal people in HRM, 19% of Visible Minorities, 22% of non-official language speakers and 30% of recent immigrants pay more than 50% of their income on rent. This is much higher than the 9% average for the rest of the population.

Severe mental health, addictions and multiple needs, behavioural problems, and deinstitutionalization also contribute to the risk of homelessness. One out of every 10 Canadians aged 15 and over, about 2.6 million people (83,000 in Nova Scotia and approximately 33,000 in HRM), report symptoms consistent with alcohol or illicit drug dependence, or a mental disorder but only 32% accessed mental health services (Statistics Canada Canadian Community Health Survey, 2003). Access to mental health services and addictions program is critical in the Metro area.

There is a number of individuals who “fall through the cracks” of the current service system, who require a continuum of care to achieve housing stability. Metro Turning Point (shelter for homeless men) operated a temporary wet shelter (where intoxication was tolerated) on a trial basis from November 1, 2002 to April 30, 2002. During that period 32 people had used the service. The majority of users had dual mental health and addiction problems (MTP HFIS records, 2003).

According to HRM Police data in 2002, 453 arrests were made for public intoxication among persons who claimed to have no fixed address and in 2003 the number increased to 518 (14% increase). Many individuals were repeatedly arrested – on average 4.2 times per person in 2002 and 3.6 times in 2003 (some were arrested as many as 10 or more times over a course of a month). In 2002 there were 109 different individuals arrested and in 2003 there were 146 (34% increase). More than 75% of those arrested were 30 years of age or older.

HRM pays approximately $235 in staff time alone for each arrest for public intoxication, which translated into $106,455 in 2002 and $121,730 in 2003. While we cannot verify that all of those individuals arrested were homeless (public intoxication is not a criminal offence and does not require the police to verify a person’s address), the high number of repeatedly arrested individuals may support the expansion of a broader range of addiction and harm reduction programs given there are only 15 detox spots in the Metro area and 40 long term recovery spots.

Hidden homeless (those who may be staying with family and friends for extended periods of time due to lack of income or lack of housing) is difficult to measure but in a random survey of 400 respondents in Metro Halifax 7% (n=26) said that they had someone staying with them “who was not a usual member of the household but who was staying with them due to severe financial problems, eviction, discrimination, recent immigration, domestic or other problems”. Five of the 26 respondents said that they had two people staying with them under those conditions, which means that 31 relatively homeless individuals were uncovered in a sample of 400 households. In 20 of those cases the person stayed for more than one month (Corporate Research Survey Second Quarter Metro Quarterly Report, 2003).

In the same survey forty nine per cent (49%) of respondents said that in their opinion homelessness was on the rise in HRM. Eighty-nine per cent (89%) said that housing costs increased in the last five years in HRM, and seventy per cent (70%) of the respondents would support increased government spending to ensure that housing in HRM is more affordable even if it meant transferring funds from other areas of government spending (Corporate Research Survey Second Quarter Metro Quarterly Report, 2003).


Portrait of the Absolutely Homeless in HRM

A snapshot direct survey of homelessness facilitated by HRM on the night of June 19th, 2003 reached 234 homeless individuals in the Metro area:

➢ One hundred and ninety five (195) were reached through service agencies and 39 on the streets. Eighteen (18) of those surveyed indicated that they had one or more children under their care, a total of 35. This means that at a minimum 269 persons were homeless on the night of June 19th, although this does NOT represent the total number of absolutely homeless persons in Metro Halifax.

➢ The agencies reported not being able to serve forty two individuals on June 19th (5 women and three youth turned away on the night of June 19th, 23 women and 11 children on a waiting list at transitional housing facilities).

➢ The City of Calgary, using a similar methodology surveyed 1,737 homeless individuals in May 2002. Calgary had 2 homeless persons per 1,000 residents while Halifax had 1 homeless individual per 1,000 of its population. Apart from differences in city size the two cities vary in the number of available shelter beds (which may influence results): Calgary has over 1,600 shelter beds while Halifax has less than 200. Given that homelessness is a symptom of various social factors, including variation in housing cost and the extent of social support services, there is no formula to determine the optimum number of shelter beds that should be provided in an urban centre the size of Halifax. However, the snapshot survey (conducted in the summer when shelter tend to be less busy) indicates that the current number of shelter beds is not sufficient. Services for women, families and for youth are particularly strained.

➢ One hundred and fifty seven (67%) of those surveyed were men and 77 (33%) were women. The split in gender is similar to that reported by the 2001 Canada Census of Collective Dwellings in Halifax (68% male and 32% women). When the street and shelter population are compared, the proportion of men is noticeably higher on the streets (81%) than in the shelters (63%). Women comprised 19% of the street population.

➢ Children and youth under 18 (accompanied by an adult) comprised 15% of the surveyed population, and 25% if independent youth under 18 are added. Forty one per cent of all those surveyed (including children) were under 24 years of age, and five per cent were those over 65 years of age.

➢ The majority of respondents were single, with only 11% indicating to be in a relationship, be it marriage or common law. When those with dependent children are included then families (couples or adults with children) would account for 20% of the total number of respondents.

➢ A significant proportion of respondents (38%, n=82) said that they were not from Halifax, but a majority (62%, n=132) indicated that they were originally from Halifax.

➢ Overall less than 7% of the population in Halifax can be described as “visible minority” with approximately 4% being Black, 2% being Asian and South-East Asian and less than 1% being Aboriginal/First Nation. In this survey all of the visible minority groups are over-represented with 14% being of Aboriginal/First Nation (of the 26 Aboriginal/First Nation respondents 20 were women), 9% being Black and 7% Asian.
Halifax Portrait of Streets and Shelters

- There were marked differences in age among men and women. A higher proportion of men were under 24 years of age (34% versus 24% for women) and between 45 and 64 (25% vs. 9% for women). The majority of women (61%) were in the 25-44 year old category as opposed to 35% of all men. This may indicate that life cycle risks resulting in homelessness are different for men and women.

- A significant proportion of respondents received some form of government assistance (23% or n=50 received Income Assistance; 18% or n=40 for Disability), and 7% (n=15) indicated pension as their source of income. Twelve per cent (n=27) were either working or had recent work history because they were receiving Employment Insurance. However, 51 (23%) said that they had no income and did not qualify for Income Assistance and 11 said that they were binning and panhandling to support themselves. Men and those surveys on the streets were more likely no cite no income and no eligibility for Income Assistance.

- Housing (including eviction and unsafe premises) was cited as the leading immediate cause for homelessness followed by family breakdown and violence and lack of income. There were differences between men and women and between the street and shelter population. The leading cause of homelessness among women was family breakdown or violence (32% vs. 11% for men) and for men it was lack of income. The street population was more likely to cite lack of income and release from treatment than the shelter population as the leading cause of homelessness.

- Shelter is a major determinant of health and it is not surprising that only 25% (n=58) of responses to this question indicated no health condition of concern, while 26% (n=61) cited addiction, 21% (n=49) indicated mental illness, 16% (n=38) indicated a medical condition, and 6% (n=14) indicated physical disability.

- Thirty-one individuals indicated multiple health needs and 10 indicated dual mental illness and addiction problems.

- There was a wide range of distribution with respect to the length of current homelessness experience, with 31% (n=40) of all respondents being without their own place for less a week, 28% (n=36) a month, 20% (n=26) six months, 21% (n=28) six months or more. Proportionately more men (25%) than women (15%) indicated to have been without their own place for more than 6 months. Those in the shelters tended to be homeless for a shorter period of time – only 7% were homeless for more than 6 months as compared to 53% of the street population. This signals the incidence of chronic homelessness in HRM.

- Nearly 60% of responses indicated multiple incidences of homelessness and this was similar for men and women (61% of men and 55% of women have experienced homelessness twice or more). There were differences between the sheltered and the street population. Exactly half of the responses obtained from the shelters indicated that this was not their first time being homeless as compared to 79% of the street responses.
“Homelessness in HRM is unacceptable”; all sectors have a role to play

Community
Any solution to the problem of homelessness must include community-wide responses. Numerous churches, community-based organizations and individuals have a long-term track record in providing essential services such as food banks, soup kitchens, drop in centres and outreach services. The many HRM communities can:

➢ Work to increase public awareness of housing, poverty and homelessness issues;
➢ Support local, community based organizations servicing and advocating on behalf of those less fortunate;
➢ Advocate and support mixed-income neighbourhoods with diverse forms of housing.

Service Agencies
There are over 20 organizations serving homeless individuals, and several non-profit agencies that provide supportive housing to the previously homeless and at-risk population. These organizations provide critical services to the community, services that in their absence would have had to be taken over by the public sector. Community agencies can:

➢ Explore ways in which services can be better coordinated and integrated, including outreach, referral and housing assistance;
➢ Regularly involve tenants and clients in program development, delivery and evaluation;
➢ Increase capacity to develop partnerships to increase the supply of affordable and supported housing;
➢ Develop community economic development and self-help initiatives;
➢ Advocate on behalf of their clients and to address gaps in social services and housing
➢ Work to increase public awareness on issues related to housing, poverty and homelessness;
➢ Enhance and coordinate collection of information on service provision outcomes and user needs to document effectiveness of programs and changing needs.

Private Sector
The private sector cannot be expected to provide housing that is affordable to those on fixed or limited income, but its capacity and expertise in developing housing projects and developing economic opportunities are critical to developing solutions to homelessness and affordable housing. The private sector can:

➢ Enter into partnerships with public and non-profit agencies to construct and maintain affordable housing units, including projects that demonstrate innovative and attractive design projects;
➢ Use expertise to advise non-profit and community based agencies on developing affordable housing projects;
➢ Promote innovative design and sustainable building techniques that improve the affordability of both capital and operating costs of housing projects;
➢ Invest in declining neighbourhoods and develop economic opportunities;
➢ Evaluate hiring practices, particularly in relation to ethnic and racial minorities, and recent immigrants;
➢ Locally and nationally advocate for greater senior government involvement in housing and homelessness programs.
Federal Government

Today Canada’s housing system is the most market driven system in all of the western nations (Hulchanki, 2003) and while most of the population is served well by the private sector, households on low incomes are finding it increasingly difficult to have their housing needs met.

The withdrawal of the federal government from the housing sector contributed to a growing crisis in affordable housing. Programs such as the Supporting Community Partnerships Initiative (SCPI) and the National Affordable Housing Agreements signal recognition that there is a role for federal government involvement in the housing system but these periodic programs cannot be seen as an effective housing strategy. The federal government can:

- Develop a National Housing Policy that recognizes everyone’s right to shelter;
- Provide stable capital and operating assistance for the construction and maintenance of affordable and supported housing units;
- Support the development of a “continuum of care model” for homeless individuals by requiring a coordination of programs and services related to housing, health, disability and employment assistance delivered by governmental and non-governmental agencies.
- Accept responsibility for funding programs for urban Aboriginal people, immigrants and refugees to reduce the incidence of homelessness among those populations;
- In disposing of surplus federal land and buildings give priority to affordable housing projects.

Provincial Government

The provincial government in Nova Scotia is responsible for the provision of social assistance, health services, social and supported housing. The provincial government also plays a role in the housing system, as a landowner and as the source of legislation governing land use and municipal affairs. The provincial government can:

- Swiftly implement the Federal-Provincial Affordable Housing Agreement;
- Provide leadership in developing a “continuum of care” model for homeless individuals by requiring a coordination of programs and services related to housing, health, disability and employment assistance delivered by governmental and non-governmental agencies.
- Invest in a harm reduction facility (“shelter of last resort”) for those who are not accessing current emergency services due to their addictions, mental health illnesses and other behavioural problems. This facility should provide an environment that supports individuals with multiple needs and provide a link to community services and more permanent housing options.
- Provide a better coordination of support services aimed at keeping people housed for those discharged from foster care, mental health institutions, emergency services, and correction facilities to prevent the incidence of homelessness.
- Institute a “zero discharge” policy from emergency and correction services unless housing arrangements have been made;
- Review Income Assistance rates based on housing costs in HRM;
- Implement standard information collection and retrieval system in emergency shelters to increase understanding of long-term trends in homelessness while respecting the confidentiality of those accessing the services;
- Centralize waiting lists for social housing and other housing programs;
Increase partnerships with the federal and municipal governments, private sector and community-based organizations to increase the supply of affordable and supportive housing;

In disposing of surplus provincial land and buildings give priority to affordable housing projects.

**Municipal Government**

The Halifax Regional Municipality (HRM) does not have jurisdiction over social services and social housing, and yet affordable housing and reduction of poverty are important to the social, cultural and economic development of the regional municipality. As the largest municipality in Nova Scotia HRM can play a leadership role in coordinating information resources and advocating for directing a greater share of federal and provincial resources for the development of affordable and social housing.

Currently HRM has 40% of Nova Scotia population, 44% of households paying more than half of their income on shelter but receives only 23% of provincial housing program spending and has only 30% of provincial social housing units. HRM can:

- Locally and nationally advocate for greater senior government involvement in housing and homelessness programs;
- Appoint an internal multi-disciplinary Housing Team to oversee the development of a municipal housing strategy. This may include regulatory, financial and land use tools to encourage the creation of diverse and affordable forms of housing, and criteria for partnering with senior levels of government;
- Review land use and associated policies and regulations in an effort to create conditions conducive to the development of appropriately located, diverse and affordable forms of housing;
- Develop partnerships with the federal and provincial governments, private sector and community organizations to develop innovative means of increasing the supply of affordable housing in the region;
- Monitor housing trends and provincial government program spending on housing and social services;
- Include housing and homelessness indicators in the HRM Corporate Score Card;
- Disseminate, develop, and encourage innovation in the design of affordable housing projects to increase their desirability in all areas of the region;
- Increase public awareness and understanding of affordable housing and homelessness in HRM to reduce stigma and discrimination;
- Strengthen relations and provide support to community based organizations in their efforts to develop and maintain emergency, transitional, supportive and affordable housing;
- Regularly inspect lodging houses and enforce minimum residential standards by-law while working with landlords to avoid displacement of tenants;
- Improve relations and understanding between the business community, the police, homeless individuals and agencies that serve them;
- Develop affordable housing and density targets to realize housing and transportation goals in the context of regional planning.
Citizens of HRM support public spending on affordable housing

In a recent public opinion survey 89% of respondents in HRM said that housing costs in HRM have been on the rise for the past five years. The majority also said that affordable housing is primarily the responsibility of the public sector - provincial, federal and then municipal. Seventy per cent of respondents said that they would support increased government spending to ensure that housing in HRM is more affordable, even if it means transferring funds from other areas of government spending (Corporate Research, 2003). This reflects the values expressed in the HRM Vision 2020 and is a clear call to action.

The Cost of Doing Nothing

The cost of doing nothing to address homelessness and affordable housing needs are easy to foresee from the experience of other North American cities…

➢ Continued shortage of affordable housing,
➢ More households struggling to maintain shelter,
➢ More families forced to move to more affordable yet less convenient neighbourhoods,
➢ Continued polarization between the high and low income groups,
➢ More individuals forced to move in with family and friends,
➢ More children and youth growing up in poverty,
➢ Increased pressure on emergency services,
➢ Longer line-ups at food banks,
➢ Increased numbers of individuals forced to panhandle or commit petty crimes to support themselves,
➢ A growing segment of the population who are not able to contribute and participate in the growth of HRM.

If compared to metropolitan areas such as Toronto and Vancouver homelessness in HRM is still relatively modest, but it is serious enough to cause grave concern. We cannot blame all homelessness on bad personal decisions, just as we cannot explain it all by social and systemic factors. There are compelling indicators that show us that our social support system is failing. When a family breakdown or a loss of a job results in chronic depression, homelessness and isolation, society as a whole loses. Homelessness represents a tremendous waste of social capital. As a municipality we can take the position that all of our citizens are valued and that all can be sheltered.
Conclusion

The goal of the Portrait of Streets and Shelters was to describe the characteristics of the absolutely homeless individuals, and of those who may be economically at risk of experiencing housing instability. Other elements of risk must also be taken into account.

It was not our intention to conduct a review of services and programs available to the homeless, but our survey and related work over the past year brought forward key issues that link homelessness to poverty, family violence, lack of affordable housing, and lack of adequate support services for the homeless and vulnerable individuals.

The Portrait survey confirmed what service providers may have already known: a troubling incidence of repeated and lengthy occurrences of homelessness, vulnerability of those on fixed income, youth, women, Aboriginal Canadians, African Nova Scotians and other visible minorities, recent immigrants, refugee claimants and those with multiple health needs and addictions. There is also a clear distinction between men and women, those who access shelter services and those who do not.

On the night of June 19, 2003 we reached 254 individuals and 35 children. We note that volunteers conducting the survey were instructed not to “seek out” individuals and that heavy showers may have affected the visibility of homeless individuals. Using a 50% margin of error we estimate that there may be approximately 550 absolutely homeless individuals in Halifax Metro area at any given time. Forty-two (42) individuals were not admitted by the surveyed agencies on the night of June 19th due to lack of space. There are less than 200 emergency and transitional beds in Halifax therefore significantly fewer than the number of people in need.

Our survey indicates that funding arrangements, admissions criteria, organizational mandate, awareness of available services, and personal circumstances of homeless individuals may act as barriers to accessing shelter.

Housing affordability, poverty, family violence, mental illness and addictions are the underlying reasons for homelessness. While we recognize the limitations placed on provincial and federal budgets we also call for a review of Income Assistance rates in HRM, for a swift implementation of the Federal – Provincial Affordable Housing Framework, and for a renewed commitment to both immediate and long-term housing and health programs for the most vulnerable populations.

We need a new and dynamic approach to addressing homelessness in HRM. The issues are complex, but the importance of improving the diversity and affordability of our housing stock cannot be underestimated. The problem of homelessness is serious, but at this point at a scale that can be addressed through the development of more affordable housing, higher incomes, better tenant protection, prevention of family violence, an integrated approach of care for those with mental health and addiction health problems. This will require a better cooperation between all levels of government in the spheres of Income Assistance, Housing and Health.

The municipal government can act as a catalyst and as a leader in mobilizing public, private and community resources towards a well-coordinated and effective strategy that aims at ensuring that all of our citizens are housed.
References


Appendices
## Appendix 1

### Summary of limitations associated with homeless enumeration methodologies

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over time or “longitudinal” surveys</td>
<td>Longitudinal survey can provide a more complete picture of homelessness but are heavily reliant on the existence and quality of administrative databases. Issues of confidentiality have to be addressed and resolved. Currently in Canada only the City of Toronto can structure ten years of data on the changing patterns of shelter users using its administrative databases.</td>
</tr>
<tr>
<td>Direct, “snapshot” surveys</td>
<td>Directs counts or surveys are based on the use of services and/or street counts of the absolutely homeless population. They provide opportunity for direct observation or interaction with the homeless population. Information may be collected based on pure observation or participant self-identification. Direct surveys may provide opportunities for collecting additional information and for accessing population that sleeps “rough” and does not use services for the homeless.</td>
</tr>
<tr>
<td></td>
<td>Depending on the methodology direct surveys usually account for 50-60% of the street population, they usually have limited success in uncovering the hidden homeless (unless random household surveys are employed), and are dependent on the level of services available in a given community, enumerators following survey procedures, geographical areas covered etc.</td>
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<td></td>
<td>Snapshot surveys are relatively easy to conduct but can obscure seasonal variations, the total number of people that experience homelessness and use services, the amount of time persons are without shelter etc. The logistics of the “snapshot” may be complicated depending on the number of agencies included, time frame, geographic scope etc.</td>
</tr>
<tr>
<td></td>
<td>If the same procedures are repeated seasonally or annually direct surveys can provide some measure of how the homeless population is changing.</td>
</tr>
<tr>
<td>Extrapolations</td>
<td>Extrapolations are based on ratios of the homeless population to the total population and may be adjusted to the size of a community. They usually provide very rough national or regional estimates.</td>
</tr>
<tr>
<td>Social indicators</td>
<td>Social indicators allow only a broad estimate of the homeless population and the relation between indicators and homelessness is likely to change over time. One measure of the “relatively homeless” population is the number of households paying 50% or more of their income on shelter.</td>
</tr>
<tr>
<td>Expert opinion</td>
<td>In the absence of resources to conduct other surveys expert or service provider opinion is arguably the fastest way of obtaining estimates while adhering to minimum research standards. These types of estimates may however be viewed with suspicion by decision makers and may be to difficult to verify.</td>
</tr>
</tbody>
</table>
Appendix 2 Volunteer Guidelines and Survey Forms – Street Method

1. On June 19th, the night of the count, volunteers are asked to report to the St. Matthew’s United Church (1479 Barrington Street) at 7:00 pm for a debriefing session. You will pick up packages there, sign volunteer release form, meet your team, etc. Pizza will be served at that time as well. Please be on time.

2. All team members will wear an ID button for this project. You do not have to reveal your name. Do not reveal your last name.

3. Each team will be provided with 8 1/2 x 11 map of the area to be covered (approx. 5 blocks x 5 blocks) and 20 – 25 copies of the questionnaire, one per each person interviewed. If for any reason you run out please call the base at St. Matthew’s (number on your form).

4. At the end of your shift you are asked to report back to St. Matthew’s United Church. We anticipate that each area can be well covered in 2 – 3 hours. **You must return to the church at midnight at the latest.** It is very important that we are assured of each volunteer’s safety. At that time you can also hand in the form and the cell phone.

5. **What to bring:**

   Good walking shoes, Back pack, Casual clothing and layer in case temperature changes, Rain gear / umbrella, good walking shoes, Pen, Water bottle, Clip board (if available) – some will be provided

   Cell phone (if available) – some will be provided

6. **Qualities of volunteers.** Volunteers should possess the following skills/qualities:

   ❖ Be familiar and comfortable with people living in deepest poverty;
   ❖ Be compassionate, accepting, willing to suspend judgment and blame;
   ❖ Enjoy one-on-one conversation, be curious;
   ❖ Have a sense of humour;
   ❖ Have some awareness of systemic causes of poverty and homelessness;
   ❖ Recognize and have some knowledge of substance abuse, mental illness, physical disability;
   ❖ Feel genuine respect for the homeless, mentally ill, and substance abusing;
   ❖ Be comfortable making eye contact, and giving non-verbal and verbal affirmation;
   ❖ Know whether they are safe or not, in unfamiliar situations;
   ❖ Be comfortable with both seriousness and playfulness
   ❖ Be willing to offer assistance, and not to try to change their subjects;
   ❖ Be patient and willing to take the time; and
   ❖ Be able to manage confidentiality and pose no risk on the street to the subject.

7. **Who to approach/How to work your area.** In approaching individuals during the street survey some judgement may be necessary, but we encourage teams to approach everyone they see and not pre-judge anyone, including those they may know personally. This is easier than it seems once you get out in the field.

8. On busy streets (Spring Garden, Barrington, Argyle) first focus on “stationery” individuals, those obviously panhandling etc. Then walk the street one more time. Next, cover side streets.

9. **On the cover sheet mark [✓] for each person you approach.** This will help us determine how busy a surveyed street was on the night of the survey. Teams can split into 2 to cover two sides of the streets as long as visual contact is maintained.

10. Once the street has been walked at least once, proceed to cover side streets and small alleys. If time allows you to do that, return to the street and position yourself on a busy corner and talk to as many people as possible. **DO NOT** go into places you feel uncomfortable going into. Check parking lots, neighbourhood parks, benches, under trees but only note the sex and approximate age of the person –
do not initiate a conversation in places that may be considered as private. DO NOT go into abandoned buildings, parking garages, cemeteries, dumpsters etc.

11. DO NOT wake sleeping persons, DO NOT follow persons who are not interested in talking to you, who may be going inside a coffee shop, who may be impaired or confused. If someone reacts in an aggressive manner to your questions thank the person, offer an apology and walk away.

12. STROLLS – If your team is identified as one with strolls DO NOT approach any man/woman standing alone or a person that looks like she/he is looking at cars, working the street.

13. If you encounter needles, condoms, etc. please do not touch them.

14. How to approach a person

In approaching a person say “Hello. Tonight we are conducting a census of the homeless in Metro Halifax. Have you already filled out this survey today? If NO - Could I ask you if you have a place you consider your own? [place = room, apartment, house] Do you consider yourself to be homeless?”
Homelessness in Halifax
A Portrait of Streets and Shelters

JUNE 19th/20th, 2003

Shelter/Facility Name: _________________________________

Total capacity/beds  #Adults_______  #Youth_______  #Children_______

(including cold/wet)

Number staying  #Adults_______  #Youth_______  #Children_______

night of June 19th, 2003

To administer this survey:

1. Please ensure that staff working the June 19th night shift are aware of the survey and know how to conduct it.

2. Please fill out the attached form(s), one row for every adult client who stayed in shelter, transitional housing or recovery center overnight on June 19th, 2003. Children accompanying adults should be included with one adult family member only. Unaccompanied youth are included individually.

3. Please ask clients for the necessary information at the time you feel is most appropriate. You may wish to incorporate the survey into the admission procedure.

4. If a client declines or is unable to answer these questions, please indicate that an individual/family used a bed/room by inserting a check mark in the first box and noting sex, approximate age and the number of children, if any. Otherwise, note the responses for as many questions as possible for each client.

5. Refusals (turn-aways) - on a separate form track all persons turned away because you were full or because of other circumstances.

6. Note any unusual events or occurrences on the Refusal form;

7. Check information for completeness;

Fax the form the following morning to: Kasia Tota at 490-4346 or mail using the attached envelope.
Screening questions:
We are conducting a census of the homeless in Metro Halifax.
➢ Have you already filled out this survey today?
➢ Do you have a place that you would consider your own?
➢ All questions are voluntary and will be kept strictly confidential

1. Are you originally from Halifax?
☐ YES ☐ NO ______________________

2. What is the immediate reason for you being without shelter today?
- Evicted
- Moved/Visiting/Stranded
- Released from treatment
- Released from correction/jail
- No income
- Not eligible for income assistance
- Can’t find accommodation
- Family conflict/violence/breakdown
- Refugee claimant
- Substance abuse
- Fire/unsafe premise
- Sexual orientation
- Other/Refused ________________

3. Did you try accessing shelter today?
- Yes
- No

4. What happened?
- Did not try – didn’t know where to go
- Did not try – don’t like staying at shelters
- Tried but shelter full
- Tried but were not admitted

5. Where did you stay last night?
- Shelter/Tr. House/Safe Home
- Someone else’s place
- Car/garage/public building
- Street/squat
- ATM/Coffee Shop/Private building
- Unable to determine
- Other/Refused ________________

6. At this time, how long have you been without shelter / your own place?
- Less than one week
- 1 week – 1 month
- 1 month – 6 months
- 6 months – 1 year
- 1 year or more

7. In your lifetime, how many times have you been without your own place?

8. Do you have any regular income?
- Income Assistance/Training Program
- CPP/Pension
- Disability
- Employment/EI (circle)
- Binning/Panhandling
- Other/Refused ________________

9. What is your health like?
- Physical disability
- Medical condition
- Addiction
- Mental illness
- None
- Other/Refused ________________

10. Would you like to identify your nationality or ethnic background?
(more than one may apply)
- First Nation/Aboriginal/Métis (circle)
- Landed Immigrant
- Refugee
- Caucasian
- African Canadian
- Latin American
- Asian
- Other/And ________________
- Refused

11. What is your age? _____________

12. Gender? ____________
- Single ☐ Couple ☐

13. Family status

14. How many children are staying with you? ____________

Thank you!
## Appendix 3 Projects Funded Through the Supporting Communities Partnership Initiatives (SCPI)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Project</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metro Non-Profit Housing Association</td>
<td>Established in 1988, they provide safe and affordable housing to single low-income individuals. Funding was provided to construct and furnish their new 19-unit housing facility, with a support centre, located on the corner of Gottingen and Gerrish Streets</td>
<td>$1,406,564</td>
</tr>
<tr>
<td>Metro Turning Point</td>
<td>Established since 1975, the shelter provides safe accommodations for up to 75 people per night. Funding for a Trustee Support Worker will provide essential guidance and services to those who are homeless or at risk of becoming homeless</td>
<td>$136,454</td>
</tr>
<tr>
<td>North End Community Health Association</td>
<td>Established in 1971, it offers leadership in primary health care and education, and advocacy. As the SCPI sponsoring agency, the funds received were used to support the CAH office and staff enabling them to fulfill their mandate. NECHA provided support services for the administration of the funds. It was essentially a ‘flow-through’ process.</td>
<td>$276,910</td>
</tr>
<tr>
<td>Community Care Network Society - Parker Street Food and Furniture Bank</td>
<td>Established in 1983, they assist over 480 families every month with food or furniture. Funding enables Parker Street Food and Furniture Bank to rebuild its facility and replace items destroyed by fire in January, 2001.</td>
<td>$47,378</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>They provide supportive services to men 19 years and older with multiple needs such as addictions, physical disabilities, and those who are at risk of homelessness. Funding was provided to renovate and upgrade the facilities located at the Halifax Booth Centre.</td>
<td>$120,656</td>
</tr>
<tr>
<td>Street Feat</td>
<td>Founded in 1997, to give the homeless and the poor an opportunity to express concerns and opinions. Funding will cover capital expenditures, conduct day-to-day operations and hire an individual on a part-time basis to promote their newspaper to increase operational funds.</td>
<td>$54,033</td>
</tr>
<tr>
<td>Adsum House (Association for Women’s Residential Facilities)</td>
<td>Established in 1983, they operate a temporary emergency shelter for homeless women 16 years and older and their children. Funding provided for a consultant to complete a feasibility study, business plan, proposal and site selection for a long-term 20-bed supportive residential facility. Renovation cost to the exterior of the building was also provided.</td>
<td>$83,376</td>
</tr>
<tr>
<td>Alice Housing</td>
<td>Established in 1983, they provide a combination of housing and support services for women and their children who are victims of domestic violence.</td>
<td>$232,990</td>
</tr>
</tbody>
</table>
Funding was provided for two positions to implement and coordinate the Family Support Program designed for “Alice’s Kids”. Additional funding was granted to purchase and renovate a building for supportive housing for Youth.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description</th>
<th>Funding Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Association for Persons in Recovery from Addictions and Abuse</td>
<td>Incorporated in 1992 provides support services to organizations working with women in recovery from alcohol, drug abuse and addiction. Funding was provided to conduct research, and to develop a business plan, cost analysis and proposal on the acquisition and operation of a Residential Program. (Marguerite Centre)</td>
<td>$20,100</td>
</tr>
<tr>
<td>Centre for Diverse Visible Cultures</td>
<td>This organization promotes the well being of Canadians, Immigrants and Refugees, particularly from diverse cultures in Nova Scotia. Funding acquired to administer a voice-mail system for those without access to telephone and messaging services.</td>
<td>$127,485</td>
</tr>
<tr>
<td>Freedom Foundation</td>
<td>Established in 1988, they provide a 12 room, transition house for men recovering from alcohol, drug and gambling abuse. Funding was provided to renovate the facility including replacing their roof, furnace, hot water heater, windows and siding and to purchase capital items.</td>
<td>$74,788</td>
</tr>
<tr>
<td>Mi’kmaq Native Friendship Centre</td>
<td>Established in 1973, the community organization provides culturally-centered programs such as the new shelter that opened in 2000 called Kina’matino’kuum. Funding provided covers wages, capital costs and overhead costs for their new shelter.</td>
<td>$278,082</td>
</tr>
<tr>
<td>Direction “180”/ Mi’kmaq Native Friendship Centre (Mainline)</td>
<td>Established in 1992, they are dedicated to reducing the spread of blood-borne diseases among populations in high-risk activity. Funding provided was used to renovate the facility, make referrals, deliver individualized methadone treatment, and provide advocacy on legal, housing, social services, and employment issues.</td>
<td>$394,434</td>
</tr>
<tr>
<td>Metro Non Profit Housing Association (Choir)</td>
<td>The Shining Lights Choir was formed in 1997 at the Housing Support Centre. Funding is provided to help the choir with costs for equipment and to cover costs for the support team.</td>
<td>$67,736</td>
</tr>
<tr>
<td>Saint Leonard’s Society</td>
<td>Works to reduce the effects of crime by assisting with the reintegration of adult offenders into the community as law-abiding citizens. Funding provided will allow for renovations to their new residential facility, “Barry House”.</td>
<td>$48,390</td>
</tr>
<tr>
<td>Marguerite Centre</td>
<td>This project will provide safe residential housing and programs for 12 women in recovery from substance abuse. Funding will be provided to purchase a building and for the operation and set-up of the new facility.</td>
<td>$666,686</td>
</tr>
</tbody>
</table>
### Halifax Portrait of Streets and Shelters

<table>
<thead>
<tr>
<th>Organization</th>
<th>Project</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcare Place</td>
<td>Renovations to an existing building that acts as a transition house for 10 males recovering from addictions, as well as outreach services for clients. Funding will also cover capital costs.</td>
<td>$109,783</td>
</tr>
<tr>
<td>Bryony House</td>
<td>Renovations to their supportive housing for women and children who are fleeing from abusive situations.</td>
<td>$62,000</td>
</tr>
<tr>
<td>Affirmative Industry Association</td>
<td>Research project for Co-Operative housing for people with multiple barriers.</td>
<td>$95,627</td>
</tr>
<tr>
<td>Canadian Mental Health Association</td>
<td>Purchase of equipment, furniture along with minor renovations to the Sharing and Caring Club for youth with mental health issues. This sponsor also supported the assessment agreement for the Community Plan.</td>
<td>$39,200</td>
</tr>
<tr>
<td>Lesbian, Gay and Bi-Sexual Youth Project</td>
<td>Funding for the Safe Home project and the purchase of a house and some furniture.</td>
<td>$301,890</td>
</tr>
<tr>
<td>Club “24”</td>
<td>Renovations and capital items were purchased for their club. They provide shelter and meals for homeless people.</td>
<td>$104,884</td>
</tr>
<tr>
<td>Help Line</td>
<td>Researched and developed a resource booklet for street youth.</td>
<td>$5,000</td>
</tr>
<tr>
<td>Nahum Centre</td>
<td>Funds were approved to renovate a building, purchase furnishings and cover operation costs for a 16-bed supportive transitional facility for women and children.</td>
<td>$770,541</td>
</tr>
<tr>
<td>Phoenix Youth Programs</td>
<td>Approval to cover staff and new office set-up costs for a prevention program for in-school youth.</td>
<td>$314,194</td>
</tr>
<tr>
<td>Eastern Shore Family Resource Centre</td>
<td>This project was recommended to do research on homeless single women and children in the rural area.</td>
<td>$36,351</td>
</tr>
<tr>
<td>MISA</td>
<td>Funding was provided to purchase a 6-unit apartment building for Immigrant men.</td>
<td>$238,133</td>
</tr>
<tr>
<td>Home of the Guardian Angel/Single Family Centre.</td>
<td>Project development to examine supportive housing needs for single women and children</td>
<td>$23,500</td>
</tr>
<tr>
<td>Halifax Regional Municipality</td>
<td>Funding provided to research issues on homelessness with the HRM.</td>
<td>$123,728</td>
</tr>
<tr>
<td>Hope Cottage</td>
<td>Support was provided to replace furniture and broken appliances.</td>
<td>$50,000</td>
</tr>
</tbody>
</table>

### Projects Funded through the Urban Aboriginal Strategy (UAS)

<table>
<thead>
<tr>
<th>Organization</th>
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<tbody>
<tr>
<td>Tawaak Housing Association</td>
<td>Established in 1981, they provide adequate, suitable and affordable rental housing to aboriginal peoples of low income to moderate income. Funding will allow for renovations and the purchase of furniture.</td>
<td>$174,262</td>
</tr>
<tr>
<td>Organization</td>
<td>Project</td>
<td>Funding</td>
</tr>
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</tr>
<tr>
<td>Brunswick Street United Church, (Camp Brunswick).</td>
<td>Providing summer camps since 1929, their goal is to support young people in developing life skills and social skills through youth leadership development. Funding will employ at-risk/homeless youth to rebuild the camp.</td>
<td>$89,425</td>
</tr>
<tr>
<td>Regional Independent Student Association (RISA)</td>
<td>Established in 1993 to address the unique needs of students who are at risk of not completing their high school education. Funding was provided to give youth work experience and employment skills and to purchase exercise equipment for their facilities.</td>
<td>$94,895</td>
</tr>
<tr>
<td>Phoenix Youth Programs</td>
<td>Established in 1987, Phoenix provides support to at-risk and homeless youth between the ages of 16 and 24. Funding will enable Phoenix Youth Programs to establish a new 20-bed youth shelter with supportive services and care for homeless youth.</td>
<td>$2,600,000</td>
</tr>
<tr>
<td>Canadian Mental Health Association</td>
<td>Purchase of equipment, furniture along with minor renovations to the Sharing and Caring Club for youth with mental health issues. This sponsor also supported the assessment agreement for the Community Plan.</td>
<td>$98,236</td>
</tr>
<tr>
<td>Maritime School of Social Work</td>
<td>Research work on youth services and housing within the HRM area.</td>
<td>$73,850</td>
</tr>
<tr>
<td>Alice Housing</td>
<td>Established in 1983, they provide a combination of housing and support services for women and their children who are victims of domestic violence. Funding was provided for two positions to implement and coordinate the Family Support Program designed for “Alice’s Kids”. Additional funding was granted to purchase and renovate a building for supportive housing for Youth.</td>
<td>$255,500</td>
</tr>
</tbody>
</table>

NOTE: Some budgets may not be as quoted, as they are still operational.