HOMELESSNESS IN HALIFAX REGIONAL MUNICIPALITY

2022

POINT-IN-TIME COUNT

Homelessness In HRM...
"Beauty is in the Eye of the Beholder"

Stage #1 — Before homelessness

Stage #2 — During homelessness
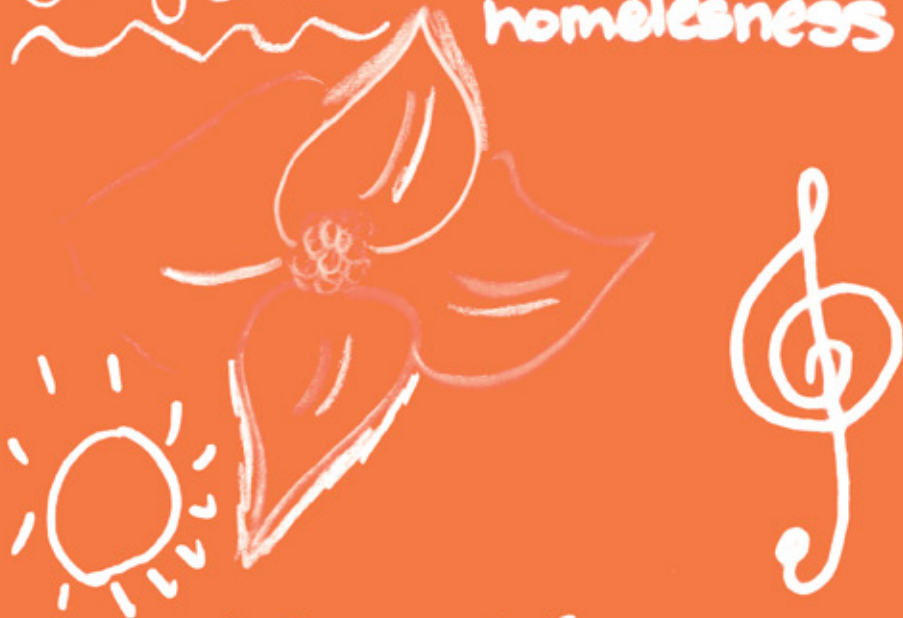
• A beautiful, colorful, magical, sweet, charismatic touch of 'flower power' is how I'd describe myself before becoming 'homeless' during the PANDEMIC in Halifax. NS.
I had a good life, good job, great son, and great family n friends...

• Now I see myself, falling apart, slowly coming out at the seams... I wasn't at ALL HAPPY in LIFE... I was DEFEATED the MAJORITY of the

LAND ACKNOWLEDGEMENT

The Navigator Street Outreach Program is located on Mi'kmaq territory, situated within the ancestral and unceded lands of Mi'Kma'ki. This territory is covered by the "Treaties of Peace and Friendship," which Mi'kmaq and Wolastoqiyik (Maliseet) Peoples first signed with the British Crown in 1725. The treaties did not deal with the surrender of lands and resources but recognized Mi'kmaq and Wolastoqiyik (Maliseet) title and established the rules for what was to be an ongoing relationship between nations. To uphold our duties and responsibilities as treaty people and move forward in an atmosphere of understanding, dignity, and respect towards reconciliation, we must be committed to honouring and building relationships with Indigenous organizations and peoples in Kjipuktuk (Halifax). Additionally, Nova Scotia is home to over 50 African Nova Scotian communities, whose culture, heritage, and histories have been and remain a vital part of this province for more than 400 years. Due to racism, African Nova Scotians were pushed to the margins of society for generations and forced to live on the most inhospitable land. Despite this, they persevered, developing strong, vibrant communities.

However, still to this day in Halifax, and Nova Scotia, African Nova Scotians experience inequities due to ongoing systemic racism.

Across K'jipuktuk, homelessness continues to affect Indigenous Peoples and Black Populations disproportionately. It is vital to recognize and address the many factors brought forth by the institution of colonialism, such as forced displacement, poverty, systemic racism, segregation, residential schools, and the ongoing overrepresentation in child welfare and correctional systems. The negative impact and intergenerational trauma that has impacted these communities is undeniable. To effect real and lasting change, we must always ensure that all the voices in our community are heard. Therefore, Individuals and communities' physical, mental, emotional, and spiritual well-being needs to be at the core of what we do and how we do it. We must be guided by values of equity and compassion to create accessible services that acknowledge and work to dissolve structural violence and racism. The path we walk in must support and build capacity within Indigenous and African

Nova Scotian communities in culturally respectful and sensitive ways. We must listen to and learn from the first-voice perspectives of Indigenous and Black Communities, amplify voices, invest in communities, and address inequities and injustices across our city. The Navigator Street Outreach Program is committed to a lifelong journey of listening, learning, and working towards equity, applying such principles to our work. Let this acknowledgement remind us of the communities whose knowledge, lands, water, and resources we benefit from today.

VOLUNTEER ACKNOWLEDGEMENT

This 2022 Point-in-Time Count could not have been completed without the many organizations, community partners and service providers who provided invaluable support throughout the process. Thank you to the numerous staff members, service providers, and community partners, whose contributions are the reason for the success of this count.

Also, thanks most of all to those who participated in the survey, and whose lives and stories are reflected in these pages. The work we are doing together will help to inform and highlight the growing need for our community to create ongoing solutions.

- OUT OF THE COLD COMMUNITY ASSOCIATION
- SALVATION ARMY
- BRUNSWICK STREET MISSION
- SOULS HARBOUR
- HOPE COTTAGE
- METRO TURNING POINT
- PHOENIX YOUTH
- BRYONY HOUSE
- ADSUM FOR WOMEN AND CHILDREN
- DEPARTMENT OF COMMUNITY SERVICES
- MARGUERITE CENTRE
- SACKVILLE AREA WARMING CENTRE
- NORTH END COMMUNITY HEALTH CENTRE
- POSSE
- STEPPING STONE

- AFFORDABLE HOUSING ASSOCIATION OF NOVA SCOTIA
- SHELTER NOVA SCOTIA
- NOVA SCOTIA HEATH
- CORRECTIONAL SERVICES OF CANADA
- MI'KMAW NATIVE FRIENDSHIP CENTRE
- COVERDALE COURTWORK SOCIETY
- YWCA HALIFAX
- JOHN HOWARD SOCIETY
- ELIZABETH FRY SOCIETY OF MAINLAND NOVA SCOTIA
- WELCOME HOUSING AND SUPPORT SERVICES
- MOBILE OUTREACH STREET HEALTH (MOSH)
- DOWNTOWN HALIFAX BUSINESS COMMISSION
- NAVIGATOR STREET OUTREACH PROGRAMS
- HALIFAX PUBLIC LIBRARIES

GLOSSARY TERMS

UNSHELTERED HOMELESSNESS

refers to Individuals lacking housing and staying in places that are not designed for or fit for human habitation. Includes:

PUBLIC SPACE (E.G., SIDEWALKS, PARKS, FORESTS, PARKADES, UNDER BRIDGES, ETC.)

PRIVATE SPACE, ABANDONED/VACANT BUILDINGS (E.G., SQUATTING, STAIRWELLS)

CARS OR OTHER VEHICLES

MAKESHIFT SHELTERS, ENCAMPMENTS, SHACKS, OR TENTS.

SHELTERED HOMELESSNESS

refers to individuals who, because they cannot secure permanent housing, are accessing emergency shelter and system supports, generally provided at no cost or minimal cost to the user. Sheltered systems are often a stop-gap institutional response to homelessness provided by the government, non-profit, faith-based organizations and/or volunteers.

PROVISIONALLY ACCOMMODATED

describes situations in which individuals, who are technically homeless/without permanent shelter, access accommodation that offers no prospect of permanence. Individuals may be accessing temporary housing provided by government, the non-profit sector or may have independently planned for short-term accommodation. Includes:

TRANSITIONAL OR INTERIM HOUSING

is a systems-supported form of housing meant to bridge the gap between unsheltered homelessness/ emergency accommodation and permanent housing. Transitional housing often has a fixed end date, with the stay varying from several months to years.

For the PiT Count, participates who were living in transitional housing settings were ONLY included if their stay was for 12 months or less. This is the standard that ESDC recommends.

HIDDEN HOMELESS

often referred to as coach surfing, describes people who stay with friends, family, or strangers or at a motel/hotel, hospital, jail, prison, or remand centre but have no security of tenure or assurance of stay for a defined length of time. They are typically not paying rent and do not have the means to secure their own permanent housing.

For the PiT count, we did not count or survey this population as this population is historically the most difficult to identify as being homeless making difficult to enumerate.

PUBLIC SYSTEMS AND FACILITIES

includes correctional, medical/mental health facilities, residential treatment programs and withdrawal management centres where individuals stay and have no arrangements to move into permanent housing upon release. Includes individuals who:

HOMELESS PRIOR TO ADMITTANCE

HAD HOUSING PRIOR TO ADMITTANCE, BUT LOST HOUSING WHILE IN CARE.

HAD HOUSING PRIOR TO ADMITTANCE BUT CANNOT GO BACK DUE TO CHANGES IN SUPPORT NEEDS.

INDIGENOUS HOMELESSNESS

refers to First Nations, Métis and Inuit individuals, families, or communities and incorporates various dimensions of the Indigenous perspective of "home".

This form of homelessness is the outcome of historically constructed and ongoing settler colonization and racism that have isolated and displaced Indigenous Peoples from their traditional governance systems and laws, lands, histories, culture, spirituality, worldviews, ancestors, stories, and indigeneity.

INDIGENOUS SELF-IDENTIFICATION

refers to any individual self-identifying as an Indigenous person if they believe they have Indigenous ancestry. No proof of status, ancestry or belonging to a band is necessary.

For the PiT Count participates were able to self-identify which differs from historical surveys and counts where participates were only asked if they had indigenous status/ belong to a band.

HONORARIA

are tokens that acknowledge the time and contributions of research participants. Communities that conduct Point-in-Time Counts offer various forms of honoraria to participants (e.g., gift cards, supplies, cash, cigarettes).

HOMELESSNESS

describes an individual, family or community without stable, safe, permanent, appropriate housing or the immediate means and ability to acquire it. Homelessness describes a range of circumstances, with people without any shelter at one end and being insecurely housed at the other. Includes various physical living situations; unsheltered, emergency sheltered, provisionally accommodated and at risk of homelessness

For many, homelessness is not a static state but a fluid experience, where one's shelter circumstances and options may shift and change dramatically and with frequency.

CHRONIC HOMELESSNESS

refers to individuals who are currently experiencing homelessness for a total of at least 6 months (180 days) over the past year OR have recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days).

AT RISK OF HOMELESSNESS

refers to people whose current housing situations are dangerously lacking security or stability. External hardships, poverty, personal crisis, discrimination, a lack of other available and affordable housing, insecurity of tenure and / or the inappropriateness of their current housing (e.g., overcrowded, does not meet public health/safety standards) may cause people to be "at risk" of homelessness.

UNHOUSED

is a term that is often used within the community instead of homeless. The use of the term unhoused has a profound personal impact on those in insecure housing situations because it implies that there is a moral and social assumption that everyone should be housed in the first place.

SLEEPING ROUGH

refers to a most visible form of homelessness and is typically associated with sleeping outside (e.g., wooded areas, streets, parks), but also refers to sleeping in a place not designed for living (e.g., empty building, vehicles).

ENCAMPMENT

is defined as an outdoor location where individuals live with a visible structure that can take many forms, such as tents, shanties, huts, or shacks.

MUTUAL AID CRISIS SHELTERS

refers to small, watertight, and insulated shelters for individuals sleeping outside across Halifax Regional Municipality. These shelters are built by the anonymous group known as Halifax Mutual Aid.

CHURCH TINY SHELTERS

refers to small (100 sq ft.) buildings provided by the Catholic Archdiocese of Halifax-Yarmouth that are built on properties of local parishes located in Halifax Regional Municipality. These shelters except they have heat and electricity and are more solidly built.

DIVERTING FAMILIES PROGRAM

is run by Adsum for women and children that aims to prevent families from entering shelter by providing diversion services, eviction prevention, hotel stays, or other services as needed.

AFRICAN NOVA SCOTIAN SELF-IDENTIFICATION

refers to African Nova Scotian's who are descendants of multi-generational and multi-ethnic histories. Members of Nova Scotia's Black communities self-identify in ways that honour their identity, cultural assets, and ways of being. For the PiT Count, participants were able to self-identify as African Nova Scotian (ANS) and their community. Nurturing and affirming ANS identities ensure that individual and collective identities are valued.

LIVED EXPERIENCE / FIRST VOICE

refers to any experience of an issue or situation acknowledged as a source of valuable insight and understanding. The individuals living it usually have the best understanding of the problem and what needs to be done to address it. Lived experience and first voice inclusion are vital for decision making, research, and all other endeavours.

For the PiT Count, it was ensured that the voice of individuals with lived experience of homelessness was incorporated in all aspects whenever possible.

INTRODUCTION

Like many communities across Nova Scotia, Halifax is experiencing an affordable housing crisis which is affecting more individuals and families than it ever has in recent history.   In comparison to previous HRM Point in Time Counts, there has been a significant increase of people who are not permanently or safely sheltered across the Municipality: 504 individuals without a safe, permanent, and fixed address plus 83 incarcerated at Central Nova Scotia Correctional Facility (Burnside). This number keeps growing at a staggering rate. According to The Affordable Housing Association of Nova Scotia (AHANS) as of August 2, 2022, there were 643 people in the HRM who were actively homeless.

Covid-19 exacerbated existing systemic gaps and individual vulnerabilities which are still contributing to this housing crisis. Some of those gaps are related to affordability and housing stock, and some are related to inadequate services, supports, and options for those with physical, mental health and who use substances. This leads to an increased engagement with multiple systems that are unequipped to deal with the complexity of people's history and struggles. Further, increasing rents and a hot housing market

> "GBA+ IS A PROCESS FOR EXAMINING HOW VARIOUS INTERSECTING IDENTITY FACTORS IMPACT THE EFFECTIVENESS OF GOVERNMENT INITIATIVES. IT INVOLVES EXAMINING DISAGGREGATED DATA AND RESEARCH, AND CONSIDERING SOCIAL, ECONOMIC, AND CULTURAL CONDITIONS AND NORMS."

in HRM have significantly reduced the number of safe and affordable units available in the city. Even with mitigating Provincial legislation such as a rent increase cap and measures to protect against renovictions, safe and affordable housing remains inaccessible to most low-income families and individuals. There is grave concern for what is to come when these restrictions are lifted.

Like previous Point-in-Time count reports, a Gender-Based Plus (GBA+) lens was applied to this analysis. GBA+ "is a process for examining how various intersecting identity factors impact the effectiveness of government initiatives. It involves examining disaggregated data and research, and considering social, economic, and cultural conditions and norms." This report summarizes the 2022 HRM PIT Count's collective efforts and the key findings about the current homelessness state across the municipality.

WHAT IS A POINT-IN-TIME COUNT?

A PiT Count is an enumeration method that seeks to measure the population demographics of individuals experiencing sheltered and unsheltered homelessness and their involvement in the homeless system using a consistent methodology. The PiT Count is federally funded by a grant from Employment and Social Development and is required by all Reaching Home Communities under Canada's National Homelessness Strategy.

The results from the PiT Count have direct implications for federal and provincial funding for programs addressing homelessness. This is because PIT Counts are intended to provide a comprehensive "snapshot" of the total number of individuals experiencing homelessness in a community on a given night (i.e., 24 hours). Most PiT counts capture information about individuals living outdoors, those who are accessing services and those who are not.

Beyond summarizing the total counts and demographics of individuals using shelters and those living outside, PIT Counts can also highlight trends over time by which local stakeholders, planners

and service providers can assess efforts to address homelessness in their communities. This can include information about specific at-risk populations and history of homelessness. Moreover, surveys conducted with individuals not accessing the shelter

system offer unique insights into the challenges faced by individuals experiencing homelessness. Overall, PiT Counts assists in better understanding the stories, experiences, and needs of our community members experiencing homelessness.

Novahlee Lambert

HALIFAX REGIONAL MUNICIPALITY 2020 PIT COUNT

On Wednesday, April 7, 2022, across Halifax Regional Municipality (HRM) surveys were conducted as part of a nationally coordinated data collection initiative held in communities across Canada. Every two years, HRM undertakes in this extensive community effort to document every individual in the city experiencing homelessness during a single night at a specific point-in-time. This effort is known as the Point-in-Time Count (PiT Count). The last PIT Count for HRM was conducted in 2018, with the 2021 PIT Count being postponed due to the ongoing COVID-19 pandemic.

A unique factor in the 2022 PiT Count for HRM was the cooperation of Nova Scotia Department of Corrections staff at the Central Nova Scotia Correctional Facility (Burnside) for the inclusion of incarcerated individuals known to be homeless and regularly rotating between incarceration and community. The relationships and valuable data built between the correctional staff and community in HRM is notable and something to build upon. Thanks to this cooperation, the 2022 PiT Count for HRM included surveys from 85 individuals housed at Central Nova Scotia Correctional Facility on the day of the count who reported being homeless for at least two weeks before their incarceration.

A total of 586 individuals who were experiencing homelessness were counted during the 2022 PiT Count, and 440 individuals were surveyed. This report reflects the responses of all 440 PiT Count participants for 2022.

Lastly, while it is tempting for many who will read this report to focus on that one figure (i.e., the total number of individuals experiencing homelessness counted within the community), know that the figure represented in this report will always be an under-representation of the real numbers even despite the persistent and growing visibility of homelessness. This is due to various factors and includes the hidden homeless population. Counting a population without a permanent address or fixed location is incredibly challenging. In addition, individuals who are among the hidden homeless population (e.g., in hospital, withdrawal management centres, incarcerated, staying temporarily with family or friends, or living outside in wooded areas and not known to any service providers) are often transient and constantly in flux as they move in and out of systems and homelessness.

A detailed methodology and discussion on the data limitations, can be found at the end of this report.

We have learned that experience of homelessness is not homogenous and as a result there's no one-size-fits-all solution to preventing and ending homelessness. In this report we look at the unique needs of four different populations. We must consider the unique causes and consequences of homelessness across demographics if we are to create effective, thus tailored, responses to homelessness.

A TOTAL OF 586 INDIVIDUALS WHO WERE EXPERIENCING HOMELESSNESS WERE COUNTED DURING THE 2022 PIT COUNT, AND

440 INDIVIDUALS WERE SURVEYED.

EXPERIENCES OF HOMELESSNESS

In 2022, there was a dramatic increase in the number of unsheltered people sleeping outside in public spaces and structures not intended for human habitation, 18.5% compared to 8% in 2018.

On the night of the PiT Count

CONTEXT OF HOMELESS

- 19.5%
- 18.5%
- 26%
- 36%

- WERE STAYING IN EMERGENCY SHELTERS OR TRANSITIONAL HOUSING (AGENCY)
- WERE STAYING IN HOTEL (AGENCY / GOVERNMENT FUNDED)
- WERE UNSHELTERED
- WERE BEING SHELTERED IN INSTUTIONS (CORRECTIONS/ HOSPITAL)
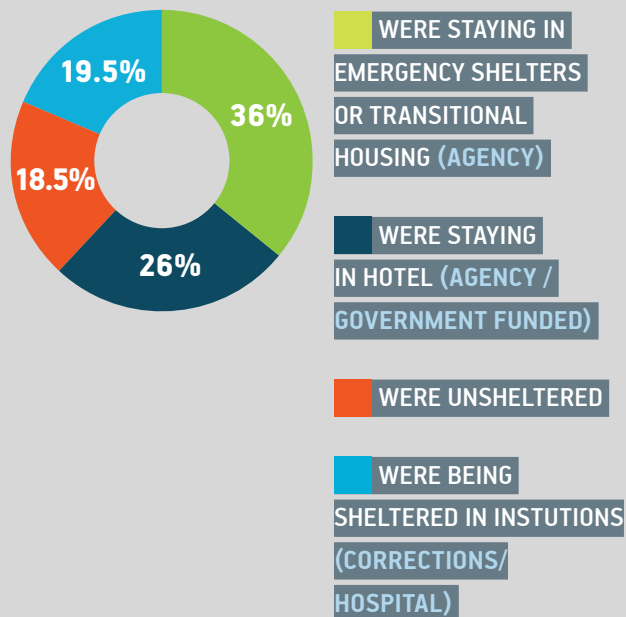
Of the 343 people surveyed in community

84%
WERE SOLO

13%
WERE WITH A PARTNER OR OTHER ADULTS

3%
HAD CHILDREN WITH THEM

The youngest a person reported was the first time they experienced homelessness was 3 years old, the oldest was 77 years old. The average age of an individual the first time they experienced homelessness was 31 years old.

AGE FIRST HOMELESS

- 12%
- 30%
- 31%
- 27%

- 18 YEARS OR YOUNGER
- 19-34 YEARS OLD
- 35-54 YEARS OLD
- 55 YEARS OR OLDER
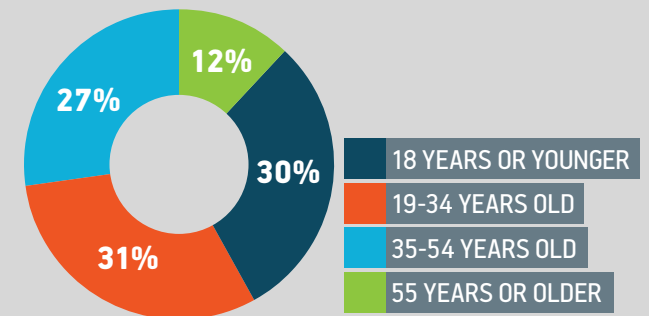
The year a person first experienced homelessness was calculated by subtracting the age they reported first becoming homeless from their current age.

FIRST EXPERIENCE OF HOMELESSNESS

- 18%
- 17%
- 26%
- 39%

- LESS THAN A YEAR AGO
- 1 OR 2 YEARS AGO
- 3-10 YEARS AGO
- 11 YEARS AGO OR MORE
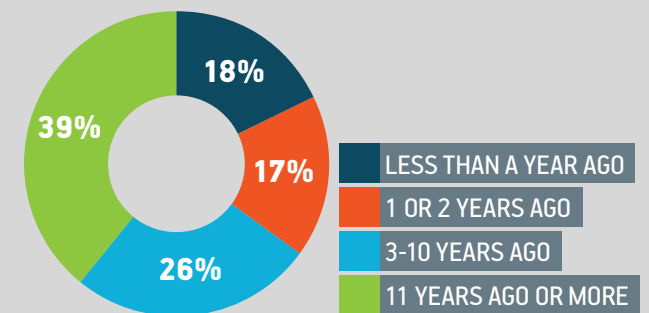
REASONS FOR HOUSING LOSS

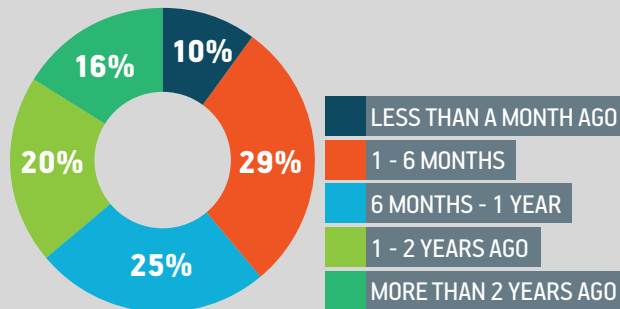In the early stages of homeless prevention, the primary approach was to invest in a crisis response by building a large and expensive infrastructure around emergency services and supports. Including shelters, day programs, and drop ins. However, while emergency supports are an essential component of any response; this approach has does little to stem the flow into homelessness or help individuals exit homelessness quickly in HRM.

People are losing their housing faster than those experiencing homelessness are being housed.

HOW LONG AGO DID YOU MOST RECENTLY LOSE YOUR HOUSING?

- 10% LESS THAN A MONTH AGO
- 29% 1 - 6 MONTHS
- 25% 6 MONTHS - 1 YEAR
- 20% 1 - 2 YEARS AGO
- 16% MORE THAN 2 YEARS AGO

When asked about their most recent housing loss, the reasons people gave were:

43%
MOST RECENTLY LOST HOUSING DUE TO RENTAL ISSUES SUCH AS EVICTION, RENOVICTION, COMPLAINTS FROM NEIGHBORS AND LANDLORDS, AND NOT HAVING ENOUGH INCOME FOR RENT

40%
MOST RECENTLY LOST HOUSING DUE TO INTERPERSONAL AND FAMILY ISSUES SUCH AS CONFLICT WITH AND ABUSE FROM PARTNERS, PARENTS, ROOMMATES, AND NEIGHBORS.

26%
MOST RECENTLY LOST HOUSING DUE TO HEALTH ISSUES SUCH AS SUBSTANCE USE, PHYSICAL AND MENTAL HEALTH ISSUES

18%
MOST RECENTLY LOST THEIR HOUSING BECAUSE THEY WERE INCARCERATED

BARRIERS TO HOUSING

The hot housing market, domestic pressures of inflation, and general economic impacts of the pandemic have not only made affordable housing not only harder to keep, but also harder to find and get. With low vacancy rates and increased competition for affordable housing units, those with complex lives, income below a living wage, and bad credit are particularly vulnerable for homelessness.

CHALLENGES IN FINDING HOUSING

- 71% LACK OF HOUSING STOCK
- 57% INCOME & CREDIT ISSUES
- 34% DISCRIMINATION
- 34% HEALTH & ADDICTIONS ISSUES
- 18% FAMILY/PARTNER ISSUES
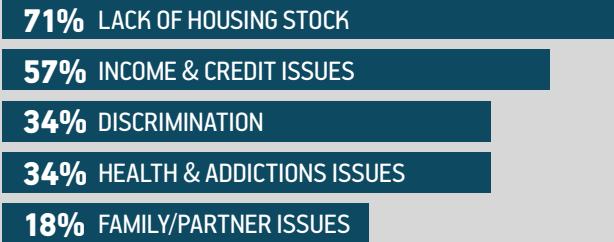
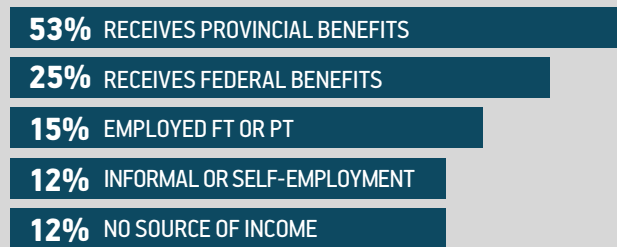## SOURCES OF INCOME

To adequately address housing affordability, changes to minimum wage, and provincial and federal income benefits must reflect the realities of the current cost of living. Policy changes are needed at all levels of government to address these issues i.e., basic guaranteed income, living wages, and employment supports.

Most respondents reported having some form of income at the time of the survey, the problem is, it isn't enough income.

INCOME SOURCES

- **53%** RECEIVES PROVINCIAL BENEFITS
- **25%** RECEIVES FEDERAL BENEFITS
- **15%** EMPLOYED FT OR PT
- **12%** INFORMAL OR SELF-EMPLOYMENT
- **12%** NO SOURCE OF INCOME

ACCESSING SHELTERS

157 people (36%) had not accessed an emergency shelter in the past 12 Months. People's reasons for not accessing shelters were diverse and ranged from the systemic (such as being diverted to hotels and residential recovery programs) to the individual (preferring not to use shelters). However, there were central themes around access, restrictions, and health and safety concerns as being primary issues with emergency shelters.

REASONS FOR NOT USING SHELTERS

- **30%** HEALTH & SAFETY CONCERNS
- **25%** TURNED AWAY AT SHELTER
- **15%** PETS, PARTNERS, OR SHELTER RULES
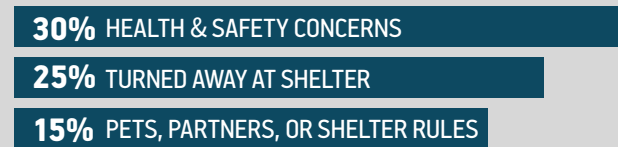
HEALTH CONCERNS / SUBSTANCE USE

The COVID-19 Pandemic has illustrated the importance of mental health in one's overall wellness. The PIT Count shows that mental health concerns can be a factor for experiencing homelessness or be exacerbated without adequate supports in place for individuals. More investments in equitable mental health and substance use counselling and programs are needed, and they must be accessible and affordable for unhoused community members and those with limited income.

Individuals with disabilities and health concerns are over-represented:

67% MENTAL HEALTH CHALLENGES

39% REPORTED LEARNING DISABILITIES OR COGNITIVE DELAYS

64% REPORTED CHALLENGES WITH SUBSTANCE USE

36% WERE PHYSICALLY DISABLED

47% REPORTED HAVING AN ILLNESS OR MEDICAL CONDITION

22% HAD AN AFTER BIRTH BRAIN INJURY

CHILD WELFARE SYSTEM

Homelessness is linked to the child welfare system as some individuals previously involved with child welfare services may often leave foster homes because of negative experiences and/or experience homelessness due to aging out of the foster care system (Gaetz, 2016). As a result, individuals are left to fend for themselves, lacking the necessary resources, supports and life experiences to transition into adulthood successfully.

At the time of the PiT Count,

29%
OF RESPONDENTS (128 INDIVIDUALS) INDICATED THAT THEY WERE A FORMER YOUTH IN CARE. OF THOSE 38% SAID THAT THEY BECAME HOMELESS WITHIN A YEAR OF AGING OUT OF THAT SYSTEM

VETERAN STATUS

In recent years, there has been an increased focus on veterans who experience homelessness. Often alcohol and drug addiction are key drivers of veteran homelessness, followed by mental health challenges including post-traumatic stress disorder (PTSD) and difficulty transitioning to civilian life (Gaetz, 2016).

At the time of the PiT Count 6% of respondents indicated they had served in either the Canadian Military or the RCMP.

HOME COMMUNITY

Many people we talked to were born in HRM, and have spent their entire lives here – 41% reported being in Halifax their whole lives and 20% reported being in HRM for at least the past 10 years. Of those who were not originally from HRM, 36% were from elsewhere in Nova Scotia.

5%
CAME TO CANADA AS AN IMMIGRANT
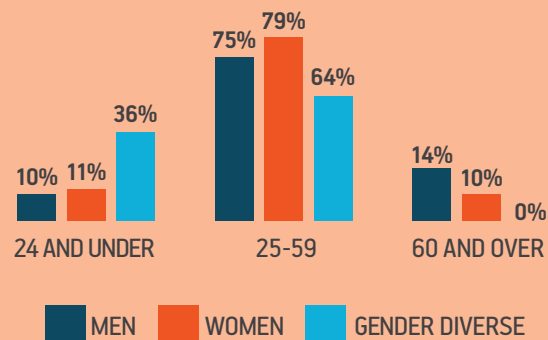
GENDERED DIFFERENCES

GENDER AND SEXUALITY

Most individuals experiencing homelessness in Canada has often been older, single men. However, today's homelessness crisis is much more diverse and more women, and gender diverse populations are experiencing homelessness than in the past.

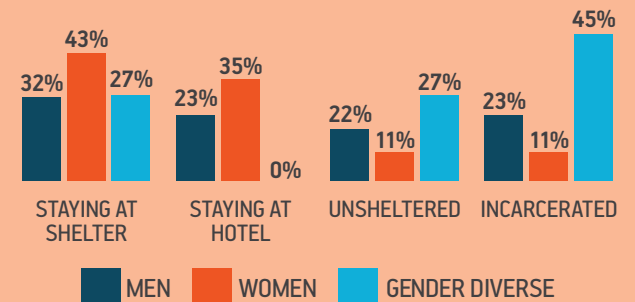**67%**
MEN

3%
GENDER DIVERSE

30%
WOMEN

CURRENT AGE BY GENDER IDENTITY

	24 AND UNDER	25-59	60 AND OVER
MEN	10%	75%	14%
WOMEN	11%	79%	10%
GENDER DIVERSE	36%	64%	0%

36% of gender diverse individuals were 24 years old or younger at the time of the PiT, compared to 11% of men and 10% of women. 14% of men were 60 years or older compared to 10% of women and zero gender diverse individuals.
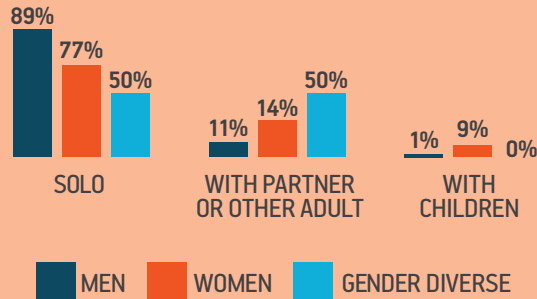
Gender differences were identified in relation to how people were experiencing homelessness, and other intersectional factors of racial identity, history with the child welfare and criminal justice system, and challenges with mental health and learning disabilities.

WHERE ARE YOU STAYING TONIGHT BY GENDER

	STAYING AT SHELTER	STAYING AT HOTEL	UNSHELTERED	INCARCERATED
MEN	32%	23%	22%	23%
WOMEN	43%	35%	11%	11%
GENDER DIVERSE	27%	0%	27%	45%

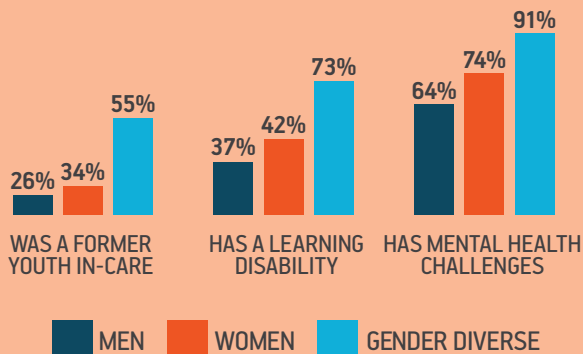On the night of the count, 45% of gender diverse individuals were incarcerated and being sheltered by the state. Zero had stayed in a hotel, compared to 35% of women and 23% of men. 27% of those who identified as gender diverse were unsheltered, compared to 22% of men and 11% of women. 43% of women were staying at housing provided by a non-state controlled agency compared to 32% of men and 27% of gender diverse individuals.

WHO IS STAYING WITH YOU TONIGHT BY GENDER

SOLO
- MEN: 89%
- WOMEN: 77%
- GENDER DIVERSE: 50%

WITH PARTNER OR OTHER ADULT
- MEN: 11%
- WOMEN: 14%
- GENDER DIVERSE: 50%

WITH CHILDREN
- MEN: 1%
- WOMEN: 9%
- GENDER DIVERSE: 0%

■ MEN   ■ WOMEN   ■ GENDER DIVERSE

On the night of the count, 89% of men said they were solo, compared to 77% of women and 50% of gender diverse individuals; 9% of women indicated they had children staying with them compared to less than 1% of men and zero gender diverse individuals.

OTHER GENDERED DIFFERENCES

WAS A FORMER YOUTH IN-CARE
- MEN: 26%
- WOMEN: 34%
- GENDER DIVERSE: 55%

HAS A LEARNING DISABILITY
- MEN: 37%
- WOMEN: 42%
- GENDER DIVERSE: 73%

HAS MENTAL HEALTH CHALLENGES
- MEN: 64%
- WOMEN: 74%
- GENDER DIVERSE: 91%

■ MEN   ■ WOMEN   ■ GENDER DIVERSE

55% of gender diverse individuals indicated that as a child or youth they were a former youth in-care compared to 26% of men and 34% of women. 73% of gender diverse individuals identified a learning disability and 91% said they had challenges with their mental health, compared to 34% and 64% of men and 42% and 74% of women

16%
OF THE PEOPLE WE TALKED TO IDENTIFIED AS 2SLGBTQIA+

34%
OF THOSE WHO WERE 24 YEARS OLD OR YOUNGER IDENTIFIED AS BEING 2SLGBTQ+

The main differences for those who identify as 2SLGBTQ+ were related to family and mental health issues, as well as the age that they first experienced homelessness.

Services for LGBTQ2IA+ homeless must be more accessible, safe, and inclusive. It requires a change in the shelter dynamics by developing appropriate tools that would entail having inclusive intake forms and processes, learning tools about LGBTQ2IA+ and posters on the walls so they can feel represented and reflected and feel safe.

51%
OF 2SLGBTQ+ RESPONDENTS REPORTED THEIR FIRST EXPERIENCE OF HOMELESSNESS HAPPENING AT 18 YEARS OLD OR YOUNGER, COMPARED TO 37% OF HETEROSEXUAL RESPONDENTS

89%
OF 2SLGBTQ+ RESPONDENTS REPORTED VIOLENCE OR CONFLICT IN THE HOME WITH FAMILY MEMBERS, PARTNERS AND OTHER ADULTS AS BEING THEIR MOST RECENT REASON FOR HOUSING LOSS COMPARED TO 64% OF HETEROSEXUAL RESPONDENTS

89%
OF 2SLGBTQ+ RESPONDENTS REPORTED HAVING CHALLENGES WITH MENTAL HEALTH COMPARED TO 64% OF HETEROSEXUAL RESPONDENTS

Creating safe spaces for LGBTQ2IA+ is imperative to support them effectively, influencing their length of homelessness and safety.
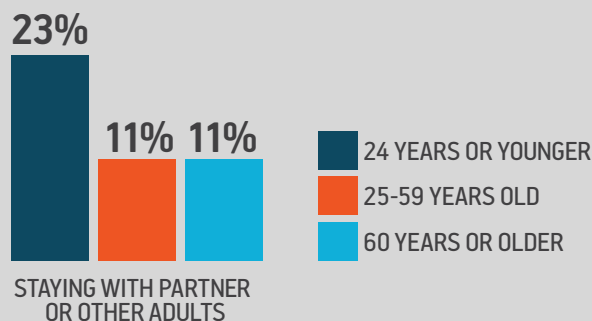
AGE DIFFERENCES

CURRENT AGE

Current age was recoded into three categories: Youth - under 24 years (11%). Adult - 25-59 years (75%). Senior – 60 and older (13%). Findings reported the average age of individuals experiencing homelessness on the night of the PiT Count was 41 years old. The age range was 16 years old to 77 years old. Most people encountered were adults 73.5%.
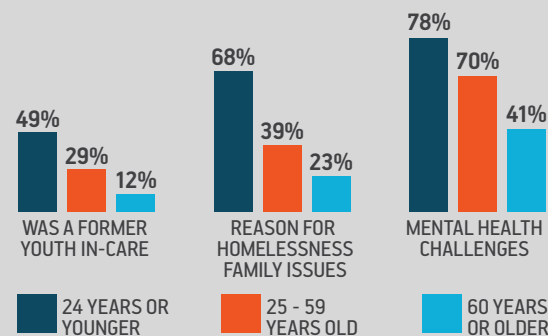
Youth often have a unique experience of homelessness, and that their needs are not always met within adult systems. Unhoused youth form communities and tend to support one another in their relationships.

IS ANYONE STAYING WITH YOU TONIGHT BY AGE

23%
11% **11%**

- 24 YEARS OR YOUNGER
- 25-59 YEARS OLD
- 60 YEARS OR OLDER

STAYING WITH PARTNER OR OTHER ADULTS

23% of those 24 years old or under reported that they were staying with a partner or other adults on the night of the PiT, compared to 11% of those 25-59 years old and of seniors.

DIFFERENCES AMONG YOUTH

	WAS A FORMER YOUTH IN-CARE	REASON FOR HOMELESSNESS FAMILY ISSUES	MENTAL HEALTH CHALLENGES
24 YEARS OR YOUNGER	49%	68%	78%
25-59 YEARS OLD	29%	39%	70%
60 YEARS OR OLDER	12%	23%	41%

49% of youth reported being involved with the Child Welfare Systems compared to 29% of adults and 12% of seniors. 68% of youth reported that interpersonal and family issues were the reasons they most recently lost their housing compared to 39% of adults and 23% of seniors. 78% of youth identified as having mental health challenges compared to 70% of adults and 41% of seniors.

15%
WERE 60 YEARS OR OLDER AT THE TIME OF THE PIT

Seniors experience homelessness for a variety of reasons, including the lack of income to pay for housing (low government assistance, insufficient pensions, low wages and/or savings), the shortage of affordable and secure housing, deteriorating physical and mental health, a relationship breakdown and/or suffering from violence and abuse. The risk of homelessness for seniors can also be increased by the death of a spouse, social isolation, discrimination, or a lack of awareness of available benefits and services.

58%

OF SENIORS INDICATED THAT THEY HAD PHYSICAL DISABILITIES COMPARED TO 25% OF YOUTH AND 33% OF ADULTS

56%

OF SENIORS REPORTED HAVING ILLNESSES OR HEALTH CONDITIONS COMPARED TO 38% OF YOUTH AND 46% OF ADULTS

61%

OF SENIORS REPORTED THAT HOUSING AND FINANCIAL ISSUES WERE THE REASON THEY MOST RECENTLY LOST THEIR HOUSING COMPARED TO 41% OF YOUTH AND OF ADULTS

For many of the seniors we talked to, homelessness was a relatively new experience for them – 53% reported that their first experience of homelessness happened after the age of 55.

RACIALIZED DIFFERENCES

RACE AND CULTURE

Understanding what constitutes as homelessness varies across cultures and geographic locations, with individuals defining their dwellings as 'home' even though society may label them homeless. The dominant understanding of homelessness is informed by Western conceptions that privilege 'home' as a physical structure, which glosses over cultural or spiritual meanings of 'home' as a secure place to be" *(Thistle, 2017)*.

For Indigenous Peoples, when their sense of place is threatened or lost, they can lose rootedness in place or community *(Thistle, 2013)*. The loss of rootedness is an essential and impactful facet that causes Indigenous homelessness to be distinct from non-Indigenous experiences of homelessness. Identifying historical displacement as homelessness recognizes how the individual experiences of homelessness among Indigenous Peoples is tied to collective experiences such as colonization, sociocultural change, and intergenerational trauma, racism and discrimination *(Thistle, 2017)*. Therefore, to understand

homelessness for Indigenous communities, it is important to acknowledge the impact of historical and ongoing colonization that has caused high numbers and overrepresentation of Indigenous homelessness.

To ensure that the survey addressed the Indigenous community in HRM, the Mi'kmaw Native Friendship Centre was consulted. The PiT Committee worked closely in obtaining feedback regarding the survey questions and participate engagement with the community. As a result, survey questions were updated to reflect the feedback given from the community.
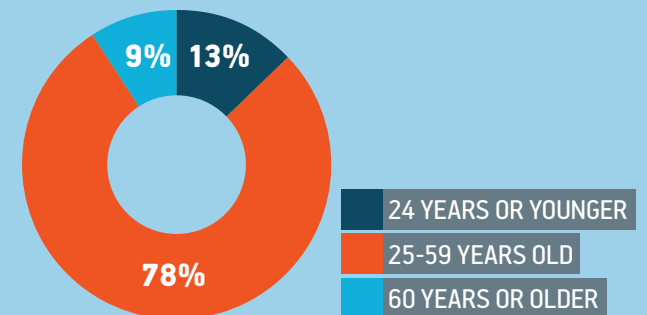
26%
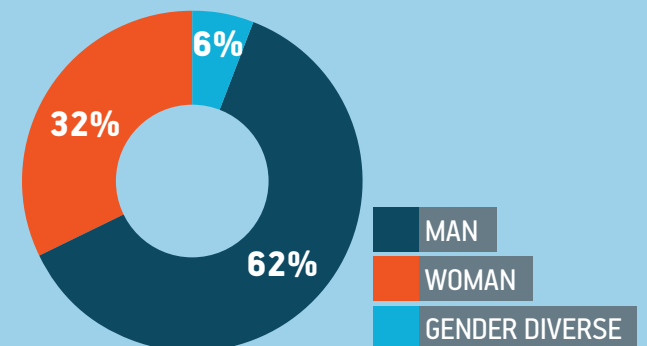(111 INDIVIDUALS) IDENTIFIED AS BEING FIRST NATIONS, METIS OR HAVING INDIGENOUS ANCESTRY

23% of those who identified as Indigenous also identified as being 2SLGBTQ+ compared to 13% of those who did not identify as being Indigenous. The legacy of colonization and the effects of intergenerational trauma are prominent in the

disproportionate number of Indigenous people represented in the child welfare and justice systems, and the proportion of people who reported histories of youth homelessness and challenges with substances use.
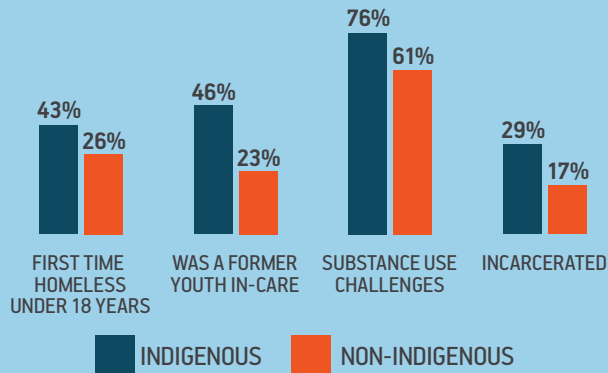
CURRENT AGE

- 13%
- 9%
- 78%

- 24 YEARS OR YOUNGER
- 25-59 YEARS OLD
- 60 YEARS OR OLDER

GENDER

- 6%
- 32%
- 62%

- MAN
- WOMAN
- GENDER DIVERSE

It is also worth noting that 25% of those who identified as being Indigenous also identified as being African Nova Scotian.

INDIGENOUS DIFFERENCES

43% / 26%	46% / 23%	76% / 61%	29% / 17%
FIRST TIME HOMELESS UNDER 18 YEARS	WAS A FORMER YOUTH IN-CARE	SUBSTANCE USE CHALLENGES	INCARCERATED

INDIGENOUS   **NON-INDIGENOUS**

During pre-count consultations and training, members from the ANS community pointed out that that the survey did not ask questions about their community as it did about Indigenous ancestry and home communities. The PiT Committee worked closely with the ANS community to ensure they felt represented and seen in the survey and data. Questions were adapted from the Indigenous related questions and added with ANS contextual questions. Additionally, obtaining this data will aid in important data needed for planning use with ANS-specific housing developments happening in HRM.

There was an overrepresentation of Black and African Nova Scotian individuals within the PiT, with 16% of respondents identifying themselves in the group,

though they make up only 3.8% of the region's population. African Nova Scotian identity was explored deeper to try and get a greater understanding of people's backgrounds and how they chose to express their racial identity.

Nova Scotia has a very large African Nova Scotian (ANS) Community with 52 historic black settlements across the province. 58% (36 individuals) of ANS/

AFRICAN NOVA SCOTIAN IDENTITY

- AFRICAN NOVA SCOTIAN — 56%
- BLACK — 22%
- CARRIBEAN — 7%
- AFRICAN DESCENT — 15%
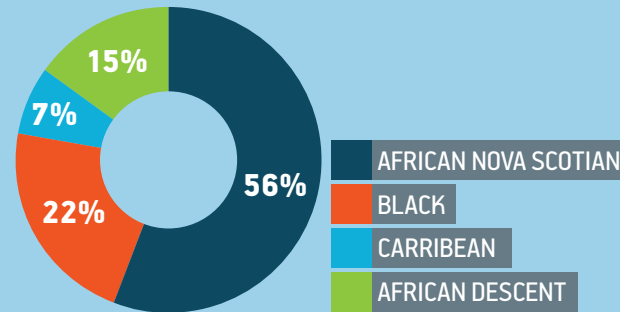
Black participants indicated they were originally from one of those communities. Of those, 28% said they were originally from the Preston Township, 14% were descendants of Africville, 14% were originally from Beechville and 11% from Hammonds Plains. Less than 1% were from black settlements outside the HRM.
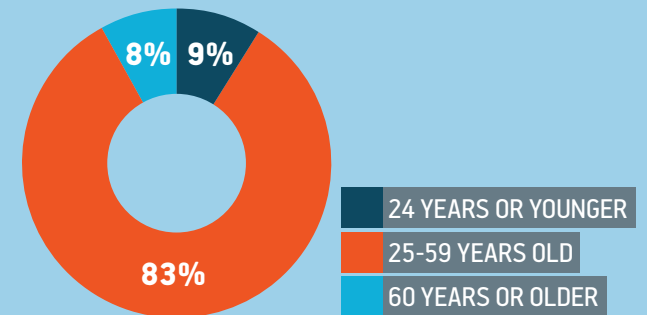
Within Nova Scotia's Black communities there are long-standing inequities in education, housing, and employment. In this sample these inequities are demonstrated through the over-representation of ANS/

Black respondents who were incarcerated at the time of the count.

24%
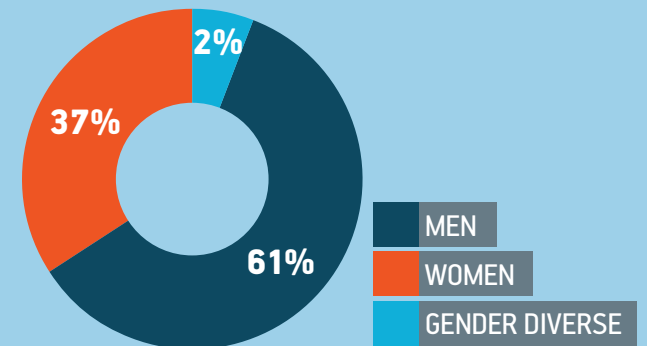COMPARED TO 19% OF NON ANS/BLACK RESPONDENTS.

Policies in homelessness are often colour blind, and racialized. It is important to adopt an Anti-Black racism lens to create policies that will prevent further homelessness and adequately support the Black community in HRM.

AGE

- 24 YEARS OR YOUNGER — 9%
- 25-59 YEARS OLD — 83%
- 60 YEARS OR OLDER — 8%

GENDER

- MEN — 61%
- WOMEN — 37%
- GENDER DIVERSE — 2%

CONCLUSION

Homelessness is a symptom of poverty and the broad term used for a host of severe social and economic policy failures, including having adequate systems, funding, and supports in place for meeting the basic human needs of individuals and ensuring they have access to the housing and supports they need (Gaetz, 2016). Homelessness is a complex issue requiring system-level changes, with supports tailored to an individual's needs. As factors such as gender, age, social and economic background, race, and sexual orientation all impact the experience of homelessness. For this reason, it is vital to understand who is experiencing homelessness and find solutions appropriate to their specific needs.

If anything, the COVID-19 pandemic highlighted the seriousness of poverty and how individuals are living on the fringes. The pandemic forced towns, cities, nations, and the world to shut down, amplifying the need to have a home to be able to shelter-in-place to stay safe. It also highlighted how swiftly governments can act (and spend) when crises are prioritized and treated like the emergencies they are. COVID-19 was a crisis for which governments and

the housing sector were unprepared, including job losses, precarious employment, various healthcare struggles, and housing shortages. In turn, it widened and created a new type of homelessness. Individuals that generally have not faced such economic stresses began to find themselves experiencing such adversities and situations for the first time in their lives. And it only made things worse for those already experiencing homelessness before the pandemic. Shelters began cutting back the beds to facilitate physical distancing. Then, with nowhere to go and no other options, unsheltered homeless started to become more visible in our community. Encampments and tents began popping up in parks as community members desperately struggled to find a safe place to sleep. The COVID-19 pandemic has changed the landscapes of homelessness and housing in HRM, and the lasting effect is expansive and continues to unfold and impact community members.

In HRM, the vacancy rate is less than one percent. The Canada Mortgage and Housing Corporation's 2022 Rental Market Report shows that's amongst the lowest in Canada. Across Canada, and HRM housing

prices are rising, wages and pensions are at an all-time low and do not match the current cost of living, basic accommodation is hard to find due to increasing rental prices, and health concerns, discrimination, limited access to support services, and other various barriers. Individuals need housing stability. This means that individuals have a fixed address and appropriate housing (affordable, safe, adequately maintained, accessible and suitable in size). This also includes adequate income, services, and supports to enhance well-being and reduce the risk that individuals will experience homelessness. Focus must be put on prevention and creating sustainable exits from homelessness. If not, the homeless epidemic and the societal conditions that have created it will only continue to proliferate.

The community of HRM has been ramping up efforts to prevent and end homelessness with new partnerships, innovative solutions, and systems-based plans to end homelessness. However, large-scale impacts of these efforts will not be seen for at least 5-10 years. In the meantime, governments continue to shift the responsibility of housing around

to one another and the housing system remains no system at all — it is a disorganized collection of agencies, resources, and service providers and activists who struggle to trust one another, mostly because they are all such fierce advocates for the unhoused and the people they work with.

Despite the proliferation of critical voices in the sector and the community to bring continuous attention to the social and structural causes of homelessness, the inaction of bureaucracies and systems stagnates progress towards the achievement of the elimination of homelessness in HRM. Governments must get serious about the tense social, economic, and cultural conditions which are contributing to and exacerbating the current housing crisis:

A MINIMUM WAGE THAT DOES NOT MATCH THE CURRENT COST OF LIVING AND INADEQUATE BENEFITS/INCOME SUPPORTS

THE COMMODIFICATION OF HOUSING AND GENTRIFICATION

DISCRIMINATION BASED ON RACE/ETHNICITY, AND/OR DISABILITY, HISTORICAL AND CONTEMPORARY COLONIZATION

GENDER INEQUALITY BASED ON OUTDATED NORMS

MULTIGENERATIONAL POVERTY AND CRIMINALIZATION

INTERGENERATIONAL TRAUMA AND SUBSTANCE USE

LACK OF AND/OR LIMITED FUNDING FOR SOCIAL SERVICES

In addition to the upstream work required to prevent people from experiencing homelessness, HRM must also implement strategies and action to deal with the immediacy of the current housing crisis — because people are losing their housing faster than people who are currently homeless are being housed. Affordable housing stock is disappearing fast; shelters and outreach workers are beyond their capacity at their current funding levels; winter is almost here. We are facing a reality that includes hundreds more people losing their housing in the coming months. As a community we must have compassion for our unhoused neighbours, and normalize their experiences as systemic failings, rather than individual failings or flaws.

And most importantly, the voices and experiences of our unhoused community members must be heard, amplified, and actioned. As a community, we must meet people where they are at, and adapt community approaches that address concerns and investing in the solutions determined by those impacted.

Housing is a human right and no one in our community should be without a safe place to sleep.

METHODOLOGY AND LIMITATIONS

1. SCREENING

The purpose of screening individuals prior to surveying was to establish whether they were eligible to participate in the survey. Once screened in, eligible participants were offered cash honorarium before beginning the survey.

The unsheltered screening questions targeted the *hidden homeless* by asking if participants had stayed at someone else's place the previous night.

IF RESPONDENTS ANSWERED "YES", A FOLLOW-UP QUESTION INQUIRED IF THIS WAS A TEMPORARY SITUATION AND/OR WAS A SAFE PLACE TO RETURN TO.

IF THEY STAYED WITH A FRIEND OR A FAMILY MEMBER TEMPORARILY AND DID NOT HAVE A SAFE PLACE TO RETURN TO, THE INDIVIDUAL WAS SCREENED INTO THE SURVEY.

SCREENING QUESTIONS FOR THE *SHELTERED* HOMELESS ENSURED:

PARTICIPANTS STAYED AT THE SHELTER THAT NIGHT

PARTICIPANTS CONSENTED WERE WILLING TO PARTICIPATE IN THE SURVEY

INDIVIDUALS WHO HAD ALREADY BEEN INTERVIEWED DID NOT COMPLETE THE SURVEY AGAIN

SCREENING QUESTIONS FOR THE *UNSHELTERED* HOMELESS ENSURED:

THOSE WHO STAYED IN THEIR OWN APARTMENT OR HOUSE (PAYING RENT) WERE NOT COUNTED.

PARTICIPANTS WERE WILLING TO PARTICIPATE IN THE SURVEY.

INDIVIDUALS WHO HAD ALREADY BEEN INTERVIEWED DID NOT COMPLETE THE SURVEY AGAIN.

METHODOLOGY AND LIMITATIONS

2. SURVEY QUESTIONS

Surveys administered were anonymous, with only the participant initials and date recorded to support the tracking of cash distribution and mitigating duplicate surveys. Participants were able to skip questions or withdraw from the survey at any time if they did not feel comfortable. Following the screening was the survey. The survey consisted of 17 questions in total with 10 sub-questions.

CORE QUESTIONS ON THE SURVEY WERE DEVELOPED BY THE GOVERNMENT OF CANADA'S HOMELESSNESS PARTNERING STRATEGY, IN CONSULTATION WITH COMMUNITY PARTNERS.

COH (CANADIAN OBSERVATORY ON HOMELESSNESS) QUESTIONS WERE DEVELOPED TO COMPLEMENT THE CORE QUESTIONS AND GATHER MORE DETAILED INFORMATION ON THE PARTICIPANT'S EXPERIENCE OF HOMELESSNESS. COMMUNITIES CAN CHOOSE WHETHER TO INCLUDE THE QUESTIONS OR NOT.

LOCAL QUESTIONS WERE DEVELOPED BY PIT COMMITTEE, SERVICE PROVIDERS, AND COMMUNITY MEMBERS. THE ADDED LOCAL QUESTIONS WERE SET WITH A PURPOSE REGARDING A BIGGER PICTURE AND WHAT THE KNOWLEDGE OBTAINED FROM THEM COULD HELP TO PROVIDE. IT WAS ENSURED THAT QUESTIONS THAT COULD NOT BE FOLLOWED UP ON OR OFFERED RESOURCES WERE AVOIDED. THESE QUESTIONS WERE BASED ON VARIOUS ASPECTS, WHICH WILL BE DISCUSSED IN SECTIONS THROUGHOUT THE REPORT.

3. PROCEDURE

For the survey, individuals staying in overnight shelters, violence-against-women shelters, hotels funded by organizations or government, and transitional housing were referred to as "sheltered homeless," and any individuals living in places not intended for permanent human habitation were referred to as "unsheltered homeless." (e.g., vehicles, public parks, streets, sheds, tents, parking garages, abandoned buildings, etc.).

SURVEY PACKET MATERIALS:

1. PIT COUNT SURVEYS

2. SUPPLIES / PENS / CLIPBOARDS.

3. HONORARIA

4. ORGANIZATION / TEAM CASH FORM

5. HONORARIA SIGN OFF FORM

6. PIT REFRESHER SHEET / INFORMATION SHEET

METHODOLOGY AND LIMITATIONS

ENUMERATING THE *SHELTERED* HOMELESS

The sheltered component of the count took place on Wednesday, April 7. However, due to the high number of individuals staying in hotels, some surveying took place on April 6. Individuals facilitating the sheltered count included service providers and outreach workers. Most organizations had appointed staff members to execute the PiT Count at their shelter. If no staff members were available, outreach workers then administered the surveys at the location under staff-direction. Organizations were provided packets with the supplies needed to execute the count.

LOCATIONS INCLUDED: Metro Turning Point, Salvation Army, Barry House, Adsum House, Phoenix Youth Shelter, Bryony House, Marguerite Centre, Brunswick Street Mission Emergency Shelter, Souls Harbour Men's Shelter, hotels (administered and supported by non-profits, government/non-government funded), Central Nova Scotia Correctional Facility.

ENUMERATING THE *UNSHELTERED* HOMELESS

The unsheltered component of the count took place on Wednesday, April 7. Individuals facilitating the unsheltered count included service providers from various organizations and outreach workers working in teams of two to three. Before the count, outreach workers determined routes highlighting target and known locations throughout HRM. On the count day, teams received a survey packet and a list of known locations. Locations separated the teams to help ensure that various communities in HRM were surveyed. Depending on the locations being covered, some teams were provided with both sheltered and unsheltered surveys. When teams finished, survey packets were collected or dropped off by the PiT Coordinator.

LOCATIONS INCLUDED: Halifax Peninsula, Clayton Park, Spryfield, Downtown Dartmouth, Dartmouth Crossing Area, Sackville, Bedford, food and drop-in programs/centres, Halifax Public Libraries, Halifax Mutual Aid and Church Shelters, encampments (e.g., public parks and wooded areas).

4. COORDINATION

Various aspects helped facilitate this year's PiT count. Individuals working within homelessness-serving sectors were leveraged to complete surveys with people experiencing homelessness due to their knowledge and experience working with this population to facilitate the count. The PiT Count Committee recruited individuals working in the sector through networks with shelters, agencies, emergency services, and various levels of government.

TRAINING: All individuals participating in facilitating the count were required to attend a training session in advance of the PiT Count. This helped to ensure that surveys would be completed as accurately and consistently as possible and that individuals, service providers and organizations, felt adequately prepared for what to expect on the day of the count. During these sessions, individuals also learned the background and purpose of each survey question.

HONORARIA: The PiT Count Committee aimed to develop a deeper understanding of best practices for engaging community members with lived experience to contribute to research with their insights and expertise. As a result, the HRM 2022 Point-in-Time count offered honoraria in the form of $20.00 cash to survey participants. The decision of this honoraria was based on participant choice and agency over how individuals wish to spend their remuneration for their contributions.

METHODOLOGY AND LIMITATIONS

5. CONSULTATION

The 2022 PiT Count Committee are very thankful for the contributions of all of those who helped with this year's count.

Without including individuals with lived experience in the decision-making process, in research, and in all other endeavours, it creates an unbalanced approach to ending homelessness. As for any social issue, it is the people living it, who usually have the best understanding of the problem and what needs to be done to address it. Therefore, such inclusion of populations is vital in the context of homelessness, though, because being excluded and silenced is a huge part of the experience of homelessness and poverty.

FOCUS GROUPS

Three focus groups were convened to assist in analysis and to contextualize the statistics. Included the following:

FIRST VOICE GROUP OF UNSHELTERED INDIVIDUALS WHO PARTICIPATED IN THE SURVEY.

SERVICE PROVIDERS OF INDIVIDUALS WHO HELPED TO CONDUCT THE SURVEYS.

EXECUTIVE DIRECTORS AND MANAGERS AT NON-PROFIT AGENCIES WHO ARE RESPONSIBLE FOR HOUSING INDIVIDUALS, SERVICES, AND PROGRAMMING.

HOMELESS FIRST VOICE

Individuals in the community who were expiring homelessness were consulted with regarding the questions on the survey and in the facilitation of training.

LIMITATIONS

All PiT Counts underestimate the number of people homeless at any one time. This PiT Count is no different, as it did not enumerate every homeless person in HRM. Measuring homelessness is always difficult: population transience, weather/time of year, informal social systems and engagement methods are persistent issues which make capturing data problematic regardless of the community in which it occurs. The PIT Count is intended to offer a snapshot of the visibly homeless population on a particular night of the year. The following section reviews some of the critical, contextual considerations to make while reading the data contained within this report, as identified in consultation with the service providers who work with the population.

METHODOLOGY AND LIMITATIONS

VISIBLE VS. HIDDEN HOMELESSNESS:
Many people who experience homelessness do not engage with the formal social systems created to assist them. Within HRM, this issue has been identified anecdotally by service providers every time we attempt to measure basic demographic information about the population. This is of particular concern when looking at the gendered, age based and racial aspects of the data. It is generally accepted that homeless trans-identifying people, women with children, youth who are not in care, and people of colour do not engage with formal homeless systems due to mental health concerns, safety, cultural inappropriateness, and fear of systems involvement in their lives. In HRM, there has never an evidence-based assessment of what the hidden homeless population looks like so while we cannot make statements or claims about the general characteristics associated with it, we can make note when we see segments of the population missing from homeless counts, based on other types of interactions within the food banks, mental health/addictions, and justice systems. Additionally, it is accepted that a systemic count of homeless individuals in shelter, will be immediately skewed by the number of male vs female, and culturally inappropriate shelter beds in the system.

TRANSIENT POPULATION: People who have a chronic history or have chosen/prefer a lifestyle of homelessness tend to be transient and move through communities based on various individualized factors such as following employment opportunities, access to services, and climate. Access to services can also influence those who become newly homeless in rural communities, particularly when fleeing violence or trauma in their home communities.

ENGAGING RESPONDENTS: There are several reasons why people do not want to participate in surveys about their lives, especially ones which ask questions about an individual's deficiencies in being able to secure and maintain shelter, one of the most necessities of life. Issues of trust and power differentials can also influence response rates and participation. The PIT Count has always relied on shelter staff and community volunteers for survey administration. While all received the same basic training for surveying people, it is challenging to standardize engagement. Trust is an essential element of survey administration. However, there is also a power differential between shelter staff and their clients, who rely on services for survival. As a result, clients may not be truthful or forthcoming about their responses to questions which could get them in trouble or jeopardize their already precarious living arrangements, such as engagement in informal employment or desire to attain housing.

PARTICIPATION TIME WINDOWS: Not all sheltered individuals experiencing homelessness were able to be surveyed; therefore, the sheltered survey data only showcases a portion of sheltered residents. Shelters and agencies often restrict surveying to a particular time window. Due to this limited window, shelters may have missed individuals. These individuals are enumerated, but they are not a part of the survey data analysis.

COVID-19 PANDEMIC: During the PiT Count, one of the shelters was dealing with a COVID-19 outbreak. While the outbreak did not affect the surveys as they were conducted by the shelter staff. The shelter was unable to fill any empty beds with new individuals during the outbreak which may have impacted enumeration numbers, as normally the shelter is at full capacity with no beds available.

SELF-REPORTING: The issues of self-reporting are closely related to how respondents interpret the questions being asked of them, and the response categories to select from. This is particularly relevant in relation to variables that are less straight-forward such as gender and indigeneity; some transgendered individuals may not be trans-identifying and there is currently public debate as to how individuals identify indigeneity with regards to being Metis or having DNA linked to Indigenous ancest ry. There may also be cognitive, language or cultural barriers which results in incorrect categorizing of responses, such as the differences between Income Assistance and Disability Benefits; or family "conflict" versus family "violence." Further, as noted above, some homeless individuals may not be forthcoming with responses that reflect the reality of their lives. Participation in the informal economy with "under-the-table" or sex work may be masked if respondents perceive a risk to their Income Assistance or shelter admittance.

LARGE GEOGRAPHICAL AREA: Surveys were conducted at most of the main shelter locations within the main urban areas in HRM. However, due to HRM's large geographical area, all areas of the regain, especially those more rural were unable to reach.

REFERENCES

Gaetz S, Dej E, Richter T, Redman M. The State of Homelessness in Canada 2016. Toronto: Canadian Observatory on Homelessness Press, 2016.

Thistle, J. (2017.) Indigenous Definition of Homelessness in Canada. Toronto: Canadian Observatory on Homelessness Press.

After being housed...

- I felt so vibrant, and happy
I went back to my old self...

I loved doing

☆ EVERYTHING
by that point...

- cleaning my apt
- cooking
- shopping
- sweets

- having family & friends back in my life

at this POINT ✦✦✦✦✦