

EVERYONE COUNTS IN HRM 2024

Point-in-Time Count Report 2024:

Halifax Regional Municipality



AFFORDABLE HOUSING
ASSOCIATION OF NOVA SCOTIA

INTRODUCTION

This report provides a snapshot of the scope and nature of homelessness in the Halifax Regional Municipality (HRM) in 2024 based on the Point-in-Time (PiT) Count. The findings include the number of people counted as experiencing sheltered and unsheltered homelessness on the night of November 25, 2024, basic demographics of survey respondents, and other indicators of how and why people were experiencing homelessness in HRM. PiT Count enumerations provide information on the **MINIMUM** number of people experiencing homelessness on a single night.

For HRM, in addition to the enumeration, people experiencing homelessness on the night of the Count were invited to participate in a PiT Count survey during the week of November 25 to November 29, 2024.

The findings in this report are based on surveys completed in communities and neighbourhoods throughout HRM, and all surveys were completed either during the Street Count on November 25, 2024, or in interactions with housing and homelessness response programs during the survey period. Responses were provided voluntarily with all participants receiving a token of appreciation for sharing their experiences. The AHANS Reaching Home team extends its gratitude to the 596 unique individuals that completed the survey and the 95 staff across 42 sites representing 23 agencies who participated in both the PiT Count enumeration and survey process.

As will be identified in this Report, the rise in chronic homelessness across all populations in HRM underscores the reality that people are not only at risk of housing loss but are often unable to exit homelessness once it begins. Their pathways into homelessness frequently reflect structural disconnections, systemic discrimination, as well as ongoing inequities – including severe poverty, intergenerational trauma, gender-based violence, unmet health concerns and limited access to safe, affordable housing.

The 2024 Point-in-Time Count represents the scope and nature of homelessness within a moment in time. It captures the realities of homelessness in the HRM on a single night – but homelessness is not static. New individuals are pushed into homelessness daily, even as others find their way out. Given the stark increase in chronic homelessness witnessed in the 2024 Count, this report reflects a sense of urgency to ensure that housing investment, sector collaborations and community commitment center all future efforts on preventing and ending chronic homelessness, one youth, adult, family and senior at a time.

This report also signals an opportunity for the ongoing adoption of enhanced evidence-informed practices, programming, and investments to ensure that supporting households with lengthy experiences of homelessness and higher depths of need are

prioritized moving forward. Reducing chronic homelessness can only be successful with a focus on permanent housing and the supports required to maintain it.

The following chart provides a snapshot of the 2024 Point-in-Time Count findings for the 596 individuals who participated in the survey:

Realities Facing PIT Count Respondents	All People Surveyed (N=596)	Chronic Homeless (N=448)	Men (N=381)	Women (N=182)	Indigenous People (N=96)	African Nova Scotians (N=66)	Veterans (N=28)
Chronic Homelessness							
All 3 Years	20%	26%	20%	20%	27%	14%	32%
More than 1.5 years in Past 3 Years	29%	38%	40%	23%	34%	30%	42%
All 12 Months in Past Year	52%	67%	51%	52%	60%	49%	78%
Homelessness Locations on Count Night							
Outdoors	10%	12%	18%	17%	26%	21%	13%
Shelter	67%	66%	70%	56%	64%	61%	78%
Shelter via Motel/Hotel	4%	3%	1%	26%	3%	6%	0%
Someone Else's Place	6%	6%	4%	10%	4%	9%	0%
All Homelessness Locations Over Past Year							
Outdoors	35%	40%	36%	34%	41%	26%	25%
Shelter	66%	68%	71%	56%	65%	56%	81%
Shelter via Motel/Hotel	16%	17%	13%	26%	17%	17%	0%
Someone Else's Place	40%	42%	36%	48%	44%	38%	34%
Hospital - NFA	25%	28%	26%	26%	30%	21%	16%
Jail - NFA	14%	16%	16%	13%	26%	18%	9%
Health Conditions Reported							
Medical Condition/Illness	45%	46%	39%	48%	55%	34%	47%
Physical Mobility Concerns	39%	40%	36%	39%	47%	26%	53%
Cognitive Functioning Concerns	38%	41%	32%	42%	56%	31%	44%
Acquired Brain Injury	18%	18%	16%	17%	31%	11%	31%
Mental Wellness Concerns	59%	60%	50%	68%	70%	47%	53%
Substance Use Concerns	48%	50%	46%	41%	59%	46%	53%
Senses (i.e. blindness, deafness)	25%	27%	25%	18%	38%	15%	31%

TABLE OF CONTENTS

INTRODUCTION	2
TABLE OF CONTENTS	4
ACKNOWLEDGEMENTS	6
Partners	6
Contributors	7
Funded By	7
SECTION 1: BACKGROUND INFORMATION	8
What is a Point-in-Time Count and Why is it Important?	8
Methodology	9
SECTION 2: KEY FINDINGS FROM THE COUNT	13
Total Number of People Experiencing Homelessness.....	13
Sheltered and Unsheltered Homelessness.....	13
SECTION 3: FINDINGS FROM THE SURVEY	16
The Experience of Homelessness in HRM.....	16
Length of Time Homeless.....	16
Overnight Homelessness Locations on November 25 th , 2024.....	18
The Variety of Homelessness Locations Over the Past Year	19
Reasons for Most Recent Housing Loss	21
Age When First Experienced Homelessness	23
Who Accompanies People Experiencing Homelessness?	24
Connection to HRM – Length of Time Living Here.....	25
Age Distribution for People Experiencing Homelessness	25
Gender Identity and Sexual Orientation	27
Involvement in Child Welfare System	28
Sources of Income Reported	29
Health Conditions Impacting People Experiencing Homelessness	30
Immigration Status	31
Racial, Ethnic and Cultural Identification	31
SECTION 4: SPECIALIZED POPULATIONS	33
Special Focus: Chronic Homelessness.....	33
Special Focus: Indigenous Peoples.....	39
Special Focus: African Nova Scotian Homelessness in HRM.....	43
Special Focus: Veterans	48

Special Focus: Families with Dependent Children	52
Special Focus: Unaccompanied Youth	59
Special Focus: People Who Came to Canada as Immigrants, Refugees, Asylum Claimants or on Another Type of Visa.....	64
SECTION 5: CONCLUSION	68
APPENDIX A: SUPPLEMENTARY INFORMATION ON SPECIALIZED POPULATIONS	69

ACKNOWLEDGEMENTS

The Affordable Housing Association of Nova Scotia would like to thank the Mi'kmaw Native Friendship Centre for partnering with us as co-facilitators of the 2024 PIT Count, the Point-in-Time Count Working Group for its guidance and feedback and the Government of Canada which funded the Count.

We would like to acknowledge that AHANS is located on the ancestral and unceded lands of the Mi'kmaq people. We pay our respects to the elders, past and present, and acknowledge the unique and enduring relationship between the Mi'kmaq people and their traditional territories.

The signing of the Peace and Friendship Treaty of 1760-61 between the Mi'kmaq people and British authorities established a relationship of mutual respect and support. However, colonial policies and practices over time have caused significant harm to Indigenous communities, including the displacement of Mi'kmaq people from their traditional territories and the suppression of their culture and traditions.

We also acknowledge that African Nova Scotians are a distinct people whose histories, legacies and contributions have enriched that part of Mi'kma'ki known as Nova Scotia for over 400 years.

We commit to doing our part by prioritizing Indigenous and African Nova Scotian voices and needs in our work, and supporting their calls for self-determination and land sovereignty.

We acknowledge that we have a responsibility to do better and are committed to ongoing dialogue and action to support calls for justice, healing, and reconciliation.

Partners

AHANS would like to thank the Point-in-Time Count Working Group for its guidance. This Working Group was comprised of representatives from the following:

Province of Nova Scotia – Department of Opportunities and Social Development

Province of Nova Scotia – Public Health

Mi'kmaw Native Friendship Centre

The City of Halifax – Outreach Team

Adsum for Women and Children

Shelter Nova Scotia

902ManUp

Halifax Refugee Clinic

Phoenix Youth Programs

Contributors

AHANS would like to thank the agencies and staff who contributed to the Appendix of this Report to help highlight the experiences of the populations they serve:

Mi'kmaw Native Friendship Centre
902ManUp
Adsum for Women and Children
Halifax Refugee Clinic
Phoenix Youth Programs

Funded By

This project was funded by the Affordable Housing Association of Nova Scotia through the Government of Canada's Reaching Home Initiative, the Nova Scotia Department of Opportunities and Social Development, and the City of Halifax – Housing and Homelessness Department.

Canada 


NOVA SCOTIA

HALIFAX

SECTION 1: BACKGROUND INFORMATION

For over a decade, Canadian communities have conducted their own homelessness counts. They have, however, done so at various times of the year and with different approaches. The coordinated Point-in-Time (PiT) Count began in 2016, marking the first time that communities across Canada used a standardized approach when conducting a homeless count. The approach was developed by a national working group comprised of experts from communities that had conducted counts in the past¹. The Count scheduled for 2024 further standardized the national approach for both the homelessness enumeration and the survey with all communities needing to complete the Count between October 1 to November 30, 2024. This resulted in the HRM PiT Count being conducted at a different time than previous Counts. Many partners feared that this revision in the local methodology would result in fewer people being counted and surveyed during the Count. As is highlighted in this report, however, more people – not less – were identified and surveyed in 2024 than any other year.

As the Community Entity for the Reaching Home – Designated Community Stream for the Halifax Regional Municipality, AHANS was responsible for conducting a Point-in-Time Count in the Fall of 2024. For the first time, AHANS and the Mi'kmaw Native Friendship Centre, as the Reaching Home Community Entity for Indigenous Homelessness, partnered for the planning, facilitation, and reporting of the Point-in-Time Homelessness Count in the Halifax Regional Municipality.

As will be presented in this Report, most respondents during the HRM Count reported sustained periods of homelessness. These long durations reflect deeply entrenched housing disconnection and limited exits from homelessness. The rise in chronicity over time reflects the cumulative impact of housing unaffordability, service fragmentation, and growing health complexity among those experiencing homelessness. Without such system initiatives, communities would be ill-equipped to strategically understand and respond to the changing realities of homelessness.

What is a Point-in-Time Count and Why is it Important?

The Point-in-Time Count is a coordinated data collection strategy that counts the number of people experiencing homelessness in a region within a 24-hour period. It provides an estimated snapshot of a community's extent and nature of homelessness. The Count collects data on the number of individuals and families experiencing homelessness, as well as their demographics and service needs. Although the Point-in-Time Count survey was completed over a five-day period, only households that

¹ Everyone counts - homelessnesslearninghub.ca. (n.d.). Retrieved from: <https://homelessnesslearninghub.ca/wp-content/uploads/2021/06/HPD-Guide-PIT2020-3rd-ed-20191129-EN-ED.pdf>

experienced sheltered, unsheltered, and/or hidden homelessness on Monday, November 25, 2024, were eligible to participate in the survey. With a focus on ensuring people who experience unsheltered homelessness are engaged during the enumeration, a Street Count is completed within a 24-hour period including late afternoon, early evening, and early morning shifts across survey sites throughout a geographical area. Although survey teams complete surveying outside of business areas, the Count is scheduled for a time when most people are likely to be off the streets if they have somewhere else to go, and when most people are most likely to be settled in where they intend to spend the night.

A homelessness enumeration is required to ensure that every individual experiencing homelessness can have their housing situations and support needs identified for local service providers. The Count is also a strategy to identify “the big picture” of the scope and nature of homelessness in the community so that year over year trends can be identified. Communities use the Count results in the following ways²:

- To understand the drivers of homelessness in the community.
- To identify the populations that are over-represented among people experiencing homelessness.
- To inform future decision making to address homelessness to ensure that resources are directed to areas of greatest needs.
- To highlight where efforts to prevent and reduce homelessness can have the greatest impacts.

Although a Point-in-Time Count is a carefully planned social science research project, all Point-in-Time Count activities, by their inherent limitations, undercount the homeless population. This is especially true for households experiencing hidden homelessness, such as temporary couch-surfing or doubled-up situations. Due to this limitation, the number of people identified as experiencing homelessness during the homelessness enumeration should be considered the **MINIMUM** number of people experiencing homelessness on November 25, 2024.

Methodology

The 2024 HRM Point-in-Time Count enumeration was conducted from the afternoon of November 25th to the morning of November 26th, with an extended survey period running until November 29th. The event was part of the Reaching Home strategy and followed national guidelines to ensure comparability with other regions and with

² Adapted from Government of Canada (n.d.): Point-in-Time Counts as cited: <https://housing-infrastructure.canada.ca/homelessness-sans-abri/resources-ressources/point-in-time-denombrement-ponctuel-eng.html>

previous local counts (2018, and 2021). Methodological adaptations were made to reflect HRM's geography and diverse service settings.

For the first time, AHANS as the Community Entity of Reaching Home – Designated Community Stream and MNFC as the Community Entity of Reaching Home – Indigenous Homelessness Stream partnered for the planning, facilitation, and reporting of the Point-in-Time Homelessness Count in the Halifax Regional Municipality. In addition to co-leading a local Working Group of sector representatives, MNFC also hosted the Command Centre for the Street Count and coordinated the identification of trained outreach and homelessness response staff to participate in the enumeration and surveying activities.

In total 1,132 people were recorded as experiencing homelessness on the night of November 25th. This number incorporates people identified through a combination of observed homelessness, official bed count reports (shelter & health sites), and survey information for individuals/families who would not have otherwise been counted based on where they reported staying on the night of the Count. Based on the guidance of the sector experts within the Point-in-Time Working Group, the 2024 PiT Count also included enumeration and surveying of people experiencing hidden homelessness (couch surfing, staying with family and friends, etc.) who were connected with homelessness response services. Surveys were available for completion on paper or electronically using a SurveyMonkey weblink.

In total, 603 surveys were completed during the five-day survey period from November 25 to 29, 2024. After de-duplication of the data set, survey responses from 596 unique individuals provided valuable insights into the nature and scope of homelessness in HRM. While each survey was administered to a single respondent (typically an individual or head of household), many surveys captured additional people staying with the respondent – such as children, partners, or other adults. Surveys were conducted in a wide range of locations, including drop-in centres, housing clinics, and shelters (including those in motels and hotels under the Shelter Diversion Programs funded by the NS Department of Opportunities and Social Development). Survey teams also canvassed encampments, parks, alleys, and other public areas where individuals may have been sleeping unsheltered.

Although an imperfect method of estimating the true picture of homelessness in any community, the enumeration and surveying of people experiencing sheltered, unsheltered, and hidden homelessness involved a multi-prong approach:

Sheltered Homelessness: Using occupancy rates from the various local shelter options, VAW Transition House, and motel/hotel shelter programs (known in Nova Scotia as the Shelter Diversion Program), the number of people sheltered the night of November 25th, 2024, was identified. Each of these sites also acted as an access point for individuals who were staying there to participate in the Count survey.

Unsheltered Homelessness: To capture the number of people staying in the designated encampment sites throughout HRM, the Outreach team with the Municipality provided the number of occupants for each site on November 25th. In addition to this occupancy information, a Street Count occurred over three shifts between November 25th to November 26th (3-6pm, 7-10pm and 6-9am). Capitalizing on the knowledge of local street outreach teams and street navigators, over 40 survey areas and routes were identified for the Street Count. Mapping included two types of areas. The first were areas where existing data indicated it was highly likely to encounter people experiencing homelessness. The second were areas that were not currently known to be actively used but were included to ensure comprehensive coverage of possible homelessness locations. The inclusion of low-density survey areas was an important part of the overall methodology – to visit areas where no people that are homeless are expected to be encountered – as it explores the possibility of bias.

Hidden Homelessness: The inclusion of hidden homelessness into the Point-in-Time Count methodology was new for the Halifax Regional Municipality system of care. These are households that may not seek services within the homelessness response system and rely upon couch surfing or staying with other friends or family members even though they do not have a permanent place to live. Acknowledging that there is no known universally accepted methodology to adequately capture the number of people experiencing “hidden homelessness”, the decision was made to limit the connection with households experiencing hidden homelessness to those that were engaged during the Street Count or who directly connected with homelessness response organizations (shelters, drop-in centres/hubs, housing clinics, etc.) during the survey period. Given the limited engagement with people experiencing hidden homelessness, it is recognized that the number of people identified as experiencing homelessness on Monday, November 25th is underestimated.

“No Fixed Address” Scenarios within Health and Correctional Facilities: Individuals are considered to be provisionally accommodated if there are no arrangements in place to ensure they move into safe, permanent housing upon release from institutional care. Some of these people may have been experiencing homelessness prior to entering health and/or justice facilities or may have lost their housing during their time in these situations. Unlike past years, the local correctional partners did not provide details on the number of homeless adults incarcerated during the November 25th Count. Health partners did identify the number of adults in local hospitals/emergency rooms on the night of the Count that had “no fixed address”.

Engagement and Survey Completion

During the Street Count, local Outreach staff provided guidance to other sector staff that had “volunteered” their time to survey people during the Street Count shifts. All surveyors were trained on the survey tool and provided training on engagement with

people in community with reminders and tools regarding maintaining safety within their survey teams. The completion of the PIT Count in the autumn season was a departure from past Counts in HRM which normally occurred in spring or summer. During the post-Count debrief sessions and communications, concerns were expressed about surveying people experiencing homelessness during the darkness of night. To improve the methodology in the future, AHANS and MNFC as PIT Count partners will strive to host the enumeration in early October and before the start of Daylight Savings Time.

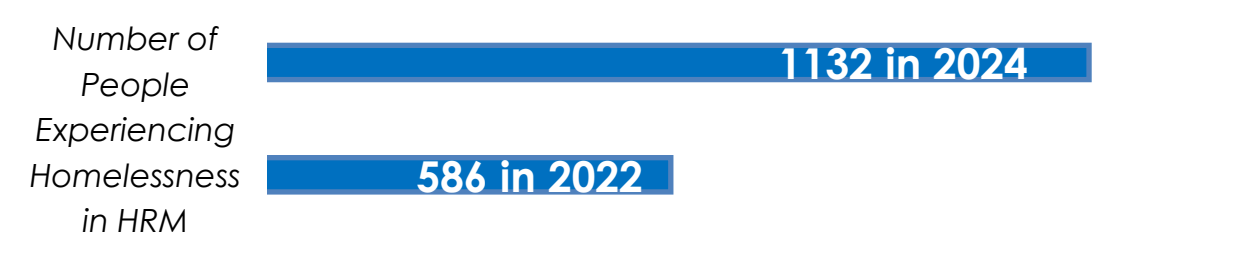
Participation in the surveys was voluntary with respondents able to participate, opt out of the process or refuse to answer any question at any time. Consent to participate was gathered from respondents before starting the survey, and only non-identifying information was shared with the Government of Canada. Gift cards (\$20 value) for a local grocery store were provided to individuals participated in the survey as a token of appreciation for their time.

SECTION 2: KEY FINDINGS FROM THE COUNT

Total Number of People Experiencing Homelessness

On November 25, 2024, the minimum number of people identified as experiencing homelessness in HRM was 1,132 (1,009 adults and 123 children). This enumeration number includes a combination of observed homelessness from the Street Count, official bed count reports from shelter and health sites, and survey information for individuals & families who would not have otherwise been counted based on where they reported staying on the night of the Count (this would include those who stayed with others and several who were in vehicles which were not noted on the Street Count tally sheets).

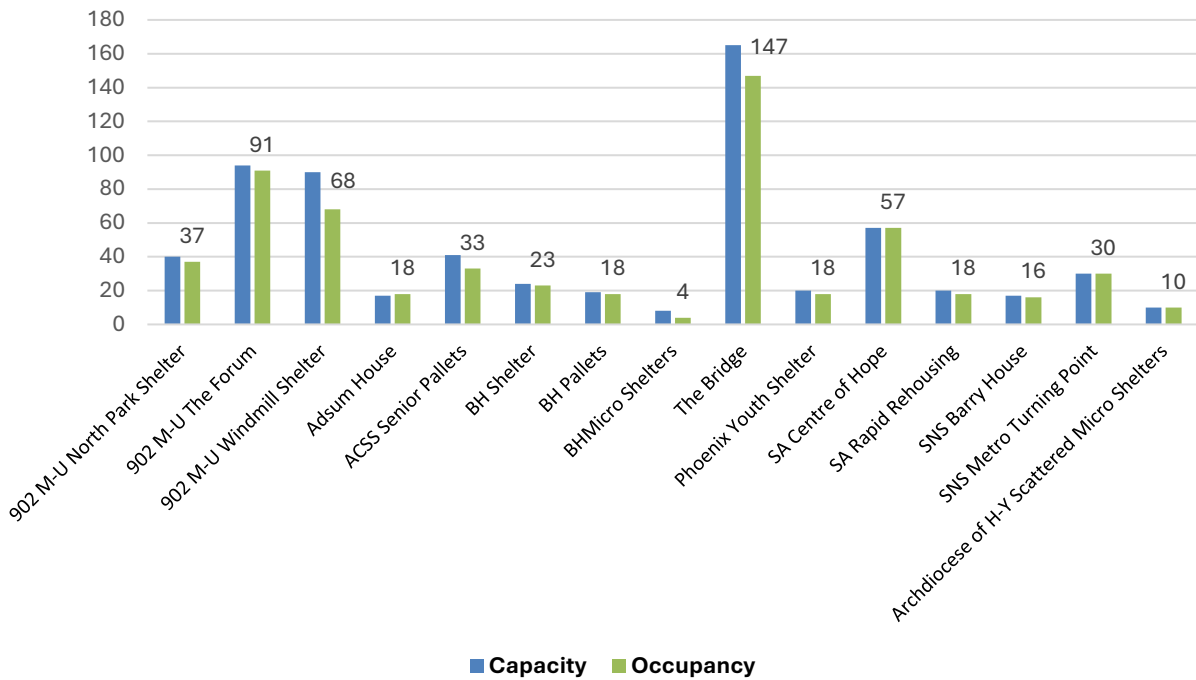
The number of people experiencing known homelessness in 2024 was almost double that of the 2022 Count results.



Sheltered and Unsheltered Homelessness

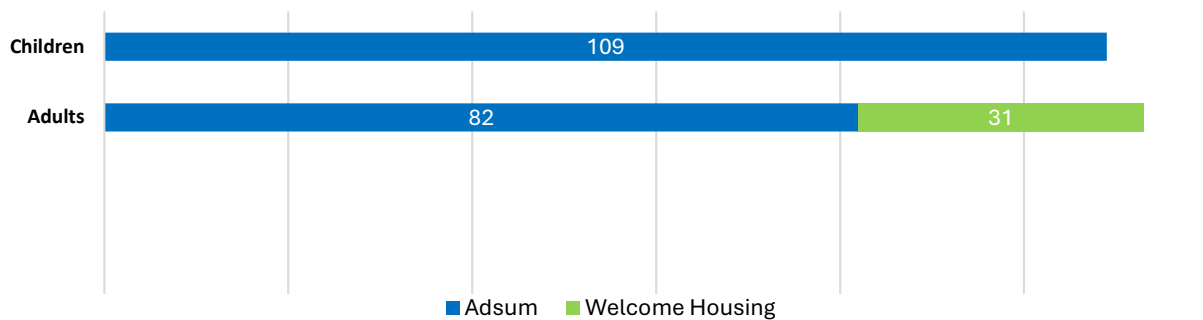
Visible homelessness encompasses people that are experiencing sheltered and unsheltered homelessness. The Province of Nova Scotia has invested heavily in shelter spaces as well as the Shelter Diversion Program where people, including families and individuals with medical needs, may be sheltered in options such as motels and hotels. It is therefore not surprising that the largest number of households experiencing homelessness on the night of the PiT Count were connected to the many shelter and Shelter Diversion options available. During the night of November 25th, the shelter occupancy rate sat at 88% (588 of the available 652 beds in HRM were occupied). When examining traditional shelter options, the chart below details the bed capacity (number of beds in each shelter option) as compared to the occupancy numbers (number of beds occupied) reported for November 25th.

Sheltered Homelessness on Monday, November 25, 2024



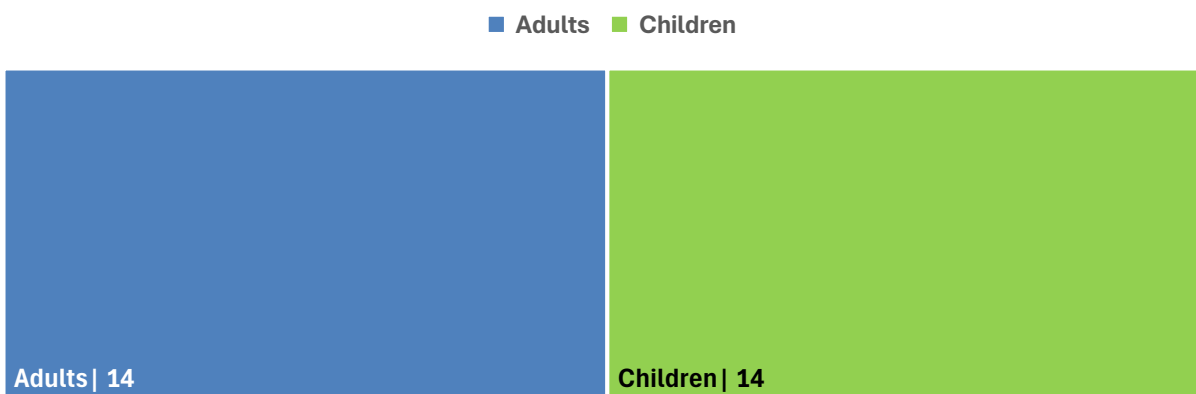
In addition to the traditional shelter options available for individuals and child-free couples experiencing homelessness in HRM, the Province of Nova Scotia also supports the delivery of a Shelter Diversion Program that utilizes motel and hotel rooms via two local agencies: *Adsum for Women and Children* and *Welcome Housing & Support Services*. These programs reported that on the evening of Monday, November 25th, 222 people (113 adults and 109 children) stayed in a motel or hotel room that was funded through the Shelter Diversion Program.

Shelter Diversion Programs on Monday, November 25, 2024 (N=222)



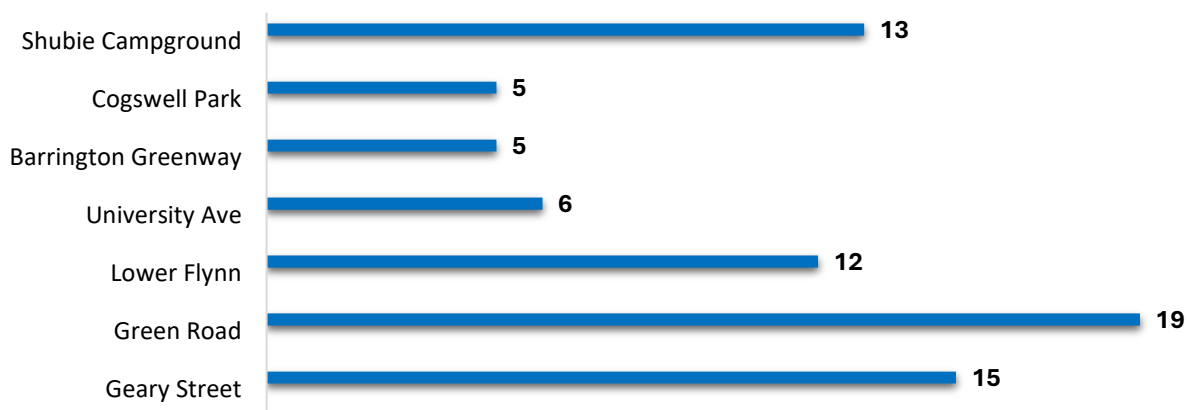
Women and children fleeing violence who have no safe, appropriate housing to return to also meet the Government of Canada's definition of "homeless". Violence Against Women (VAW) Transition Houses also support many women and their children in having a safe, temporary place to stay. One of these sites in HRM participated in the Count.

VAW Transition House Occupancy on Monday, November 25, 2024



In addition to people staying in traditional shelters, Shelter Diversion Programs and survivors of violence staying in Transition Houses, visible homelessness counts in HRM must also include the number of people staying in one of the designated encampment sites in the municipality. As identified below, 75 additional people occupied unsheltered spaces in these designated sites on Monday, November 25th, 2024. As will be discussed in this report, these occupancy numbers in designated unsheltered sites are not inclusive of people that are staying in makeshift shelters or encampments in wooded areas, public parks, vehicles, or other places not meant for human habitation throughout HRM.

HRM Designated Encampment Sites Occupancy on Monday, November 25, 2024 (N=75)



SECTION 3: FINDINGS FROM THE SURVEY

In addition to the 1,009 adults and 123 children (**a total of 1,132 people**) known to have experienced homelessness in HRM on November 25th, trained front line staff engaged with people experiencing all forms of homelessness during the week of November 25-29 and invited them to participate in a Homelessness and Housing Survey. To be eligible to participate in the survey at any point during the survey period, an individual would have had to identify where they stayed on the night of November 25, 2024, and met the definition of “homeless” on that date.

The five-day survey campaign yielded 596 unique individuals completing a 10-minute questionnaire designed to gather insights into the drivers and realities of homelessness in HRM. The next section of this Report provides insights into these realities and experiences.

The Experience of Homelessness in HRM

The scale of chronic homelessness identified in the 2024 HRM Point-in-Time Count highlights the extent to which many people are not just experiencing homelessness but doing so over extended periods of time or repeatedly over the course of their lives.

Length of Time Homeless

In Canada, the national definition of Chronic Homelessness³ is inclusive of experiences of homelessness that occur in sheltered and unsheltered areas, as well as experiences of hidden homelessness. It includes individuals who are currently experiencing homelessness and who meet at least one of the following criteria:

- **Acute Chronicity:** They have a total of at least six months (180 days) of homelessness over the past year, or
- **Prolonged Instability:** They have recurrent experiences of homelessness over the past three years, with a cumulative duration of at least 18 months (546 days).

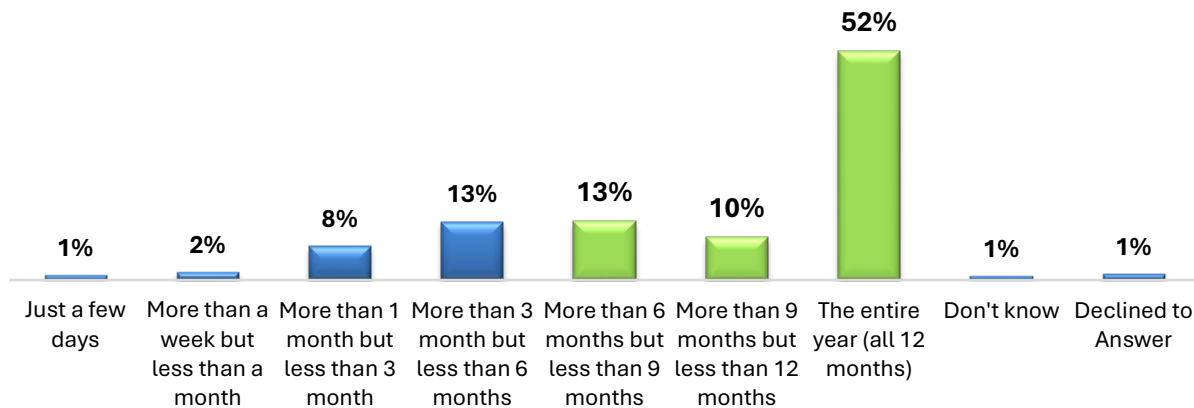
As represented in the chart below, the 2024 Point-in-Time Count survey captured voices of people who were new to homelessness in HRM (households that were homeless only for a few days in the past year), voices of people that experienced homelessness for all 365 days of the past year, as well as hundreds of responses from people that have been homeless in HRM for over 3 years.

In the examination of the experience of Acute Chronicity for PiT Count survey respondents in 2024, 52% of the survey respondents (N=301) identified that they were

³ <https://housing-infrastructure.canada.ca/homelessness-sans-abri/reports-rapports/chronic-homelessness-2017-2021-litinerance-chronique-eng.html#>

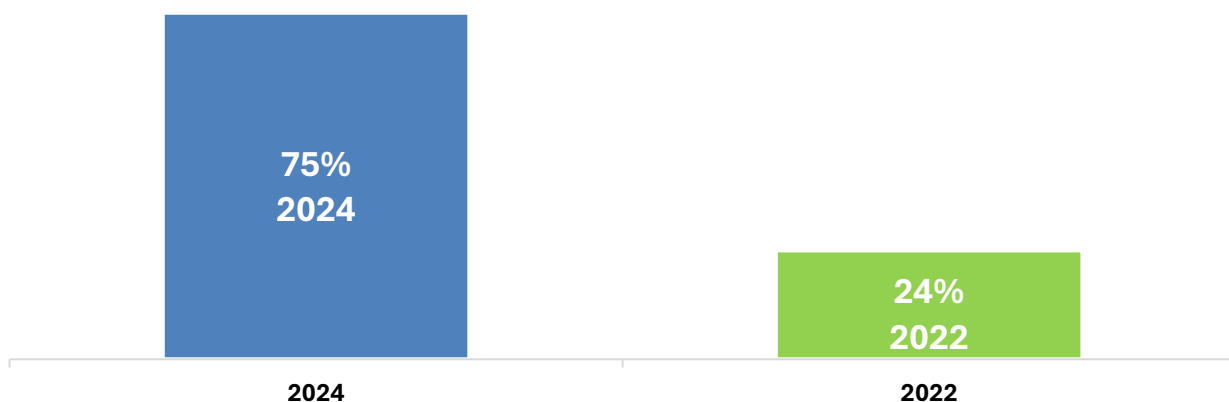
homeless all 12 months. An additional 23% (N=132) had experienced homelessness for longer than 6 months but less than 12 months in the past year.

How much time have you experienced homelessness over the PAST YEAR? (N=579)



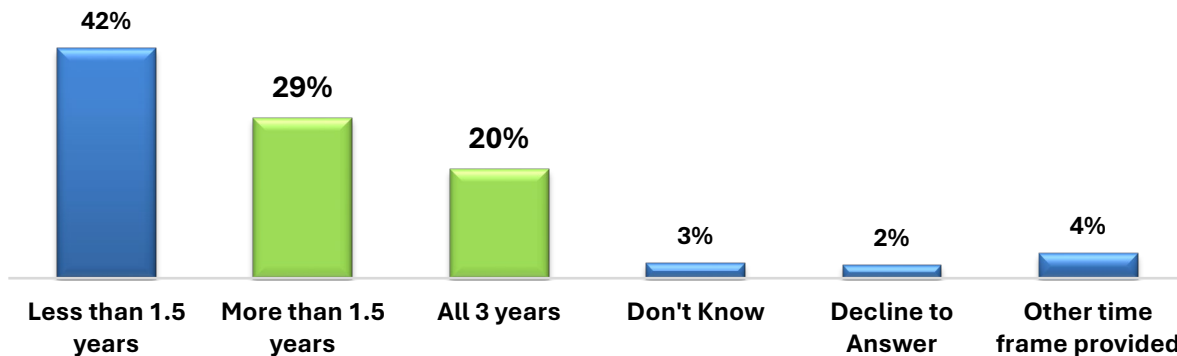
In comparing the 2024 acute chronicity results to the 2022 PiT Count results, it was identified that chronic homelessness had increased from 24% in 2022 to 75% in 2024. Although many communities experienced an increase in acute chronicity in 2024, the rise in chronic homelessness in the past year in HRM was even higher than expected.

Number of People that Experienced Chronic Homelessness in the Past Year Comparison of 2024 and 2022 Point-in-Time Counts



When examining homelessness over a 3-year period, Chronic Homelessness via Prolonged Instability was experienced by 49% of the PiT Count survey respondents in 2024.

How much time have you experienced homelessness over the PAST 3 YEARS (N=588)



A comparison of rates of prolonged instability by survey respondents between 2022 and 2024 PiT Counts in HRM, also revealed a higher-than-expected increase in the number of people that had experienced homelessness for more than 18 months over the last 3 years. The 2022 Count revealed that an estimated 102 survey respondents (23%) experienced more than 1.5 years over the 3-year period. This prolonged homelessness was a reality for 287 survey respondents (49%) in the 2024 PiT Count. The experience of long-term homelessness in HRM in recent years has intensified in the last couple of years.

People that Experience More than 1.5 Years Over the Past 3 Years Comparison of 2022 and 2024 Point-in-Time Counts



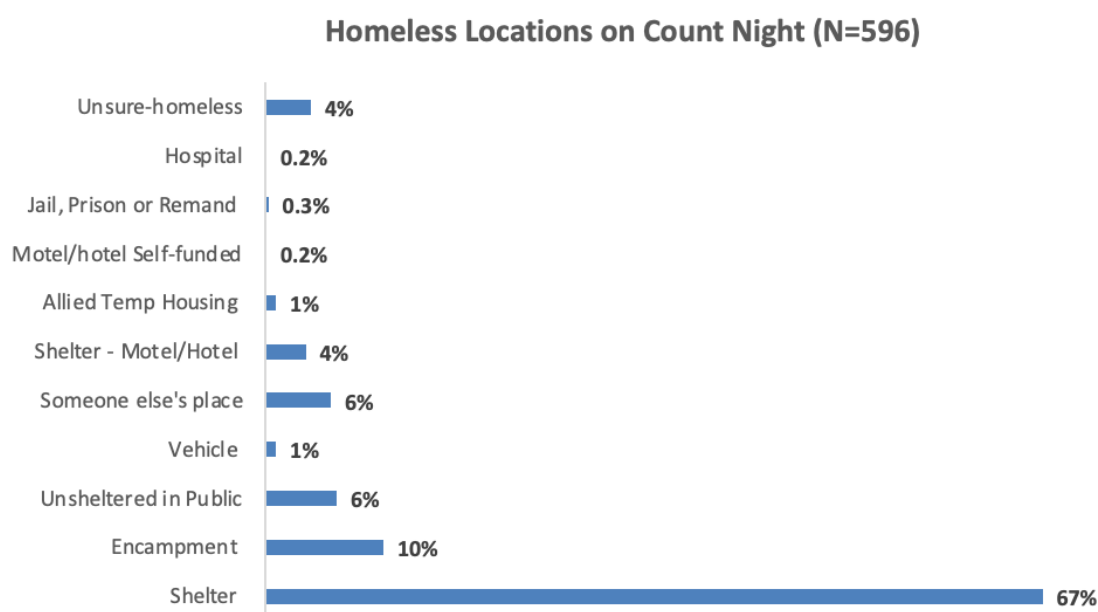
Overnight Homelessness Locations on November 25th, 2024

Sheltered Homelessness: The majority of the 596 people surveyed, or 67%, identified that they stayed in an emergency or Violence Against Women (VAW) shelter in HRM. This accounted for 399 survey respondents. Shelter investment continues to be a priority for

the Province of Nova Scotia as it works to address the lack of affordable and appropriate housing for its residents.

Unsheltered Homelessness: As identified previously, 75 people were reported in HRM designated encampment occupancy reports. For those individuals that completed PiT Count surveys, 61 survey respondents (10.2%) identified that they stayed in an encampment, an additional 37 people (6.2%) identified experiencing unsheltered homelessness in a public space, and 6 people (1%) reported staying in their vehicle. A total unsheltered homelessness rate of 17.4% identified in 2024 aligns closely with the 18.4% unsheltered rate documented in the 2022 PiT Count survey. This slight reduction in the number of people staying outside during the 2024 PiT Count is likely due to the late autumn date for the Count.

Hidden Homelessness: 5.9% of respondents (N=35) identified staying temporarily with someone else (couch-surfing) or paying for a motel or hotel room themselves that night.



The Variety of Homelessness Locations Over the Past Year

To better understand the realities of homelessness in HRM, survey participants were asked to identify all the various homelessness locations that they had experienced over the past year. Although 25% of the survey respondents identified only one type of homelessness (i.e. emergency shelter), most people (69%) identified multiple homelessness scenarios over the past year. The most common movement over the past year was between traditional shelter spaces and motel/hotel options. Four percent of

survey respondents identified unsheltered homelessness as their primary option during the entire year.

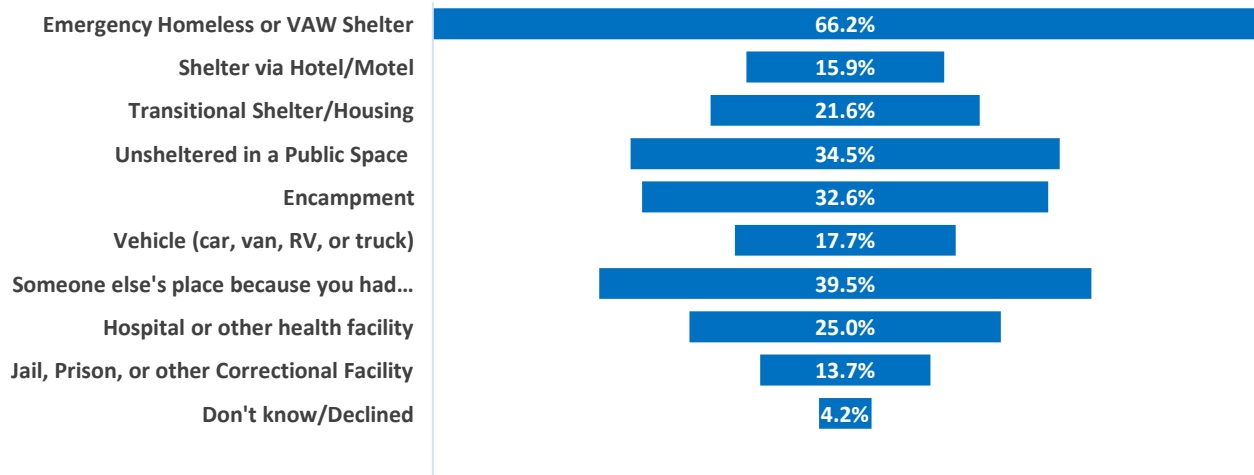
Sheltered Homelessness: Not surprising given the investment in shelter options, emergency homeless and VAW shelter spaces were used by 66.2% of survey respondents. Less than 3% of the people staying in motel/hotel options (29 individuals surveyed out of the potential 113 households occupying these spaces on Monday, November 25th) in the Shelter Diversion Program were surveyed, however 16% of the respondents (N=95) identified accessing “shelter via motel/hotel” for at least one night over the past year.

Hidden Homelessness: Hidden homelessness realities provided the second most-common response in identifying homelessness locations with 40% of respondents (N=233) identifying that they had stayed “at someone else’s place because you had nowhere else to stay” at least one night in the past year. Since hidden homelessness is difficult to quantify, given its invisibility in community, it is expected that the number of people staying with others temporarily (regardless of potential safety concerns) is much higher than captured in any Point-in-Time Count.

Unsheltered Homelessness: The increased experience of unsheltered homelessness in HRM is validated in the 2024 PiT Count results with 35% of survey respondents identifying that they had stayed unsheltered in a public space (N=204) and an additional 33% (N=193) revealing that they had stayed in an encampment at least one night in the past year. An additional 18% of people (N=105) identified relying on their vehicles for shelter at least one night over the past year.

Homeless while Attached to Public Systems: Interactions with health and corrections systems while experiencing the trauma of homelessness is not uncommon given the correlation between the lack of a home and limited access to non-emergency care/services. During the 2024 PiT Count in HRM, 25% of survey respondents (N=148) identified staying at a hospital or other health care facility at least one night in the past year and an additional 14% (N=81) stayed in a correctional facility at least one night.

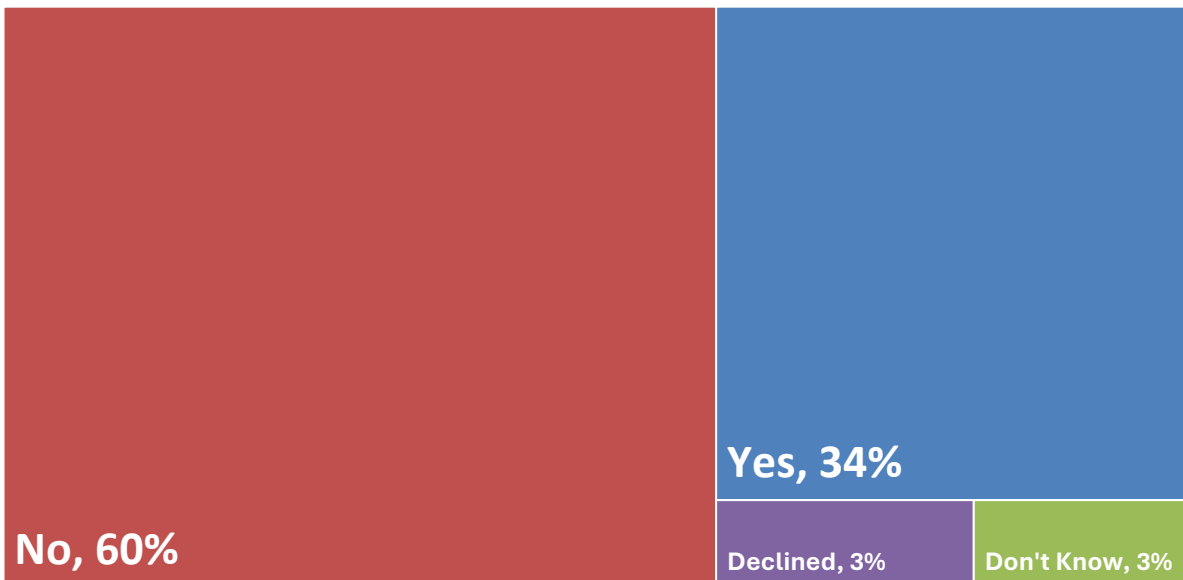
Have you spent at least one night in any of the following locations in the past year? (check all that apply) N= 592



Reasons for Most Recent Housing Loss

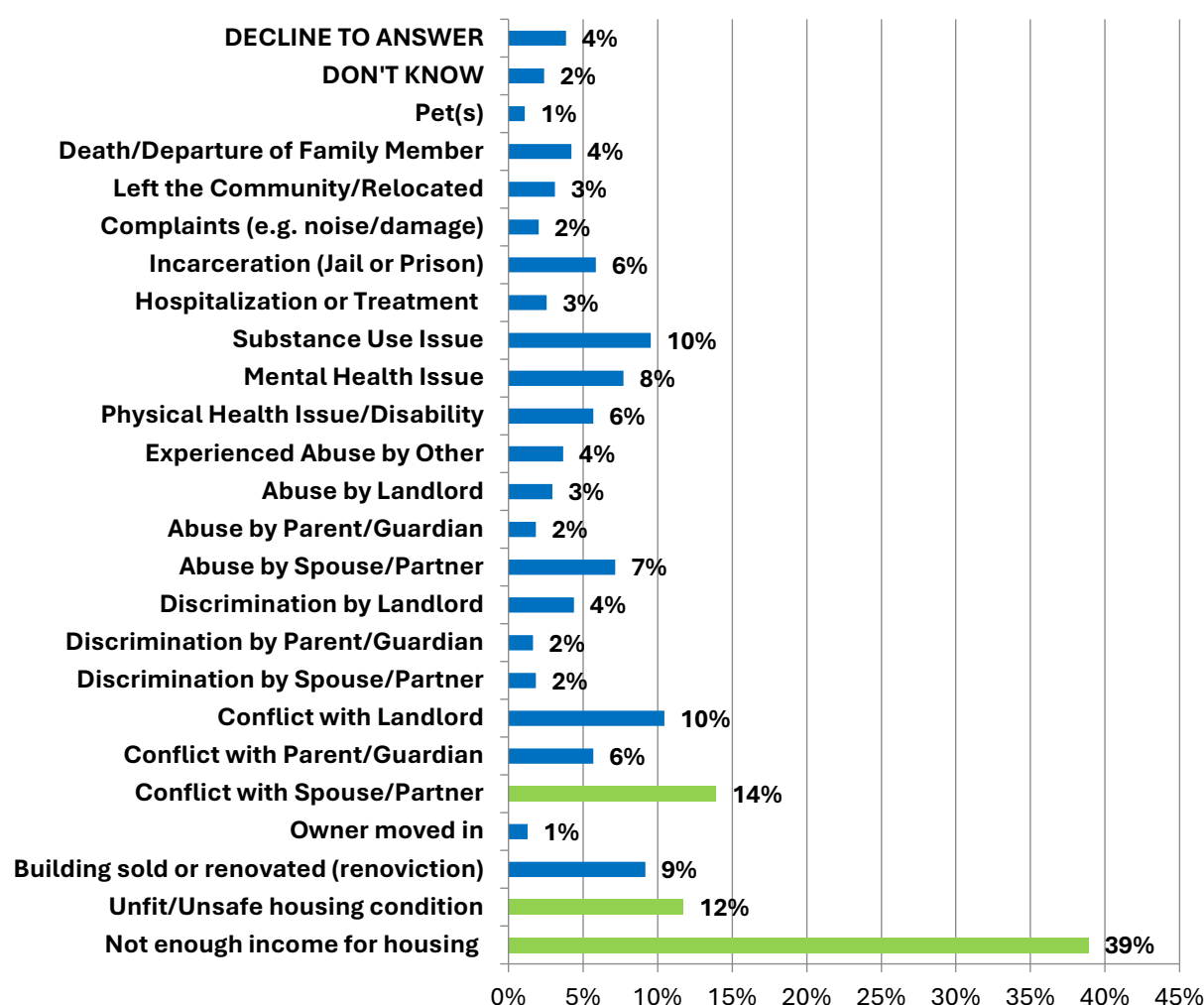
When asked if the most recent episode of homelessness was caused by an eviction, 60% of survey respondents identified "No" with only 34% stating that eviction from housing caused their homelessness.

Was your most recent housing loss related to an eviction? (N=581)



As is seen in homelessness surveys across North America, there is a multitude of reasons why homelessness happens in the lives of people. During the 2024 HRM PiT Count, the top driver of homelessness for survey respondents was lack of income to cover the cost of housing which was identified by 39% of all respondents (N=212). The second most common reason identified by 14% of respondents (N=76) for current homelessness was conflict with spouse/partner. When family conflict/relationship breakdown (abuse, discrimination and/or conflict with spouse/partner or parent/guardian) is examined further, 175 respondents or 32% identified this as the cause of their most recent loss of housing. In terms of health conditions, 10% of respondents identified substance use concerns and 8% identified mental health concerns.

What happened that caused you to lose your housing most recently? Check all that apply (N=545)



These findings reinforce that homelessness – including chronic homelessness – is not primarily the result of individual choices or isolated incidents. It is often the culmination

of financial instability, strained personal relationships, and limited housing protections. Together, these responses highlight the intersection of poverty, relationship breakdowns, and system gaps that make it difficult to regain or maintain housing over time. These patterns reappear across multiple subpopulations and reinforce the need for integrated housing and health solutions.

Age When First Experienced Homelessness

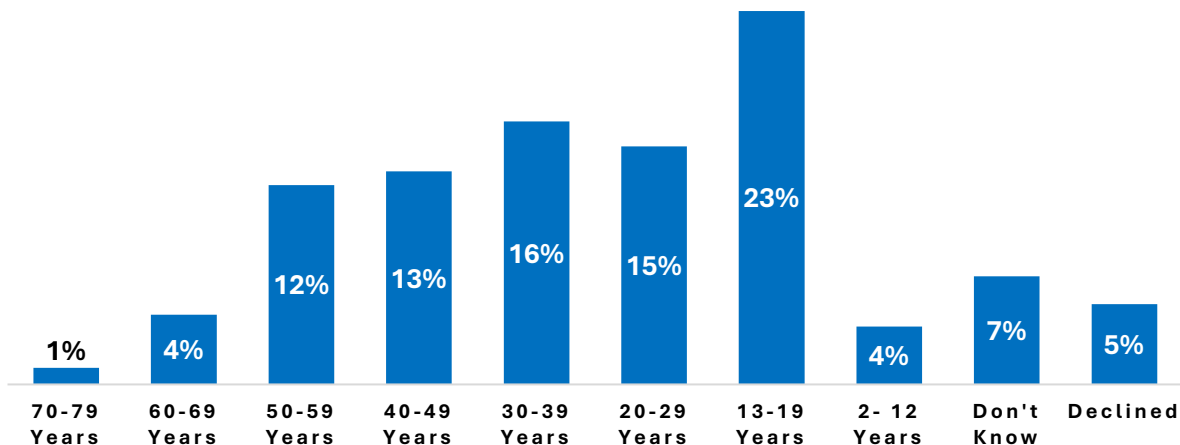
Research into homelessness trends identifies that although it may be impossible to identify which households will become homeless, it is confirmed that once a household experiences homelessness, they are at a greater risk of experiencing homelessness again in the future⁴. Due to this empirical finding, understanding when people are first exposed to homelessness provides some insight into the risk faced by Count survey participants in the future. The below chart identifies responses to the survey question “How old were you the first time you experienced homelessness?”. The average age was 27.3 years of age, but the range of responses include the youngest age of 2 years old (indicative of intergenerational impacts of family homelessness) to the oldest age of 73 years old when they first experienced homelessness.

As can be seen below, the largest age group that was impacted by first time homelessness is the 13-19 years of age demographic for 135 respondents (23%), followed by the 30-39 demographic for 95 respondents (16%) and then the 20-29-year-old population group with 86 respondents (15%). With 33% of the individuals experiencing homelessness for the first time in the 13-19 and 20-29 age categories, homelessness prevention and reduction efforts for youth should be prioritized as part of HRM’s efforts to reduce homelessness. Such efforts to stabilize youth who are at risk of homelessness must incorporate both youth and family-centred initiatives with particular focus on supports and services provided by child welfare systems.

The other important insight from examining the age distribution of when people first experienced homelessness is the reality that 31 respondents (5.32%) experienced their first episode of homelessness in their 60s or 70s. Instead of enjoying their senior years, these households are struggling to survive the trauma of first-time homelessness. Given their advanced ages and the high rate of chronic homelessness in HRM, preventing and resolving seniors’ homelessness quickly should be a priority for future investments.

⁴ Shinn M, Greer AL, Bainbridge J, Kwon J, Zuiderveen S. Efficient targeting of homelessness prevention services for families. *Am J Public Health*. 2013 Dec;103 Suppl 2(Suppl 2): S324-30. Doi: 10.2105/AJPH.2013.301468. Epub 2013 Oct 22. PMID: 24148041; PMCID: PMC3969118.

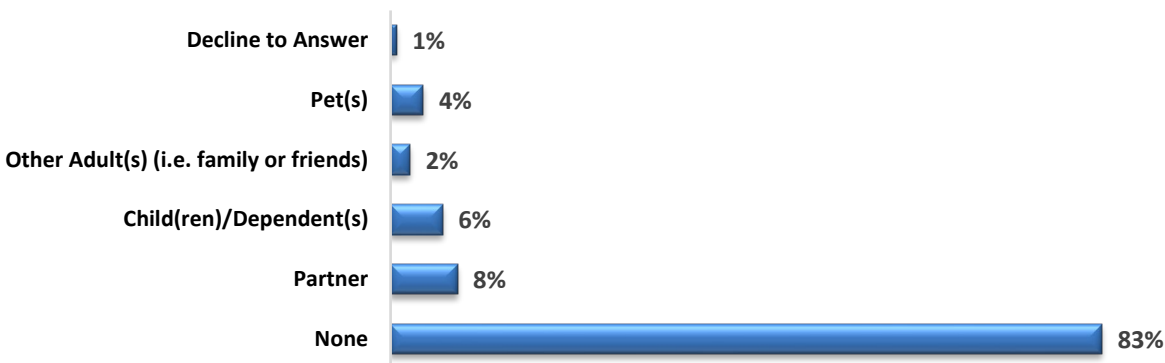
Age Of First Homelessness Episode (N=585)



Who Accompanies People Experiencing Homelessness?

As detailed in the chart below, most people (83% or 480 respondents) surveyed during the 2024 PIT Count in HRM identified that they did not have any family members or other people staying with them on November 25, 2024. Given the limited traditional shelter options for families and child-free couples and the small number of surveys completed by families in Shelter Diversion programs and Hidden Homelessness situations the week of November 25-29, this "solo" homelessness reality is expected. Of the households that participated in the Count survey, 6% or 35 households identified that they had children/dependents staying with them while 8% or 45 respondents identified that a partner was staying with them. An additional 2% or 13 people identified having another adult with them and 4% or 22 people are caring for pets amid their homelessness realities.

Do you have any family members or anyone else staying with you? Check all that apply. (N=580)



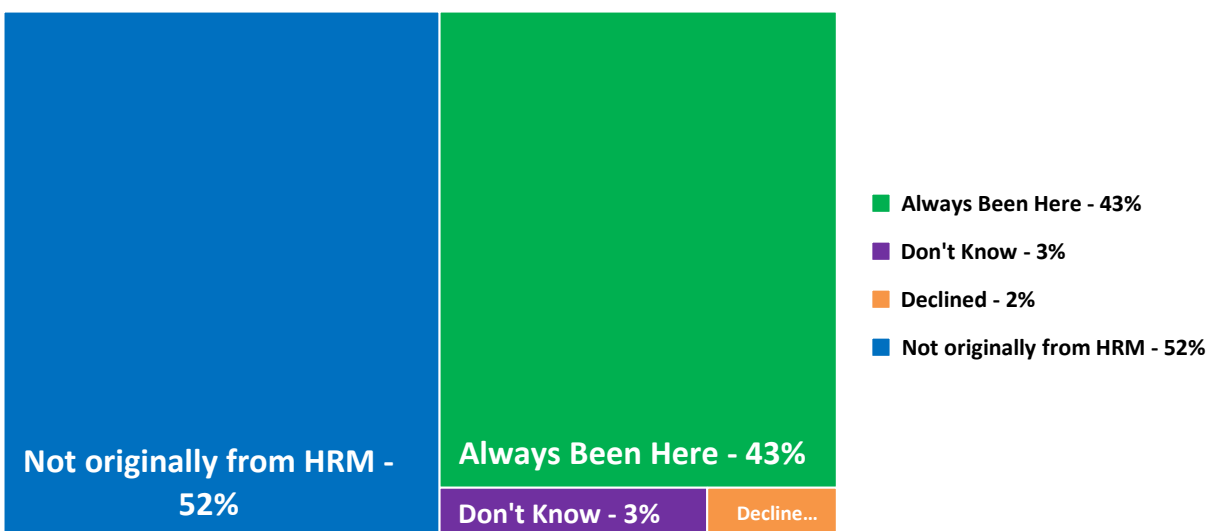
Connection to HRM – Length of Time Living Here

Like all Canadians, people experiencing homelessness can move from community to community, province to province. When asked about the length of time residing in the Municipality, 43% (N= 252) identified that they have always lived here while 52% (N= 306) identified that they were not originally from HRM. In exploring how long the survey respondents not born in HRM had lived here, responses ranged from a few days to 60 years.

Almost 23% of respondents (N=70) lived in Halifax for less than a year, 29% (N=88) lived in HRM between 1 and 4 years, 16% or 50 respondents identified living in HRM between 5 and 10 years, 16% or 48 respondents have lived in HRM between 11 and 20 years, and 50 people (17%) identified they lived in the Halifax area for between 21 and 60 years.

When asked about where they lived prior to coming to the HRM, the majority of respondents identified another community in Nova Scotia with less than 12% identifying a location across Canada or some other country.

How long have you been in Halifax Regional Municipality? (N=585)



Age Distribution for People Experiencing Homelessness

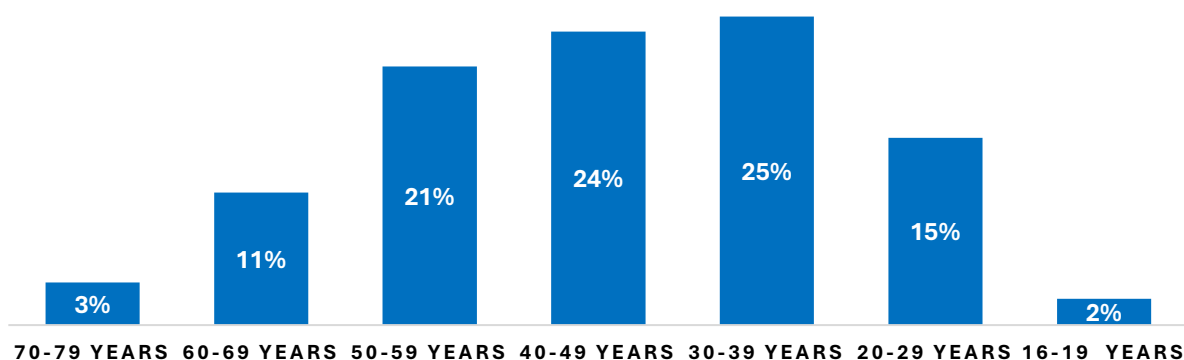
Homelessness can be experienced by anyone, regardless of age. Survey responses identified that ages ranged from 16 years of age to 77 years of age. The average age of people experiencing homelessness in HRM was identified to be 43.5 years of age. Most respondents were single adults, more than half of respondents (58%) were between the ages of 25 and 49 – a pattern consistent with previous local counts. HRM

results reveal that 17% of survey respondents are less than 30 with 7% or 40 individuals meeting the definition of transition aged youth (aged 16-24 years).

Additionally, 14% of the survey respondents identified that they were 60 years of age or older. Research on mortality rates demonstrate that people that are 60 years of age or older and have experienced 1 year of homelessness are at increased risk of mortality due to health conditions if their homelessness continues. Seniors facing homelessness are in a highly vulnerable state.

In exploring the realities of these older adults, it becomes apparent that they were also more likely to have experienced eviction prior to becoming homeless. More than 40% of respondents in this group reported that their most recent housing loss was due to eviction – a stark reminder of how housing precarity persists later in life. Perhaps even more striking is that nearly half (46%) of older adult respondents became homeless for the first time after the age of 50. This challenges the assumption that most people experiencing homelessness in later life have been unhoused for decades. Instead, it reveals a growing cohort of older adults who are becoming newly homeless due to economic shocks, health decline, or eviction – often after a lifetime of housing stability. The growing number of late-life entries into homelessness should be cause for alarm. These individuals who may have worked, rented, and/or owned homes for years are now aging into poverty and housing loss, often with fewer recovery options. Others, by contrast, had been unhoused since early adulthood and are now navigating the compounded impacts of aging while still disconnected from stable housing. This dual reality – of both new and long-term homelessness among older adults – underscores the urgent need for prevention, income supports, and housing pathways that reflect the realities of aging.

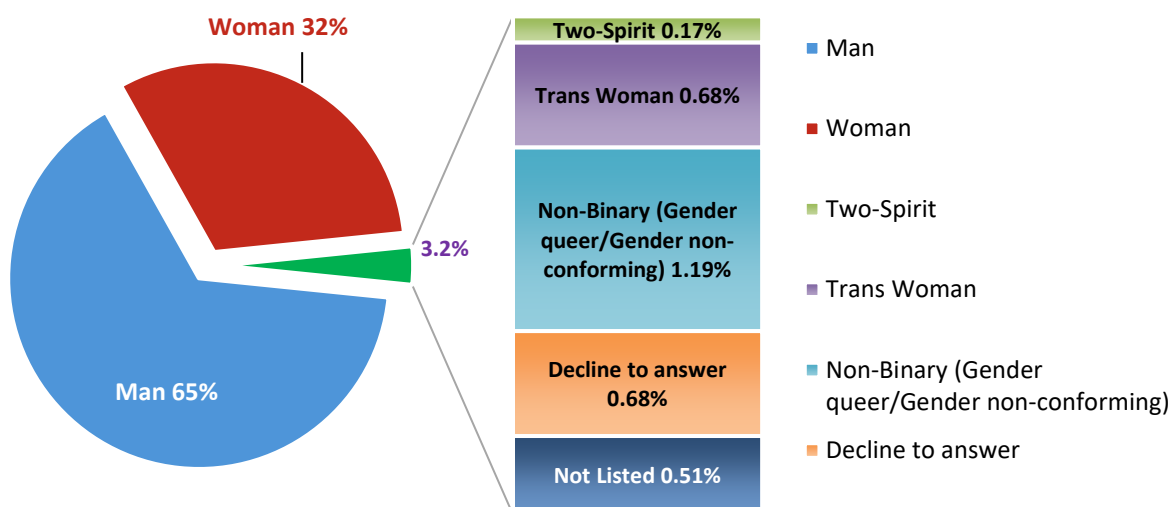
AGE DISTRIBUTION OF PEOPLE EXPERIENCING HOMELESSNESS (N=566)



Gender Identity and Sexual Orientation

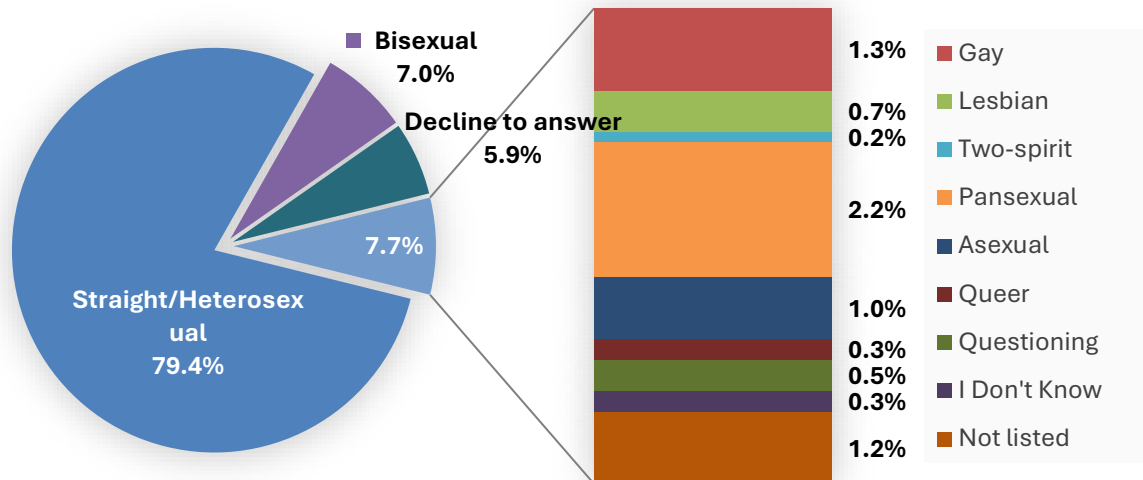
As is seen in most Canadian communities, the gender identity provided by most survey respondents was “man” (65% or 383 people) with 32% or 185 respondents identified as “woman”. Four respondents declined to answer (0.68%); 3 people (0.51%) identified that their gender identity was not listed or that they did not relate to the term “gender”, 7 people (1.19%) identified as non-binary, 1 identified as two-spirited and 4 people (0.68%) identified as “trans woman”. These responses reinforce the importance of maintaining gender-affirming services, while also recognizing that most respondents continue to identify within binary categories.

What gender do you identify with? (N= 587)



As seen in the below chart, most survey respondents, 80% or 473 people identified their sexual orientation as “Straight/Heterosexual” while 7% or 42 people identified as “Bisexual” and 6% or 35 people declined to answer. The remaining 8% of the respondents identified as “Gay” (1%), “Lesbian” (1%), Two-Spirit” (0.2%), “Pansexual” (2%), “Asexual” (1%), “Queer” (0.3%), “questioning” (1%), “I don't know” (0.3%) and 1% identified that their sexual orientation was not listed or that they did not connect to the term “sexual orientation”.

How do you describe your Sexual Orientation? Select all that apply. (N=579)

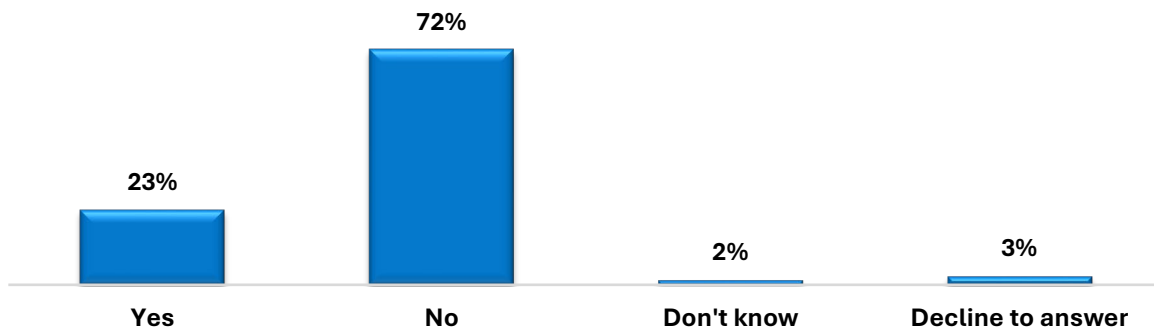


Involvement in Child Welfare System

Research into youth homelessness in Canada has identified the connection between child welfare involvement and later experiences of homelessness (in most communities, more than 30% of transition aged youth experiencing homelessness have been involved in foster care/child welfare systems as a child⁵). When examining the involvement in the child welfare system during the 2024 PIT Count, 134 respondents (23%) identified that they were in foster care or a group home as a child/youth. When asked how long ago that child welfare involvement occurred, the time ranged from a few months for some of the youth respondents to over 50 years ago for some of the senior respondents. The average time since involvement in the care system was 27.3 years ago.

⁵ Kurzawski, Clarissa (2021). The Link Between Foster Care, Homelessness and Criminalization. Cited via <https://homelesshub.ca/blog/2021/link-between-foster-care-homelessness-and-criminalization/>

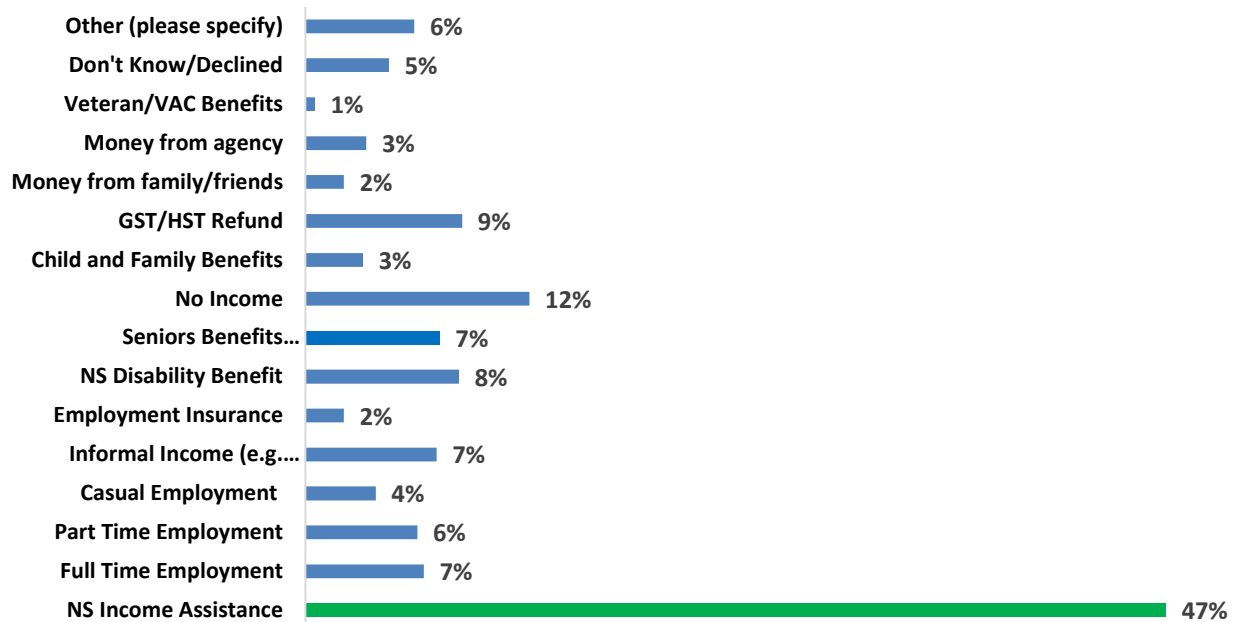
As a child or youth, were you ever in foster care or in a youth group home? (N=577)



Sources of Income Reported

The survey asked respondents to identify all of their current sources of income. Respondents could indicate one or multiple sources of income. Most people experiencing homelessness during the PiT Count in 2024 identified being in receipt of Nova Scotia Income Assistance (N=269 or 47% of respondents). Additional income sources indicated by respondents included the Nova Scotia Disability Benefit (9%), employment income: full-time, part-time, or casual (17%), GST/HST Refund (9%), VAC/Veteran benefits (1%), and Child and Family Benefits (3%). Informal income sources such as panhandling and bottle collecting/returns was also identified as a source of income for 7% of survey respondents. Seventy respondents or 12% identified having no income at all.

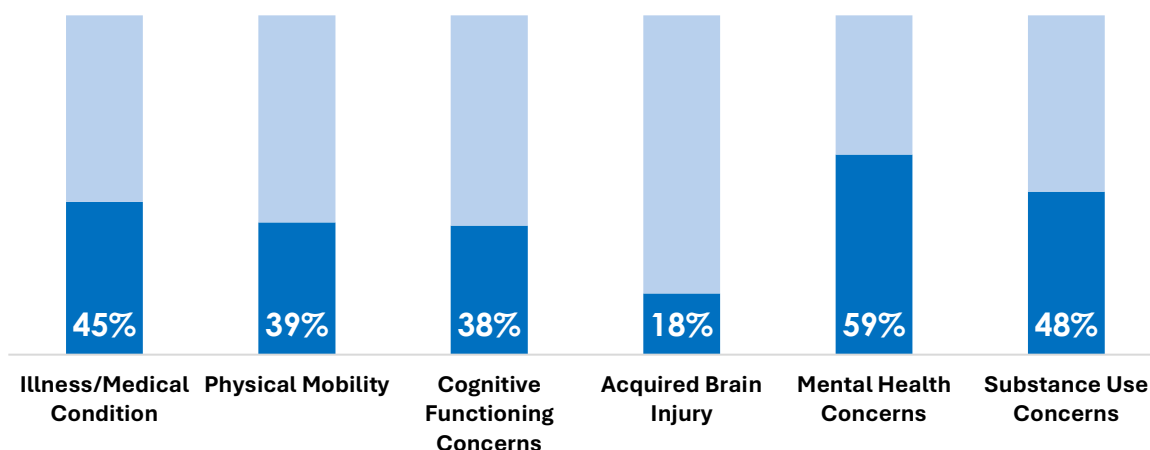
What are your sources of income? Check all that apply. (N=567)



Health Conditions Impacting People Experiencing Homelessness

Survey responses demonstrate that people experiencing homelessness in HRM are facing an alarming number of health challenges. 45% or 244 people identified that they have an illness or medical condition (e.g. diabetes, tuberculosis or HIV) impacting their functioning, 25% (N=135) identified having trouble with such senses as seeing or hearing (e.g. blindness or deafness) and 39% (N=213) identified they have physical mobility (e.g. spinal cord injury, arthritis, or limited movement or dexterity) difficulties. In addition to physical health conditions impact people experiencing homelessness, 38% (N=208) identified experiencing learning, intellectual/developmental or cognitive functioning issues (e.g. fetal alcohol spectrum disorder (FASD), autism, ADHD, or dementia) with 18% or 95 people identifying that they have an acquired brain injury (e.g. due to an accident, violence, overdose, stroke, or brain tumor). In terms of mental wellness and substance use concerns, 59% or 327 people identified having trouble with their mental health, either diagnosed or undiagnosed (e.g. depression, post-traumatic stress disorder, bipolar, or schizophrenia) and 48% or 261 people identified being concerned about substance use (e.g. alcohol, opiates, etc.). These results highlight the need to provide more primary and public health care for people experiencing homelessness in HRM.

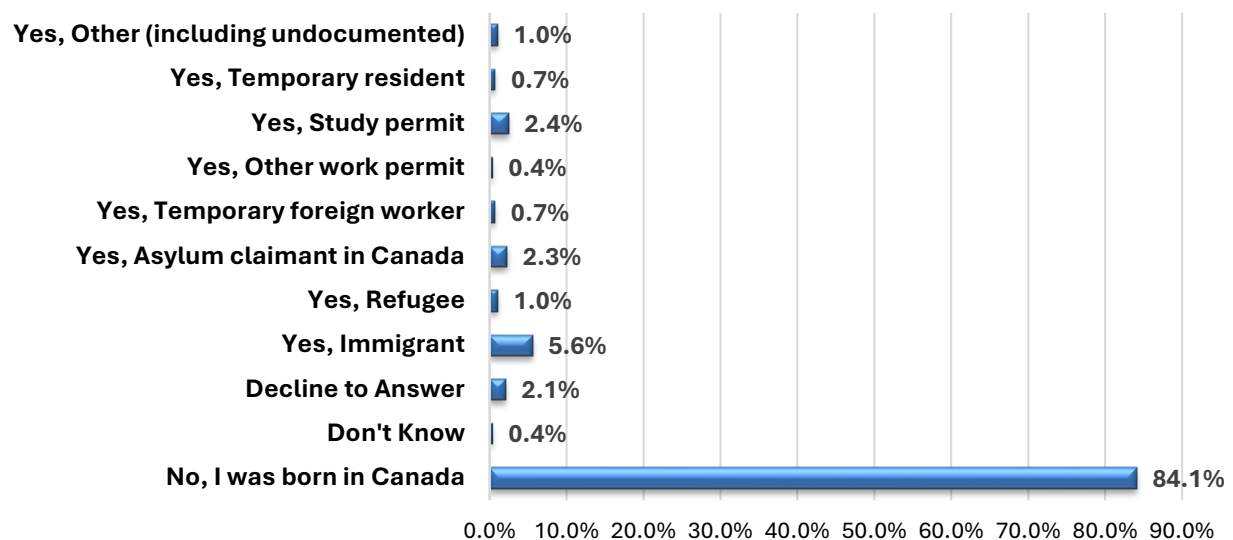
Health Concerns Impacting People Experiencing Homelessness (N=564)



Immigration Status

As identified in previous years, the majority of people experiencing homelessness were born here in Canada. As can be seen in the chart below, 84.1% (N=486) of respondents identified that they were born here. An additional 2.5% either declined to answer or were unsure. Of those who identified having been born outside of Canada, 5.6% (N=32) arrived in Canada as immigrants, 1% came as refugees, 2.3% were asylum claimants, 0.4% came on a work permit, 0.7% came to Canada as temporary foreign workers, and 2.4% came on a student visa.

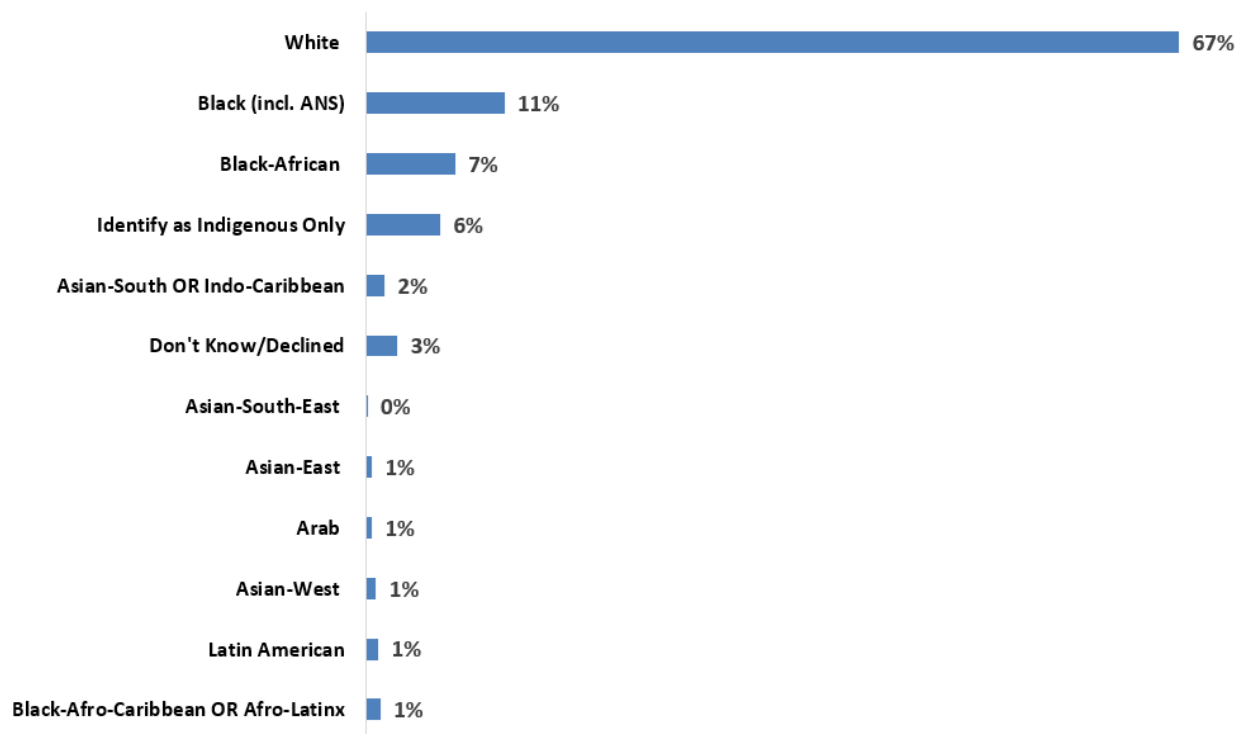
Did you come to Canada as an immigrant, refugee, asylum claimant, or on another type of visa? (N=577)



Racial, Ethnic and Cultural Identification

Efforts to improve the delivery of services with a focus on equity and inclusion demands that the racial, ethnic, and cultural identities of the people served in the sector are better understood. Each Point-in-Time Count in Canada gathers information on the racial identities of people experiencing homelessness. Once again in 2024, most people surveyed (383 people or 67% of respondents) responded that they identified as "White (e.g. European, British, French, Ukrainian, Euro-Latinx)". Almost 11% (N=62) identified as Black-Canadian/American (including Black Nova Scotian) and 6% (N=35) stated that they identified as Indigenous only. Less than 2% of the survey respondents identified as Asian-South OR Indo-Caribbean (e.g. Indian, Pakistani, Sri Lankan, Indo-Guyanese, Indo-Trinidadian). All other racial identities provided in the Count survey by the Government of Canada resulted in a response rate of less than 1%.

Do you identify with any of the racial identifies below?
Select all that apply. (N=572)



SECTION 4: SPECIALIZED POPULATIONS

Special Focus: Chronic Homelessness

In Canada, chronic homelessness refers to persistent or long-term homelessness where people have been homeless for at least 180 days at some point over the course of a year; and/or recurrent episodes of homelessness over a three-year period that total at least 18 months. When measuring chronicity, people's experiences of sheltered, unsheltered, and hidden homelessness are examined. Many people that were surveyed during the HRM Point-in-Time (PiT) Count also interacted with such systems as health and corrections. When people stayed in hospital or correctional facilities, those systems may not consider them to be "homeless" during the duration of their stay but once discharged back into homelessness in HRM, individuals that experienced chronic homelessness prior to entry into a public institution retained their chronic homelessness status upon discharge. If applicable, pre-entry homelessness chronicity is also maintained for households that were staying in transitional housing/living programs funded by other systems of care during the 2024 PiT Count across Canada.

Demographics of People Experiencing Chronic Homelessness

The gender breakdown was 55% men, 35% women, 3% non-binary, 0.75% trans-women and 0.5% two-spirited. 81% of all people experiencing chronic homelessness were born in Canada, with 15% identifying that they had come to Canada as an immigrant, refugee, asylum claimant or other type of visa. For people that came to Canada, their time in the country ranged from 1 to 69 years, with an average of 19 years. In total, 46% of "newcomers" had spent 20+ years in the country but 31% of "newcomers" identified coming to Canada in the last 2 years. Almost 6% of people experiencing chronic homelessness identified as a veteran of the Canadian Armed Forces or the Royal Canadian Mounted Police.

Racial identity information revealed that 67% of people experiencing chronic homelessness identified as White, 23% identified as Indigenous, 11% identified as Black Canadian/American (10% of these people identified as African Nova Scotian).

In terms of connections to HRM, 45% had always lived here and 52% came to HRM from other locations, primarily within Nova Scotia. Of those not from HRM, survey respondents identified living here from a few days to 50+ years. The average time here is the municipality was 11 years.

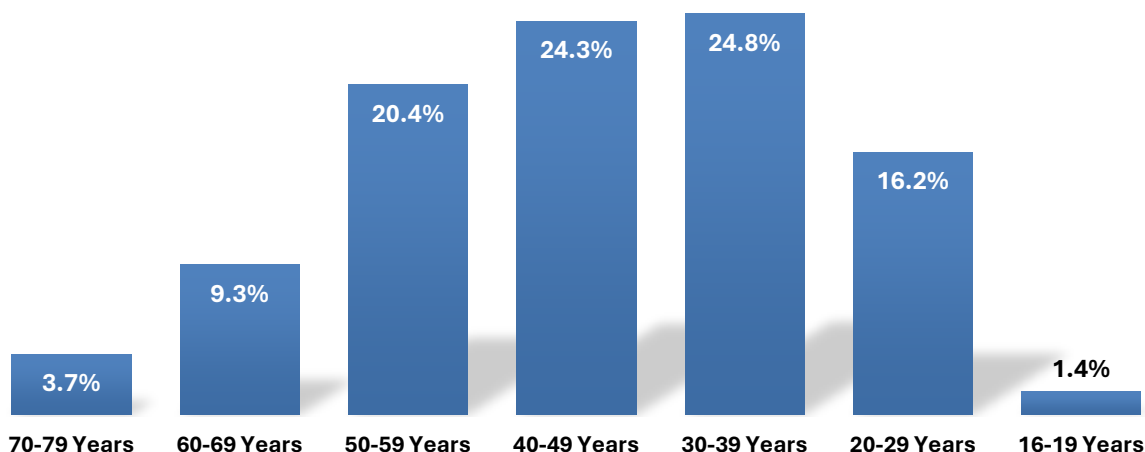
Age Distribution of People Experiencing Chronic Homelessness

Like the distribution of ages for all survey respondents, people experiencing chronic homelessness also ranged from 16 years of age to 77 years of age. However, the average age of people experiencing chronic homelessness was 46 years of age (3

years older than the average age for all people experiencing homelessness. Unlike the most identified age of 36 years when examining all PIT Count survey responses, the mode for the population experiencing chronic homelessness in HRM is 43 years old.

As can be seen below, the age distribution of people experiencing chronic homelessness resembles what was seen in the analysis of all people experiencing homelessness. Similarly, 13% of the people experiencing chronic homelessness were between 60 and 77 years of age, placing these individuals at heightened risks of physical health vulnerabilities and increased risk of mortality if homelessness continues. Fewer transition aged youth are experiencing chronic homelessness in HRM with 1.4% of survey respondents identifying that they were between the ages of 16 and 24 years of age. 17.6% of young adults aged less than 30 years (compared to 17% of all survey respondents) met the definition of chronic homeless.

Age Distribution of People Experiencing Chronic Homelessness (N=432)



Homelessness of Youth Over the Past Year

During the 2024 Count, 448 people (75% of survey respondents) experienced chronic homelessness in the past year. Of respondents experiencing chronic homelessness, 67% experienced homelessness for the entire year, 13% experienced between 9 and 12 months of homelessness, and 17% experienced between 6 and 9 months of homelessness.

When examining peoples' experiences of homelessness over the past 3 years, 117 people had experienced 3 full years of homelessness, 170 had been unhoused for more than 1.5 years and 133 people experienced homelessness less than 1.5 years since 2021.

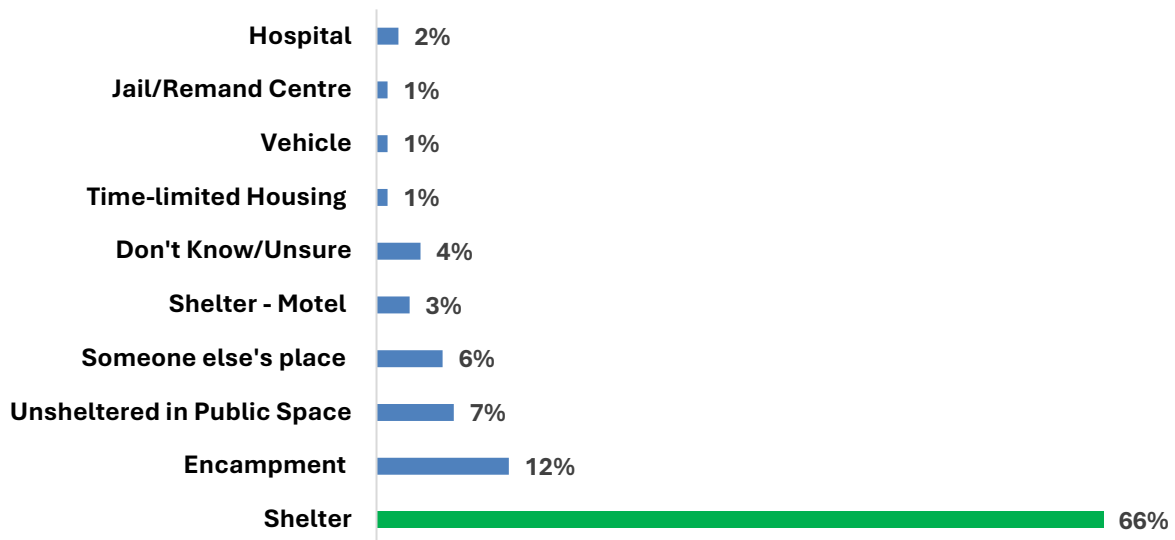
75% of all People Surveyed Experienced Chronic Homelessness in HRM in 2024



Homelessness Location for People Experiencing Chronic Homelessness

Given the high investment in emergency shelter options in HRM, it is no surprise that 66% of all people experiencing homelessness stayed in an emergency shelter setting on Monday, November 25th. An additional 3.4% of households surveyed stayed in a motel/hotel as part of the Shelter Diversion Services programs. A higher percentage of people experiencing chronic homelessness stayed in an encampment on November 25th (12%) when compared to the 10% of all survey respondents experiencing homelessness that night. The experience of being unsheltered in a public space was also slightly higher for people experiencing chronic homelessness at 7% of chronic homeless respondents compared to 6% of all respondents.

Homeless Location on Count Night (N=448)

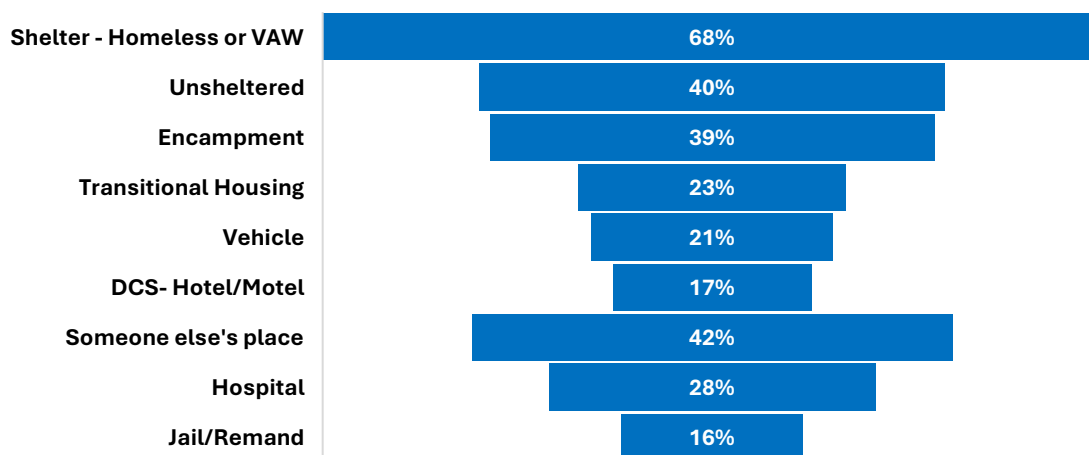


All Homeless Locations Used in the Past Year for People Experiencing Chronic Homelessness

When asked to identify all the homelessness locations used for at least one night in the past year, the experiences of people experiencing chronic homelessness (CH) were like those shared by all survey respondents. The percentage of people that used Homeless or VAW Shelters were very similar (68% for CH and 66% for all respondents), more people experiencing chronic homelessness spent at least one night in the past year unsheltered in a public space (40% compared to 35% for all respondents) or in an encampment (39% compared to 33% for all respondents). Especially important for health and corrections consideration is that people experiencing chronic homelessness are more likely to spend time in hospital (28% of CH respondents compared to 25% for all respondents) and corrections facilities (16% of CH respondents spent at least one night in jail in the past year compared to 13.7% of all respondents).

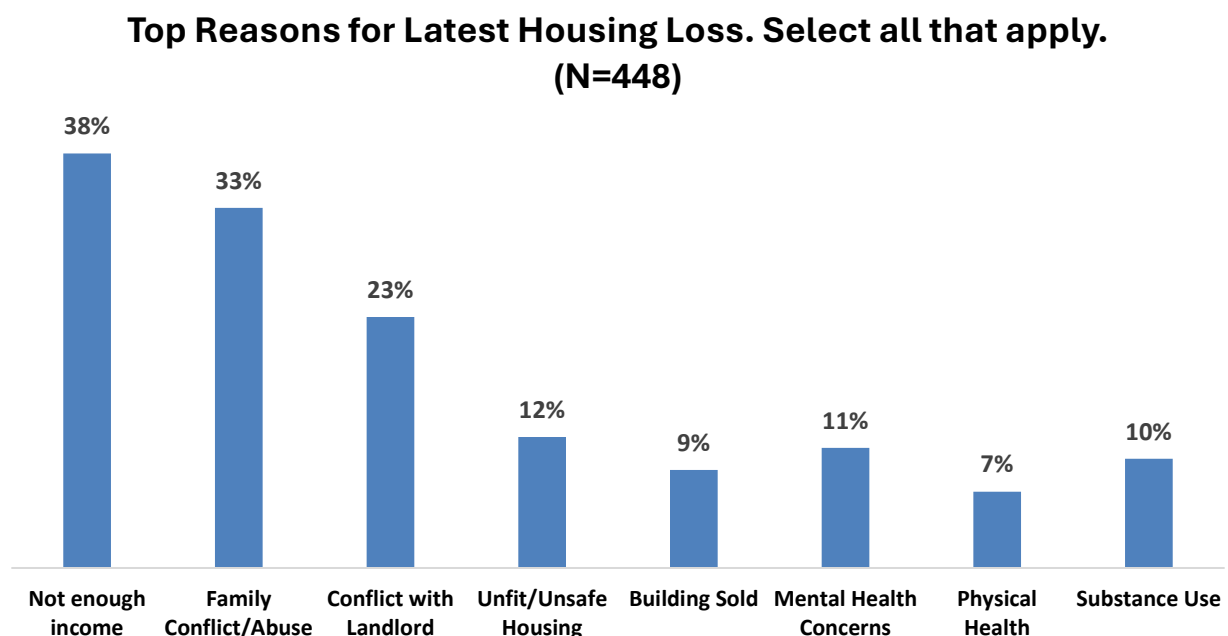
However, given the high number of people (75%) in HRM's 2024 PiT Count survey meeting the definition of chronic homelessness, perhaps it is more appropriate to compare the various locations accessed by people not yet experiencing chronic homelessness to examine opportunities and realities. Of the 159 people surveyed that were not experiencing chronic homelessness, 74% of them were staying in shelter (Homeless, VAW or OSD funded Shelter Diversion Programs). Hidden homelessness was experienced by 6% of people, only 0.63% of people stayed in hospital and 0% stayed in jail. Interestingly, the number of people staying unsheltered in a public space (3% or 5 people) or an encampment (6% or 9 people) was higher than expected and demonstrates the opportunity to quickly move these individuals out of unsheltered homelessness into appropriate housing options, with minimal or medium intensity supports.

Homelessness Locations over the Past Year for People Experiencing Chronic Homelessness (N=448)



Reasons for Most Recent Housing Loss for People Experiencing Chronic Homelessness

Throughout the data, one message remained consistent: the presence of complex needs does not equal a lack of motivation to be housed. While mental health and substance use challenges were evident in all populations of people experiencing homelessness – particularly among those experiencing chronic homelessness – these issues did not rank among the top self-reported causes of housing loss. In fact, "not enough income for housing" was the most common reason given. Beyond the lack of income to cover the cost of housing and basic needs (38%), 33% of people experiencing chronic homelessness identified relationship/family conflict and abuse as the primary driver of homelessness followed by conflict with the landlord (23%) and unfit/unsafe housing at 12%.

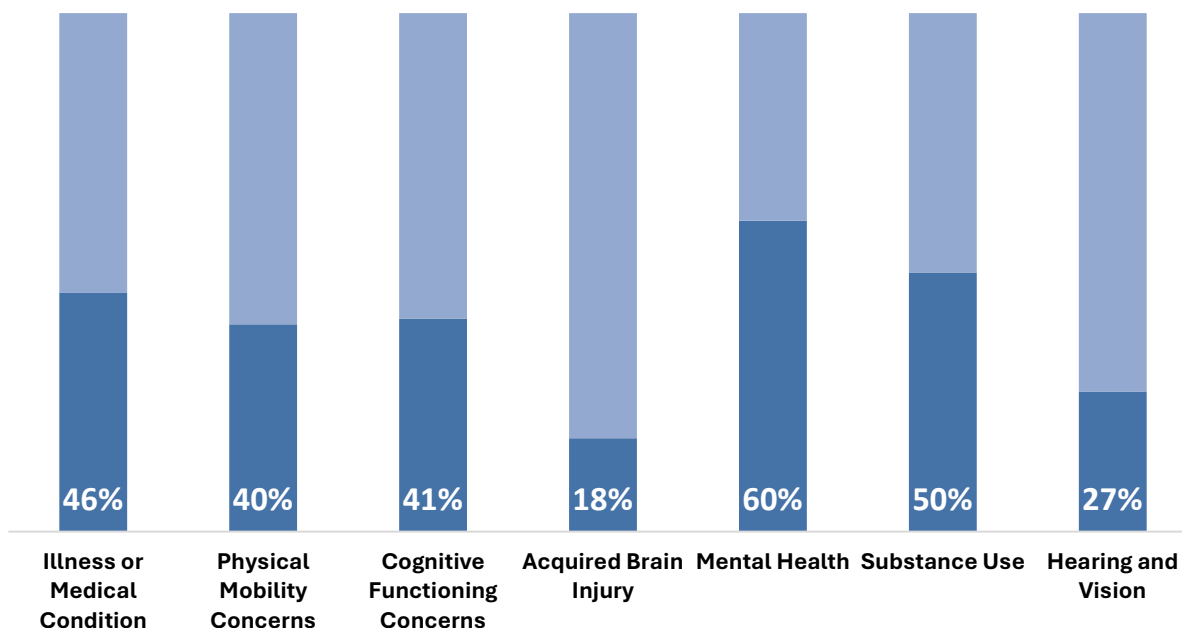


Health Conditions for People Experiencing Chronic Homelessness

As can be seen in the chart below, people experiencing chronic homelessness in the HRM are demonstrating severe health concerns. Health-related challenges were prevalent and often overlapping. Almost half (46%) reported living with a chronic illness or medical condition, and 40% reported physical mobility issues – a significant consideration for shelter design and housing accessibility. Forty-one percent reported a cognitive or developmental condition, while 27% identified sensory impairments, and 18% reported acquired brain injuries. Behavioural health concerns were also evident with 60% identifying mental health concerns and 50% expressing concerns about substance use. These results are consistent with national research showing that

individuals experiencing long-term homelessness often face accelerated aging, with physical and cognitive decline beginning earlier than in the general population.

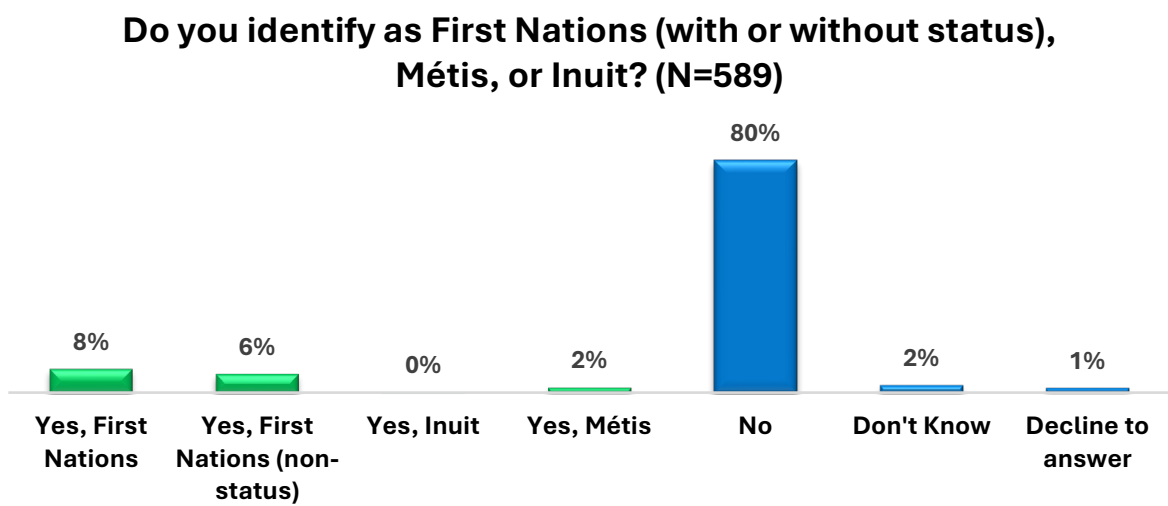
Health Conditions for Chronically Homeless Population (N=448)



Many respondents in HRM have experienced repeat episodes of homelessness, survived severe poverty, dealt with gender-based violence, been discharged from institutions without housing plans, or lived long-term with health conditions without stable housing. Homelessness is not the result of individual failure – it is the product of systems not working well enough for those with the least margin for error.

Special Focus: Indigenous Peoples

When examining the impact of homelessness on Indigenous Peoples in the Halifax Regional Municipality, it is recognized that of the 1,132 people that experienced homelessness on November 25th, 2024, 8% identified as Indigenous. A review of the data analysis of surveys completed however revealed that 96 of the 596 survey participants (16%) identified as First Nations (with or without status), Metis or Inuit. Of these Indigenous peoples, 12 identified that they are community members of one of the 13 Mi'kmaw communities in Nova Scotia.



It is important to recognize that although Indigenous People make up 5.5% of the population of Nova Scotia⁶, 16% of survey respondents in the 2024 PiT Count in HRM identified as Indigenous. The impacts of colonialism and ongoing structural and systemic racism continue to result in the over-representation of Indigenous People in the population of people experiencing homelessness in HRM and Nova Scotia.

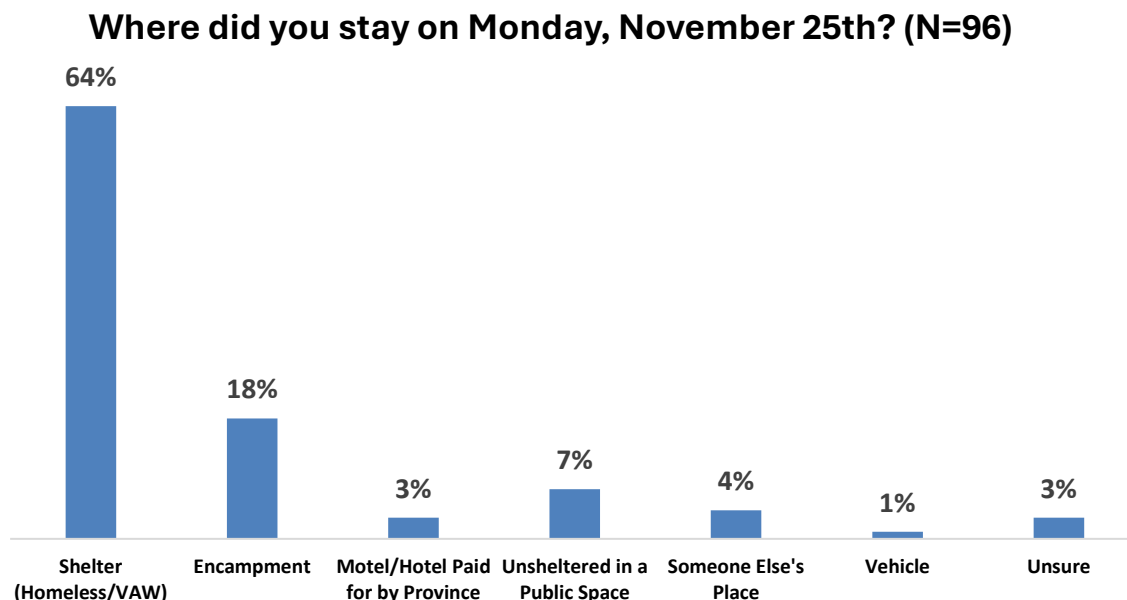
An examination of gender identities for Indigenous people surveyed during the PiT Count revealed that 53 respondents identified as men (55%), 40 identified as women (42%) and 3 or 3% identified as non-binary. Ages ranged from 17 years of age to 75 years of age with the average age identified as 41.2 years.

Homelessness Locations for Indigenous Peoples

When exploring where Indigenous People experiencing homelessness stayed on the night of November 25th, 64% of the survey respondents identified that they stayed in an

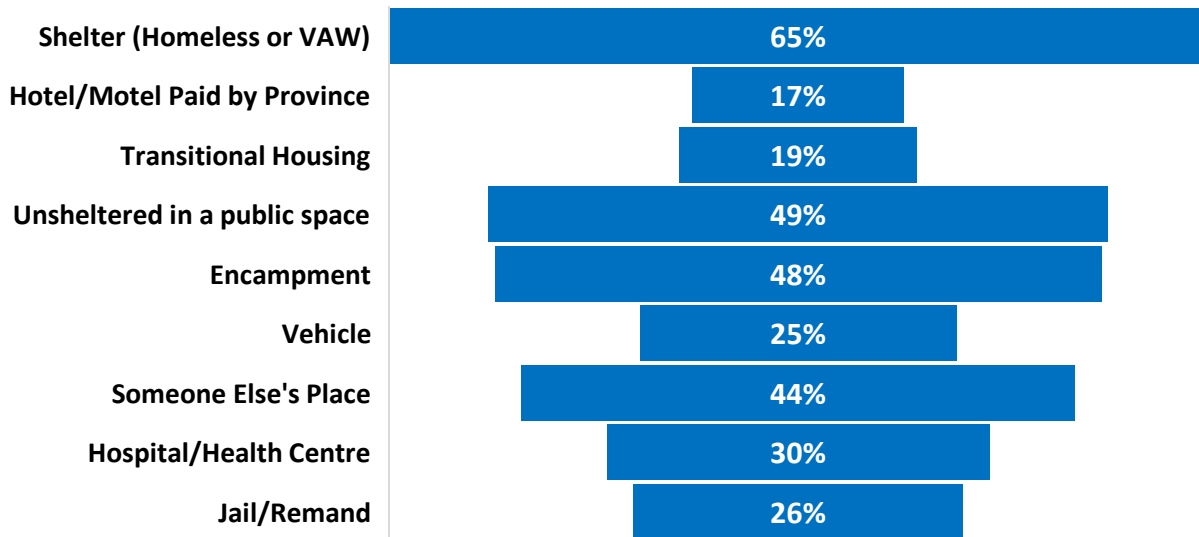
⁶ In 2021, there were 52,430 Indigenous people living in NS. Nova Scotia has the second-highest Indigenous population in Atlantic Canada with about 5.5% of its people identifying as Indigenous. Cited: <https://lmi.novascotia.ca/Indigenous-population#:~:text=In%202021%2C%20there%20were%2052%2C430,its%20people%20identifying%20as%20Indigenous>

emergency shelter, almost 18% identified staying in an encampment and an additional 7% stayed in another unsheltered location. Unsheltered homelessness (including encampments and staying in a vehicle) was more common for Indigenous People experiencing homelessness in HRM (26%) than for any other population.



Upon examining all possible homelessness locations relied upon in the past year, the majority of Indigenous respondents (65%) identified spending at least one night in an emergency shelter and 17% identified staying in a motel/hotel provided through the provincial Shelter Diversion Program. Staying with friends or family members was identified by 43% of the respondents. Indigenous People identified far higher rates of unsheltered homelessness for at least one night over the past year (49%), encampments (48%) and vehicles (25%). It is obvious that Indigenous People experiencing homelessness in HRM are potentially experiencing high levels of vulnerability based on the primary locations of homelessness. Higher rates of system interactions were also identified by Indigenous People experiencing homelessness on November 25, 2024, with 30% identifying being hospitalized at least one night over the past year and an additional 26% identifying spending at least one night in jail.

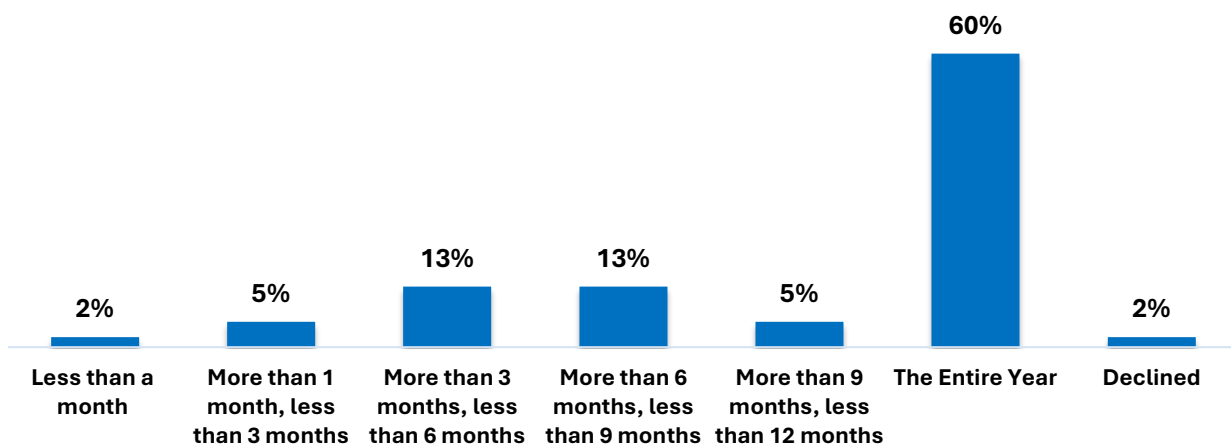
Have you spent at least one night in any of the following locations in the past year? (check all that apply) (N=96)



Homelessness Experiences for Indigenous Peoples

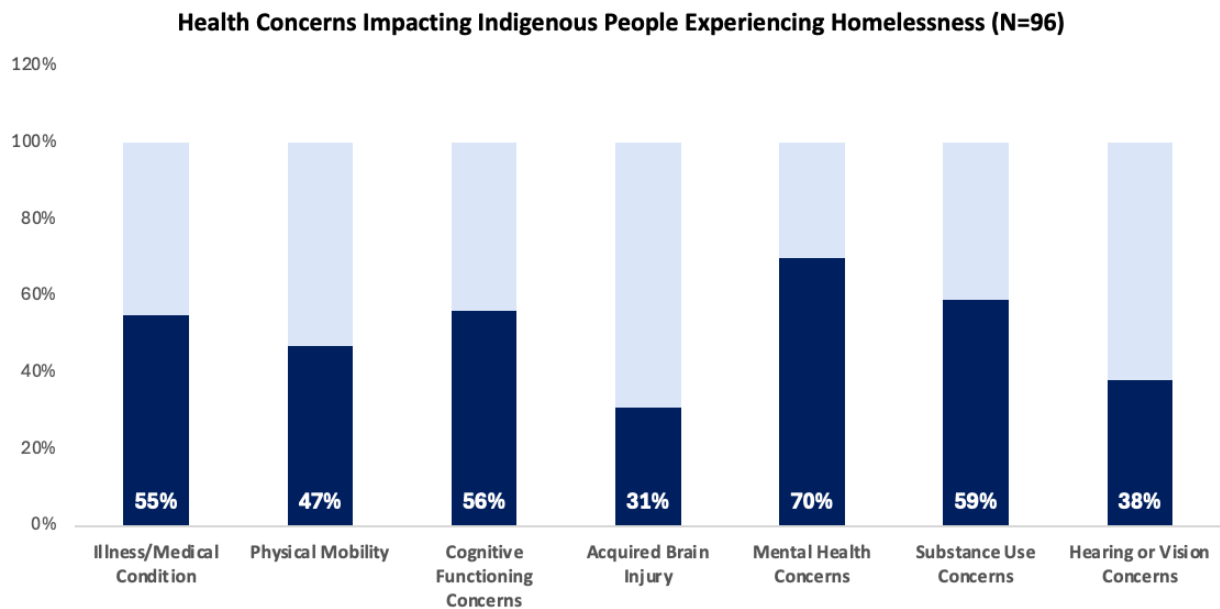
In addition to the higher rate of unsheltered homelessness, **Indigenous People also experience lengthier episodes of homelessness than other populations of people in HRM.** Of all Indigenous people surveyed, 60% identified that over the past year, they had experienced homelessness for the entire 12 months. When examining the past 3 years, 34% experienced between 1.5 years and 3 years of homelessness while an additional 27% experienced homelessness that spanned the entire 3-year period.

Length of Time Homeless Over the Past Year (N=96)



Health Conditions Impacting Indigenous Peoples Experiencing Homelessness

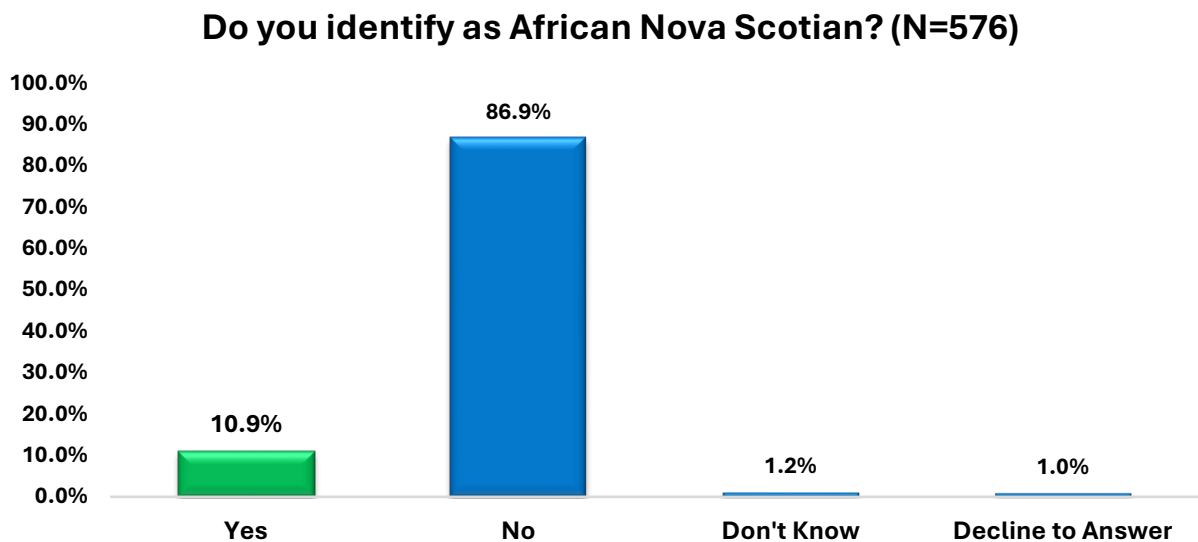
Upon an examination of health conditions experienced by the 96 Indigenous People experiencing homelessness and surveyed during the PiT Count, 55% identified experiencing difficulties due to an illness or medical condition, 47% identified physical mobility concerns, 56% identified cognitive functioning concerns, 70% identified experiencing mental wellness concerns and 59% identified challenges due to substance use.



APPENDIX A PROVIDES ADDITIONAL INFORMATION ON INDIGENOUS HOMELESSNESS BY MI'KMAW NATIVE FRIENDSHIP CENTRE

Special Focus: African Nova Scotian Homelessness in HRM

Sixty-six survey respondents (11% of all people surveyed) experiencing homelessness identified as African Nova Scotians during the 2024 PIT Count in HRM. Six of these households identified having dependent children with them. 53.5% of survey respondents that identified as African Nova Scotians, stated that they were from one of the 52 historic African Nova Scotian communities.

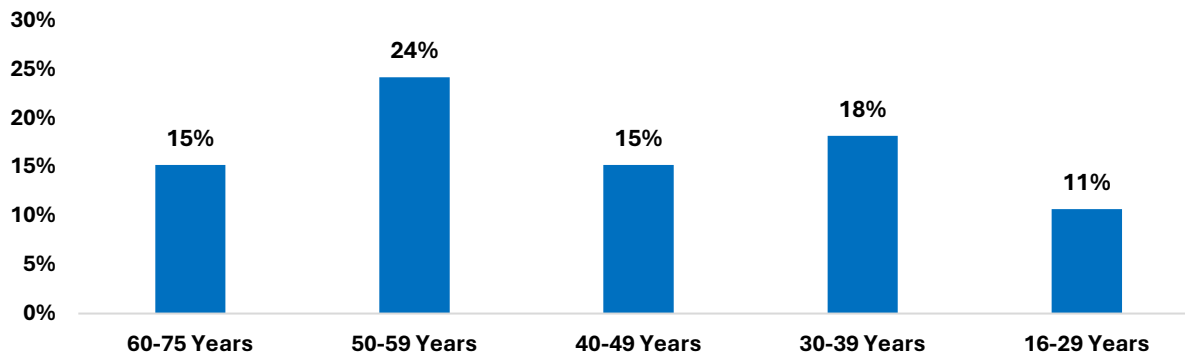


Demographic Information for African Nova Scotians

Of the 66 respondents who identified as African Nova Scotia, 44 (67%) identified their gender as “man”, 19 (29%) identified as “woman” and 2 (3%) identified their gender as “non-binary”. Two additional respondents declined to identify their gender. When asked to describe their sexual orientation, 50 or 76% identified that they were straight/heterosexual, 5 or 7.5% declined to answer, 3 or 5% identified as Questioning, while Bisexual, Gay, Queer and Pansexual orientations were identified by 2 respondents each. 17 people (26%) who identified as African Nova Scotian also identify as Indigenous and 4 people (6%) identified as veterans of the Canadian military.

The average age of African Nova Scotians experiencing homelessness was 44.8 years old and ages ranged from 16 to 75 years of age. The below chart demonstrates the age distribution of African Nova Scotian respondents experiencing homelessness.

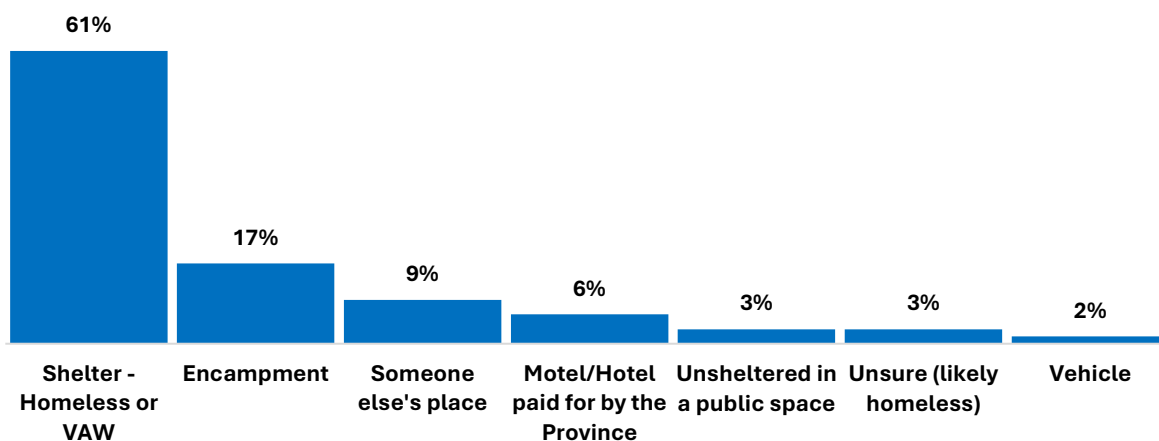
Age Distribution of People Experiencing Homelessness that Identified as African Nova Scotians (N=66)



Homelessness Realities for African Nova Scotians

When asked where they had stayed on the night of Monday, November 25th, 61% of respondents (N=40) identified that they had stayed in a Shelter – Homeless or VAW while 17% (N=11) stayed in an encampment and an additional 2 people (3%) experienced unsheltered homelessness in a public space, and 1 person stayed in a vehicle. Someone else's place provided a temporary location for 6 people (9%) while an additional 4 people stayed in a motel/hotel provided through the Shelter Diversion Program.

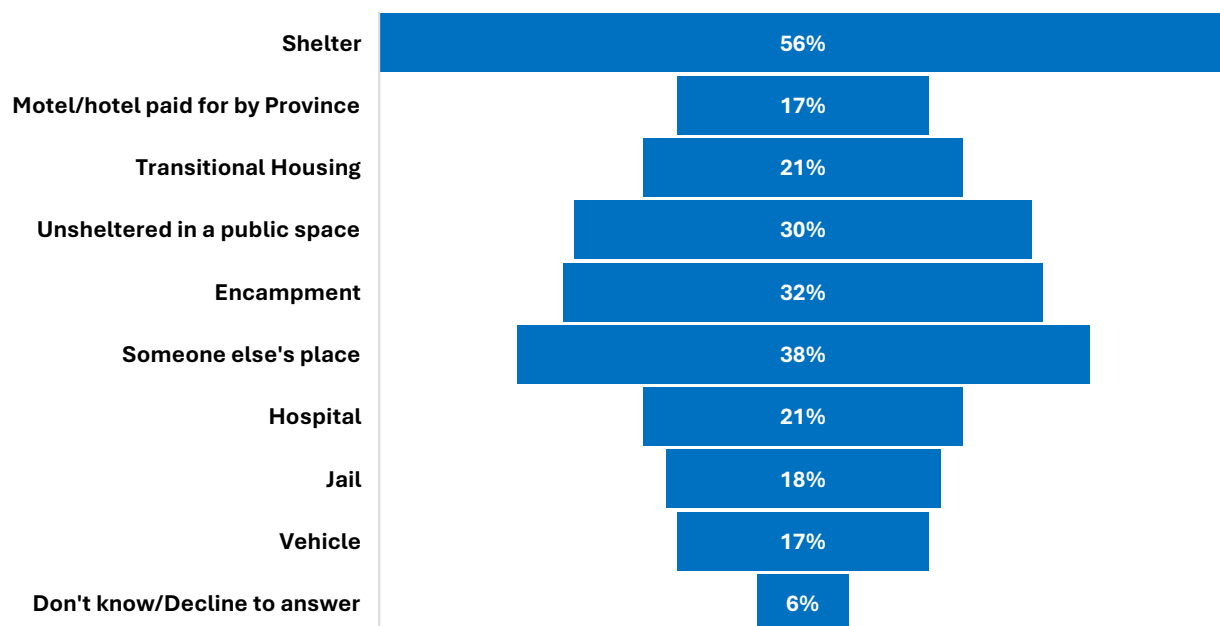
Where did you stay on Monday, November 25th? (N=66)



When examining homelessness locations experienced for at least one night in the past year, the following realities were identified by African Nova Scotians. Like all people experiencing homelessness in HRM, the majority of African Nova Scotians (56% or 37 people) identified staying in a Shelter – Homeless and/or VAW. The second most common homelessness location was staying “at someone else's place because you

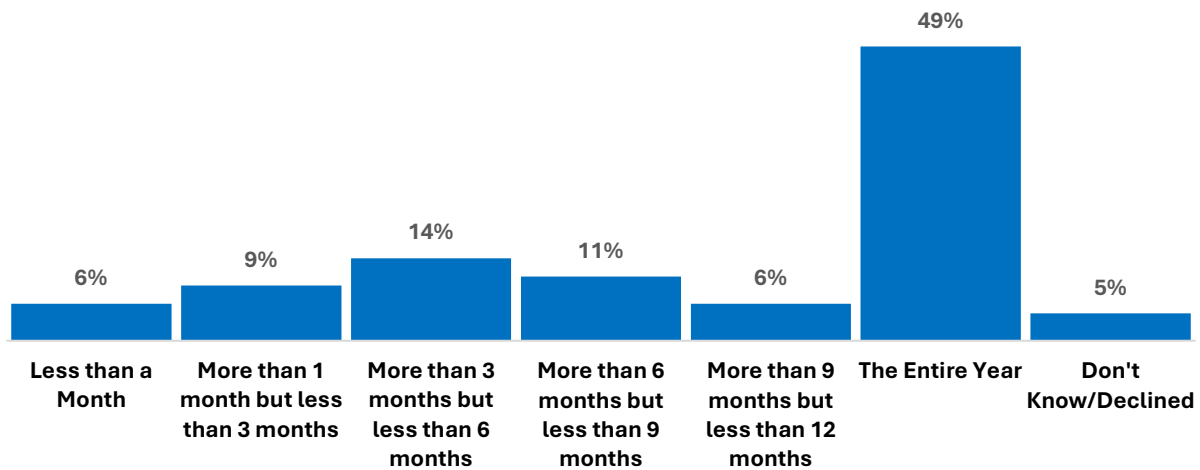
have no other option" which was identified by 38% of African Nova Scotians (N=25). As was witnessed for Indigenous People experiencing homelessness, **higher rates of unsheltered homelessness and system interactions were experienced by African Nova Scotians** – 32% (or 21 people) identified staying in encampments (32%), 30% (or 20) stayed unsheltered in a public space and 11 people experienced vehicular homelessness (17%). Staying in a hospital/health facility was identified by 21% (or 14 respondents) and staying in correctional facilities was identified by 18% (or 12 respondents) of African Nova Scotians.

Have you spent at least one night in any of the following locations in the past year? Check all that apply. (N=66)



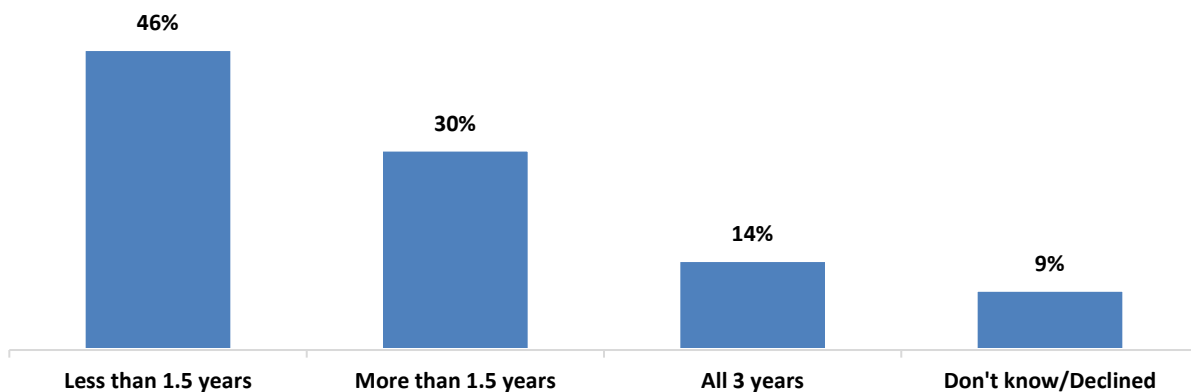
As was seen for most people experiencing homelessness in HRM, a larger percentage of people are stuck in chronic homelessness. 49% (N=32) of African Nova Scotians were homeless for all 12 months of the past year with an additional 17% or 11 respondents also meeting the Canadian definition of chronic homelessness.

In total, for how much time have you experienced homelessness over the PAST YEAR? (N=66)



When examining the amount of time African Nova Scotians experienced homelessness over the past 3 years, 46% or 30 respondents were homeless for less than 1.5 years, 30% or 20 people were homeless for more than 1.5 years and 14% or 9 people were homeless for the entire 3 years.

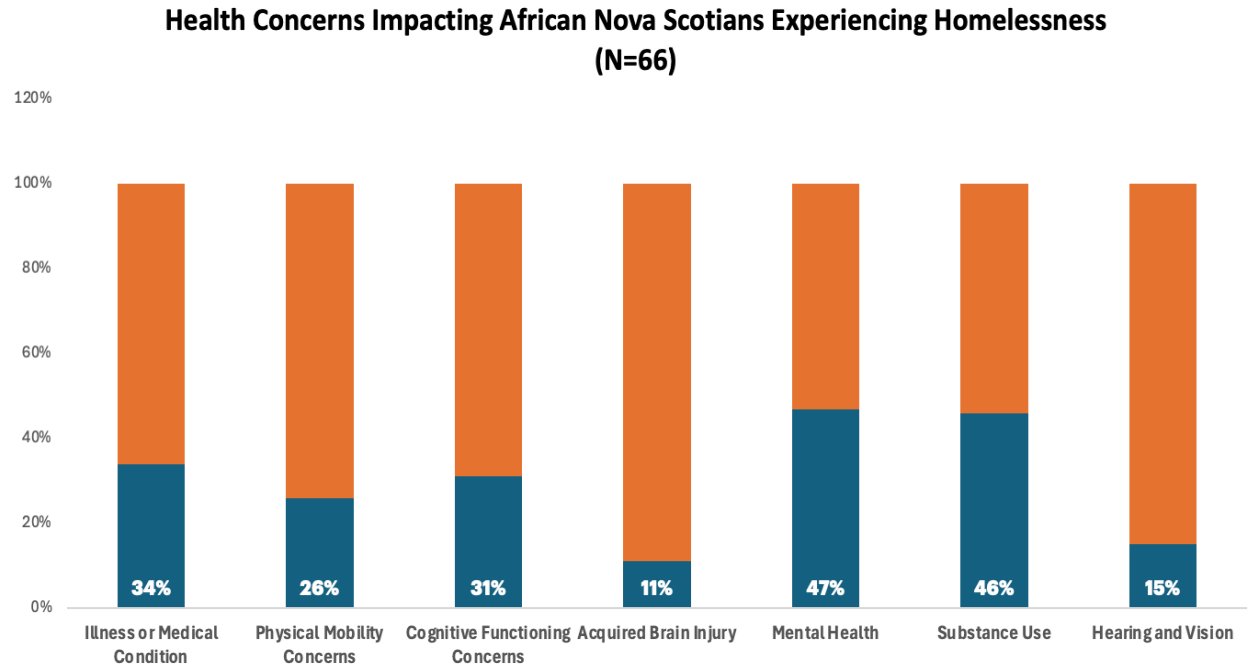
In total, for how much time have you experienced homelessness over the PAST 3 YEARS? (N=66)



Health Conditions for African Nova Scotians

As has been seen in all the statistics for people experiencing homelessness in HRM, 47% of people who identify as African Nova Scotians are experiencing mental health concerns, 46% are experiencing substance use concerns, 34% have a chronic illness or medical condition while 31% identified experiencing difficulties due to a learning, intellectual/development or cognitive functioning concern and an additional 11%

identified having an acquired brain injury. **Although the health of African Nova Scotians experiencing homelessness continues to be a concern, it should be noted that they are demonstrating better health than any other demographic experiencing homelessness in HRM examined in this report.**

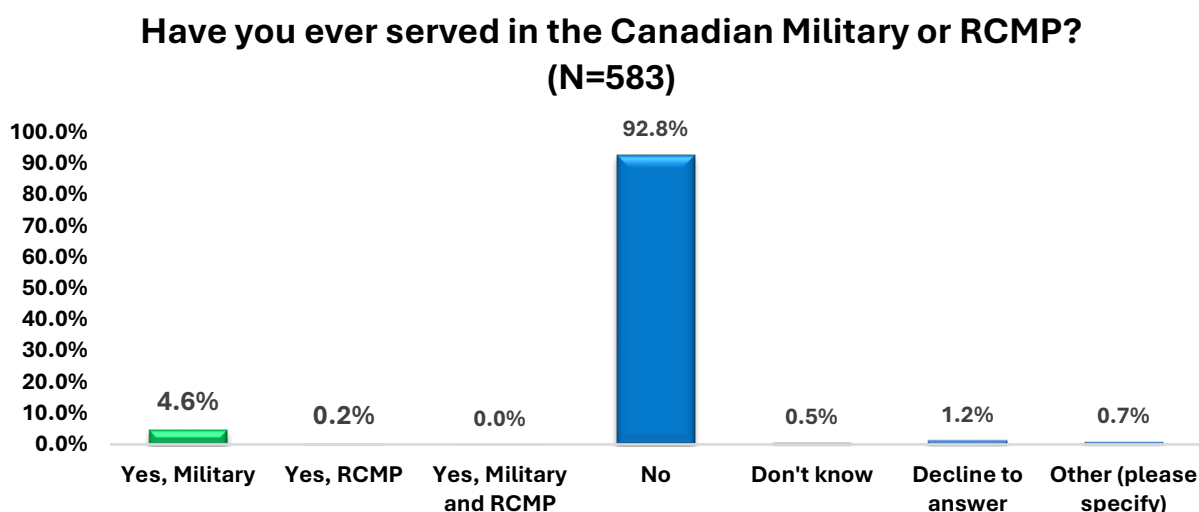


APPENDIX A PROVIDES ADDITIONAL INFORMATION ON AFRICAN NOVA SCOTIAN HOMELESSNESS BY 902 MAN-UP

Special Focus: Veterans

For Veterans Affairs Canada and the federal Reaching Home investments, ending veteran homelessness is a priority for Canadian communities. A veteran is defined as a former member of the Canadian Armed Forces, Allied Forces, RCMP, Reserves, Veteran Civilians, or Canadian Rangers⁷.

During the 2024 HRM PiT Count, 28 survey respondents (or 4.8%) identified that they had previously served in the RCMP or the Canadian Military. Three of the veterans identified as women, 1 identified as non-binary and 24 identified as men. Ages ranged from mid-twenties to 75 years old with an average age of 47 years. Of the veterans, 30% identified as Indigenous and 16% identified as African Nova Scotian.

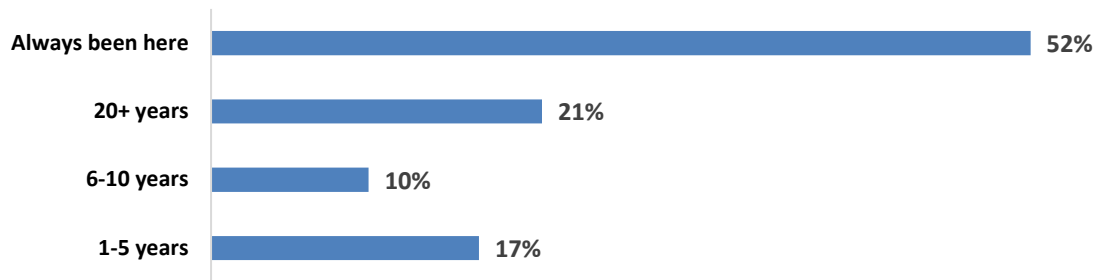


Connection to HRM for Veterans

Like most people experiencing homelessness in HRM, veterans have very strong connections to the municipality. As seen in the table below, 52% of veterans have always lived in HRM, 21% have lived here between 20 and 45 years while an additional 10% identified having returned home 6-10 years ago after (or perhaps during) their military service.

⁷ Built for Zero-Canada, Ending Veteran Homelessness Campaign as cited:
<https://bfzcanada.ca/veterans/#:~:text=Built%20for%20Zero%20Canada%20has,average%20housing%20rate%20for%20veterans.>

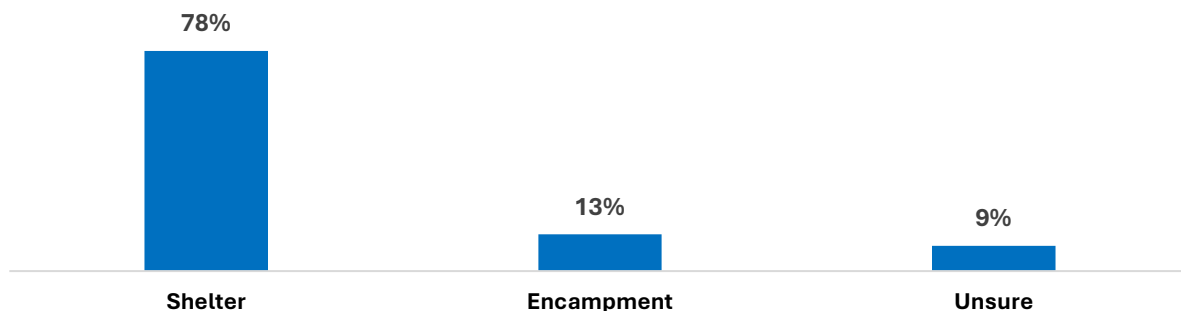
How long have Veterans lived in HRM? (N=28)



Homelessness Locations for Veterans

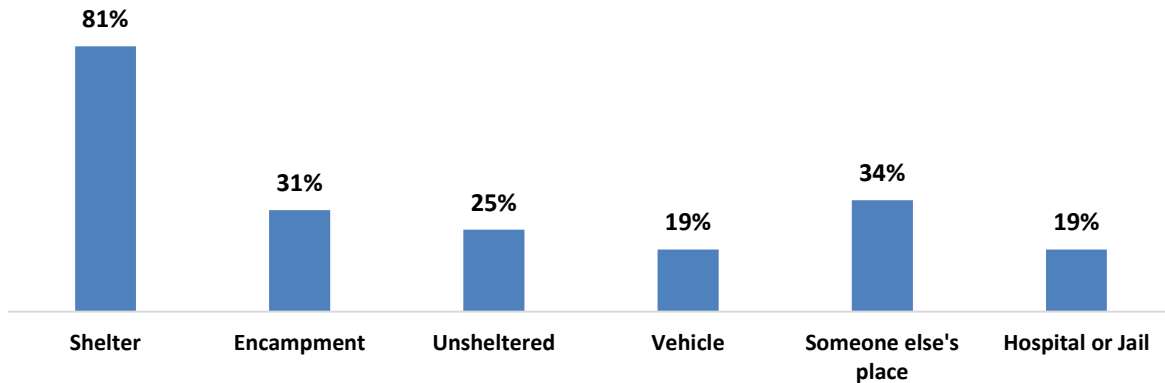
On the night of the Count, the homelessness locations experienced by veterans resembled those of non-veterans. The majority of veterans (78%) were sheltered on the night of November 25th with 13% identifying that they stayed outside in an encampment and the remaining 9% identifying that they were unsure of their exact location when surveyed but homeless.

Homelessness Location for Veterans on November 25th. (N=28)



Although sheltered homelessness remains the most frequent location for veterans, an examination of homelessness locations used by veterans throughout the year paints a different picture of homelessness realities than for non-veterans. Encampment and unsheltered locations are more frequently relied upon by veterans than other people and involvement with health and justice systems are also higher for veterans.

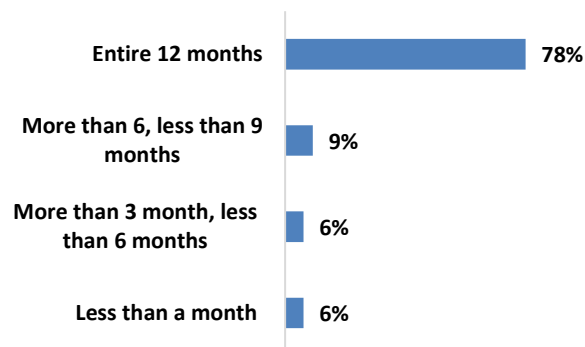
Homelessness Locations Over the Past Year (N=28)



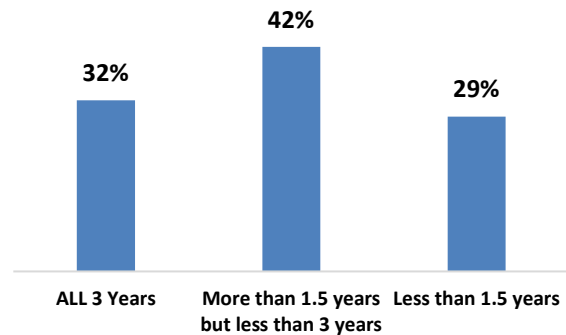
Length of Time Veterans are Experiencing Homelessness in HRM

When examining the past year, 87% of veterans met the Canadian definition of chronic homelessness, and the length of most recent homelessness episode ranged from less than 6 months to over 20 years. Over a 3-year period, 74% of veterans experienced between 1.5 and 3 years of homelessness. As was seen for all people experiencing homelessness in HRM, the primary reason for the most recent housing loss was not enough money to cover housing costs (72%) and relationship breakdown, including abuse, discrimination and violence in the household was identified as the second most common reason at 25%.

Length of Time Veterans were Homeless in Past Year (N=28)



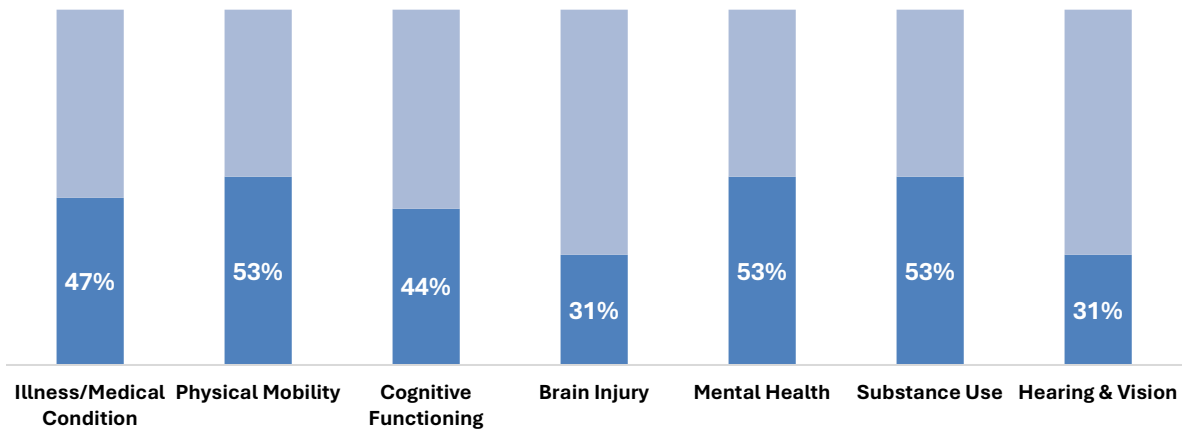
Length of Time Veterans were Homeless in Past 3 Years (N=28)



Health Conditions Impacting Veterans

In examining health conditions for respondents that identified as veterans, the following table demonstrates the reported health concerns. Lack of wellness is more prevalent for our veteran population experiencing homelessness than for the general homeless population in HRM.

Health Concerns Identified by Veterans (N=28)

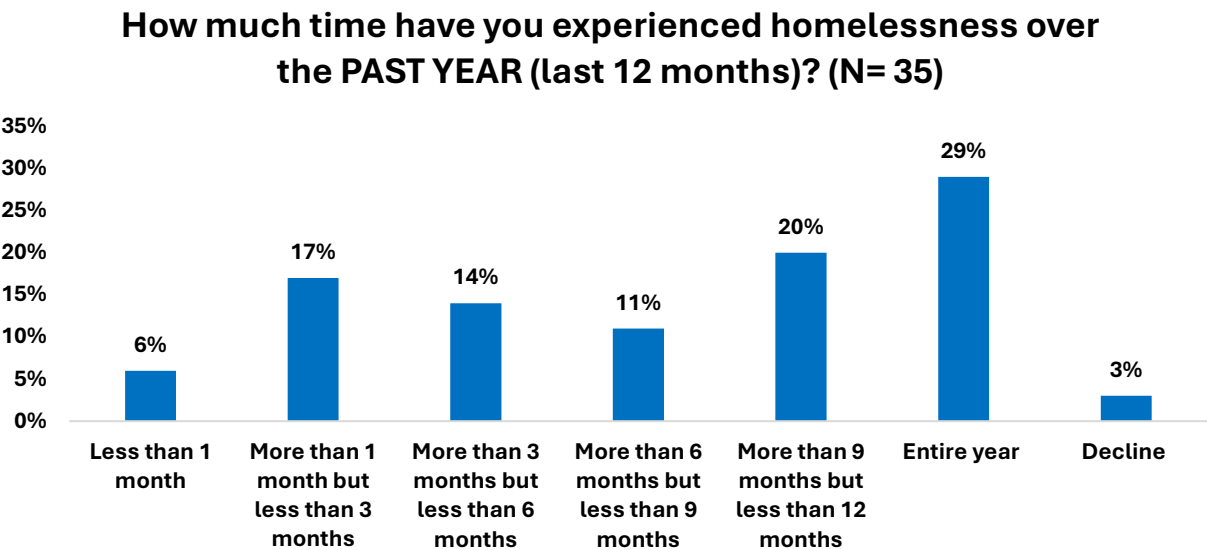


Special Focus: Families with Dependent Children

Family households that contain dependent children tend to experience a lower rate of homelessness than their single adult counterparts. Family homelessness, however, tends to last longer and is primarily experienced in traditional shelters, VAW Transition Houses and alternative shelter options that include the use of motel/hotel options across Canada. Of the households that participated in the Count survey, 6% or 35 households identified that they had children/dependents staying with them. When examining the composition of these families, 31 survey respondents identified as women, 3 identified as men and 1 identified as non-binary. Twenty-six of the respondents identified as straight/heterosexual whereas 2 respondents described their sexual orientation as pansexual and 3 responds declined to answer. In addition to the heads of households that responded to the questions, these families included 71 children, 5 adults (partners and/or family members) and 1 pet. The average age of survey respondents was 32.9 years of age.

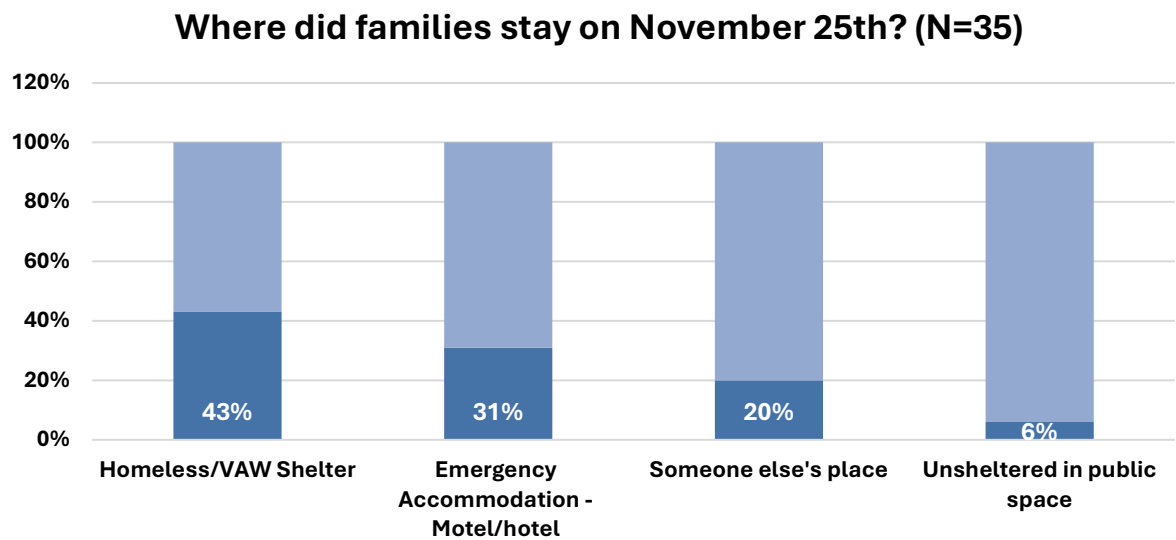
Length of Time Homeless for Families

As was identified for many households experiencing homelessness in HRM, a high rate of chronic homelessness was identified. As can be seen below, 60% of families that were surveyed had experienced homelessness for 6 months or more in the past year. Twenty-nine percent of these families identified that they had experienced homelessness for the entire year. Two of these families identified being homeless for 3 years.



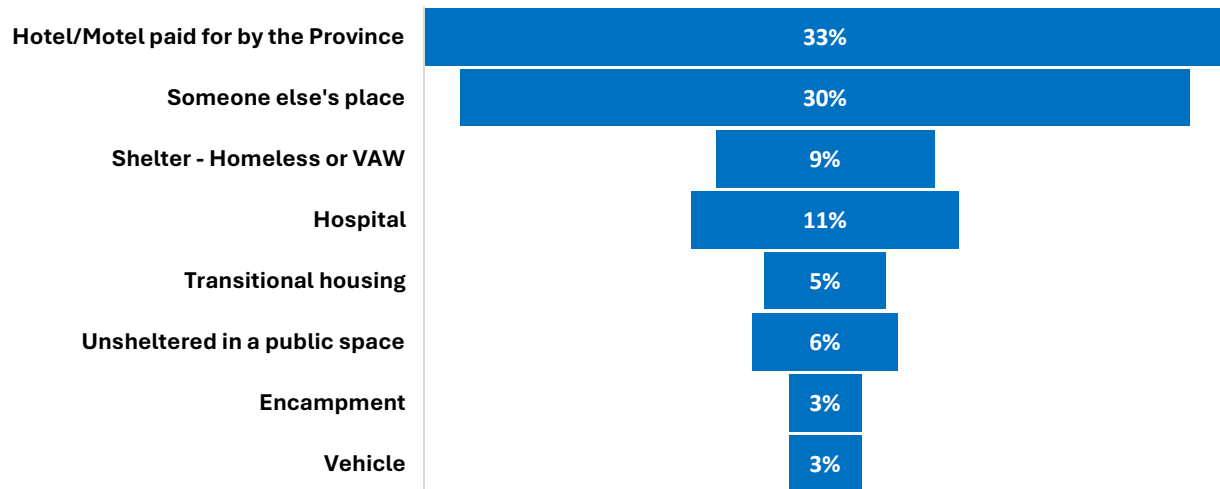
Homelessness Locations Experienced by Families

On the night of November 25th, 31% of survey respondents (N=11) identified that they stayed in a motel/hotel provided through the Shelter Diversion Program, 43% (N=15) identified staying in a Homeless or VAW shelter and 20% (N=7) identified staying at someone else's place because they had nowhere else to stay. Two survey respondents identified that they were unsheltered on the night of the Street Count but neither of these adults had their children with them that night.



Beyond the homelessness location on the night of the Street Count, survey respondents were also asked if they had spent at least one night in any of the listed homelessness locations in the past year. Motel/hotel paid for by the Province (known in Nova Scotia as the Shelter Diversion Program) was the most identified homelessness location for families with children, with 22 respondents or 33% identifying this location. Someone else's place was the second most common location for families experiencing homelessness with 20 respondents (30%) identifying this location. Other locations included 9% staying in Shelter – homeless or VAW, and 11% identifying that they had spent at least one night in a hospital. Unsheltered homelessness is not unheard of for some families experiencing homelessness, with 8 respondents (12%) identifying unsheltered in a public space, encampment, and vehicular homelessness experiences in the past year.

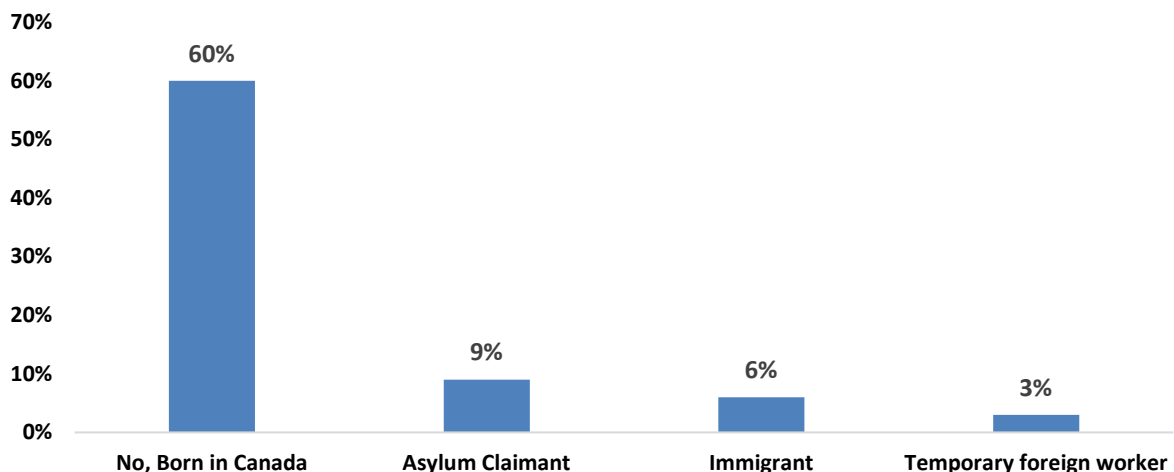
Have you spent at least one night in any of these homeless locations in the past year? Check all that apply (N=35)



Immigration Status of Families Experiencing Homelessness

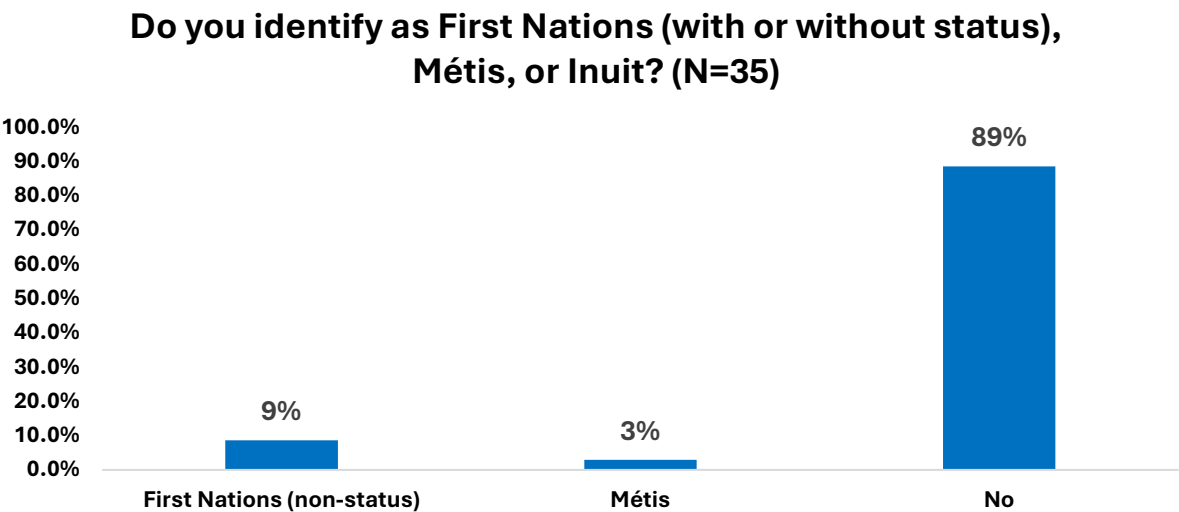
Most family respondents (69%) identified that they were born in Canada and 10% declined to answer. However, 21% or 6 respondents identified that they had come to Canada as Immigrants (N=2), Asylum Claimants (N=3) and a Temporary Foreign Worker. Two of these families have been in Canada for less than 6 months, 2 families have been here for 5 years, 1 family for 10 years and the final newcomer family has been living in Canada for 29 years. Four of the 6 families have also had changes in their immigration status (to Permanent Residents, Canadian Citizenship and Temporary Resident).

Did you come to Canada as an immigrant, refugee, asylum claimant or any other type of visa? (N=30)



Indigenous Families Experiencing Homelessness

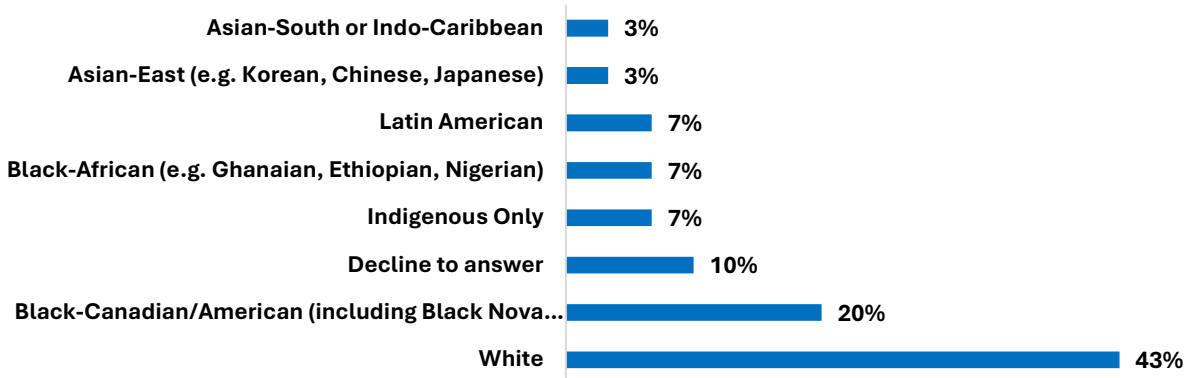
Of the 35 survey respondents that identified having dependent children, 3 households identified as First Nations (non-status), and 1 household identified as Métis. Most families (31 or 88.6%) did not identify as Indigenous. None of these families identified as coming from one of the 13 Mi'kmaw Communities in Nova Scotia.



Racial Identities for Families

In addition to exploring immigration status and Indigenous ancestry with survey respondents, the PiT Count survey also explored the racial identities of people experiencing homelessness. 43% or 13 respondents identified as White (e.g. European, British, French, Ukrainian, Euro-Latinx) and 20% (N=6) identified as Black-Canadian/American (including Black Nova Scotian). All 6 of the households that identified as Black Canadian/American responded that they identify as African Nova Scotian. Three respondents declined to respond to this question while 2 people identified as Indigenous only, 2 identified as Black-African and 2 identified as Latin American.

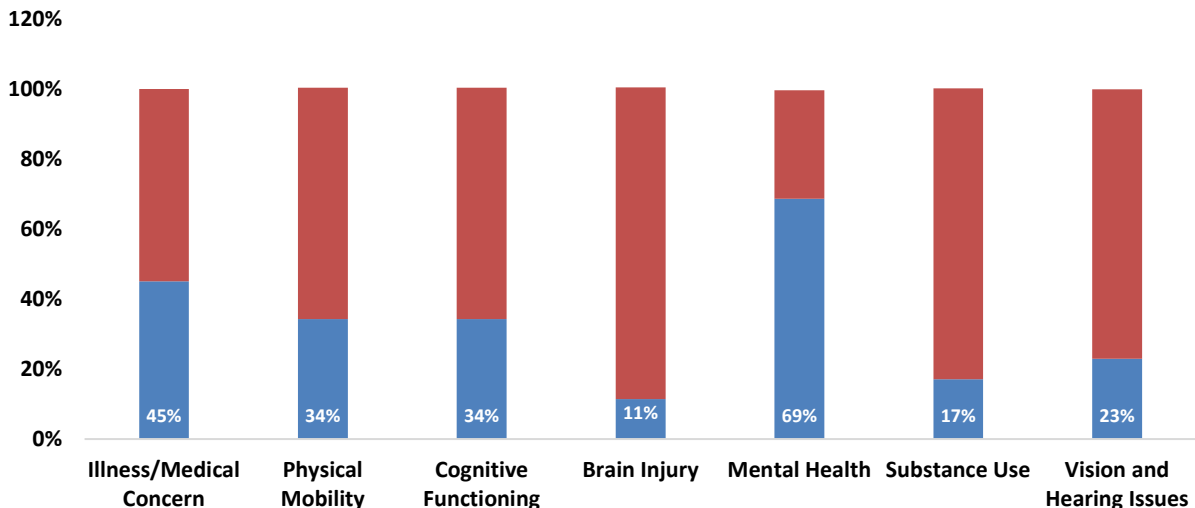
Do you identify with any of the racial identities listed below? Select all that apply. (N=30)



Health of Families Experiencing Homelessness in HRM

As seen in the reports of wellness concerns throughout the 2024 PiT Count surveys, wellness concerns also impact the heads of households that are supporting their families. The most common concern surrounds mental wellness concerns (69%), followed by 45% experiencing chronic illnesses or medical conditions. Physical mobility as well as intellectual/development or cognitive functioning concerns were both identified as a concern for 34% of respondents. Access to health supports will prove to be essential for all people – single adults, youth, and families – experiencing homelessness in HRM.

Health Concerns Facing Families. Select all that apply. (N=35)



Reasons for Most Recent Housing Loss for Families

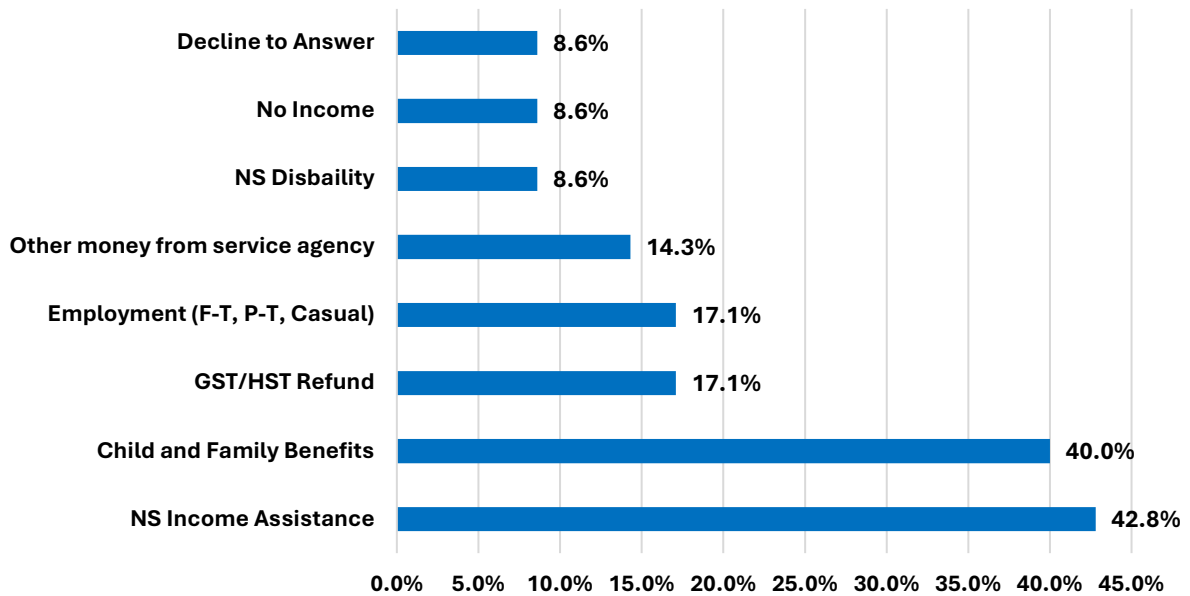
Like so many families experiencing homelessness in Canada, survey respondents in HRM demonstrated that the leading cause of their most recent housing loss is due to conflict, discrimination and/or abuse within the household requiring them to leave. Conflict and abuse leading to family breakdown was identified by 80% (N=28) of families while not enough income to cover housing costs was identified by 10 respondents (29%). For households surveyed, the average length of time since their most recent housing loss was just over a year ago (13.46 months).



Sources of Income for Families Experiencing Homelessness

The most common source of income (N=15 or 43%) for families was identified as NS Income Assistance followed by Child and Family Benefits identified by 14 respondents (40%). GST/HST refunds as well as employment earnings (full time, part time and casual) were indicated as sources of income for 6 families each. 14% of families also identified receiving money from other service agencies.

Sources of Income. Select all that apply. (N=35)



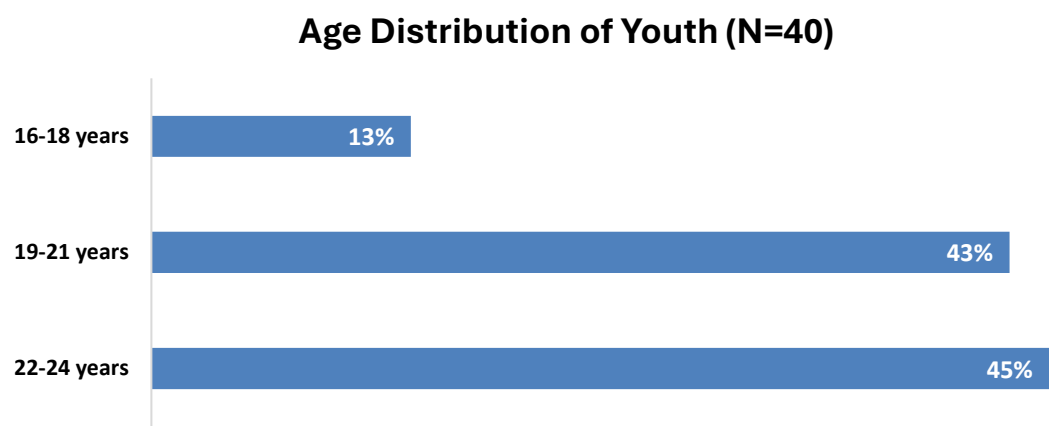
APPENDIX A PROVIDES ADDITIONAL INFORMATION ON FAMILIES EXPERIENCING HOMELESSNESS BY ADSUM FOR WOMEN AND CHILDREN

Special Focus: Unaccompanied Youth

Homelessness in youth is often mischaracterized as temporary or transitional – something people “age out of.” As evident below, however, the data in HRM demonstrates that youth experiencing homelessness often carry those experiences with them into adulthood, with consequences that shape housing, health, and trust in systems for years to come. Reducing youth homelessness will require coordinated responses that provide housing, build relationships, and sustain young people through critical moments of transition.

Demographics of Transition Aged Youth (16-24)

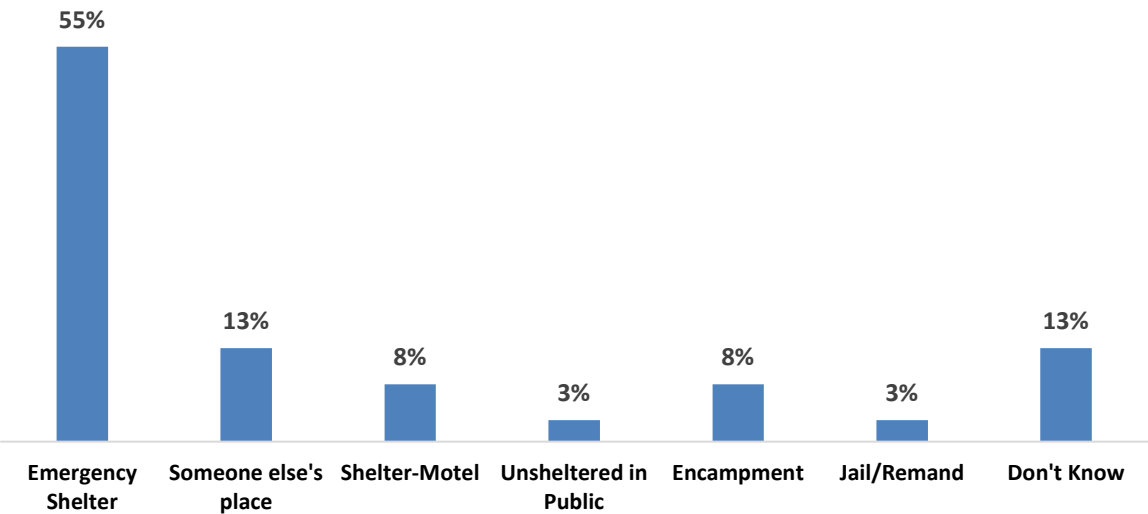
During the PIT Count in HRM, 40 survey respondents identified as transition aged youth. Twenty of the youth (50%) identified as men, 15 identified as women and 5 identified as non-binary. Twenty-three percent of homeless youth identified that they had been attached to the foster care system before. Twenty-one youth identified as belonging to a racialized community with 10 youth (25%) identifying as Indigenous and 4 (or 10%) identifying as Black Canadian/American. Thirty-four of the youth (85%) were born in Canada while 6 came to Canada as either an immigrant (1), asylum claimant (1) or on a study visa (4).



Homeless Locations for Youth

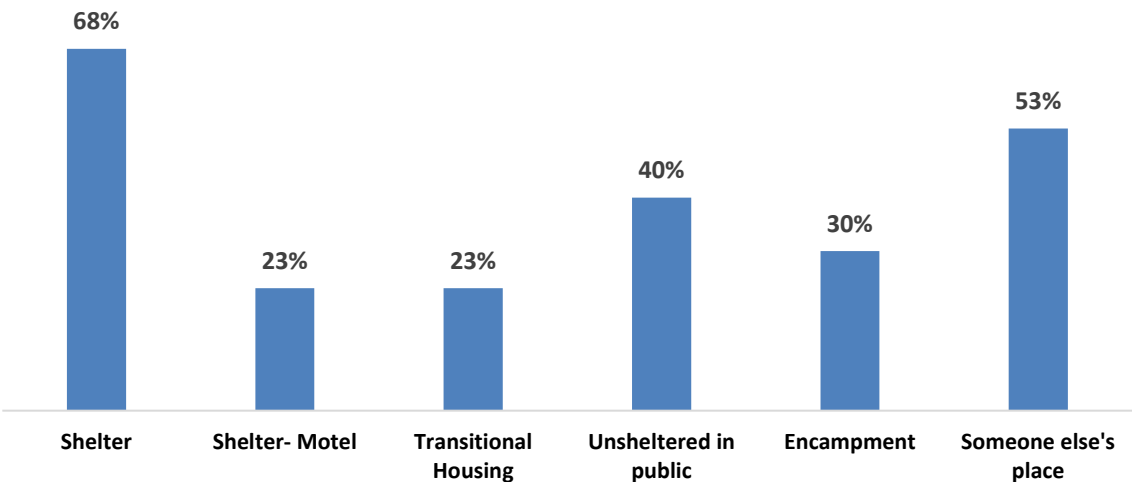
Similar to other populations in HRM, the primary homelessness location for youth on the night of the 2024 Count was Shelter (55%), followed by 13% that were staying temporarily at someone else's place. On the night of the Count, 8% of the youth surveyed were staying outdoors (8% in an encampment and 3% unsheltered).

Homeless Location for Youth on Count Night (N=40)



Sleeping arrangements reported by youth reveal both visibility and vulnerability. An exploration of the homelessness locations accessed at least one night in the past year again revealed a reliance on Shelter (68%), 53% stayed temporarily at someone else's place (although there is no guarantee of safety in these temporary locations) and 70% of all youth respondents identified staying outdoors at least one night in the past year. These varied settings reflect both the precarity of youth homelessness and the limits of system reach. On the night of the Count, most youth were not part of formal family units, and many were navigating these situations alone. Their locations illustrate the urgent need for services that are flexible, responsive, and able to meet youth where they are.

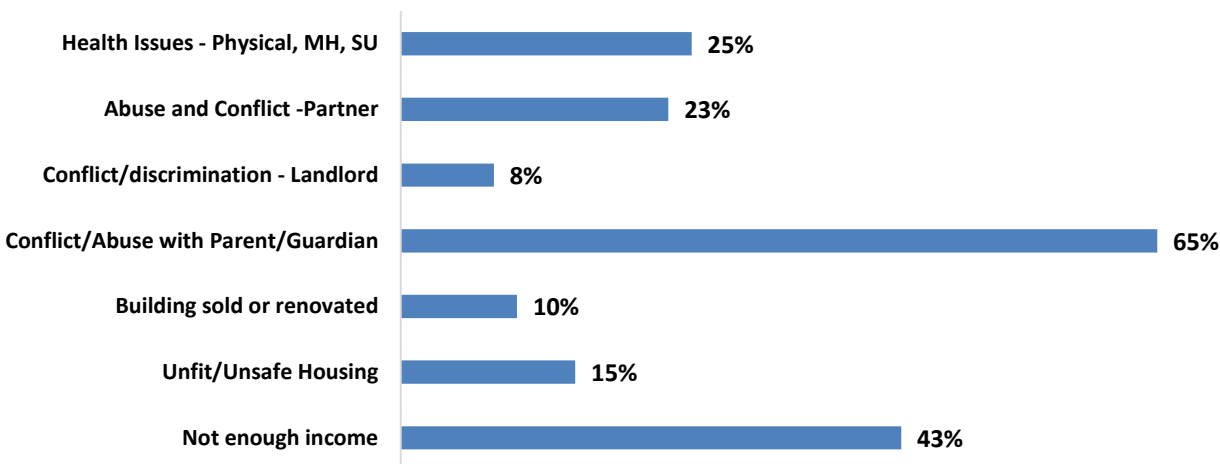
Homeless Locations Over the Year (N=40)



Reasons for Most Recent Housing Loss for Youth

Youth identified the primary driver of homelessness as conflict/abuse/discrimination in the home (65%) with the second most common response being not enough income to cover housing costs. Health issues (including physical health concerns, mental health and/or substance use were identified by 25% of youth and 23% identified abuse and/or conflict with a partner as leading to their homelessness.

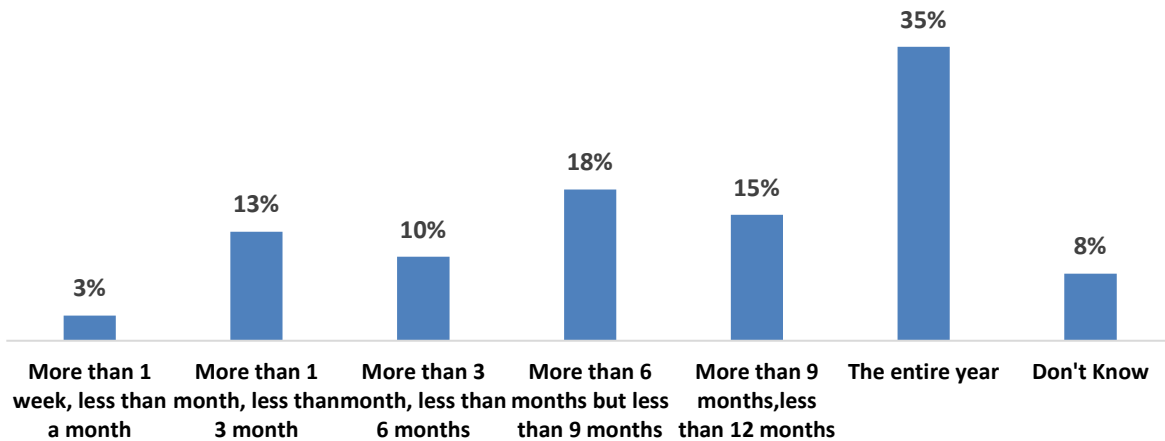
Reasons for Most Recent Housing Loss for Youth.
Select all that apply.(N=40)



Length of Time Homeless for Youth

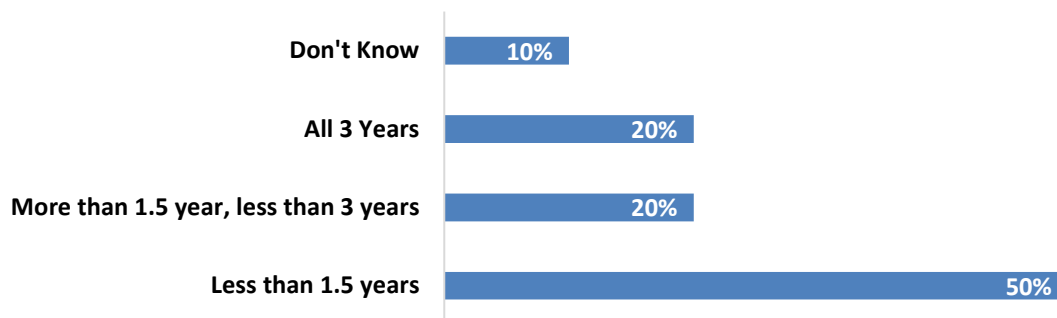
Chronic homelessness is also a reality for Transition Aged Youth with 35% of respondents identifying that they had experienced an entire year of homelessness in the past year, with an additional 33% who met the federal definition of chronic homelessness in the past year. These findings underscore the importance of youth prevention and early intervention efforts across all parts of the homelessness response. Many had already encountered housing instability early in life – in fact, 33% of youth respondents said they first experienced homelessness by the time they turned 18.

Youth Homelessness in the Past Year (N=40)



When exploring homelessness episodes over a 3-year period, 20% experienced 3 consecutive years of homelessness and an additional 20% experienced more than 1.5 years. Youth experiencing homelessness in HRM are staying homeless longer than expected. It must be recognized that the longer youth remain stuck in homelessness the greater the negative impacts on their development (physical, emotional, psychological, etc.) and the more the disconnections between family and community. Many of these youth are already cycling through extended periods of housing instability before reaching adulthood.

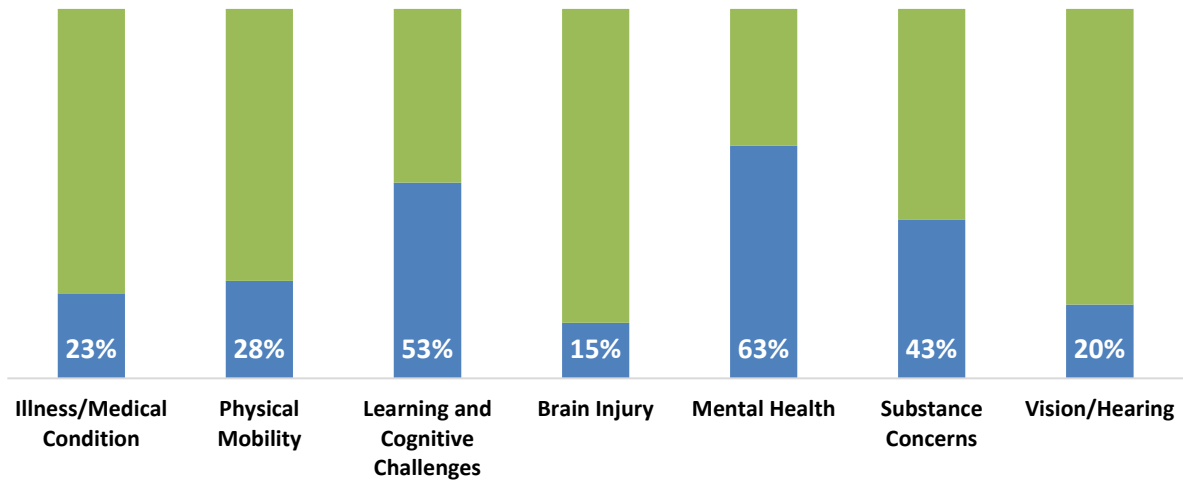
Homelessness in the Past 3 Years (N=40)



Health Challenges Faced by Youth

As has been seen across all populations, compromised wellness is common for people experiencing homelessness and youth are no exception. Sixty-three percent of youth identified the challenge of mental wellness concern, 53% identified learning and cognitive challenges, and an additional 43% identified concerns over substance use.

Health Conditions Experienced by Youth (N=40)

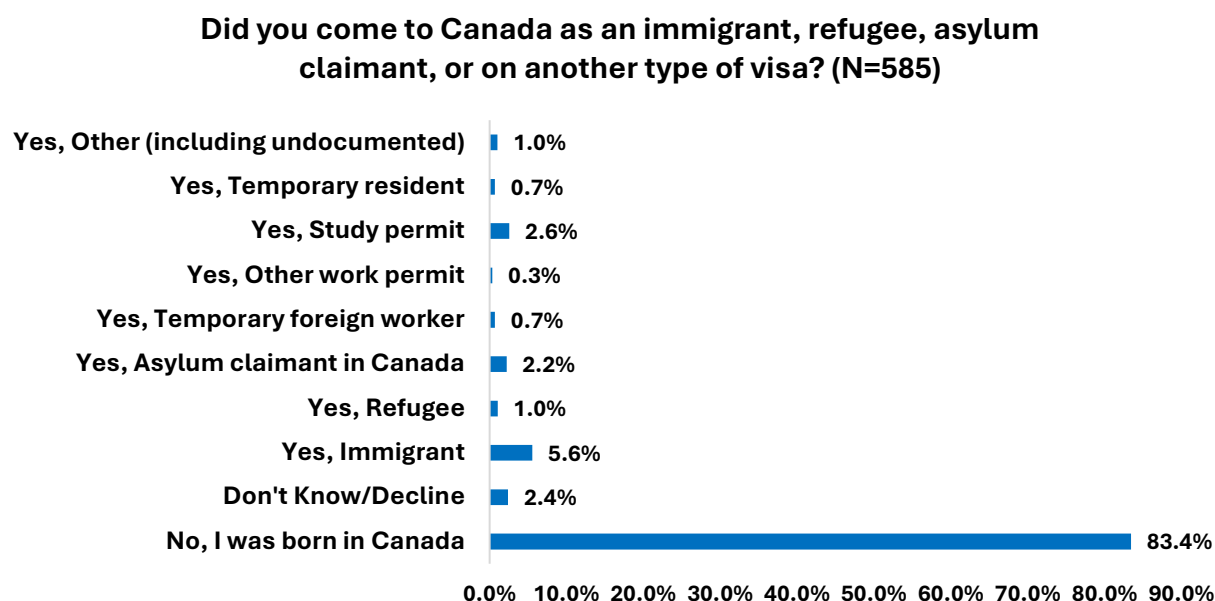


APPENDIX A PROVIDES ADDITIONAL INFORMATION ON YOUTH EXPERIENCING HOMELESSNESS BY PHOENIX YOUTH PROGRAMS

Special Focus: People Who Came to Canada as Immigrants, Refugees, Asylum Claimants or on Another Type of Visa

It is acknowledged that newcomers to Canada, including those who came as immigrants, refugees, asylum claimants or via another type of visa face unique challenges that increase their risk of homelessness such as poverty, discrimination, inadequate social and health programs, unrecognized foreign employment and educational credentials, delays in work permits and wellness concerns⁸. The needs of newcomers experiencing homelessness are different than Canadian-born people. In addition to adjusting to new languages and culture, many newcomers face challenges to employment, health, and legal issues. Since so many newcomers are part of racialized communities, racism compounds their journey from homelessness to housing. Staff in homelessness response and housing programs may not be equipped to assist people to settle into a new country and navigate the many structural and systemic inequities impacting newcomers.

During the PiT Count in HRM, 85 of the 596 survey respondents (14%) identified that they had come to Canada as an immigrant, refugee, asylum claimant, or on another type of visa. When examining the survey results for people that responded to the question related to being born in Canada or coming to the country via the immigration processes, the chart below identifies the breakdown of various immigration status types reported.

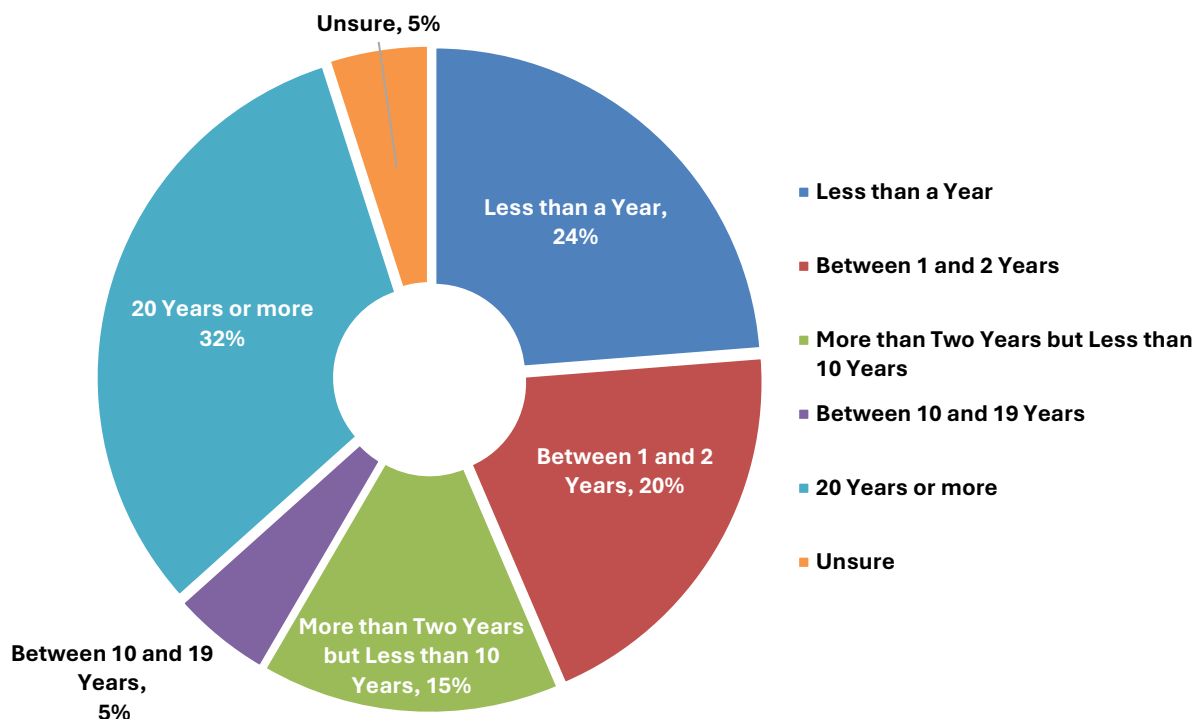


⁸ Newcomers and Homelessness Report by The Homeless Hub. Citation: <https://homelesshub.ca/collection/population-groups/newcomers/#:~:text=Newcomers%20to%20Canada%2C%20including%20immigrants%20and%20refugees%2C%20are%20at%20risk,work%20permits%2C%20and%20mental%20illness.>

Length of Time in Canada

Although newcomers to any country often face settlement, financial and wellness concerns in their initial year of arrival as they make a new home, it is important to recognize that 32% (N=28) of people experiencing homelessness that came as immigrants, refugees, asylum claimants or another type of visa have been living in Canada for 20+ years, 5% or 4 respondents have been here between 10 and 19 years, while 44% or 38 respondents have been in Canada for 2 years or less. **Given the unique challenges facing newcomers, ensuring adequate settlement services and potentially targeted shelter and time-limited emergency housing for newcomers will be essential in HRM in the coming years.**

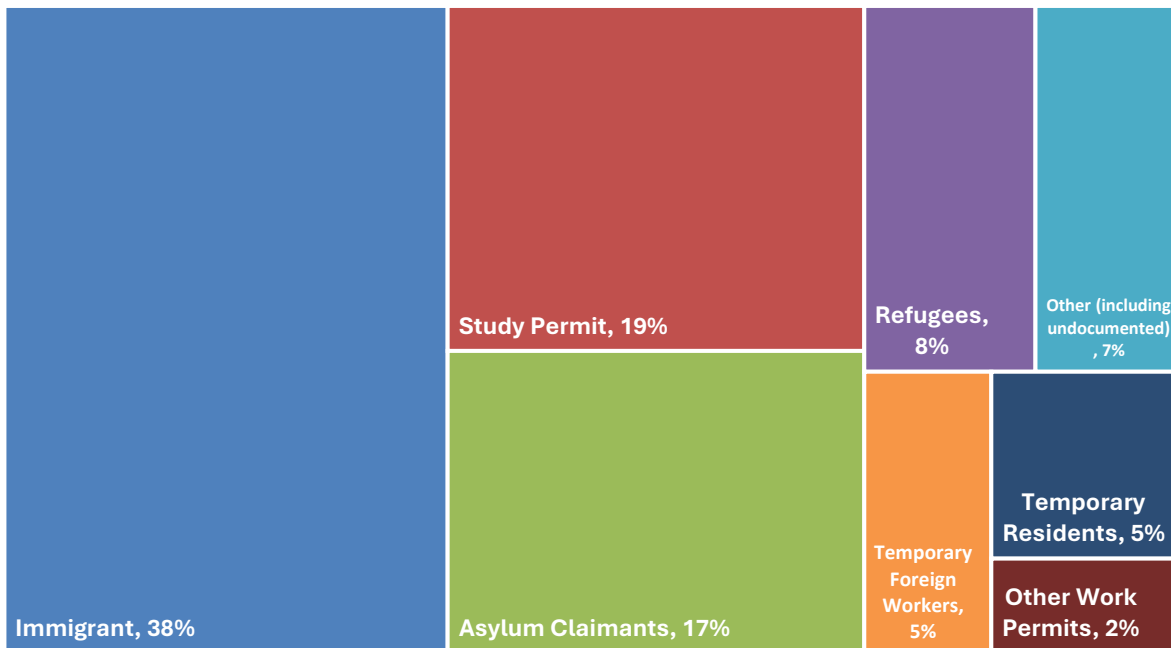
Length of Time Newcomers Have been in Canada (N=87)



Immigration Status for Newcomers

Of the survey respondents that identified coming to Canada as an immigrant, refugee, asylum claimant, or other type of visa, 38% identified that they entered Canada as an immigrant, 19% of respondents identified that they came to Canada for educational programs, 5% came as temporary residents, and 17% entered Canada seeking asylum. Seven of the newcomers or 8% entered Canada as refugees and 5% came as temporary foreign workers. Since being in Canada, 52% of newcomers identified that their immigration status had changed.

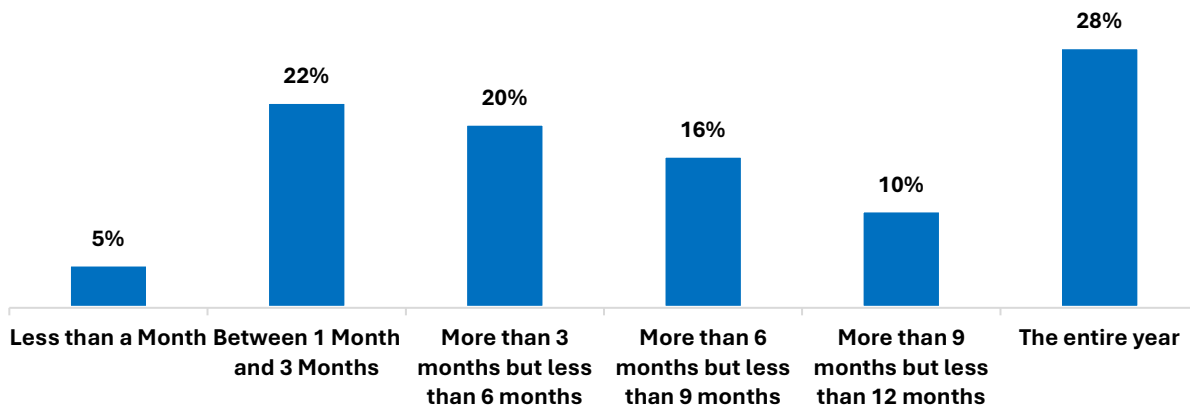
Immigration Status of Newcomers Experiencing Homelessness (N=85)



Length of Time Homeless for Newcomers to Canada in the Past Year

For newcomers to Canada, housing crisis and homelessness is obviously a concern with almost 60% of all newcomers identifying that their most recent housing loss was due to lack of income to cover housing costs. With 44% of newcomers having arrived in Canada less than 2 years ago, the lack of affordable and appropriate housing makes settlement and integration into community extra challenging. In examining the length of time in homelessness in the past year, it is important to identify that 28% of all newcomers to Canada experienced an entire year of homelessness and an additional 26% met the definition of chronic homelessness. However, 47% of people who came to Canada experienced less than 6 months of homelessness in the past year. Ensuring appropriate settlement and housing focused supports to newcomers must be a priority in HRM's plan to reduce homelessness.

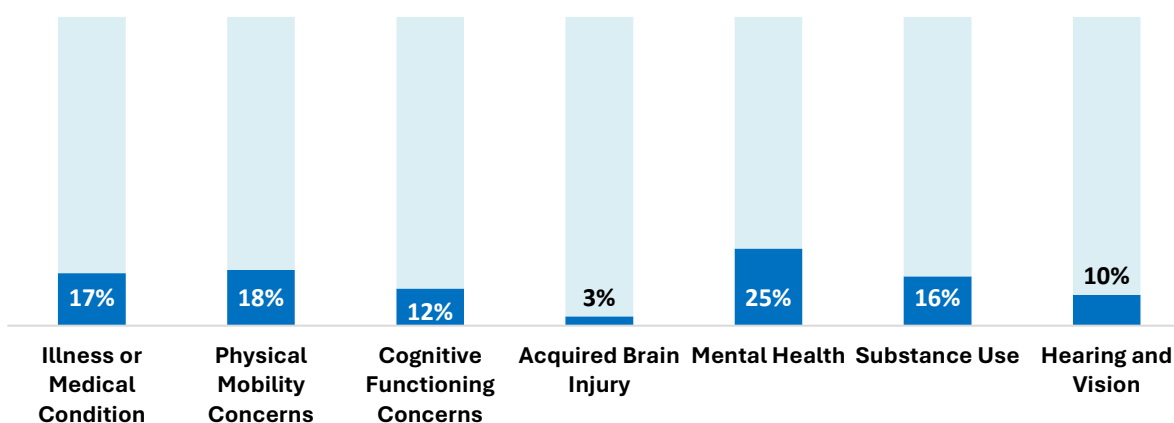
Length of Time Experiencing Homelessness in the Past Year for People that Came to Canada as Immigrants, Refugees, Assylum Claimants and other Types of Visas (N=87)



Health Concerns for Newcomers Experiencing Homelessness

For the people that identified coming to Canada as immigrants, refugees, asylum claimants or other types of visas, 77 respondents identified health conditions that were impacting their daily functions. As can be seen in the table below, people who came to Canada as immigrants are demonstrating better health outcomes than other populations of people experiencing homelessness in HRM.

Health Conditions for Immigrants, Refugees, Asylum Claimant, and Temporary Visas (N=77)



APPENDIX A PROVIDES ADDITIONAL INFORMATION ON NEWCOMERS EXPERIENCING HOMELESSNESS BY HALIFAX REFUGEE CLINIC

SECTION 5: CONCLUSION

The 2024 Point-in-Time Count offers a snapshot – not just of how many people are experiencing homelessness in HRM, but of who they are, what barriers they face, and what it will take to support their paths forward. While the numbers in this report reflect a single night, the stories behind them represent ongoing and often prolonged struggles with housing, health, income, and systemic disconnection. As was described in this report, local findings echo national trends in 2024:

- rising rates of chronic homelessness,
- lengthy episodes of homelessness that reflect deeply entrenched housing disconnection and limited exits from homelessness,
- increasing rate of youth homelessness,
- compromised wellness concerns that will continue (and worsen) the longer people remain homeless,
- increased housing instability among older adults, and
- continued overrepresentation of Indigenous peoples, African Nova Scotians and other equity deserving communities.

The individuals captured in this section are not experiencing short-term crises – they are living in long-term, recurring exclusion from housing, stability, and systems of care. Chronic homelessness in the HRM is not a new issue, nor is it a marginal one. It is a central and persistent feature of the local homelessness system – one that will not resolve without sustained investment in deeply affordable housing, wraparound supports, and intentional pathways out of long-term homelessness. These individuals are not unreachable – but without coordinated, assertive responses, they risk remaining unseen and/or under-served.

While mental health and substance use challenges were common – particularly among those experiencing chronic homelessness – these issues did not rank among the top self-reported causes of housing loss. In fact, "not enough income for housing" was the most common reason given. The prevalence of substance use must be understood in the context of survival, coping, and structural barriers – not as a refusal to accept housing.

As HRM continues its work to make homelessness rare, brief, and non-recurring, the insights from this Count can help guide action. This includes improving coordinated access, expanding housing and supports tailored to priority populations, and investing in prevention efforts that are strategically targeted – particularly for those with a prior history of homelessness. Above all, this work requires collaboration, shared responsibility, and a sustained commitment to turning data into strategic direction.

APPENDIX A: SUPPLEMENTARY INFORMATION ON SPECIALIZED POPULATIONS

POINT-IN-TIME COUNT – INDIGENOUS DATA ANALYSIS

by Mi'kmaw Native Friendship Centre

Of the total amount of homeless individuals in the Halifax Regional Municipality, 96 people identified themselves as being Indigenous, whether that be Status First Nation, Non-Status First Nation, Metis, or Inuit. Across the country Indigenous peoples are experiencing housing insecurity and homelessness at higher rates than their non-Indigenous counterparts due to historic marginalization, intergenerational trauma, and inequitable access to services and resources. The data gathered through the 2024 Point-in-Time Count only substantiates the national trend of overrepresentation of Indigenous peoples experiencing chronic homelessness, as approximately 8.4% of the total homeless population in the Halifax Regional Municipality. This statistic is significantly disproportionate to the approximate 52,430 Indigenous people in Nova Scotia, as reported by Statistics Canada in 2022. We can infer from this collected data that Indigenous peoples account for approximately 8.4% of the homeless population in the HRM, while only comprising approximately 4.8% of the total Halifax population. It is important to consider that the people accounted for in the 2024 Point-in-Time Count is not a comprehensive representation of all Indigenous peoples experiencing housing insecurity and/or homelessness in the HRM, as many community members in such vulnerable circumstances will rely on their community and family members for support. These less apparent instances of homelessness are referred to as hidden homelessness and are often harder to capture in census' and other data collection efforts.

The state of homelessness in Halifax has been consistently increasing each year and many Indigenous survey respondents identified that they had only become homeless within the last year and a half. Halifax has been experiencing drastic inflation and rental increases since the Covid-19 Pandemic began in 2020, and as a result many programs and resources created have focused on eviction prevention and shelter diversion. Despite the increase of services and supports offered to our homeless population, the survey results indicate that many Indigenous peoples are still struggling with housing insecurity and are often falling into direct or unsheltered homelessness. Many Indigenous folks who reach out to housing and homelessness service providers will receive support by way of payment for rental/utility arrears, first month's rent, and/or short-term financing of a motel or hotel room. These supports are incredibly important and often prevent our community members from directly sleeping on the street or in shelters, but they create very little long-term impact for the well-being of our Indigenous peoples. 30 out of 96 survey responses indicated that they had become homeless because they did not have enough income to remain stable housing. Short-term supports are necessary to bridge the gap between low economic standing and homelessness, but without the attainment of a living wage many of our Indigenous

people along with the rest of the population will find themselves circling housing insecurity and facing the challenges that come along with that. Many people are having to choose between affording groceries for their families and making rental payments, and the margin of error for those occupying a rental unit is becoming incredibly small before they are faced with an impending eviction notice. Many people in the HRM are struggling to obtain and maintain suitable housing, and that is without the additional variable of discrimination and stereotyping that is a frequent occurrence for the Indigenous population when trying to access housing.

The survey that was circulated in accompaniment with the actual Point-in-Time Count included content widely considered as social determinants of housing instability and homelessness. These factors, such as incarceration or involvement in the child welfare system as a child or youth, are often thought of as antecedent events that increase an individual's likelihood of falling into homelessness.

37 out of the 96 respondents' identifying as Indigenous had claimed they had been apprehended from their parent or guardian as a youth and were placed into foster care or a youth group home. This indicates that approximately 38% of the homeless Indigenous population in the HRM had been involved with the child welfare system as a child or youth. This statistic shines a light on the similar rates of overrepresentation of Indigenous children in the child welfare system, the impacts of which are enduring and detrimental to the stability and well-being of our Indigenous youth as they enter society in adulthood. As of 2021, Statistics Canada reported that the rate of Indigenous children in foster care per 1,000 children was 7.8 in Nova Scotia compared to non-Indigenous children at a significantly lower rate of 3.3 per 1,000 children.

21% of Indigenous survey responses revealed that they had become homeless due to conflict or abuse perpetrated by a domestic partner. Currently in the HRM there are 3 organizations dedicated to the safe shelter and transitional housing needs of women and children fleeing from domestic violence. A news release issued by the NDP claims "Nova Scotia has the highest rates of intimate partner violence of any province in Canada. Over 30% of women and 22.5% of men who have been in a relationship report being physically or sexually assaulted by their partner" (2024). Further, "More than four in ten (44%) Indigenous women have experienced physical or sexual violence by an intimate partner in their lifetime. In comparison, one-quarter (25%) of non-Indigenous women have experienced physical or sexual assault by an intimate partner in their lifetime, significantly less than Indigenous women" (Statistics Canada, 2022). With the lack of available and affordable housing resources in the HRM, those who are fleeing intimate partner violence are often left scared and having to choose between their safety and homelessness. Include the variable of children, and many Indigenous community members are left to endure this violence for fear of apprehension due to homelessness.

In conclusion, a considerable amount of the population in the Halifax Regional Municipality are experiencing housing instability and the negative impacts of inflation paired with a lack of safe, affordable, and accessible housing. However, the Indigenous population is faced with a disproportionate and inequitable amount of risk factors that are social determinants of homelessness. The importance of providing our Indigenous community with wrap-around supports in combination with direct housing and homelessness support has never been so evident as it is now. Indigenous peoples deserve culturally appropriate services that support and empower the whole person, rather than upholding the expectation that a siloed approach will permanently solve their struggle against homelessness.

BEYOND THE NUMBERS:

TOWARDS PREVENTION, INTERVENTION AND AFTERCARE



by 902ManUp

In November 2024, Affordable Housing Association in Nova Scotia (AHANS) conducted the Point-in-Time Counts of homelessness survey with individuals experiencing homelessness. Of the total number of respondents (596), 66 self-identified as Black. To understand participants' responses including what was shared, by whom and ultimately what has been asked or not asked, it is imperative to understand the historical experiences as it relates to Black homelessness.

There has been a historical African Nova Scotian population in Nova Scotia for over 400 years. African Nova Scotians have a relationship with the land and there are more than 58 historical Black communities. These communities have been home to Black families and their descendants. Black people represent 2.3 percent of the Nova Scotian population spread out across the province. As of 2021 Census of Canada, 28,220 Black people live in Nova Scotia (Black Nova Scotia Wikipedia).

Despite our historical presence in Nova Scotia, Blacks have experienced ongoing barriers to land and home ownership. We continue to experience ongoing discrimination from landlords, restrictive access to mortgages, lack of clear title that restricts generational wealth, and a lack of purchase options for seniors who want to access housing. We also see pressure placed on seniors to vacate property in exchange for promises of senior housing. In addition, we see requests for invasive criminal records and discriminatory credit checks being used to deny Black people seeking homes.

However, given the well-documented historical systemic racism, the limited data raises more questions than answers. The current data set points to the need for further comprehensive research. To reflect, understand, and accurately interpret the historical and current housing crisis within the African Nova Scotian and Black communities this research is critical.

There is data that suggest 15% of African Nova Scotians are living with friends and/or family out of necessity. This is not a true reflection of the homelessness crisis in the African Nova Scotia community. However, from first-voice accounts and demographic information, the trend with housing is worsening because of: social neglect, gentrification, over-priced housing, an increase in property taxes; being driven out of our communities and forced into the suburbs where we cannot afford to live. In many of these communities, we do not feel accepted, welcomed, or safe. Under these

conditions, our communities are being devastated, and the current data set represents the tip of homelessness situations. In addition to this stark reality, the crisis is compounded by the lack of culturally responsive care services. For example, it was reported that 95.1% of Black Canadians "...felt that the underutilization of mental health services by Black Canadian residents was an issue that needed to be addressed."⁹ According to the 2020 Statistics Canada survey, the Black visible-minority group reported poorer self-rated mental health and greater financial insecurity compared with White participants". It is further recommended that there is a need for "...multiple Black representatives in the development of mental health programs and initiatives to advocate for the diverse needs of their communities. Studies have shown that integrating culturally responsive care in such programs improves mental health service use among Black people in Canada."¹⁰

The housing crisis for the Black community cannot be understood in a vacuum. If we are to understand the housing crisis completely, one of the lenses that must be applied is the social determinants of health as housing intersects all the primary factors that shape the health of African Nova Scotians.

Recommendations and Next Steps

For us to move forward in a comprehensive and strategic approach to address the historical and current housing crisis for Black people in Nova Scotia it is imperative that the following recommendations are accepted and acted upon:

1. 902ManUp is Nova Scotia's largest housing provider for the unhoused community and has a unique relationship with Black communities across the province. 902ManUp asserts that the Black community must be serviced through an Afrocentric service delivery model. This philosophy and model are currently being used by 902ManUp. 902ManUp's expertise in homelessness and community must be acknowledged and honoured.
2. 902ManUp is effectively positioned to be able to research and effectively clarify the housing interests and needs of Black Nova Scotians. 902ManUp requests sufficient funding to undertake this critical research. The historical and current trends need to be researched to understand the forced invisibility of Black people's housing because of systemic inequity and racism. For example, is there a way to figure out the historical information on Black populations formerly living in Spryfield, Uniacke Square, Mulgrave Park, and Dartmouth North. Where are they now? Where did the Black residents go? Where are their spaces? Where are their homes?

⁹ [Shining A Light on Mental Health in Black Communities - Mental Health Commission of Canada](#)

¹⁰ Ibid.

3. There is also a need for housing infrastructure for Black people that is developed and built by Black people. 902ManUp requests allocated funding to develop and support a coordinated Black provincial structure that is culturally responsive to diverse interests and needs of Black Nova Scotians.

In closing, research interests should also explore notions of housing rehabilitation to ensure that Black people who are presently living in their homes, have access to and support for necessary repairs and upgrades. As suggested by 902ManUp, there needs to be a preventative approach that reinforces the qualitative difference and nuances between being housed and homeless. Black people need to have a real choice as to where they want to live and who they want to live with. Research may also assist in uncovering the barriers that exist within the housing experiences of Black Nova Scotians and assist in identifying realistic options and supports for individuals and families wishing to take on home ownership.

FAMILIES' EXPERIENCES OF HOUSING PRECARITY IN HRM



Adsum for Women & Children, Shelter Diversion Support Program

Nora Richter MSW and Meghan Hansford Ph.D.

On November 25th, Adsum supported 82 adults and 109 children with “emergency shelter” in hotels across the HRM. We know family homelessness is vastly underreported and underestimated. This number is only a fraction of the families and children in HRM experiencing housing precarity. Families are a minority sub-group of the homeless population, with children often going uncounted statistically. Family homelessness is continuing to increase in the HRM, across the province, and nationally. Problematically, this population continues to experience hidden homelessness and thus is often unaccounted for.

This data cannot be viewed without contextualizing the gendered barriers that women face when experiencing homelessness. Family violence is the leading cause of homelessness for women. Given the high rates of female lone-parent families accessing services, the high rates of violence coupled with the exploitation and victimization that women face, a gendered lens is required to develop and respond appropriately to the needs of women-led families, to understand the data and to drive further data collection of an often silenced and invisible population.

Families' experiences of housing precarity are much more difficult to measure than those of singles/couples. Parents go to great lengths to ensure that their kids are safe and cared for. Families end up moving around significantly more, staying with friends and relatives, and splitting up among multiple households for many reasons, some of which include:

- Limited resources available: There are significantly fewer shelter options for people with children. Apart from one transition house, Adsum is the only organization within the HRM that supports families with emergency shelter through the Shelter Diversion Support Program, Diverting Families and Journey Home. The unfortunate reality is that the programs and services that offer emergency shelter for people with children are almost always full.
- Fear of family breakdown: Parents/caregivers experience a significant amount of fear about interacting with the system (i.e. shelters, support services, etc.) because of the risk and threat of involvement with the Department of Child and Family Wellbeing (formerly Child Protection) and the possibility of familial separation/child apprehension. Recent research has demonstrated that many

individuals and youth experiencing homelessness have a history of involvement with child welfare including having been “in care” themselves and are overrepresented within the homeless population. When parents were in foster care or had system involvement in their own childhood, which almost always results in traumatic experiences, parents become justifiably terrified to disclose their circumstances and put their family at risk.

- **Fear of stigma/judgement:** For families of colour, the risks and consequences of homelessness are compounded. Poverty, systemic discrimination, gender inequality, racism, disabilities, and trauma intersect and create layered barriers to securing housing. Families who experience forms of systemic oppression are statistically more likely to be profiled and become entrenched with child protection, the criminal justice system and other systems that are known to be discriminatory and likely lead to (re)traumatization when they reach out for support. Data from our local Coordinated Access System demonstrates that racialized families are overrepresented among the population of people experiencing housing precarity and homelessness. We believe that discrimination and historical trauma have a cumulative effect and are linked to people's experience of homelessness and housing instability.

The barriers identified above are just a few of many that suggest the numbers reflected in the Point-in-Time Count for families experiencing homelessness does not capture the full extent of housing precarity and experiences homelessness for families in HRM. Our organization receives calls daily from families in crisis who are forced to be separated due to homelessness. Parents make the incredibly difficult decision to place their children in the care of family members and friends so that their children have safety and stability while the parents search for a shelter/housing option that accommodates the whole family unit. This sometimes results in families experiencing housing precarity being misrepresented within the data since they present as singles/couples, when they are in fact a family who have been prevented from being together for a period of time because of a lack of appropriate housing.

The families we work with consistently share that their biggest barrier to having safety and stability is the lack of permanent, affordable housing in HRM. Many of the families we work with have been evicted from rentals that they have lived in for a long time (or they come to the end of a fixed-term lease with no renewal). They often have had sufficient notice, and the eviction is “legal” as per the legislation, but they end up without somewhere to move because they are not able to find a new place that meets their family size/needs that they can afford. Furthermore, when families do manage to find rentals they can afford, they face a great deal of discrimination from landlords, particularly when they must disclose that their source of income is social assistance and rent supplement programs or the very fact that they have children. Of course, it is illegal

to discriminate against any of these protected characteristics, but the reality is that this is happening to families all the time.

Lastly, many of the current affordable housing options being offered are transitional housing opportunities which lack permanency. Families are permitted to stay in subsidized units that are supported by organizations and/or government for periods of time so long as they agree to respect a series of guidelines or rules but are not afforded tenancy rights associated with a lease agreement. These programs provide excellent short-term solutions, but do not offer the autonomy, peace of mind, or permanency of leased, affordable housing. Families in these programs are perceivably “housed”, however their ability to continue living in their rental is, at least in part, reliant on the continuation of program funding and organizational relationships with property owners and managers. This skews the data of families who are actually still in need of permanent housing.

The complexities of family homelessness require unique interventions, policies, and data collection that must be re-framed and understood within the broader socio-economic and structural systems. There is a need to challenge responses developed primarily for adult single males and to propose an approach for women and their children that is reflective and inclusive of the gendered experiences and root causes of homelessness. Critically, we must ensure that the sector does not continue to perpetuate this population in remaining invisible and hidden.

YOUTH EXPERIENCES OF HOMELESSNESS AND HOUSING INSECURITY IN HRM



Phoenix Youth Programs

Janel Comeau – Manager, Phoenix Youth Shelter &

Darren Howie – Manager, Phoenix Centre for Youth

Over the past year, 170 unique youth between the ages of 16-24 accessed emergency shelter beds at Phoenix Youth Shelter. Though every youth has their own unique journey to accessing services at Phoenix Youth Programs, these youth faced many shared barriers to accessing stable, dignified housing. Economic conditions and rising rents have affected all residents of Nova Scotia, but youth are especially vulnerable to being locked out of housing opportunities. We feel that youth Identified within the Point-in-Time Count will have experienced and continue to experience similar issues. In particular, youth are affected by:

- **Lack of Rental and Credit History:** in Halifax's tight rental market, landlords are increasingly reluctant to rent to young people who do not have previous landlord references or an established positive credit history. Youth looking to secure their first apartment are typically required to provide a guarantor/co-signer who can cover the rent if they are unable to – the youth accessing Phoenix's services do not have family members who can take on this responsibility for them. For youth who are just starting out without a rental or credit history, securing a market rental unit can feel almost impossible.
- **Stigma:** youth have often perceived – or been told directly – that they were not accepted for an apartment due to their income source being ESIA. Very low vacancy rates mean that landlords can be selective with the applicants they accept for their rental units.
- **“Hidden Homelessness”:** many youth report feeling uncomfortable or unsafe accessing services that are primarily geared toward adults. We often see youth intentionally avoiding adult shelters and choosing remote tent sites for their own safety – which in turn makes it harder for youth to become connected to services.
- **Rental scams:** “landlords” requesting application deposits or other fees to hold an apartment, when the actual rental unit does not exist. Youth are especially vulnerable to rental scams due to their limited rental options and their inexperience in navigating the rental process.
- **Gaps in Disability Supports:** roughly 10% of the youth who access Phoenix Youth Shelter report having a permanent disability. Many of these youth require specialized supportive housing placements, but in Nova Scotia, youth are not

eligible to apply for supportive housing until they are nineteen years old. Youth with disabilities can spend years in the shelter system waiting to be old enough to apply for disability housing before then waiting for a placement to become available.

- High Youth Unemployment: in 2024, Canada's youth unemployment rate was 13.2% – more than double the 5.4% adult unemployment rate. Many of the youth we support depend on low-paying casual and seasonal work and on entry-level service jobs; they struggle to secure the income they need to afford dignified and adequate housing.
- Aging Out of Foster System / Child Welfare: many youth seeking services from Phoenix are in the process of aging out – or have recently aged out of – the child welfare system. These youth face extraordinary barriers to independent housing and are left to navigate adult life without the parental support that their same-age peers depend on.
- Rising Cost of Education: Phoenix has seen a staggering increase in the number of secondary and post-secondary students accessing supports. The rising cost of housing, tuition and essentials has forced a growing number of students to choose between continuing their education and meeting their basic needs.

Affordability of Rental Housing Stock

- The 2024 Canada Mortgage and Housing Corporation (CMHC) rental market report indicates the vacancy rate for Halifax rose to 2.1% and the average rental rate for a 2 bedroom was \$1,707. The national average for a 2 bedroom was \$1,447. This rise in vacancy rate is somewhat misleading as vacancy rates for affordable units, priced below \$1,300, remain at “well below 1%”. With a turnover rate that remains at 7-year low, affordable rental units are scarce. These “affordable” units are the ones that youth are competing for with others who are better able to afford these rental rates.
- According to a 2022 study conducted by RBC and the Canadian think tank “Youthful Cities”, Halifax is now the least affordable city in Canada for young people aged 15-29. We feel that this experience of unaffordability and being “priced out” of Halifax remains a top concern for young Haligonians in 2025.
- Access to Canada-Nova Scotia Targeted Housing Benefit (CNSTHB) requires a signed lease prior to gaining access to a rental subsidy. Landlords are typically reluctant to sign a lease with a young person, especially with the absence of a co-signer or definitive confirmation of ability to pay the full rental amount. The stipulation of requiring a signed lease in order to apply for CNSTHB is a barrier, especially if a lease cannot be signed without a confirmation of income to pay rent.

Phoenix Shelter is the only shelter in Halifax designed for and specifically serving youth of all genders. There are clear and distinct supports necessary for youth to secure safe, affordable and adequate housing that meets their developing needs. There are limited resources and housing stock designed for the specific purpose of supporting marginalized youth with housing as they transition into adulthood. As we continue to navigate the ongoing housing crisis, we must consider the needs of youth who are experiencing or at risk of homelessness and ensure that we are tailoring solutions to their unique challenges.

DATA ANALYSIS OF NEWCOMER AND REFUGEE CLAIMANT HOMELESSNESS EXPERIENCES IN HRM



by Halifax Refugee Clinic

The data collected in the 2024 PiT Count survey on newcomers' experiences of homelessness in HRM is consistent with the national trend of increasing rates of homelessness among certain groups of newcomers, and refugee claimants in particular.

Newcomers represented a sizeable segment of all those surveyed at 14% of total respondents. The data captured was from 84 respondents (referred to here with the general term "newcomer") who answered yes to question: "Did you come to Canada as an immigrant, refugee, asylum claimant (i.e. applied for refugee status after coming to Canada), or on another type of visa?". The respondents ranged in age from 19 to 77, and in addition to the 84 survey respondents, 2 dependent adults and 11 dependent children, from the ages of 1 to 22, were identified. Of the 79 newcomer survey respondents who identified their gender, 63.3% were men (50 respondents), 35.4% were women (28) and 1 respondent was non-binary. This percentage is relatively consistent with the most recent national data on gender breakdowns among newcomer shelter users (HICC 2022).

The survey data shows that the vast majority of all newcomer respondents: 68 individuals, or almost 81%, were staying in emergency shelters. 12 respondents reported staying at someone else's place, 2 respondents were residing in encampments, 1 unsheltered in a public space, and 1 was unsure of their location.

It is important to note for the purposes of this data that many other refugee claimants and newcomer individuals and families experiencing homelessness are likely not fully captured in the available data. Those staying in precarious and non-permanent living situations without a guarantee of continued residency or access to a safe and permanent residence, (i.e. with community members or family members) experience "hidden homelessness" and would not have been surveyed unless specifically identified by community agencies. Other newcomers experiencing homelessness may have chosen not to participate in the survey due to a number of reasons, including stigma or fears related to their immigration status.

Within this surveyed newcomer group, refugee claimants (also known as asylum claimants or asylum seekers) are grossly overrepresented proportional to their population in the province, with 22.6% of newcomer respondents identified as having arrived as refugee claimants or having made a refugee claim after arrival, representing 3.18% of all 2024 PiT Count survey respondents. This is compared to refugee claimants

representing only 0.01% of the population of Nova Scotia (according to Q4 2024 data from Statistics Canada). This finding is in line with the previously collected national data on refugee claimants being overrepresented in shelter systems (HICC 2022).

The data collected during the 2024 PiT Count also highlights several key factors that contribute to the challenges faced by newcomer communities, and in particular refugee claimant communities, in securing and maintaining safe and affordable housing.

One of the most significant barriers to accessing safe and affordable housing for newcomers is financial insecurity. A majority of surveyed newcomers (45 respondents) answered “not enough income for housing” in response to the reason for their most recent housing loss. This included several respondents who were currently working (either full time work, part time work, or casual work) and most who identified NS income assistance as a source of income. 17 respondents had no source of income. From an analysis and comparison of the dates on which the surveyed newcomers arrived in Canada to their responses to the length of time they had experienced homelessness, it was clear that most refugee claimants surveyed had their first ever experience of homelessness around the time of their arrival to Canada. One refugee claimant respondent stated: “Had to leave my house and my country [...] due to persecution and did not have where to stay in Canada.” This illustrates the lived forced migration experience of those who are forced to flee dangerous situations in their country and arrive asking for the protection of Canada.

Immigration status is an important and often overlooked social determinant of health and can directly inform one’s ability to access safe and affordable housing. While the cost of living and housing crisis in HRM, and across the country, affects all low-income and marginalized populations, certain categories of newcomers, like refugee claimants, are disproportionately affected due to immigration status, which renders them ineligible for provincial rent supplements and other programs (i.e. the Canada-Nova Scotia Targeted Housing Benefit, the Survivors of Gender-based Violence Benefit, Public Housing). Additionally, refugee claimant parents are not eligible for the Canada Child Benefit (CCB), even for their Canadian children, which greatly limits families’ financial resources and ability to access affordable housing options. Further compounding these status-dependent eligibility restrictions are increasingly long backlogs and delays in refugee hearing scheduling and processing of applications for permanent residence, meaning that refugee claimants can remain in the same status and precarity for many years, without access to these benefits.

Newcomers, especially refugee claimants, often rely on subsidies provided by service organizations, many of which operate on finite grant funding, private donations, and mutual aid networks. In the survey, several refugee claimant respondents identified that they received “other money from a service agency” in response to the question on

sources of income. These contributions can sometimes assist with security deposits, first-month rent, small rental subsidies, emergency hotel stays, utilities, and rental arrears for eviction prevention, but these are often one-time or short-term solutions that do not address the systemic and longer-term barriers faced by newcomers. Furthermore, food insecurity remains an issue, with many individuals relying on grocery store gift cards or food provided by food banks, soup kitchens, shelters, and community agencies.

Another key factor contributing to homelessness among refugee claimants is the difficulty in obtaining employment. Refugee claimants have eligibility restrictions due to their status that preclude them from accessing federally funded English language learning programs, which can significantly limit job opportunities. Additionally, delays in work permit issuance force many refugee claimants to rely solely on income assistance for extended periods. This is also the case for many non-permanent residents, who may have restrictions on work authorization, changes or lapses in status or closed work permits tied to a single employer. Eligibility restrictions due to immigration status, delays, and other challenges in applying for and receiving income assistance are commonly observed barriers for many refugee claimants and non-permanent residents and can leave many newcomers with no source of income at all, short-term or long-term.

Language barriers and cultural barriers can also significantly impact the ability of newcomers to access and maintain safe and affordable housing. This is especially relevant to the experience of refugees and refugee claimants, who may arrive to Canada with no or lower English language levels and require language support for community navigation. Without dedicated resources, like refugee claimant serving community agencies with dedicated settlement and housing support workers, filling out rental applications in English, meeting and liaising with landlords, signing, and understanding leases, setting up utilities and negotiating tenancy issues are a challenge. This highlights the importance of resources being directed towards specialized housing supports and language supports for this population.

Even among existing community housing service providers, there may be important gaps in knowledge and/or insufficient resources to ensure culturally competent housing support for newcomers. Housing opportunities that may exist are often tied to restrictive criteria, either explicitly or implicitly (such as ability to communicate in English) or the housing opportunity may be unrestricted but may rely on supplemental rental subsidies, available for certain groups of non-permanent residents.

Race and racialized identities intersect greatly with newcomer status and with experiences of homelessness. 62% of 2024 PiT Count newcomer survey respondents identified as Black (with an overwhelming 38 out of 43 identifying as “Black-African”), 10.1% identified as Asian-South or Indo-Caribbean, and only 21.7% of newcomer survey respondents identified solely as “White”. This is consistent with previously collected national data, which shows that Black respondents are overrepresented among those

experiencing homelessness and that racialized survey respondents are more likely to have reported coming to Canada as a newcomer (HICC 2022).

Discrimination and racism in the housing sector makes it particularly difficult for racialized newcomer populations to secure rental units, even when they may have sufficient income, and this is especially the case for refugee claimants, who have multiple intersecting barriers to accessing housing.

It should also be underscored that restrictive eligibility criteria for programs and services, due to immigration status, both at the federal and at the provincial level, disproportionately affect racialized communities. Growing anti-migrant, anti-refugee and anti-asylum sentiment and negative government rhetoric contribute to the stigmatization of refugee claimants and other groups of racialized newcomers and exacerbate their already myriad challenges in securing safe and affordable housing.

It is clear from the data that more and more newcomers and refugee claimant community members are experiencing homelessness and, while more resources have been directed in recent years to addressing homelessness in these communities, there are still important gaps to be addressed, which requires community coordination and the engagement of all levels of government. Housing is a fundamental human right and all newcomers should be welcomed and supported as full members of our community, no matter their immigration status.