



**THE MANY FACES OF  
HOMELESSNESS**



# HOMELESSNESS has many FACES

You see someone panhandling at an intersection as you drive to work every morning, or perhaps outside your local supermarket as you run your evening errands. You decide to give a loonie (or not) depending on your mood and wallet, and you might wonder, “Why doesn’t that person just get a job?” But it’s not that simple.

There are 250,000 homeless people in Canada. Some you see, but most you don’t—like a single mother and her kids living in their car, a 17-year-old couch-surfing with friends, or a senior citizen on a fixed income facing a rent increase. The incidence of both “visible” as well as “hidden” homelessness is increasing in the Halifax Regional Municipality (HRM) and across Canada.

We all know that maintaining adequate housing in the face of rising property taxes, rents, and energy bills is becoming increasingly difficult. For the over 16,000 households in HRM paying more than 50% of their gross income on shelter, two missed pay cheques, one illness, or one emergency could spell homelessness. No one chooses to be homeless and any one of us could be at risk.

The hundreds of thousands of homeless Canadians are a diverse population of young and old, families, couples, and single people. Youth and families with children are the fastest growing groups. New immigrants, refugee claimants, and visible minorities are also over-represented among the homeless population. About one third of homeless individuals are living with some mental health issues.

Homelessness in Canada has been declared a national disaster. Concerns over homelessness and the lack of affordable housing have also been on the rise in HRM. Since 2001, Community Action on Homelessness and the Halifax Regional Municipality have been doing research and helping to build community capacity to address homelessness and the need for affordable housing.

This booklet is part of a public awareness campaign about homelessness in HRM. It challenges some of the misconceptions people have about homelessness by sharing information about who is homeless or at risk of homelessness in HRM, and why. It sheds light on the complexity and diversity of this issue. It also provides some suggestions about what needs to be done to address homelessness in HRM, and outlines what YOU can do to help.

Homelessness is a social problem, not a personal one. No one chooses to be homeless, but everyone has a choice to make about homelessness: to do something or to do nothing.



# HOMELESSNESS is more than HOUSELESSNESS

“Homeless” is a term that helps us understand the living context of specific individuals. Homelessness, however, is more than not having a home of one’s own. Homelessness ultimately stems from the cycle of poverty caused by underlying societal, economic, and political structures and decisions. Some groups face more economic and social barriers than others. This increases their likelihood of living in poverty, and determines the circumstances that bring them to homelessness. This booklet highlights a number of themes regarding groups at particular risk of homelessness that emerged from the data of HRM’s 2005 *Portrait of Streets and Shelters Vol II*. The Portrait survey gives a snapshot picture of homelessness in the HRM, and therefore only the most visibly homeless are reflected. Real numbers are much higher.

By learning about the complexity of the circumstances affecting homelessness, we hope that we can begin to recognize and respect that homeless individuals and populations are diverse, with the only truly predictable commonality being that they have no home. What brought them to their present circumstances and the barriers they face is unique.

Solutions, similarly, are diverse and require resources, a real understanding of the issues, and a willingness to work across sectors and alongside homeless and at-risk populations to ensure that all residents of HRM have their basic needs met, and the opportunity to thrive and contribute to their communities.

## WHY are people HOMELESS or AT RISK of HOMELESSNESS?

- Lack of affordable, adequate, and suitable housing
- Lack of supportive housing options and programs
- Poverty – lack of income and adequate employment
- Eviction and discrimination
- Family breakdown and violence
- Mental health and other health issues
- Addictions

## CORE HOUSING NEED

can be defined as living without housing that is:

**suitable** -

safe and without need of major repairs

**adequate** -

big enough for the size of your household

**affordable** -

no more than 30% of gross monthly household income

**Absolute homelessness** is the stereotypical view of homelessness, such as a man sleeping on a park bench. It refers to a person who is “sleeping in the rough,” usually outside, without any form of shelter. Absolute homelessness also refers to individuals and families living in shelters, squats, or other places not meant to provide shelter, such as bus shelters, abandoned buildings, or cemeteries.

**Hidden homelessness** refers to those who have no place to call their own but are NOT sleeping on streets or in shelters. Some estimate that hidden homelessness represents 80% of the total homeless population. These individuals may be couch-surfing, living out of their vehicle, or staying with friends and family. They can also be low-income families living in substandard conditions. Some are seniors on fixed incomes. Many are children. The number of hidden homeless is difficult to determine, and consequently this issue is sometimes not adequately addressed.

**At risk of homelessness** is a category that includes those who are at great risk of losing their housing, and those existing in substandard conditions. Households paying more than 30% of their gross income on housing costs are said to be at risk of homelessness. These households may be able to pay their rent, but little is left for other necessities such as food or health care. The majority of those at risk are the working poor, whose wages are simply not high enough to pay average market housing costs. They can be one emergency or two missed pay cheques away from homelessness.

# INCOMES and HOUSING in the HALIFAX REGIONAL MUNICIPALITY

**Housing insecurity** is closely linked to income – the more you can pay, the more housing options you have. Vulnerable households need to have better access to adequate incomes as well as affordable, good quality housing options that meet their diverse needs in terms of tenure, location, and size.

**A Continuum of Supports** While affordable housing and secure incomes could potentially solve housing problems for many individuals who experience periods of homelessness, there are others who may require more assistance in making the transition to living independently in the community. These may include street-involved youth, single mothers, new immigrants, and refugees. Seniors, and individuals with mental illness, addictions, or dual diagnosis, may require long-term supportive services in order for them to live in a stable housing situation and enjoy a reasonable quality of life outside of shelter and health care systems. It is crucial that a continuum of supportive housing options be developed in HRM to meet the needs of our diverse at-risk population. Developing effective solutions, actions, and programs must be informed by the knowledge and experiences of individuals who have found themselves homeless or at risk of homelessness.

## **What are the effects of homelessness?**

- Negative impacts on physical and emotional health, from poorer nutrition and increased risk of disease to decreased self-esteem
- Difficulty in securing and maintaining employment, education, or other services
- The need to become focused on survival activities, leaving little time for community involvement. This leads to isolation, and is increased by discrimination once you are on the street.
- Contributes to the overall deterioration of health and quality of life of individuals, families, and communities

## **SOME FACTS about HOUSING and INCOME in HRM**

- Average market rents for Halifax range from \$552 (bachelor), \$626 (1 bedroom), \$762 (2 bedroom), and \$964 (3 bedroom).
- Over 16,000 households pay more than 50% of their income on shelter.
- The median income of these households is \$770 a month.
- Maximum Income Assistance shelter rates in Nova Scotia, including shelter and personal allowance:
  - Single adult \$285/month
  - Single disabled adult \$550/month
  - Single parent with two children \$600/month
- Minimum wage income: \$1,167 per month or \$14,000/year.
- HRM average income: \$56,631
- Households earning less than \$27,400 per year cannot afford basic needs, according to Federation of Canadian Municipalities.
- More than 16% (22,385) of households in HRM are in core housing need (unable to access housing that is affordable, suitable, or adequate) including 33% of all renters, and 9% of owners.
- Poverty rates are increasing for two-parent families, Aboriginal people, and new immigrants.

These statistics are from reports by the Canadian Mortgage and Housing Corporation, Statistics Canada, Nova Scotia Department of Community Services, and the Federation of Canadian Municipalities

← MENTAL HEALTH  
OUTPATIENT CLINIC



# YOUTH

## GROWING UP ON THE STREET

### Growing up on the street

Youth under 24 years of age are said to be the fastest growing segment of the homeless population in Canada. An increase in youth homelessness from the previous year was one of the most significant trends that emerged from HRM's 2005 survey *A Portrait of Streets and Shelters*, where 34% of those surveyed were less than 24 years of age. Contrary to existing stereotypes, so-called street youth are not a homogeneous group. Instead, they come from a variety of backgrounds with a range of personal qualities, needs, and experiences. As with all groups, every young person has their own story and unique set of life circumstances that have brought them to where they are today.

### Why are young people homeless in HRM?

Family violence and conflict is cited by most young people as the principle cause of their homelessness, along with lack of income, lack of access to affordable housing, mental illness, and addictions. Youth are more likely to "sleep rough" (outside) than other homeless people, and experience multiple barriers to exiting street life due to their age, backgrounds, and the lack of youth-centred services and supports in HRM.

### Street life

It's nearly impossible to successfully maintain a job, or go to school and do homework while living on the street or in a shelter. Street life is about surviving day-to-day. As a result, many youth struggle with substance abuse issues, and face a lack of services in HRM.

### Adolescence is a challenging time for everyone

Homeless youth experience the same emotional turmoil, identity and self-esteem struggles, and desire to experiment and belong, as other youth. However, they are without the family, social, emotional, and financial support that are available to most of us as we grow up. They lack the structural stability that may help them deal with these challenges.

### Discrimination

Many landlords and employers won't rent to, or employ, homeless youth.

### Falling through the cracks

Youth between 16 and 18 are no longer the legal responsibility of their parents OR the provincial child welfare system, and are not yet eligible for income assistance.

## POSITIVE CHANGE through YOUTH-CENTERED SERVICE?

- Education, health, employment, housing, and social assistance services must recognize the unique barriers, as well as strengths, of homeless and at-risk youth.
- Youth must be genuinely included in the planning and development of a youth-centred continuum of service that will respond to their diverse needs and circumstances.
- There is much to be learned from experienced service providers, such as Phoenix Youth Services and ARK Outreach in HRM, as well as Eva's Initiatives in Toronto.
- Valuing all youth and working to establish relationships of caring, trust, and respect are essential in creating an environment that will facilitate young people in developing healthy paths towards independence.

- It has been estimated that one-third of Canada's homeless population are youth. On any given night, that means close to 65,000 young people are without a place to call home.

- Abuse and neglect are two of the major reasons why young people leave home. Several studies show that nearly 70% of homeless youth have experienced some form of sexual, physical, or emotional abuse.

- Homeless youth are exposed to significantly more physical abuse, sickness, injury, and mental health problems than their non-homeless peers, with often long-term implications for their self-esteem, relationships, and ability to become self-supporting adults.

- A Quebec study found that the death rate among homeless youth was 11 times higher than in the general population.

Raising the Roof ([www.raisingtheroof.org](http://www.raisingtheroof.org))

*"It is easy to make assumptions about youth who have a non-conformist lifestyle. Many of these youth have experienced hardship and abuse in their family.*

*Some have come through the child welfare system, and many are struggling with health problems related to street life. Street youth face far more risks to their own safety than they pose to the public's safety.*

*Their past traumatic experiences affect their attitudes and approach to authority, and often lead to self-destructive behaviour.*

*Public hostility and police harassment are unlikely to help these youth find a place in society"*

*(Karabanow, 2004)*



## Resources

Phoenix Youth Shelter  
1094 Tower Road, Halifax  
446-4663  
[www.phoenixyouth.ca](http://www.phoenixyouth.ca)

ARK Outreach  
2177 Gottingen Street, Halifax  
492-2577

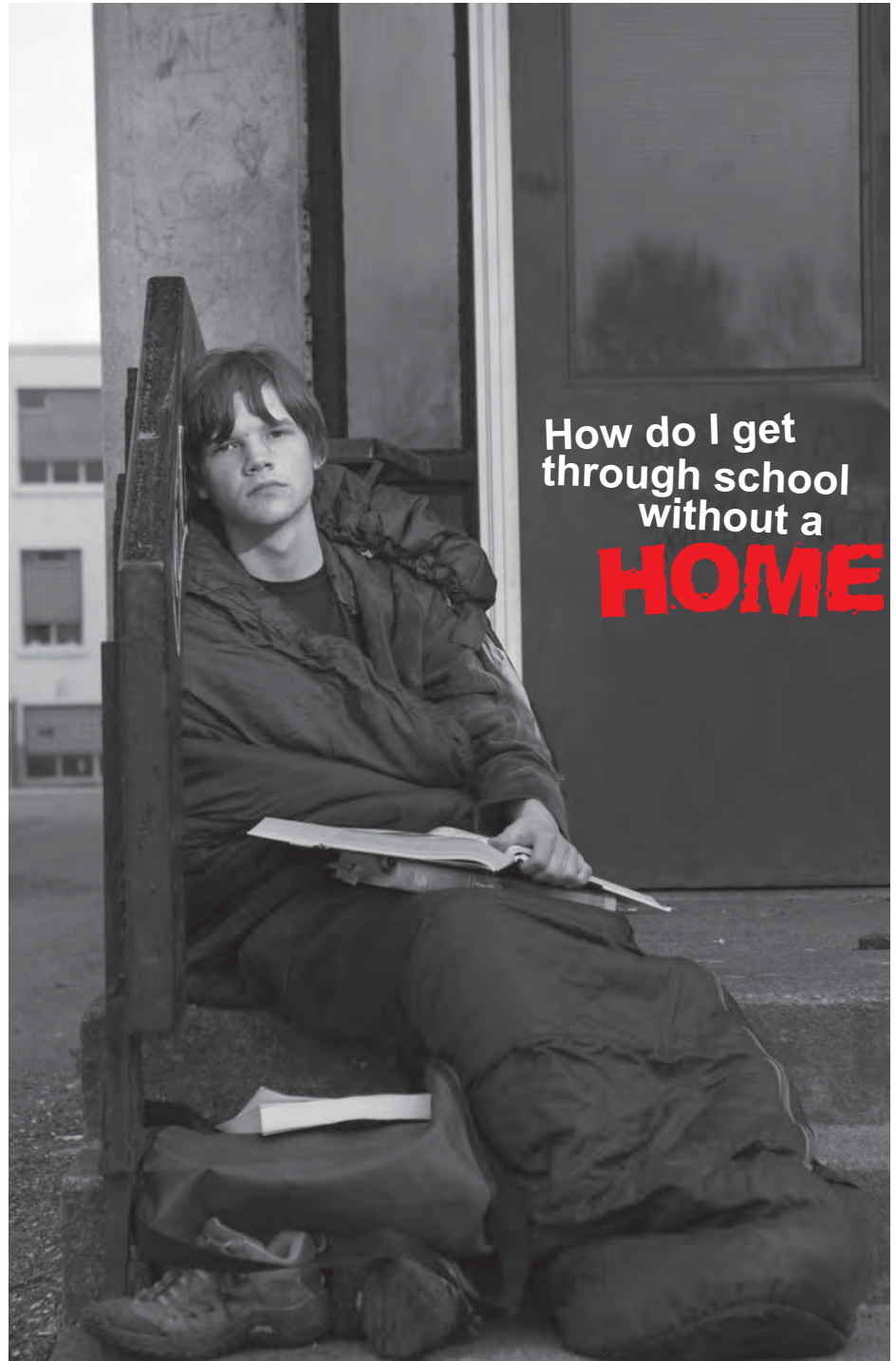
Phoenix Centre for Youth  
6035 Coburg Road, Halifax  
420-0676

Lesbian, Gay, Bi-Sexual Youth Project  
2281 Brunswick Street, Halifax  
429-5429

St. Georges YouthNet  
2222 Brunswick Street, Halifax  
422-4614

Youthlink Halifax  
[www.youthlinkhalifax.ca](http://www.youthlinkhalifax.ca)  
[support@youthlinkhalifax.ca](mailto:support@youthlinkhalifax.ca)

Kids Helpline  
1-800-668-6868





# DIVERSITY

## HOUSING A DIVERSE SOCIETY

### Diversity and housing

HRM has a diverse population with respect to age, income, ethnic background, family type, gender, sexual orientation, health, and physical ability. Some groups may face more barriers than others to accessing safe and affordable housing. The impact various aspects of diversity have on one's risk of homelessness is complex and is tied to other socio-economic and structural factors. Questions related to homelessness, and housing needs of certain groups in HRM, remain poorly explored in research, policy, and programming.

### Ethno-cultural and racial difference

- Individuals who identified themselves as members of ethnic or racial minority groups were over-represented in both the 2004 (30%) and 2005 (21%) HRM "Portrait" studies.
  - Visible minorities comprise 7% of HRM's population, and 6% of HRM households are headed by members of visible minorities.
  - African Nova Scotians account for 56% of those households, followed by Aboriginal (16%), Chinese (10%), South Asian (10%), and Arab (9%) households.
- Some racial or ethnic groups may also have a higher incidence of hidden homelessness in their communities, where extended family members or neighbours may be more likely to take in individuals lacking stable housing situations.

### Housing Discrimination

Housing discrimination can be defined as "any behaviour, practice, or policy, in the private or public sectors, that directly, indirectly, or systematically causes harm through inequitable access to, or use and enjoyment of, housing by members of historically disadvantaged social groups." The Nova Scotia Human Rights Act prohibits discrimination in transactions related to accommodation, including source of income and family status.

### Discrimination can take many forms

This can include outright denial of housing to individuals or families (i.e. new immigrants, individuals with low levels of education and literacy), applying inappropriate screening criteria (eg. individuals receiving pensions or income assistance), charging higher rents, or denying certain services (home insurance in certain neighbourhoods.) Neighbourhood opposition to affordable housing is another form of discrimination that limits the supply of housing and the degree of social inclusion.

Discrimination by landlords against individuals and families that have low incomes or are on income assistance is not uncommon. Racism and discrimination based on differences in culture, ethnicity, language, gender, sexual orientation, health status, or physical ability present additional barriers to accessing housing.

### an INCLUSIVE APPROACH to HOUSING A DIVERSE SOCIETY

- Efforts to address homelessness and the need for affordable housing must take diversity and the experience of marginalized populations into consideration.
- Developing an inclusive approach must begin with efforts to understand the needs and strengths of diverse groups in order to develop culturally sensitive services and community-driven strategies.
- Working with communities is the most important first step in research, community planning, and policy development.

## HOUSEHOLDS in HRM headed by VISIBLE MINORITIES:

- Earn 68 cents on each dollar earned by other HRM households
- Are more likely to be renters (55% vs 38%)
- Are more likely to live in dwellings that need major repairs (10% vs 8%)
- Are twice as likely to pay more than 50% of their income on shelter
- Are more likely to be headed by a single parent or comprised of multiple families (Census 2001)

Recent federal government initiatives intended to address homelessness and housing needs have targeted Aboriginal communities in particular, although resources are often focused on western cities with larger Aboriginal populations than Halifax. In addition to affordability issues, Aboriginal individuals and families face discrimination by some landlords, and often have difficulty finding accommodation in safe neighbourhoods close to culturally sensitive services such as schools or health care.

**African Nova Scotian communities** have a long history in Nova Scotia, the earliest dating back to the 17th century. Several waves of settlement added to the population, the largest occurring after slavery was officially banned in Canada in 1834. Most African Nova Scotians today were born in Canada and live in rural communities, many within HRM, including Hammonds Plains, East and North Preston, Cherry Brook, Lucasville, Beechville, Lake Loon, Maroon Hill, as well as in the urban areas of Dartmouth and Halifax. Due to the largely rural distribution of the population, there is limited health and other social service infrastructure available to the community. Few African Nova Scotian organizations own property, and communities struggle to provide a range of activities for adolescents, youth, seniors, and families. (Office of African Nova Scotian Affairs, *Facts About African Nova Scotians*) While community cohesion is strong and many community-based organizations are vital and active, resources and accountability from government in addressing the needs of African Nova Scotians (including improved education and employment opportunities) has been inconsistent. There is a widespread belief across communities that the root causes of discrimination, institutional racism, and cultural biases have not been addressed. (Office of African Nova Scotian Affairs)

**Immigrants and Refugees** In contrast to 30 or 40 years ago, most immigrants and refugees settling in Nova Scotia today are coming from non-European countries of origin. The vast majority are settling in HRM. Settlement and integration into Canadian society is a challenging process made more difficult for many by the lack of recognition of professional credentials, lack of information and assistance in securing affordable housing, and social and economic isolation. Many immigrants and refugees have to resort to emergency shelters when they first arrive in HRM. Government assisted refugees have difficulty finding affordable housing on their fixed budgets of \$787 a month for shelter, food, and transportation. In addition to affordability issues, immigrants and refugees face discrimination by some landlords and often have difficulty finding accommodation in neighbourhoods which are close to services they need, like schools where they can learn English or French.



**The Aboriginal population** in Nova Scotia is relatively small, currently comprising less than 4% of the total population. Only 22% of those who identify themselves as Aboriginal reside on reserves—78% reside off-reserve and 42% reside in urban areas. Over 41% of Aboriginal households in HRM are in core housing need. Low incomes and a shortage of affordable housing means many Aboriginal people experience hidden homelessness, living in temporary housing with family or friends, often experiencing frequent moves from one housing situation to another (National Homeless Initiative, Urban Aboriginal Homelessness Programs.)

## Resources

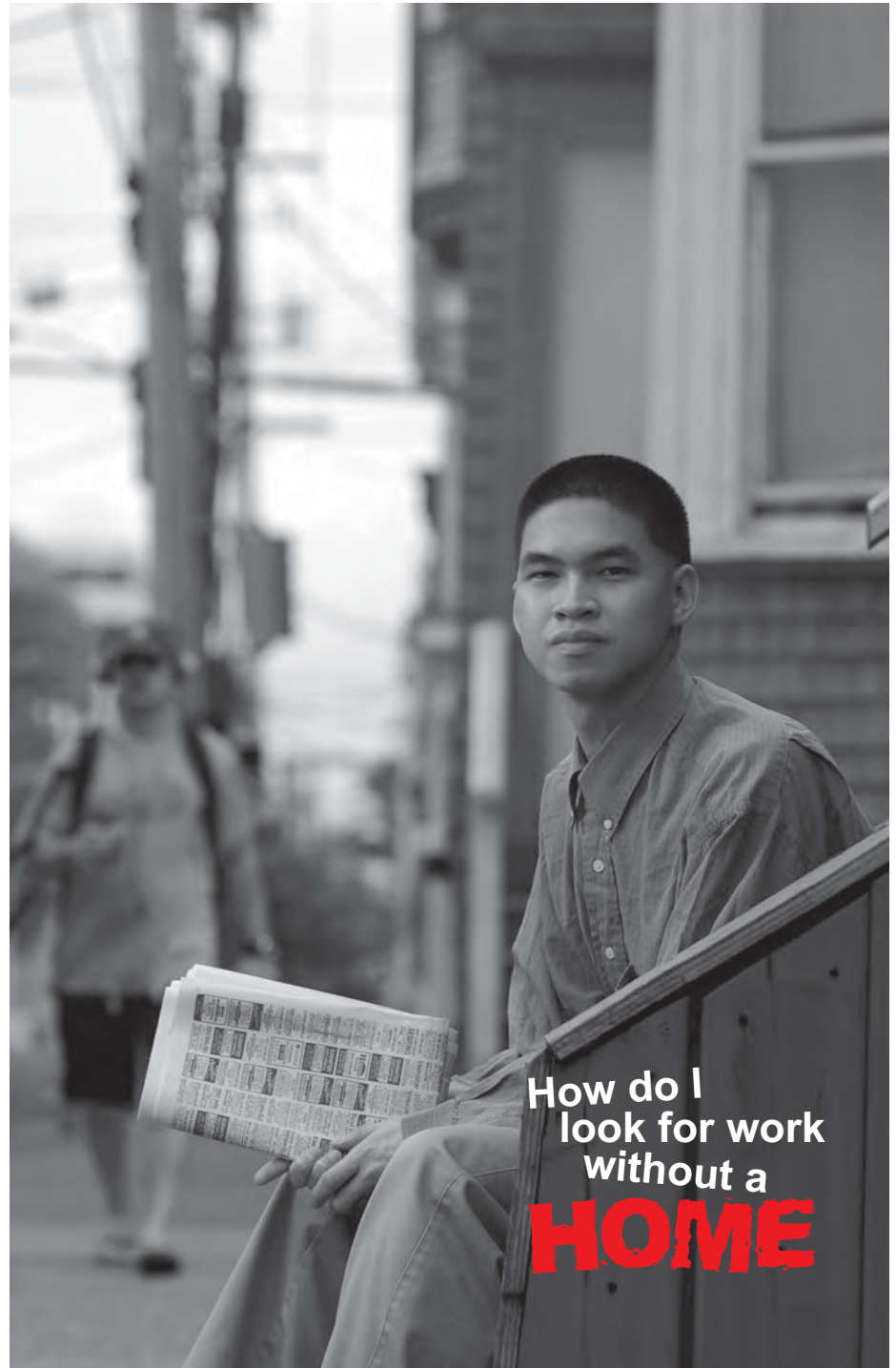
Metropolitan Immigrant Settlement  
Association (MISA)  
7105 Chebucto Road, Halifax  
423-3607  
[www.misa.ns.ca](http://www.misa.ns.ca)

Mi'kmaq Native Friendship Centre  
2158 Gottingen Street, Halifax  
420-1576

Black Business Initiative  
Canada/Nova Scotia  
Business Service Centre  
1575 Brunswick Street Halifax  
426-2224

Black Cultural Centre for Nova Scotia  
1149 Main Street, Dartmouth,  
434-6223

Halifax Refugee Clinic  
1568 Argyle Street, Halifax  
422-6736





# VULNERABLE FAMILIES

## AN EVER-GROWING ISSUE

Family homelessness is a growing problem in many Canadian communities and affects all socio-economic groups. The lack of affordable housing (including limited or reduced access to social housing), increasing poverty, inadequate income assistance and minimum wage amounts, lack of funding for supportive social programs, a changing job market, discrimination, and family violence all contribute to more and more families becoming homeless or at risk of becoming homeless.

**Women and family homelessness** Single mothers make up a disproportionately large percentage of those who live below the poverty line and who rely on social housing. The National Council of Welfare reports statistics showing that as of March 31st, 2004, 57% of individuals in receipt of social assistance in Nova Scotia were women. Women's poverty is further deepened due to continuing gender bias and discrimination in the job market, and in entrenched societal bias regarding gender, socio-economics, race, and sexuality. (Ross 2006) Women face different issues at different stages of their lives. Young women, elderly women, women who are members of ethnic or sexual minorities, and rural women introduce layers of complexity to the issue. For example, geographical isolation—the distance to services and support networks, and the lack of confidentiality and anonymity in small communities—has a particular impact on rural women. (Steinitz 2003)

**Family violence and breakdown** continues to be the single top reason for homelessness in HRM and is cited as being the immediate cause of homelessness by 32% of respondents in the 2004 "Portrait" survey. It has many faces and cannot be separated from other socio-economic and structural factors. Family violence often occurs in combination with other stressors such as lack of employment or under-employment, eviction, substance abuse, lack of affordable childcare, and various forms of discrimination. It impacts the medical, social, and criminal justice systems. (Kraus and Dowling, 2003)

**Women leaving abusive relationships** experience increased economic vulnerability and are often forced to resort to unsafe or unsuitable housing conditions. This creates a heightened risk of homelessness. The pressures of living in poverty often cause women to remain in unhealthy relationships in order to avoid homelessness. Access to alternative stable housing provides the secure environment that is needed for the transition from family violence to occur. (Steinitz, 2003)

**Changes in the economy** over the last 10 years have been of no benefit to the lowest income families who continue to see shelter costs rise in relation to their relatively stagnant incomes. (Silver, 2006; Steinitz, 2003)

"The Low Income Cut-Off for poverty, or LICO, for a single parent, one child family in HRM in 2004 was \$21, 077, yet this family could only receive \$12, 515 in total government income support (provincial income assistance, child tax benefits, and HST rebate.)" (Ross, 2006)

### UN REPORT: Canada failing to care for poor, disadvantaged

"...poverty rates remain very high among disadvantaged and marginalized individuals and groups such as Aboriginal peoples, African-Canadians, immigrants, persons with disabilities, youth, low-income women, and single mothers."

"Social assistance benefits... do not provide adequate income to meet basic needs for food, clothing, and shelter..."

**Housing Discrimination** Many single mothers and women fleeing abuse report finding rental accommodation difficult. Many landlords don't want to rent to children, and affordable apartments are often in unsafe areas. Some landlords discriminate against women who have lived in a shelter or transitional housing, fearing trouble connected to the woman's partner. (Steinitz, 2003)

Many women on income assistance also face discrimination from landlords based on their source of income. (Ross, 2006) In the *Struggling to Survive* report, many women found that landlords charged the maximum rent they knew they could collect through income assistance, and that they were often last on the list for repairs needed in their units.

**Impacts on children** The cycle of homelessness and living in poverty causes children to leave home at younger ages due to dysfunction, conflict, and violence. These children are more likely to leave school early and have literacy problems. Individuals who grow up homeless or in unstable living situations are more likely to be homeless or unstably housed as adults. (Novac, Serge, Eberle and Brown, 2002; Kraus and Dowling, 2003) Kraus and Dowling report that homelessness affected the way children in their study behave with their families and also impacted personal development, social relationships, and health.

- "Children from families that are low-income, single-mother, Aboriginal or African Canadian are 'over-represented' in foster care." Many women are forced to give up their children because of inadequate housing.

UN Report (see previous page)

- at least 15% of those surveyed in HRM's *Homelessness in HRM: A Portrait of Streets and Shelters* were couples or lone parents with children.
- 34% of those surveyed were independent youth under 24 years of age who cited family conflict and violence as the primary reason for their homelessness.

**Approximately 1/3 of Toronto's 80 emergency shelters are now devoted to single-parent or two-parent families.**

**Parental rejection** based on a number of factors can lead to isolation and alienation from families and therefore contribute to youth homelessness. (Novac, 2003) Gay, lesbian, and transgendered youth are more likely than straight adolescents to leave home, be victimized, and use highly addictive substances. (Bryan et al, 2002)

**Solutions** Addressing both poverty and housing issues is crucial in finding solutions to family homelessness. Access to a range of safe, affordable, good quality housing is essential in order for families to gain stability. These housing options should also have varying degrees of supports available, dependent on the particular needs of families. Some families will require much more support to assist them in recovering from homelessness (for instance, transitional housing for women leaving abusive relationships.) Other families will require no further supports other than having a decent place for parents and children to move into. (Kraus and Dowling, 2003)

Therefore, guidelines are:

- A full range of affordable/subsidized housing options
- Preservation of existing affordable rental housing
- Introduction of strategies to avoid evictions (eg. mediation, education, direct payment of rent and utilities, rent banks)
- Adequate funding provided for services and programs that support parents and families (information on advocacy, counselling services, parenting programs, addiction services, life skills programs, and improved access to health care).

(Kraus and Dowling, 2003)

Along with housing solutions, there must also be measures in place to increase the income level of low-income families, such as:

- Increasing Department of Community Services income assistance rates to a liveable standard
  - Increasing the minimum wage to one that can provide a decent standard of living for workers and their families
  - Improving access to damage deposits
  - Reducing clawbacks to the Department of Community Services employment services program for women on income assistance who are re-entering the workforce (currently 70% of wages earned by those working are clawed back from their income assistance payments.)
  - Increasing the number of subsidized childcare spaces
- (Kraus and Dowling, 2003; Ross, 2006)

## Resources

Adsum for Woman and Children  
2421 Brunswick Street, Halifax  
Administration 423-5049  
Emergency 429-4443 or 423-4443

Alice Housing (abused women)  
84 Ochterloney Street, Dartmouth  
466-8459

Bryony House (abused women)  
Address confidential  
Outreach Office 429-9008  
Distress Line 422-7650

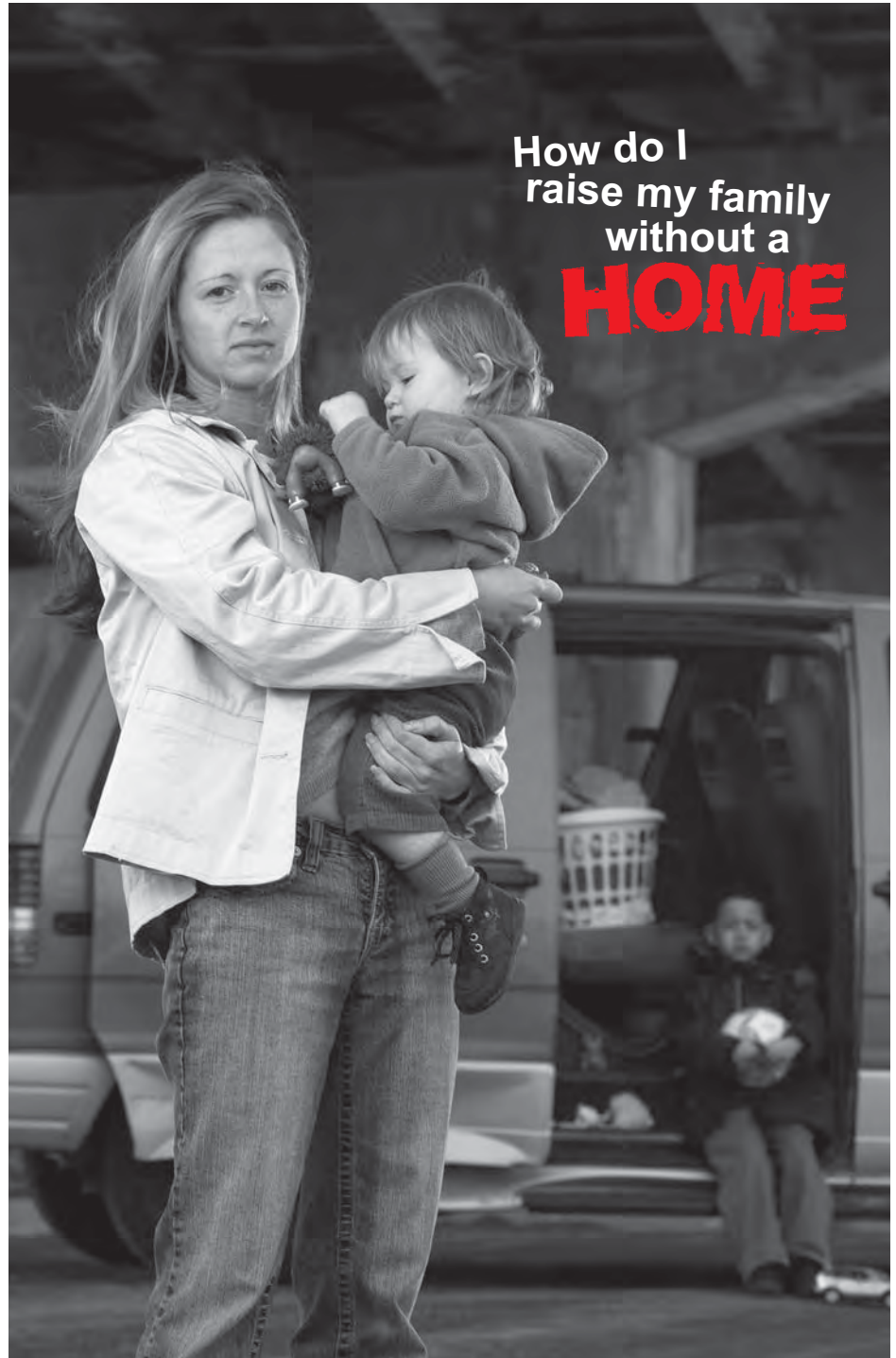
YWCA  
7071 Bayers Road, Suite 112, Halifax  
423-6162 ext. 222

Dartmouth Family Resource Centre  
107 Albro Lake Road,  
464-8234

Bayers/Westwood Family Support Service  
3499 McAlpine Avenue, Halifax  
454-9444

Eastern Shore Family Resource  
Association  
Porters Lake, Musquodoboit Harbour  
827-1461

Family SOS  
7071 Bayers Road, Suite 337, Halifax  
455-5515





# MULTIPLE NEEDS

## individuals with MENTAL ILLNESS and/or SUBSTANCE USE issues

The HRM 2004 *Portrait of Streets and Shelters* found that individuals with co-occurring mental illness and substance use issues continue to count for a significant proportion of those who are homeless, and who may have limited housing options available to them. Studies have shown that between 40% and 60% of those who have mental health problems will also have a substance use problem.

Fourteen percent of all those surveyed self-identified mental illness as a direct cause of their being homeless, and 26% identified addiction issues as their cause.

It is important to recognize that the “Portrait” survey gives a snapshot picture of homelessness in the HRM, that only the most visibly homeless are reflected, and that real numbers are much higher. The Canadian Mental Health Association reports that 2/3 of all people with serious mental illness have experienced homelessness in their lives (CMHA, 2003). It is also estimated that 50% of homeless adults with mental illness have co-occurring substance use disorder. (Fisher and Breakly, 1991)

Locally, a 2002 research report for the North End Community Health Centre (*Harm Reduction Emergency Shelter for HRM*) found that 88% of service providers surveyed witnessed an increase in homeless clients with co-occurring mental illness and substance use issues.

**Discrimination and Judgement** Individuals with co-occurring mental health problems and addictions are isolated, mistrustful, and resistant to outreach efforts by representatives from formal mental health services due to fears of judgement. This is often from past negative experiences in formal mental health systems, plus the societal stigma of mental illness.

**Barriers to Housing** Those with mental illness and co-occurring substance use issues face specific barriers to accessing housing.

Behaviours caused by mental illness and substance use often result in the eviction of individuals from housing, and a reluctance on the part of landlords to rent to these groups. Service providers who work with individuals with mental illness and co-occurring substance use issues recognize the unique needs of this population and the gaps that exist. The pre-development study *Situation Appropriate Supportive Housing* for the Metro Non-Profit Housing Association describes how harmful behaviours exhibited by individuals with co-occurring mental illness and substance use cause them to experience greater distress, demoralization, and alienation from family and social networks. However, people with concurrent disorders are more likely to actively seek treatment than people with only one problem.

**Gaps in HRM Housing Continuum** Currently in Halifax there is no shelter that is accessible to individuals 24 hours a day, seven days a week. This in itself is very problematic for those who may be ill or have managed to secure employment and are working shift work at night and need to sleep during the day. Even on the coldest winter days the doors of shelters in HRM are closed for periods of time and the individuals using their services must find other places to get warm. Many shelters cannot pay for staffing 24 hours a day and must close for periods. This is largely due to the lack of funding available for support services.

Also absent in the HRM is a year round shelter that is able to accommodate the specific needs of individuals with severe mental illness and co-occurring substance use issues. Since 2004 a temporary out-of-the-cold shelter has been funded to provide shelter for individuals who are unable to access existing shelter services due to mental health or addiction issues. This shelter only runs from November until the end of April and funding is not guaranteed each year. In non-winter months individuals with co-occurring mental health and substance use issues who are not able to access the shelter system must find other places to sleep, most often outside.



The Nova Scotia Division of the Canadian Mental Health Assoc. released a fact sheet in June of 2006 describing the benefits of a “Housing First” approach for individuals with mental health issues:

- Having a place to call “home” leads to other positive changes in an individual’s life
- Individual choice rather than placement produces increased commitment and better long-term outcomes
- Expanded tenancy support services improve housing outcomes

Other provinces have recognized the need for a different approach to support the unique needs of individuals with co-occurring mental health and addictions issues by providing supportive housing options that utilize a non-judgemental, Housing First approach. The success of programs offering a Housing First approach has been shown in the high rate of residential stability in agencies providing this housing (Clark, Rich, 2003; Kraus et al, 2006). An example of such an agency is Canadian Mental Health Association Ottawa that reports 90% of housing outreach clients were still housed after nine months with access to appropriate housing and the availability of intensive case management services.

Pathways to Housing in New York is another demonstration of success in housing individuals with mental illness and substance abuse issues. (With early access to housing and appropriate supports) 88% of Pathways clients remained in their housing during a five year period compared to 47% of clients of the New York traditional treatment system (Kraus et al, 2006).

Kraus et al (2006) report that most agencies in their case studies cite housing as the key contributor to positive client outcomes. Key features for success in housing for individuals with mental illness and co-occurring substance issues include housing that:

- is targeted to this population
- has an approach of tolerance
- is of good quality
- gives tenants choices in their housing options
- is linked to support services

Once a person is stably housed they may then begin to address other issues in their lives such as seeking formal mental health and addiction services.

## Resources

Marguerite Centre (addiction recovery)  
Address confidential  
876-0006

Mainline Needle Exchange and Outreach  
2158 Gottingen Street, Halifax  
830-3853 or 423-9991

Direction 180 Methadone Clinic  
2158 Gottingen Street, Halifax  
420-0566

Canadian Mental Health Association  
Nova Scotia Division  
63 King Street, Dartmouth  
466-6600

Connections Clubhouse  
1221 Barrington Street, Halifax  
473-8692

New Beginnings Clubhouse  
16 Portland Street, Dartmouth  
464-3588

Laing House  
1225 Barrington Street, Halifax  
473-7743





# SENIORS

## HOUSING for POSITIVE AGING

The number of homeless older adults is expected to increase with the aging of the baby boomer population. This is especially true in Nova Scotia, where seniors are the fastest growing segment of the population. (SHIP, 2003; Seniors Secretariat, 2005) More seniors live alone or report having disabilities than other populations. It is essential to improve service delivery and address barriers faced by this population in accessing a continuum of affordable and supportive housing options conducive to positive and healthy aging.

**Challenging assumptions** There is a common perception that seniors “have it good,” (i.e. are often economically well-off or well taken care of by government programs or their families) and are therefore less in need or less deserving of public concern or support. (SHIP, 2005) What is ignored by these assumptions is the fact that inequalities of social class, income, ethnicity, and gender in younger years continue through later life to determine the health and quality of life in seniors. Senior households have lower average incomes than non-senior households (Canadian Mortgage and Housing Corporation), and economic improvements of the last ten years have done little to help seniors who are not in the workforce.

**Senior women** The rate of economic hardship among senior women in particular is significant—nearly one-half of senior women living alone were below the low income cut off in 2001. (Steinitz, 2003)

- Modest income seniors often find themselves in a worse financial situation than their low-income counterparts because they do not qualify for assistance programs. (Steinitz, 2003)
- One in four seniors in Canada are in core housing need, a proportion that rises to more than one-half when looking at seniors living on their own in rental accommodations. (Canadian Mortgage and Housing Corporation)

**Other barriers related to aging** In addition to the broad economic and financial causes of homelessness, seniors face specific barriers related to aging such as declining physical health, mental health difficulties, relationship breakdown, violence, and abuse. In addition, the death of a spouse, social isolation, discrimination, and lack of knowledge of benefits and services can compound the risk of homelessness. (SHIP—Seniors Housing Information Program, 2003) Many already marginalized and isolated seniors, such as those who live in remote rural areas, single women, those who don’t speak either official language, those with mental health problems, and those already homeless, do not apply for benefits such as Old Age Security, Canada Pension, or provincial or federal housing assistance. This puts them at further risk of housing instability or continued homelessness.

### SOME FACTS ON SENIORS

- Nova Scotia has the highest percentage of seniors in Atlantic Canada, and the second highest in Canada.
- Although the total population of Nova Scotia is expected to grow by only three percent between 2005 and 2026, the seniors’ population is projected to grow by 80 percent.
- Of the 18,000 seniors living below the LICO in Nova Scotia, 72 percent are unattached women. In fact, 45 percent of all unattached senior women live below the LICO (low income cut off).
- The majority of seniors at-risk for homelessness are single unattached women living alone.

Nova Scotia Senior Citizens’ Secretariat’s *Strategy for Positive Aging in Nova Scotia* (2005), Province of Nova Scotia



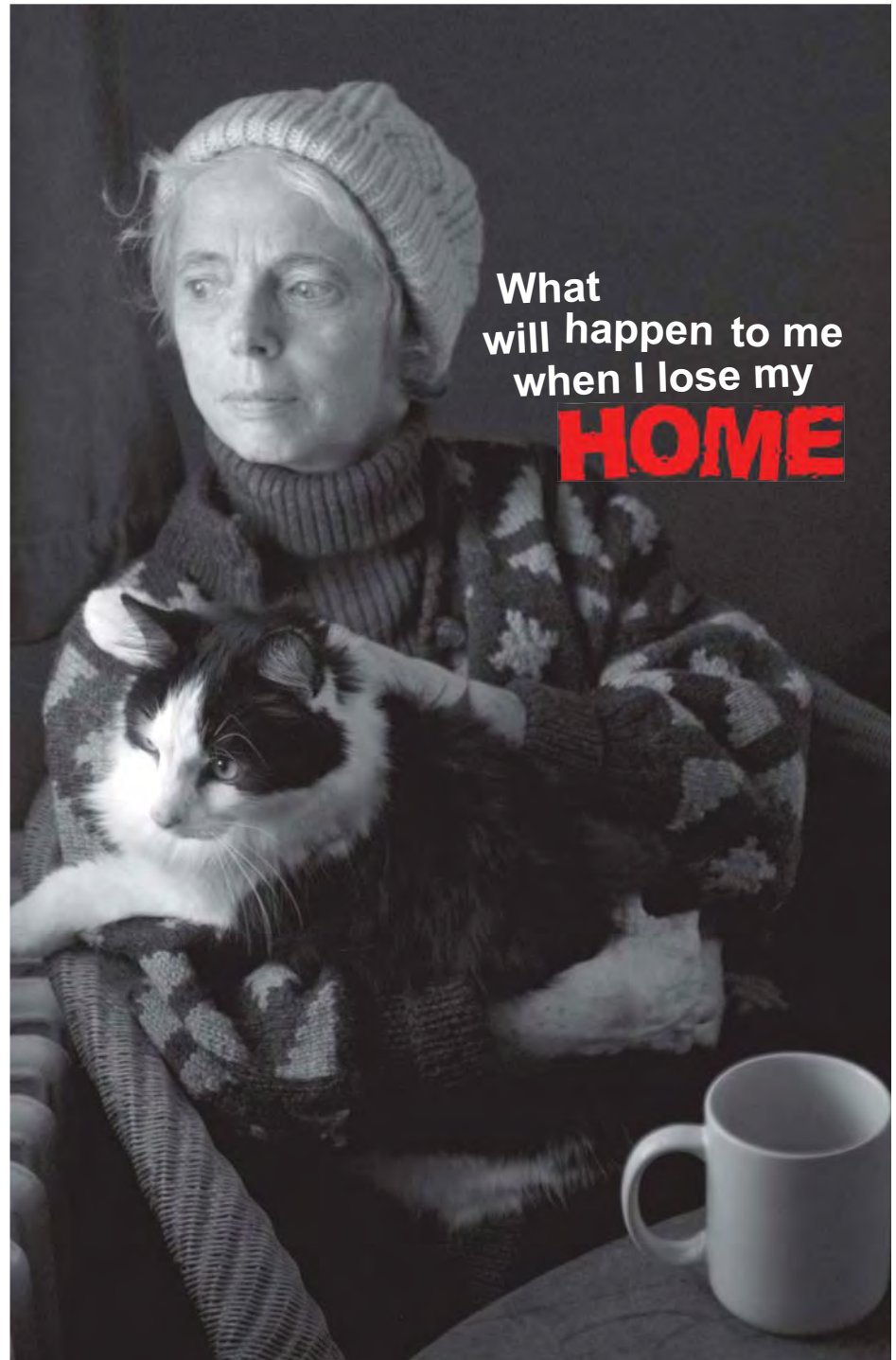
**Ageism and discrimination** Seniors experience aging in many ways, including the often ageist and discriminatory ways they are treated by others. (SHIP, 2005) Signs of ageism may merely be insulting and annoying, or may substantially impact public policy and programs. Ageism involves two types of behaviour that have a negative effect on older persons. The first involves the social construction of age, including incorrect assumptions or stereotypes. Another form involves a tendency to structure society based on the assumption that everyone is young. Therefore, there is a failure to respond appropriately to the real needs of older persons—from mandatory retirement to the development of housing options that favour the young. (Ontario Human Rights Commission, 2001)

**Housing for positive aging** It is essential to improve service delivery and address the barriers faced by HRM's aging population in accessing a continuum of affordable and supportive housing options conducive to positive and healthy aging. It is important to recognize that with an aging baby boomer population, more seniors are going to be homeless or at-risk of homelessness over the next 20 years. Working with seniors through initiatives like Nova Scotia's Senior Citizens' Secretariat's *Strategy for Positive Aging* consultation process, and Mount Saint Vincent University's research project on the housing needs of seniors, will be essential in developing responsive and effective action and programming.

- Seniors prefer to live independently and remain in their own home for as long as possible.
- More seniors live in rural areas in Atlantic Canada than the rest of the country.
- The majority of rural seniors live in single-family dwellings that they own, but many, due to insufficient incomes, are unable to maintain their housing. Many rural seniors are seeing their houses – their primary economic asset – literally deteriorate around them. When they eventually have to leave, much of the value of their homes has been lost. The capacity for rural seniors in this situation to meet their housing needs plummets, and risk of homelessness increases.
- Many seniors are forced to sacrifice their health and other basic needs, such as food, heat, and medications, in order to pay for their shelter costs.

## Resources

- *Programs for Seniors (2006) 17th edition* ([www.gov.ns.ca/scs](http://www.gov.ns.ca/scs)) – lists many different government resources and housing options available for seniors with a range of needs.
- Victoria Hall – rental accommodation for senior women, long and short term  
422-3969
- Home Safe Living Inc. – is a Nova Scotia company that helps seniors or persons with physical disabilities make their homes safe and accessible by providing solutions that allow them to live more independently in their own homes.  
300 Prince Albert Road, Suite 100  
Dartmouth  
404-7233 [www.homesafeliving.com](http://www.homesafeliving.com)
- Grants for home repairs (\$3,000 to \$6,000 – do not have to be re-paid) through the Department of Community Services.  
424-6830 [www.gov.ns.ca/coms/housing](http://www.gov.ns.ca/coms/housing)
  - Provincial Housing Emergency Repair Program (PHERP)
  - Senior Citizens' Assistance Program (SCAP)
  - Access-A-Home Program
  - Emergency Repair Program (ERP)



### What can I do?

- Educate yourself further about the issues related to homelessness.
- Contribute volunteer time (or financially) to organizations working to address homelessness and housing instability.
- Spread awareness in your workplace, with family, and with friends.
- Make your voice heard through letters to the editor, to politicians, or with petitions.

### How? Where do I go for more information?

Community Action on Homelessness is an organization that supports the development of projects and policies that address homelessness and the need for more affordable housing, through community capacity building, research, and advocacy. They can help you learn more and can support community initiatives with information and guidance.

www.cahhalifax.org You can also visit the website of HRM's Housing and Homelessness Research Project at: [www.halifax.ca/planning/homelessness.html](http://www.halifax.ca/planning/homelessness.html)

### Resources

#### Housing and Shelter

Adsum for Woman and Children  
2421 Brunswick Street, Halifax  
Administration 423-5049  
Emergency 429-4443 or 423-4443

Bryony House (abused women)  
Address confidential  
Outreach Office 429-9008  
Distress Line 422-7650

Metro Non-Profit Housing Association  
75 Primrose Street, #101, Halifax  
466-8714

Phoenix Youth Shelter  
1094 Tower Road, Halifax  
446-4663  
[www.phoenixyouth.ca](http://www.phoenixyouth.ca)

Alice Housing (abused women)  
84 Ochterloney Street, Dartmouth  
466-8459

Harbour City Homes  
2444 Barrington Street, Halifax  
490-6277

Metro Regional Housing Authority  
2131 Gottingen Street, 5th floor Halifax  
420-6000

Salvation Army  
2044 Gottingen Street, Halifax  
422-2363

Barry House  
2581 Brunswick Street, Halifax  
422-8324

Marguerite Centre (addiction recovery)  
Address confidential  
876-0006

Metro Turning Point (for men)  
2170 Barrington Street, Halifax  
420-3282

YWCA WISH Program  
7071 Bayers Road, Suite 112, Halifax  
423-6162 ext. 222

#### Support Services

ARK Outreach  
2177 Gottingen Street, Halifax  
492-2577

Connections Clubhouse  
1221 Barrington Street, Halifax  
473-8692

Lesbian, Gay, Bi-Sexual Youth Project  
2281 Brunswick Street, Halifax  
429-5429

North End Community Health Centre  
2165 Gottingen Street, Halifax  
420-0303

Bayers/Westwood Family Support  
Service  
3499 McAlpine Avenue, Halifax  
454-9444

Dartmouth Family Resource Centre  
107 Albro Lake Road  
464-8234

Mainline Needle Exchange and Outreach  
2158 Gottingen Street, Halifax  
830-3853 or 423-9991

Phoenix Centre for Youth  
6035 Coburg Road, Halifax  
420-0676

Black Business Initiative  
Canada/Nova Scotia  
Business Service Centre  
1575 Brunswick Street, Halifax  
426-2224

Direction 180 Methadone Clinic  
2158 Gottingen Street, Halifax  
420-0566

Metro Non-Profit Housing Association  
Housing Support Centre  
2330 Gottingen Street, Halifax  
423-5479

St. Georges YouthNet  
2222 Brunswick Street, Halifax  
422-4614

Black Cultural Centre of Nova Scotia  
1149 Main Street, Dartmouth  
434-6223

Eastern Shore Family Resource Assoc.  
Porters Lake, Musquodoboit Harbour  
827-1461

Metropolitan Immigrant Settlement  
Association (MISA)  
7105 Chebucto Road, Halifax  
423-3607

Stepping Stone (sex-trade support)  
2224 Maitland Street, Halifax  
420-0103

Canadian Mental Health Association  
Nova Scotia Division  
63 King Street, Dartmouth  
466-6600

Family SOS  
7071 Bayers Road, Suite 337, Halifax  
455-5515

Mi'kmaq Native Friendship Centre  
2158 Gottingen Street, Halifax  
420-1576

YWCA  
7071 Bayers Road, Suite 112, Halifax  
423-6162 ext. 222

Kids Helpline  
1-800-668-6868

New Beginnings ClubHouse  
16 Portland Street, Dartmouth  
464-3588

Youthlink Halifax  
[www.youthlinkhalifax.ca](http://www.youthlinkhalifax.ca)

Laing House  
1225 Barrington Street, Halifax  
473-7743

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## Supporting Communities Partnership Initiative

The National Homelessness Initiative was started in 1999 by the Government of Canada to address the issue of homelessness in all provinces and territories. This three year initiative was extended for another three years in March of 2003 with an investment of an additional \$405 million.

The Supporting Communities Partnership Initiatives (SCPI) falls under the Homelessness Initiative; it is a community based approach which enables all stakeholders, including community service providers, all levels of government, private and non-profit organizations, and first voice people who have had a homelessness experience or live at risk, to collaborate in planning and prioritizing projects that address homelessness and housing. SCPI and its partners, including the Province of Nova Scotia and the Halifax Regional Municipality, have supported the work of Community Action On Homelessness as well as numerous successful projects in HRM including: Adsum House, Lesbian Gay Bisexual Youth Project, Metro Non-Profit Housing Association, Phoenix Youth Programs, Tawaak Housing Association and many more.

This resource guide has been made possible through the support of SCPI, which continues to support initiatives that work to alleviate homelessness in our communities. For more information on SCPI please visit: <http://www21.hrdc-drhc.gc.ca/>



### COMMUNITY ACTION ON HOMELESSNESS

*"To work in partnership within our community to advance community solutions that address homelessness, and the right to a home, as a key to the 'quality of life' for everyone in our community."*

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