



THERE IS BEAUTY IN THE GUTTER, ANONYMOUS, 2024*

EVERYONE COUNTS

2024

COMMUNITY SUPPORT AND SERVICE-
BASED COUNT ON HOMELESSNESS IN
WESTERN NOVA SCOTIA



ACADIA
UNIVERSITY



**Note about the cover art: We were given this drawing and permission to use it within publications related to Homeless No More, including community-based research on addressing rural homelessness conducted through Acadia University. We met this artist at an art workshop that we hosted in the Valley as part of our ongoing work with Homeless No More. The art workshop was designed to provide a safe, non-judgmental environment to people who were currently experiencing homelessness or living in supportive housing and to encourage self-expression through creating artwork. The workshop was hosted by Shasta Grant, a local artist and Community Development Master's student. Artists were welcomed to create art that represented their experiences of homelessness, and if they wished, contribute their artwork for inclusion in our work of community education and advocacy around the housing crisis. Artists in attendance were compensated for their participation even if they did not agree to have their art in publications.*

Authors:

Mary Sweatman, Acadia University
Alexandria Delaney, University of Manitoba
Olivia Pattison, Nova Scotia Health, Public Health, Western Zone Healthy Communities Team
Shasta Grant, Acadia University
Rebecca Casey, Acadia University

This project was supported by Acadia University, and SSHRC Partnership Development Grant

Please direct correspondence related to this report to Mary Sweatman, Department of Community Development, Acadia University at mary.sweatman@acadiau.ca

Note on accessibility: All images in this report are accompanied by alternative text descriptions.

Land Acknowledgement

We acknowledge that this study was conducted on the unceded territory of the Mi'kmaq in Kespukwitk and Sipekne'katik regions of Mi'kma'ki.

This land is governed by the treaties of Peace and Friendship, first signed by the Mi'kmaq, Wolastoqey, Peskotomuhkatiyik, and the British Crown in 1726.

As representatives of Acadia University, offer this land acknowledgement as a reflection of our ongoing responsibility and commitment to reconciliation. We recognize that acknowledging the land is only a starting point—one step among many on the path toward meaningful and lasting change.

Statement of Appreciation

Thank you to the housing coalitions in the western region of Nova Scotia and the 47 organizations who participated. Your work is remarkable and tireless.

Thank you to the Western and Central Zone Public Health, Health Promoters, Henok Amare, Nancy Green, Louise Hopper, Lucinda Montizambert, Olivia Pattison, Eric Siba, and Susan Mogae, as well as Mental Health and Addictions, Health Promoter, Kelly Goudie and Community Health Board Coordinators, Tomi McCarthy and Clyde deViller. I am grateful for your thoughtful engagement in the research process, from working with community partners and coalitions, survey development, recruitment and training, implementation, analysis to the dissemination of results. Thank you for your time, insights and careful considerations of your local contexts throughout this research study.

Thank you to Jen Kelday, Primary Care Health Services Manager for Kings and Annapolis, and team, for your support with the NSHA ethics application, and your thoughtful advocacy and recruitment within primary health.

Thank you to all of the organizations who contributed staff time and resources to make this count happen. It really was a collaborative, inter-sectoral effort.

Table of Contents

Introduction and Purpose	1
Background	2
Methods	4
Study design.....	4
Data Collection and Management	6
Ethical Considerations	7
Limitations.....	7
Findings	8
Participating Organizations	8
Number of Individuals at Risk or Experiencing Homelessness	9
Demographic Information Across Study Site.....	9
Information about Children	11
Types of Homelessness by Western Region	12
Comparing Age and Gender to Types of Homelessness.....	13
Sources of Income by Types of Homelessness	14
Exploitation by Types of Homelessness.....	15
Housing Barriers by Region	16
Length of Time Individuals have been Experiencing Homelessness.....	17
How Individuals Became Homeless in Study Site	19
Accessing Health/Social Services within Study Site.....	20
Assets/Resources by Region	21
Missing Amenities by Region	22
Discussion	23
Housing Continuum and Social Housing	23
Financial Supports.....	24
Support Services	25
Conclusions and Recommendations	26
References	27

Introduction and Purpose

Considered a social determinant of health, housing is legally recognized as a human right in Canada, yet the number of people experiencing housing instability continues to rise (Canadian Human Rights Commission, 2023; Raphael, et al., 2020). Although new investments have been introduced through the National Housing Strategy and other federal and provincial initiatives, many Canadians are living in precarious housing situations, from housing that is unaffordable, overcrowded, or in poor condition to being unhoused (Canada Mortgage and Housing Corporation, 2023; Infrastructure Canada, 2024).

These challenges are not limited to urban centres. Across rural and small communities, including those in western Nova Scotia, housing insecurity is increasingly evident. This community support and service-based count was developed to help fill a critical gap in local homelessness data. While rural homelessness is often harder to enumerate, service providers and housing coalitions in the western region have been raising alarms about increasing need. The goal of this community-based action research study was to understand the scope and nature of homelessness in our region, which was an effort driven by local organizations seeking to highlight and respond to the realities of housing precarity in our rural communities.

Homelessness itself is a complex and dynamic experience that spans a range of living situations. According to the Canadian Observatory on Homelessness (2012), homelessness is defined as “the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it.” Their widely used typology outlines four categories of homelessness:

- *Unsheltered homelessness* refers to people living outdoors or in spaces not intended for human habitation, such as vehicles or abandoned buildings.
- *Emergency sheltered* individuals rely on temporary facilities like homeless shelters or safe houses for those fleeing violence.
- *Provisionally accommodated* individuals may be staying temporarily with others (often called couch-surfing), living in transitional housing, or staying in institutions without long-term housing arrangements.
- *At-risk of homelessness* refers to individuals that may still have a place to live but face conditions—such as high rent, unsafe environments, or frequent moves—that place them at serious risk of losing their housing (Canadian Observatory on Homelessness, 2012).

Importantly, homelessness is not a fixed condition. People often move between these categories based on changes in health, employment, relationships, or access to supports. For

this reason, many experts understand homelessness as a continuum—from those experiencing housing insecurity to those living in the most precarious and unsafe conditions. Addressing the full range of this experience requires a flexible and coordinated response that includes both immediate supports and long-term housing solutions. This study is part of the collaborative efforts in our region to bring attention to the need for coordinated supports for those experiencing homelessness in our rural communities.

Background

Rural Homelessness

For a long time, rural areas were widely perceived as being immune to issues like homelessness, which contributed to the focus on urban homelessness in both research and public policy (Cloke et al., 2000; Buck-McFadyen, 2022). As a result, homelessness in rural regions has historically been overlooked or misunderstood. However, this perception has begun to shift. In recent years, researchers, service providers, and community advocates have increasingly highlighted the realities of rural homelessness. Qualitative research has drawn attention to its unique challenges, such as social isolation, limited housing options, and lack of transportation, and has helped foster a deeper understanding of the issue (Schiff et al., 2023).

This increased awareness has led to a growing effort to gather quantitative data, both nationally and locally. Enumeration efforts across Canada are revealing that homelessness is not only present in rural areas but prevalent. These findings emphasize the urgent need for tailored policy responses and support systems that address the specific conditions and barriers faced in rural communities (Schiff et al., 2023).

Rural homelessness is both distinct and difficult to quantify. The absence of large shelters or centralized service hubs means that people without housing are less likely to be counted in traditional urban-focused Point-in-Time (PiT) counts. Rural residents experiencing homelessness may rely on informal networks, stay temporarily with family or friends, or live in vehicles or other precarious arrangements that do not meet urban definitions of homelessness. These conditions make enumeration challenging and require alternative approaches.

Community Support and Service-Based Count

A Community Support and Service-Based Count is a method for estimating homelessness that is especially well-suited to rural regions. Similar to Point-in-Time counts used in urban areas, this method collects data about individuals experiencing homelessness. However, rather than relying on in-person surveys conducted in shelters or on the street, service-based counts involve community service providers completing anonymous surveys about clients, patients, and participants who use their services. This approach acknowledges the dispersed and hidden

nature of rural homelessness and leverages local organizations' relationships with community members to build a clearer picture of housing precarity. That being said, there are limitations to this type of data collection, as an individual must be connected to a service to be counted. This means that service-based counts only capture individuals experiencing homelessness who are connected to a community organization or service provider that participated in the study. Our count is therefore an underestimation of people experiencing homelessness in the study site.

In addition to producing a count, this method captures vital demographic and social information, including gender, age, race, family status, income sources, and preferred living situations. The quality and accuracy of the count improves with broader participation from community organizations. Our model is adapted from the Eastern Zone of Nova Scotia's pioneering Community-Based Count, which was first conducted in 2016.

Previous Counts in the Annapolis Valley (2020, 2022)

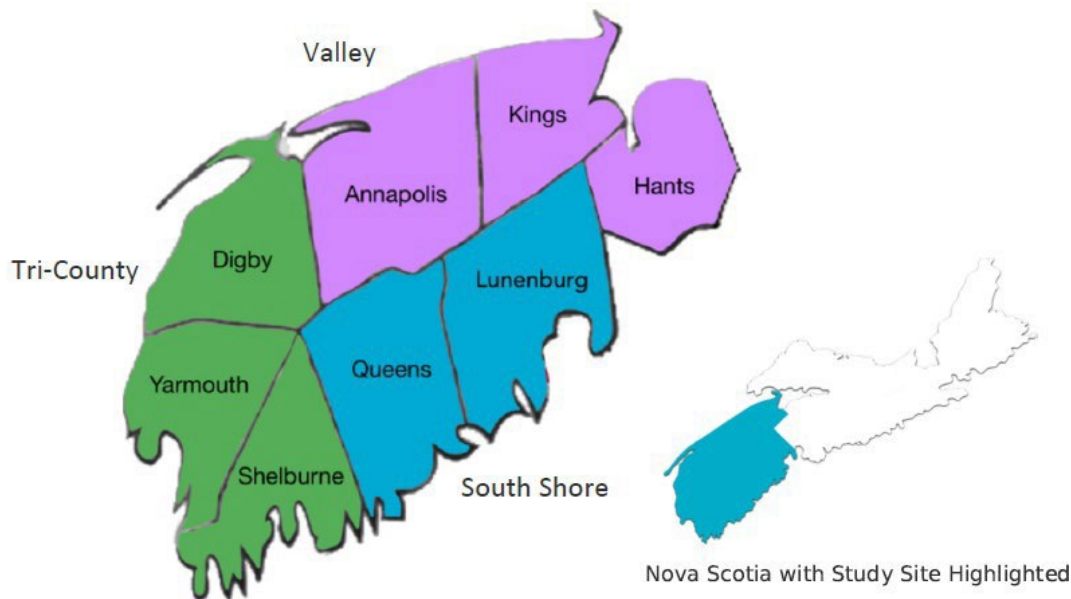
Prior to the 2024 count, service-based counts were conducted in 2020 (Slade & Sweatman) and 2022 (Christie & Sweatman) across the Annapolis Valley region. The 2020 count included Kings County, Annapolis County, and West Hants. The number of individuals counted were 226, with 17 participating organizations. In 2022, Digby County was added to the count's study site, and this time the total number of individuals counted were 231, with 24 participating organizations. They provided an initial understanding of rural homelessness in the region and demonstrated the effectiveness of this data collection model. The findings from 2020 and 2022 helped to elevate rural housing needs in regional and provincial conversations and inspired deeper collaboration among service providers, municipal governments, and health officials. The data from these counts helped justify funding applications for housing projects, which increased supportive housing options in the study site and helped to justify opening warming and cooling stations in community-funded municipal government.

Expansion to the Western Region in 2024

The 2024 Community Support and Service-Based Count marks the first time this study was expanded to encompass the entire western region of Nova Scotia. This includes Lunenburg County, Queens County, Shelburne County, Yarmouth County, Digby County, Annapolis County, Kings County, and West Hants. The decision to broaden the scope emerged from ongoing dialogue between regional housing coalitions, facilitated and supported by Western and Central Zone Public Health, Health Promoters, who were engaged with their local housing coalitions. In July, all of the coalitions in the western region decided that they would benefit from engaging in the count and agreed to take on recruiting efforts in their area supported by Health Promoters, Henok Amare, Nancy Green, Louise Hopper, Lucinda Montizambert, Olivia Pattison, Erica Siba, Susan Mogae and Kelly Goudie.

This regional approach acknowledges the interconnectedness of housing challenges across county lines and aims to provide a more comprehensive understanding of homelessness in rural western Nova Scotia. In this report we have divided the region into three areas, South Shore (Lunenburg, Queens), Tri-County (Shelburne, Yarmouth, Digby) and Valley (Annapolis, Kings, West Hants), to give a more nuanced perspective of the data (see Figure one for a map of the study site).

Figure 1: Map of Study Site



Methods

Study design

Study site & Target Population

This is the first community-support and service-based count on rural homelessness being conducted in the western region of Nova Scotia which included the following areas: Lunenburg, Queens, Shelburne, Yarmouth, Digby, Kings, and West Hants.

The study participants were community organizations and services within the study site, who work with community members including those who are experiencing homelessness. The participants involved filled out a survey based on known information of individuals connected with their service or organization who were experiencing homelessness during the month of November, 2024. To be included in the study, individuals had to be 16 years of age or older and

be experiencing one of the four types of homelessness as defined by the Canadian Observatory on Homelessness, which includes: unsheltered, emergency sheltered, at risk of homelessness, and provisionally accommodated.

Survey & Study Period

Service providers in the Western Region of Nova Scotia that were assisting individuals who were experiencing or at risk of homelessness were asked to complete a survey based on known information on every individual they supported in November 2024. These individuals were not interviewed. The data collected is based on the self-disclosed knowledge that service providers already knew about these individuals. Service providers were asked to complete one survey per individual they supported.

The survey design and survey questions were first developed in 2020, using the Eastern Zones 2016 survey as a template and there Service-based Count Toolkit (Bickerton, Roy & Vassallo, 2020), which was developed by the Nova Scotia Health Authority and Cape Breton University research team. The Annapolis Valley 2020 research team, Annapolis Valley Homeless No More group, and local service providers in the Annapolis Valley area made modifications to the survey that reflected the local housing issues and the service providers' needs/interests. Again, for the 2022 count in the Annapolis Valley, the research team made slight modifications based on feedback from service providers, such as adding a question about access to community resources and assets. In 2024, we again engaged in a series of focus groups with local service providers to adjust the survey to serve the expanded study site. For example, in 2024 we added a question about missing amenities at the request of service providers.

The survey was designed using three sections. The first survey section was on the organization with which the participant was affiliated. This was so we could verify that the information came from a participating organization. This information also helped us verify any duplicates. The service provider's name and place of employment are confidential information and therefore will not be identified in this report.

The second section focused on the study criteria, which included reporting on the individual's current geographic location within the study site, their age (individuals had to be 16 or older) and their type of housing situation. This is where service providers created the confidential and unique identification number which was required to proceed in the survey (see the section on Confidentiality and Privacy for more information).

The final section of the survey was on the individual's experience. This section collected information on demographics and the individual's housing circumstances, such as where the individual was accessing services, sources of income, barriers to housing, duration of homelessness, and access to community resources. Service providers were instructed to answer only questions based on known information on the individual and within the individual's file. These questions were not mandatory.

The survey was tested broadly during the month of October by participating service providers. We conducted ten online training sessions during the month of October for participants to learn how to fill out the survey, which included providing a link to a test survey. Participants were encouraged to practice filling out the survey and provide feedback. The survey was made live on October 31st, 2024, and sent to the participating service providers in an email.

Data Collection and Management

Data Collection

Survey data was collected from 47 service providers in the Western Region of Nova Scotia. Service providers were asked to report on the individuals they supported in November 2024. Service providers were asked to report only on the self-disclosed information they currently had on file.

To remind the invited participating organizations to complete the survey, four emails were sent out during the month of November. Service providers were encouraged to reach out to the research lead if they had any questions and/or concerns throughout the month. During the month, a few organizations asked for paper copies of the survey. The survey was provided as a PDF file or hard copies were delivered, depending on the organization's location and printing access.

To make sure service providers had enough time to complete the survey, the online version remained opened until December 7th, 2025. The paper copies were sealed in an envelope and collected by one of the research team members. Collecting all the paper copies across the study site in a secure manner took time to coordinate and arrange. By Dec. 20th we had all the paper copies, which were then stored in a secure location. The online survey was re-opened to allow these paper copies to be entered by the lead researcher. These entries were accounted for by the data analyst of the research team on SPSS and Microsoft Excel.

A total of 648 responses were collected. Unique identifiers were assigned to each survey entry to allow us to examine and remove incomplete and duplicate entries. Several questions were not mandatory to respond; therefore, incomplete surveys in this context means that the survey respondent did not complete the mandatory questions, and they did not provide any data related to individuals experiencing or at risk of homelessness. After removing incomplete and duplicate survey entries, the final total number of surveys that we could consider complete was 506.

Data Management

Paper copies were kept in a locked cabinet at Acadia University. When electronic submissions were downloaded, they were kept on password-protected devices. At the end of the study, electronic submissions will be permanently deleted, and paper copies will be shredded.

Confidentiality and Privacy

Service providers were prompted to create a Confidential Identification Number (CIN) for each individual. This identifier was mandatory to proceed in the survey as this allowed us to distinguish between individuals while keeping their identities anonymous. This also allowed us to identify duplicate entries or individuals who were reported by multiple service providers. If there were two surveys with the same CIN number, they were reviewed carefully to ensure that they were in fact duplicates. If they were identified as duplicates, they were only counted once, which was done to avoid overestimating the number of individuals being counted. CINs included the individual's year of birth, their gender identity, and the last two letters of their last name. In a few cases, some of this information was unknown to service providers. Therefore, some surveys included partial CINs. These surveys were compared to the dataset to ensure that only unique individuals were being accounted. Finally, to protect individuals' identity and confidentiality, any findings with fewer than five individuals are not included in this report.

Ethical Considerations

This study received research ethics approval from Nova Scotia Health Authority (ROMEO 1030781), Acadia University's Research Ethics Board (REF 1030781), Annapolis Valley Regional Centre for Education, South Shore Regional Centre for Education, and the Tri-County Regional Centre for Education.

Limitations

The findings of this study likely underestimate the true number of people experiencing homelessness in the study area, due to inherent limitations of this type of enumeration. As previously noted, individuals must be connected to a participating community organization or service to be counted. In the rural areas of our study site, services are limited, which means some individuals are not captured simply because there are no nearby services for them to access. For example, where there are no shelters there will be no count for people living in an emergency shelter.

Additionally, some organizations were unable to participate in the November count due to being overstretched. This highlights broader systemic issues such as financial strain, staff burnout, and retention challenges within the non-profit sector, which are exacerbated by increasing demands as the housing crisis deepens.

While we made significant efforts to recruit community organizations and services ahead of the count, ongoing relationship-building is essential. Future efforts should place particular emphasis on engaging newcomer and immigrant services, African Nova Scotian organizations, Indigenous organizations and services, Acadian organizations and services, 2SLGBTQIAA+ organizations and services, and Senior Safety Officers. As a result of these limitations, demographic data on race, ethnicity, gender and age should be understood as underestimates.

Another limitation involves the difficulty of collecting data on individuals under the age of 16, as consent protocols prevented the completion of surveys for this group. However, survey respondents were able to provide estimates of how many children were in their care.

Finally, our survey does not explicitly capture data on individuals who died in our study site who were homeless at the time of their death. This became tragically apparent when we lost two community members during the month of November, who were living in tents at the time of their death. This is the number we are aware of through our networks and may not be accurate, as unhoused individuals are often disconnected from services and unseen. A service-based count gives us a snapshot of rural homelessness in a given month, but it does not capture the number of people who have died due to being homeless. These people need to be counted and remembered.

Findings

In this section we report the findings in three ways depending on the variables being represented. In some cases, we display the data for the total study site (eight counties and 506 completed surveys), by homelessness type (unsheltered, emergency sheltered, provisionally accommodated, or at-risk), or by region. We have divided up the study site into three regions, which allows us to represent a more specific picture of the issues we are reporting, without compromising the confidentiality of the individuals or the organizations participating. The three regions align with regional centre for education boundaries and are: South Shore (Lunenburg and Queens Counties), Tri-County (Shelburne, Yarmouth and Digby Counties) and Valley (Annapolis, Kings and West Hants). In the tables and figures, we have included the number of surveys that were filled out for that particular question, this number varies as the majority of the questions in the survey were not mandatory.

Participating Organizations

47 organizations participated in this study. The types of participating organizations are listed below:

- 17 Community-based organizations
- 11 Housing/transitional housing/shelters
- 9 Health, mental health, and addiction services
- 5 Education
- 3 Justice
- 2 Income and employment services

Ten of these organizations are located across various parts of the Western region of Nova Scotia. There are 15 organizations located within the Valley, 14 in Tri-County, and 8 in the South Shore.

Number of Individuals at Risk or Experiencing Homelessness

Once duplicates were removed, **there were 506 unique individuals 16 years or older identified by service providers and community organizations as experiencing homelessness in the western region of Nova Scotia in November 2024.** The majority of the surveys were completed using the online survey (n= 471) and the remainder were completed using a paper version (n= 38).

We could not ask service providers to report on individuals they support who were younger than 16. However, we asked service providers if they knew if the individuals they supported were the primary caregiver for any children/youth and if so, how many individuals they were caring for. Survey results indicate that **at least 166 children/youth under the age of 16 were also impacted.**

This means that, in total, at least 672 individuals were experiencing one of the types of homelessness in the western region of Nova Scotia in November 2024.

Demographic Information Across Study Site

We asked a series of questions to capture the demographic information of those experiencing homelessness, including their age, gender, and highest level of education (see Table 1). Service providers were also asked if individuals identified as being Indigenous, African Nova Scotian or Black, and/or 2SLGBTQIAA+. Additionally, we asked if individuals lived with a mental illness and/or a physical disability. Service providers were asked to provide only self-disclosed information and to not answer any questions they did not know.

The youngest age group (ages 16-19) represent 35 individuals, or 7.1% of the entire study site, which is noteworthy considering the range for this age group of younger individuals is much smaller compared to the other age categories. The most represented age groups include those 20-29 with 119 individuals (24.2%) and 30-39 at 114 individuals (23.2%). Older adults (those aged 60 years or older) include 69 individuals (14%).

Among the responses for gender, nearly half identified as female (49.3%) which was followed closely by males (45.6%). A small percentage identified as non-binary (1%) or other (1.2%).

Out of 506 individuals, 32 individuals (6.3%) identified as Indigenous, 21 (4.2%) as African Nova Scotian or Black, and 20 (4%) as 2SLGBTQIAA+. Additionally, about a third of individuals (31%) reported living with a mental illness and 70 individuals (13.8%) reported living with a physical disability.

Most service providers (42.1%) did not know what the highest level of education that the individual they were reporting on had completed. The most common level of education of completed was high school (26%). The data also showed that 10.9% of individuals pursued education beyond high school but only 5.8% completed college or university.

The survey included demographic questions regarding immigration and being part of the military and/or Royal Canadian Mounted Police (RCMP), but these counts were too low to report.

Table 1. Demographic Information of Entire Study Site

Demographic Information	Number of Individuals	Percentage of Individuals
Age (n= 492)		
16-19	35	7.1%
20-29	119	24.2%
30-39	114	23.2%
40-49	84	17.1%
50-59	71	14.4%
60-69	56	11.4%
70+	13	2.6%
Gender (n= 489)		
Female	241	49.3%
Male	223	45.6%
Non-Binary	5	1.0%
Other	6	1.2%
Unknown	14	2.9%
Indigenous (n= 506)	32	6.3%
African Nova Scotian or Black (n= 506)	21	4.2%
2SLGBTQIAA+ (n= 506)	20	4.0%
Living with a mental illness (n= 506)	157	31.0%
Living with a physical disability (n= 506)	70	13.8%
Highest level of education (n= 451)		
Junior high school	21	4.7%
Some high school	74	16.4%
High school	117	26.0%
Some college or university	23	5.1%
College or university	26	5.8%
Unknown	190	42.1%

Information about Children

Within this study, 90 individuals had child(ren) under the age of 16. Among these individuals, there are 166 children under the age of 16 in total. 83 individuals were the primary caregiver for their own children. We also asked if any individuals were the primary caregiver for their grandparents, parents, siblings, and stepchildren but we cannot report on these counts because they were too low.

The known care arrangements of individuals who have children under the age of 16 are reported in Table 2. 59 children (11.7%) are under full-time care. 38 children (7.5%) are under care of family or another person(s). 12 children are under care of child welfare. Lastly, 10 children (2%) are under part-time care.

Table 2. Care Arrangements (Children Under the Age of 16) (n=506)

Care Arrangement	Number of Children	Percentage of Children
Full-time care	59	11.7%
Under care of family or other person(s)	38	7.5%
Under care of child welfare	12	2.4%
Part-time care	10	2.0%

Types of Homelessness by Western Region

Table 3 presents the typologies of homelessness across three subregions in the Western Region of Nova Scotia, Valley (West Hants, Kings and Annapolis Counties), South Shore (Queens and Lunenburg Counties), and Tri-County (Shelburne, Yarmouth and Digby Counties). The typologies are categorized as unsheltered, emergency sheltered, provisionally accommodated, and at risk of homelessness, as described in the introductory section of the report. The Valley had the highest number of unhoused or at-risk individuals across all typologies. In the Valley, the largest group was unsheltered with 75 individuals (15.3%). In the South Shore, the majority of individuals were provisionally accommodated with 46 individuals (9.4%). Unsheltered individuals represented the smallest group in the South Shore with 9 individuals (1.8%). In the Tri-County region, provisionally accommodated individuals represented the largest group with 47 individuals (9.6%) and emergency sheltered accounted for the smallest group with 17 individuals (3.5%). Overall, these differences highlight how the experience of homelessness varies across regions in Nova Scotia. It also points to the distribution of services, such as shelters, within the study site, which can help us understand where more services and even which types of services are needed. In other words, low numbers do not necessarily mean there are not individuals in need of housing support, but a lack of services available to count those requiring support.

Table 3. Types of Homelessness by Western Region (n= 491)

	Unsheltered		Emergency Sheltered		Provisionally Accommodated		At Risk of Homelessness	
Region	n	%	n	%	n	%	n	%
Valley	75	15.3%	53	10.8%	64	13%	44	9%
Southshore	9	1.8%	40	8.1%	46	9.4%	36	7.3%
Tri-County	26	5.3%	17	3.5%	47	9.6%	34	7%
Total	110	22.4%	110	22.4%	157	32%	114	23.2%

Number of individuals: n

Percentage of individuals: %

Comparing Age and Gender to Types of Homelessness

In Table 4, we analyzed the typologies of homelessness according to some of the demographic information captured in the study. Across two typologies, unsheltered and emergency sheltered, males are represented more than females. Across the other two typologies, provisionally accommodated and at risk of homelessness, females are represented more than males. Provisionally accommodated represents the highest number of males (n= 68) and females (n= 83).

The most common age according to typologies varies. Among unsheltered individuals, those aged 40-49 represent the highest group (n= 27). For those who are emergency sheltered, the 30-39 age group is the most represented with 38 individuals. In the provisionally accommodated typology, younger adults aged 20-29 are the most represented with 51 individuals – which is also the highest number of individuals according to typology within the entire age demographic. Among individuals at risk of homelessness, the 30-39 age group is the highest group again with 37 individuals.

Table 4. Demographic Information by Types of Homelessness

	Unsheltered		Emergency Sheltered		Provisionally Accommodated		At Risk of Homelessness	
Demographic Information	n	%	n	%	n	%	n	%
Gender (n= 460)								
Male	62	13.5%	57	12.4%	68	14.8%	34	7.4%
Female	45	9.8%	39	8.5%	83	18.0%	72	15.6%
Age (n= 484)								
16-19	7	1.4%	--	--	19	3.9%	6	1.2%
20-29	23	4.8%	20	4.1%	51	10.5%	23	4.8%
30-39	13	2.7%	38	7.9%	26	5.4%	37	7.6%
40-49	27	5.6%	17	3.5%	21	4.3%	17	3.5%
50-59	23	4.8%	14	2.9%	19	3.9%	14	2.9%
60 and older	18	3.7%	16	3.3%	19	3.9%	16	3.3%

Number of individuals: n

Percentage of individuals: %

Unable to report: --

Sources of Income by Types of Homelessness

Table 5 presents the sources of income among individuals based on their housing situation. Service providers could select as many sources of income that applied to the individual. Across all housing situations, income assistance was the most common source of income, with the highest count among those in emergency shelters (n= 64), followed by those who are provisionally accommodated (n= 59), unsheltered (n=52) and at risk of homelessness (n=36). No income was also relevant for multiple individuals who were provisionally accommodated (n=16) and unsheltered (n=12). Among unsheltered individuals, part-time employment (n=12) was also a notable source of income. For those in emergency shelters, other sources of income included the Canadian Pension Plan with 15 individuals, and Old Age Security with 11 individuals. Provisionally accommodated individuals received other forms of government assistance such as Child and Family Tax benefits (n=16) and the Canadian Pension Plan (n=14). Child and Family Tax benefits also applied to many individuals who are at risk of homelessness (n=19). Full-time employment was noted among those who are emergency sheltered (n=11), provisionally accommodated (n=11), and at risk of homelessness (n=11). For the total study site, income assistance is by far the most reported income source at 42.2%. This is similar to the 2022 count that only included Digby, Annapolis, Kings and West Hants, which reported that 48% of the individuals received income assistance.

Table 5. Sources of Income by Types of Homelessness (n= 506)

	Unsheltered		Emergency Sheltered		Provisionally Accommodated		At Risk of Homelessness		Total	
Sources of Income	n	%	n	%	n	%	n	%	n	%
Income Assistance	52	10.3%	64	12.6%	59	11.7%	36	7.1%	211	41.7%
No Income	12	2.4%	5	1.0%	17	3.4%	5	1.0%	39	7.8%
Part-Time Employment	12	2.4%	5	1.0%	11	2.2%	11	2.2%	39	7.8%
Unknown	11	2.2%	10	2.0%	19	3.8%	11	2.2%	51	10.2%
Disability Benefit	9	1.8%	7	1.4%	9	1.8%	11	2.2%	36	7.2%
Child & Family Tax Benefit	7	1.4%	--	--	16	3.2%	19	3.8%	42	8.4%
Old Age Security	7	1.4%	11	2.2%	8	1.6%	5	1.0%	31	6.2%
Canadian Pension Plan	6	1.2%	15	3.0%	14	2.8%	8	1.6%	43	8.6%
Full-Time Employment	5	1.0%	11	2.2%	11	2.2%	11	2.2%	38	7.6%
Money from Family and/or Friends	5	1.0%	--	--	7	1.4%	7	1.4%	19	3.8%
Casual/Informal Employment	--	--	8	1.6%	--	--	--	--	8	1.6%
Temporary/Short-Term Employment	--	--	--	--	--	--	--	--	--	--

Number of individuals: n

Percentage of individuals: %

Unable to report: --

Exploitation by Types of Homelessness

Several types of exploitation were prevalent among individuals at risk or experiencing homelessness in this study. Table 6 shows the type of exploitation based on the four typologies of homelessness. Of the total number of respondents for this question (n=499), 53 individuals were identified as being in or returning to an abusive relationship. This points to the prevalence of domestic violence within Nova Scotia, which has recently been declared an epidemic in our province (Doucette 2024; Nova Scotia Legislature 2024).

Table 6. Type of Exploitation by Types of Homelessness (n= 499)

	Unsheltered		Emergency Sheltered		Provisionally Accommodated		At Risk of Homelessness		Total	
Type of Exploitation	n	%	n	%	n	%	n	%	n	%
Criminal exploitation	18	3.6%	13	2.6%	5	1.0%	5	1.0%	41	8.2%
Sexual exploitation	14	2.8%	9	1.8%	9	1.8%	--	--	32	6.4%
In or returning to an abusive relationship	14	2.8%	14	2.8%	14	2.8%	11	2.2%	53	10.6%
Unpaid labour	10	2.0%	8	1.6%	5	1.0%	5	1.0%	28	5.6%
Unknown	45	9.0%	52	10.4%	85	17.0%	51	10.2%	233	46.7%

Number of individuals: n

Percentage of individuals: %

Unable to report: --

Housing Barriers by Region

Table 7 showcases various barriers that are preventing people from accessing safe and secure housing in the Valley, South Shore, and Tri-County. Service providers could select as many barrier options as applied to the individual.

Across all three regions, low income is the most frequently reported housing barrier, followed by high rent and poor housing options. The 2022 service-based count that was conducted in the Valley region (West Hants, Kings, Annapolis and Digby counties) reported the same top three barriers to housing: rents too high, low income, and poor housing options. For the 2024 count, we are unable to report on housing barriers related to being part of the 2SLGTBQIAA+ community because the counts were too low. We also asked if individuals do not want permanent housing, but these counts were also too low to report.

Table 7. Housing Barriers by Western Region (n= 497)

	Valley		South Shore		Tri-County		Total	
Housing Barriers	n	%	n	%	n	%	n	%
Low income	150	30.2%	90	18.1%	76	15.3%	316	63.6%
Rents are too high	131	26.3%	95	19.1%	73	14.7%	299	60.1%
Poor housing options/conditions available	125	25.1%	81	16.3%	69	13.9%	275	55.3%
Mental illness	87	17.5%	62	12.5%	36	7.2%	185	37.2%
Family breakdown/conflict	65	13.1%	56	11.3%	36	7.2%	157	31.6%
Addiction/substance use	59	11.9%	47	9.5%	26	5.2%	132	26.6%
Health/disability challenges	55	11.1%	36	7.2%	21	4.2%	112	22.5%
Transportation	51	10.3%	34	6.8%	15	3.0%	100	20.1%
Problematic rental history	35	7.0%	46	9.3%	16	3.2%	97	19.5%
Pets	33	6.6%	8	1.6%	12	2.4%	53	10.6%
Criminal history	31	6.2%	31	6.2%	9	1.8%	71	14.2%
Domestic violence	20	4.0%	29	5.8%	26	5.2%	75	15.0%
No income assistance	18	3.6%	17	3.4%	13	2.6%	48	9.6%
Children	17	3.4%	13	2.6%	--	--	30	6.0%
Unknown	14	2.8%	9	1.8%	13	2.6%	36	7.2%

Number of individuals: n

Percentage of individuals: %

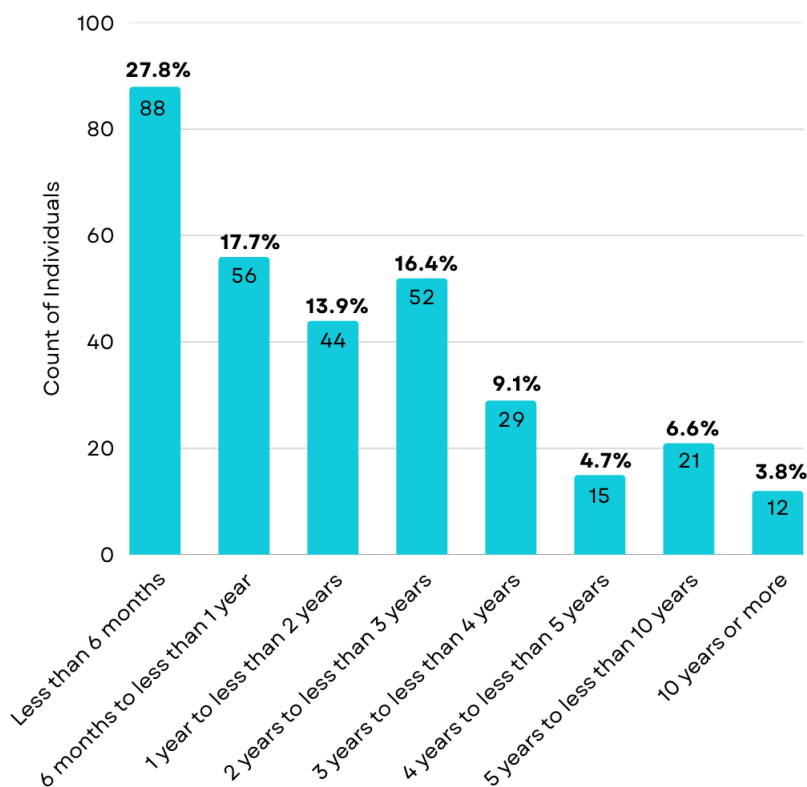
Unable to report: --

Length of Time Individuals have been Experiencing Homelessness

There is a significant variation in the duration of homelessness report in this survey (see Figure 1). The largest group (27.8% or 88 individuals) have been experiencing or are at risk of homelessness for less than six months. This is followed by 17.7% (or 56 individuals) who have been at risk of or experiencing homelessness for six months to one year. However, as Figure 1 showcases, multiple individuals have been experiencing homelessness for several years: 4-5 years (4.7% or 15 individuals); 5-10 years (6.6% or 21 individuals); and 10 years or more (3.8% or 12 individuals).

However, it can be difficult to quantify how long someone has been at risk or experiencing homelessness, because unhoused situations can occur several times over someone's life and can be quite fluid and dynamic between being housed and not being housed. In the survey there was room for short answers for this question, which highlight this precarity. For example, one survey participant reported that the individual was "in and out of homeless for many years", and another stated that one individual was "periodically (homeless) over 4 years", while a third reported that another individual experienced homelessness "off and on for multiple years."

Figure 2. How Long Individuals Have Been Experiencing or Been at Risk of Homelessness (n= 317)



We also analyzed the length of time individuals have been at risk or experiencing homelessness based on the typologies of homelessness (see Table 8). The most commonly reported duration was less than six months among individuals who are unsheltered (6.3% or 19 individuals), emergency sheltered (8.6% or 26 individuals) and provisionally accommodated (10.6% and 32 individuals). However, similar to Figure 1, the duration of homelessness varies across all types of homelessness as multiple individuals have been at risk of experiencing homelessness for multiple years. Table 8 also shows a consistent number of individuals at risk of homelessness across several time periods. Specifically, 11 individuals (3.6%) have been at risk of homelessness for less than 6 months, 6 months to less than a year, 3 years to less than 4 years, and 5 years or longer.

Table 8. Length of Time Being Unhoused by Types of Homelessness (n= 303)

	Unsheltered		Emergency Sheltered		Provisionally Accommodated		At Risk of Homelessness		Total (n= 303)	
Length of Time	n	%	n	%	n	%	n	%	n	%
Less than 6 months	19	6.3%	26	8.6%	32	10.6%	11	3.6%	88	29.0%
6 months to less than a year	15	5.0%	11	3.6%	19	6.3%	11	3.6%	56	18.5%
1 year to less than 2 years	16	5.3%	14	4.6%	12	3.9%	--	--	42	13.9%
2 years to less than 3 years	13	4.3%	11	3.6%	19	6.3%	8	2.6%	51	16.8%
3 years to less than 4 years	8	2.6%	8	2.6%	--	--	11	3.6%	27	8.9%
4 years to less than 5 years	5	1.7%	--	--	--	--	5	1.7%	10	3.3%
5 years or longer	11	3.6%	--	--	7	2.3%	11	3.6%	29	9.6%

Number of individuals: n

Percentage of individuals: %

Unable to report: --

How Individuals Became Homeless in Study Site

There are several reasons why individuals in this study have become homeless, which have been reported in Table 9. Among 191 individuals, the most common reason was family conflict among 37 individuals.

The second most commonly cited reason was domestic violence among 29 individuals. This is especially significant considering that domestic violence is an ongoing epidemic in Nova Scotia (Doucette 2024; Nova Scotia Legislature 2024). The prevalence of domestic violence as a cause for homelessness highlights the urgent need for housing supports that are safe and trauma-informed for survivors.

Other causes that lead to homelessness include addiction/substance use (n=18), conflict and/or separation from partner (n=14), mental health challenges (n=11), incarceration (n=10), loss of employment (n=9), poor housing conditions (n=8), illness or injury (n=8), landlord-tenant conflict (n=8), sexual exploitation (n=7), displaced by fire (n=5), and because a family member passed away (n=5).

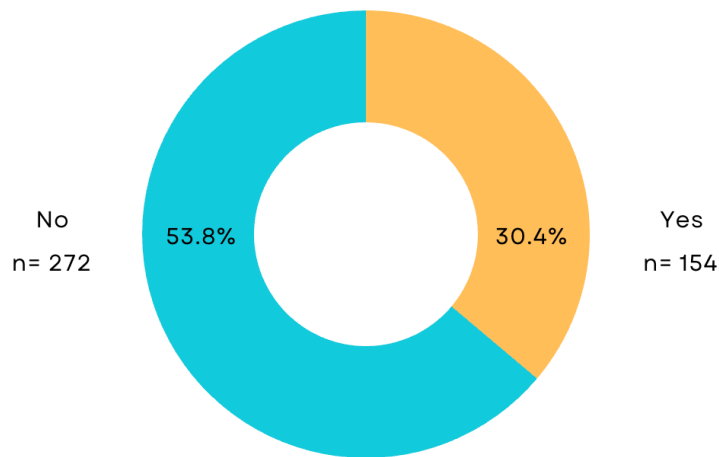
Table 9. How Individuals Became Homeless (n = 191)

Reason	Number of Individuals	Percentage of Individuals
Family conflict	37	19.4%
Domestic violence	29	15.2%
Eviction	22	11.5%
Addiction/Substance use	18	9.4%
Conflict and/or separation from partner	14	7.3%
Mental health challenges	11	5.8%
Incarceration	10	5.2%
Loss of employment	9	4.7%
Poor housing conditions	8	4.2%
Illness or injury	8	4.2%
Landlord-tenant conflict	8	4.2%
Sexual exploitation	7	3.7%
Displaced by fire	5	2.6%
Family member passed away	5	2.6%

Accessing Health/Social Services within Study Site

Individuals experiencing or at risk of homeless also face challenges accessing health and/or social services in their community. Service access is especially a challenge for participants in this study site considering that the western region of Nova Scotia is predominantly rural. Figure 2 indicates that about a third of individuals (30.4% or 154 individuals) need to leave their community to access health and social services.

Figure 3. Individuals Who Need to Leave Their Community to Access Health and/or Social Services



Assets/Resources by Region

Table 10 showcases the strengths of the communities and the individuals that have been included in this study, and points to the resources and connections that exist or that can be further developed in our communities. Of the 506 surveys, this question was answered in 497 of them. Service providers could select as many assets and resources that applied to the individual's experience. Over half of the individuals have access to nature (56.7%), and just under half had community connections (47.7%). Just over a quarter of the individuals had known access to reliable family/friends (29.8%), transportation (28.4%), education (28.2%), healthcare provider (27.6%), and recreation (26.6%).

Table 10. Assets in Current Community by Western Region (n= 497)

	Valley		South Shore		Tri-County		Total	
Assets/Resources	n	%	n	%	n	%	n	%
Access to nature	127	25.6%	100	20.1%	55	11.1%	282	56.7%
Community connections	97	19.5%	87	17.5%	53	10.7%	237	47.7%
Reliable family and/or friends	54	10.9%	53	10.7%	41	8.2%	148	29.8%
Transportation	52	10.5%	56	11.3%	33	6.6%	141	28.4%
Access to education	39	7.8%	74	14.9%	27	5.4%	140	28.2%
Healthcare provider	69	13.9%	41	8.2%	32	6.4%	142	27.6%
Recreation/leisure/hobbies	41	8.2%	68	13.7%	23	4.6%	132	26.6%
Religious/spiritual community	12	2.4%	8	1.6%	14	2.8%	34	6.8%
Cultural connections	18	3.6%	7	1.4%	8	1.6%	33	6.6%

Number of individuals: n

Percentage of individuals: %

The graph on individuals who have to leave their community to access supports (Figure 2) and the table on assets (Table 10) relate to other literature on rural homelessness, which found that while many rural residents experiencing homelessness prefer to stay in their home communities, they are often left with little choice but to move to urban areas where resources are more readily available (Schiff et al., 2015; Schiff et al., 2016; Buck-McFadyen, 2022; Karabanow et al., 2014). Rural areas tend to have limited services, often lacking emergency shelters, domestic violence shelters, and addiction treatment facilities, forcing individuals to rely on informal support networks or migrate elsewhere (Buck-McFadyen, 2022; Cloke et al., 2000; Karabanow et al., 2014).

Missing Amenities by Region

Table 11 shows the missing amenities within the individuals' current housing situation in the Valley, South Shore, and Tri-County. Service providers could select any missing amenities that applied to the individual.

Sufficient and affordable heating was the most commonly reported missing amenity across the Valley (n=67; 13.5%), Tri-County (n=34; 6.8%) and South Shore (n=30; 6%). Fire protection was the second most common missing amenity in the Valley (n=56; 11.3%), Tri-County (n=29; 5.8%) and South Shore (n=28; 5.6%).

Over a fifth of the total sample also reported missing bathing facilities (21.5%), indoor plumbing (20.7%), cooking facilities (20.5%) and safe drinking water (20.3%).

Table 11. Missing Amenities by Western Region (n= 497)

	Valley		South Shore		Tri-County		Total	
Missing Amenity	n	%	n	%	n	%	n	%
Sufficient and affordable heating	67	13.5%	30	6.0%	34	6.8%	131	26.3%
Fire protection	56	11.3%	28	5.6%	29	5.8%	113	22.7%
Bathing facilities	60	12.1%	27	5.4%	20	4.0%	107	21.5%
Indoor plumbing	58	11.7%	22	4.4%	23	4.6%	103	20.7%
Cooking facilities	57	11.5%	26	5.2%	19	3.8%	102	20.5%
Safe drinking water	50	10.1%	28	5.6%	23	4.6%	101	20.3%
Refridgeration	53	10.7%	25	5.0%	20	4.0%	98	19.7%
Electricity	47	9.5%	23	4.6%	17	3.4%	87	17.5%

Number of individuals: n

Percentage of individuals: %

Discussion

The results of this study align with the urgent calls for action to address the housing crisis from housing coalitions and advocacy groups across the province. The findings, although underestimates, support what participating on-the-ground support services are witnessing, which is an increase in homelessness in the western region of Nova Scotia. Despite limited resources, community-based organizations and service providers continue to respond with compassion and creativity, but the scale of the issue requires coordinated, multi-level interventions and supports.

To address the significant level of homelessness being experienced across western Nova Scotia, collaborative, cross-sector investments into housing and support services are needed. A comprehensive understanding of 1) the housing continuum and social housing options, 2) financial supports, and 3) support services is required for place-based, creative, and sustainable solutions that ensure no one in our communities needs to sleep outside or reside in shelters as their only housing option.

Housing Continuum and Social Housing

Two of the top three barriers to housing identified in this study were that rents were too high, and housing options/conditions were poor. This was also found in Schiff et al. (2015) systemic review, which found that limited housing stock, and housing unaffordability contribute to the housing crisis in the rural context and can lead to individuals and families living in unsafe and overcrowded housing situations. Understanding the housing continuum, which helps to illustrate the various housing types in our communities, can help us plan for more diverse housing needs. While often presented in a linear fashion, the continuum should not be viewed as a hierarchy. Each housing type has an important role given the diverse needs of people at different times in their lives (United Way Halifax, 2020). From left to right, the types are unsheltered homelessness, emergency shelter, transitional housing, community housing, affordable rental, affordable home ownership, market rental, and market home.

Figure 4: Housing Continuum (Figure from United Way Halifax, 2020)



Housing stock is one of the important factors related to access to housing and there needs to be a sufficient supply of housing types across the housing continuum. An emphasis should be

placed on the rapid development of options between emergency shelters to deeply affordable rental/home ownership in the western region to address the homelessness issues reported in this study. A coordinated effort around social housing, which includes public, non-profit, co-operative, and deeply affordable housing, requires large-scale investment by the provincial and federal government, and must also include investments in support services (Leviten-Reid et al., 2024).

An example of a social housing initiative in the study site is the proposed co-operative housing development in New Minas by the Valley Roots Housing Cooperative, which received land from the provincial government through the Land for Housing Initiative (Government of Nova Scotia, 2024). This project aims to develop a pocket neighbourhood, or small residential development, with 24 affordable units designed to be net-zero in energy efficiency (Valley Roots Housing Cooperative, 2024).

Any investment in housing stock should consider affordability as well as the impacts of housing on climate and the need to create resiliency and sustainability in housing, which are closely linked to affordability. In rural communities, the housing stock is often old, which impacts maintenance, heating/cooling affordability, and makes homes more susceptible to climate-related risks such as fire and flooding (Canadian Centre for Policy Alternatives [CCPA], 2023).

Place-based data and planning are essential for understanding local needs and ensuring that investments in housing are appropriately targeted to fill the gaps across the housing continuum. Municipalities have a critical role to play through land use planning, zoning reform, and partnerships that prioritize the development of non-market and social housing options. In addition, Indigenous housing leadership and self-determination must be central to housing planning and investment, particularly for Mi'kmaq communities across the region who face distinct challenges related to jurisdictional gaps and colonial housing policies (Assembly of First Nations, 2021).

Financial Supports

Another important factor related to housing security is financial, including both affordability and income. The affordability aspect is difficult to assess because there is inconsistency in the definition of affordable housing in Canada. For example, the National Housing Co-Investment Fund defines affordable rents as less than 80% of the local median market rent, a threshold that is still unaffordable for low-income households when measured against their income (Canada Mortgage and Housing Corporation [CMHC], 2023). Income-based affordability is defined as housing that costs no more than 30% of household income, which includes shelter costs beyond just rent or mortgage to include all shelter expenses paid by households (Statistics Canada, 2022). A consistent definition of affordability aligned with income is needed across the sector.

As noted above, it was identified that 59.7% of individuals in the count experienced high rents as a barrier to housing. Expanding access to portable rent supplements that are tied to the individual rather than the unit could help address affordability in the short term. However, the reliance on fixed-term leases, which allow landlords to circumvent current provincial rent caps, undermines affordability efforts and must be addressed through updates to provincial legislation and stronger tenant protections (CCPA, 2023).

Longer-term, the sector must also grapple with the structural issue of housing commodification. Treating housing primarily as a market commodity has led to speculative investment and housing insecurity. A shift toward viewing housing as a human right — supported by public investment in non-market housing — is necessary to ensure stability and equity in access to housing (National Right to Housing Network, 2022).

It was also identified that 63% of individuals in the count experienced low income as a barrier to housing. A total of 231 individuals (41.2%) identified income assistance as their income source. Welfare incomes across four example households in Nova Scotia in 2023 were all below the Deep Income Poverty thresholds, based on Canada's Official Poverty Line (Maytree, 2024). The provincial government must increase social assistance to livable rates while working with the federal government toward implementing a livable basic income guarantee in Nova Scotia, as outlined in the Basic Income NOW Atlantic Canada Consensus Statement (Basic Income Nova Scotia, 2023). A livable basic income guarantee would not only enhance income security but also reduce administrative burden, allowing service providers to redirect resources toward long-term housing stability and wellness.

Support Services

The province should consider increasing the number of housing support workers and trustees across the western region of Nova Scotia, while ensuring equitable distribution in rural communities to support housing needs and movement throughout the housing continuum as needed. Equitable access to housing support workers, mental health services, harm reduction supports, and income navigation is essential, especially in rural and remote communities where services are sparse, transportation is limited, and the distances between services can create compounding barriers (Gaetz et al., 2021).

Investments should also support peer-based housing navigation and tenancy support models, which leverage lived experience and local knowledge to build trust and improve outcomes (Canadian Observatory on Homelessness, 2019).

Conclusions and Recommendations

While this study helps us understand broader systemic issues, it is equally important to engage with local coalitions and community organizations to identify the specific needs of communities in the western region of Nova Scotia. Each rural and small-town area has distinct challenges and priorities.

To ensure the findings of this study are grounded in local realities, the research team met with five local housing coalitions across the study site to present specific data on their region between March and April of 2025. During these presentations we engaged in dialogue around the specific issues and needs within their region. These conversations highlighted a range of critical, place-based needs, including:

- Decentralizing services to bring more localized support to rural communities
- Addressing transportation barriers, which significantly impact access to housing, services and home communities
- Expanding emergency shelter options in some communities and supported housing and/or housing support workers in others
- Increasing the availability of affordable housing, as defined as shelter costs that costs no more than 30% of household income, and enhancing financial supports, from rent supplements to basic income
- Improving access to harm reduction and mental health services
- Prioritizing prevention-based approaches
- Providing stable, core funding for housing programs and shelters to reduce burnout and improve staff retention
- Advocating for the Province of Nova Scotia to enact right-to-housing legislation

These conversations make it clear: while homelessness is a complex, province-wide issue, solutions must be community-driven and tailored to local contexts. Ongoing collaboration, long-term investment, and legislative action are essential to move from crisis response to sustained, systemic change.

This count offers a snapshot of homelessness issues in rural and small-town communities in the western region of Nova Scotia, and underscores the urgency for collective leadership, guided by those most affected by housing insecurity, to generate the policy and practice shifts needed to end homelessness in the western region.

References

- Assembly of First Nations. (2021). *Closing the housing gap: A report on Indigenous housing policy*. <https://www.afn.ca>
- Basic Income Nova Scotia. (2023). *Basic income NOW: Atlantic Canada consensus statement*. <https://www.basincincomenovascotia.ca>
- Roy, L., Vassallo, P., & Bickerton, J. (2020, February). *Service Based Count Toolkit*. Affordable Housing and Homelessness Working Group. https://www.endhomelessnesstoday.ca/images/Service_Based_Count_Toolkit_February_2020.pdf
- Buck-McFadyen, E. (2022). Rural homelessness: How the structural and social context of small-town living influences the experience of homelessness. *Canadian Journal of Public Health*, 113(3), 407–416. <https://doi.org/10.17269/s41997-022-00625-9>
- Canada Mortgage and Housing Corporation. (2023). *Core housing need*. <https://www.cmhc-schl.gc.ca/en/professionals/housing-markets-data-and-research/housing-data/data-tables/core-housing-need>
- Canada Mortgage and Housing Corporation. (2023). *National Housing Co-Investment Fund*. <https://www.cmhc-schl.gc.ca>
- Canadian Centre for Policy Alternatives. (2023). *Fixing the cracks in the foundation: Affordable housing in rural Canada*. <https://policyalternatives.ca>
- Canadian Human Rights Commission. (2023). *Housing and homelessness: Human rights crisis in Canada*. <https://www.chrc-ccdp.gc.ca/en/resources/housing-and-homelessness-human-rights-crisis-canada>
- Canadian Observatory on Homelessness. (2012). *Canadian definition of homelessness*. <https://homelesshub.ca/homelessdefinition>
- Canadian Observatory on Homelessness. (2019). *The role of peer support in ending homelessness*. <https://homelesshub.ca>
- Cloke, P., Widdowfield, R. C., & Milbourne, P. (2000). The hidden and emerging spaces of rural homelessness. *Environment and Planning A: Economy and Space*, 32(1), 77–90. <https://doi.org/10.1068/a3242>
- Doucette, K. (2024). Nova Scotia adopts bill declaring domestic violence in the province an epidemic. *CBC News*. <https://www.cbc.ca/news/canada/nova-scotia/ndp-bill-declares-domestic-violence-epidemic-1.7321627>
- Gaetz, S., Dej, E., Richter, T., & Redman, M. (2021). *The state of homelessness in Canada 2021*. Canadian Observatory on Homelessness.
- Government of Nova Scotia. (2024). *Land for Housing Initiative press release*. <https://novascotia.ca>
- Infrastructure Canada. (2024). *National Housing Strategy: Investing in affordable housing*. <https://www.infrastructure.gc.ca/housing-logement>
- Leviton-Reid, C., Desjarlais-deKlerk, K., Vassallo, P., & Ho, T. T. N. (2024). *2024 service-based homelessness count*. Cape Breton University. https://www.endhomelessnesstoday.ca/images/Service_Based_Count_2024_Report.pdf
- Maytree. (2024). *Welfare in Canada 2023*. <https://maytree.com>

- National Right to Housing Network. (2022). *Housing as a human right: Realizing the right to housing in Canada*. <https://housingrights.ca>
- Nova Scotia Legislature. (2024). *Bill No. 482 Intimate Partner Violence Epidemic Act*. https://nslegislature.ca/legc/bills/64th_1st/1st_read/b482.htm
- Raphael, D., Bryant, T., Mikkonen, J., & Raphael, A. (2020). *Social determinants of health: The Canadian facts*. Ontario Tech University Faculty of Health Sciences & York University School of Health Policy and Management.
- Slade, L., & Sweatman, M. (2020).
- Schiff, R., Wilkinson, A., Kelford, T., Pelletier, S., & Schiff, J. W. (2023). Counting the undercounted: Enumerating rural homelessness in Canada. *International Journal on Homelessness*, 3(2), Article 2. <https://doi.org/10.5206/ijoh.2022.2.14633>
- Statistics Canada. (2022). *Household spending on shelter*. <https://www.statcan.gc.ca>
- United Way Halifax. (2020). *Housing and homelessness in HRM: A continuum of care*. <https://www.unitedwayhalifax.ca>
- United Way Halifax. (2020). *Leading the way: What is the housing continuum?* <https://www.unitedwayhalifax.ca>
- Valley Roots Housing Cooperative. (2024). *About the co-operative*. <https://valleyroots.ca>